SPHERE: System for Pharmacy Health Encounter Reporting and Evaluation

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Background

- The profession of pharmacy has long focused on the message of the "pharmacist services" and for community pharmacy these are included in and built on the foundation of dispensing services.
- The problem has been that health care partners, providers, and payers continue to see those services as solely specialty medication access, prior authorization support, or adherence.
- Yet, pharmacy's best role in healthcare is through targeted gap closures and longitudinal care.
- Missouri Medicaid pays for pharmacy services but there is a disconnect on required data for billing versus clinical effectiveness.
    - The biggest barrier continues to be that the community pharmacy teams know this but need the aggregation of the data to prove it can be done at statewide or network-wide scale.

Purpose Statement

- Describe a flexible and foundational documentation process for pharmacy teams to document interventions that allows for aggregation of these documented fields (data) to be analyzed in a way that can prove the value to the payer or partner.

Data Disconnect

Current Data Submitted to Medicaid	Small Subset of Examples of Data Documented During Pharmacy Interventions
• Patient's Medicaid ID number • Date of Intervention • ICD-10 diagnosis code (not assessed by pharmacist, found in Medicaid's system) • Procedure code (CPT or HCPCS) • Units (Ex: 1 = 15 minutes) • Amount Billed (Ex: $75) • Provider Taxonomy	Patient Demographics: • Gender • Race and ethnicity • Disability status (ex: hearing impaired) • Language (Ex: English as Second Language) • Zip code of residence versus zip code of service Social Data: • Health risk assessment/SDOH assessment – different from other settings because of the longitudinal nature (less likely to require a one-time standardized screening form) Intervention Clinical Data: • Allergies • Pregnancy status • Lab Values – Could be self-reported, requested from various other providers, or obtained through POCT or monitoring at the pharmacy (Ex: weight, A1c, blood pressure) • Assessment of care gaps – Examples that have been implemented include vaccine eligibility, screening and risk assessment such as pre-diabetes, depression screening, CKD • Referral details – to other providers, for recent labs (ex: kidney function test for patients with diabetes), for local community resources (ex: for transportation support)

Data Infrastructure

Intervention:	Data Collected:	Data Analysis:	Data Interpretation (Growth Opportunities):
All	Baseline documentation for any patient can include: Patient demographics and health-related social needs	-Longitudinal health-related social needs -Specific patient populations impacted by the pharmacy	The community pharmacy can impact the entire community's health, whether patients fill prescriptions there or not.
Weight Loss Monitoring - Medication Management Service (MTM)	Patient eligibility for GLP-1s for weight loss, dosage monitoring and adjustments, monitoring and management of weight loss on other medications or labs, barriers to care (ex: noting issues related to access to medication)	-Efficacy of the medication -Ongoing appropriateness of dose for GLP-1 -Ongoing management of comorbid conditions	The value of pharmacy's ability to provide longitudinal education to increase self-management, medication optimization, and overall chronic disease management.
Depression Screening	PHQ9 results and any referral details	-Identifying depression among various patient populations -Referral loop outcomes: Was the patient able to receive care from the referral? If not, what was the additional barrier (outreach, cost/insurance coverage, transportation, etc.)?	The pharmacy can verify the referral loop was closed. In SDOH referral loops, this has been provided by (and paid to) call centers. Community pharmacies are much more successful with telephone patient outreach than call centers would be. There is opportunity to screen for patients who may be high-risk of a chronic disease or complications. The longitudinal nature of pharmacy interactions with patients is highly valuable in this type of intervention.
CGM Education	Identification of patients who would benefit from CGM, persistence to therapy for current patients, time and range monitoring, and education intervention details	-Patient self-management success -Identification and solutions for barriers to care -Pharmacy intervention efficacy (for best practice sharing and quality improvement)	The data aggregated across these interventions could support the business case for payers to invest in these products with the longitudinal education and monitoring by the pharmacy.

Relationships and Data Flow

Exhibit 1: Relationships and Contracts

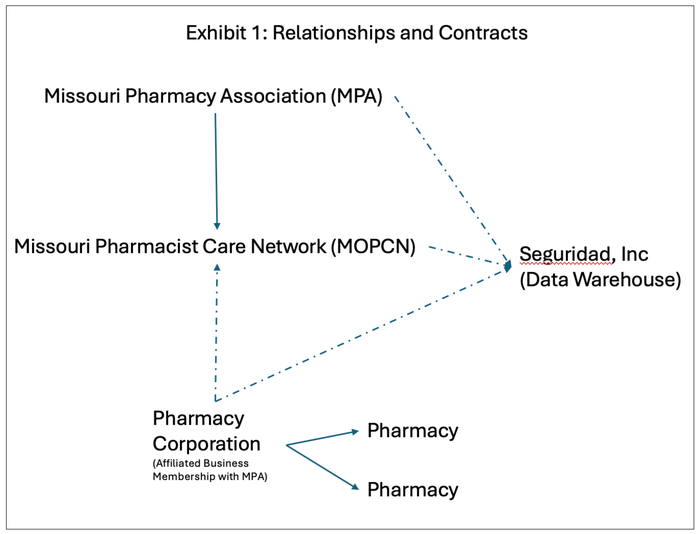
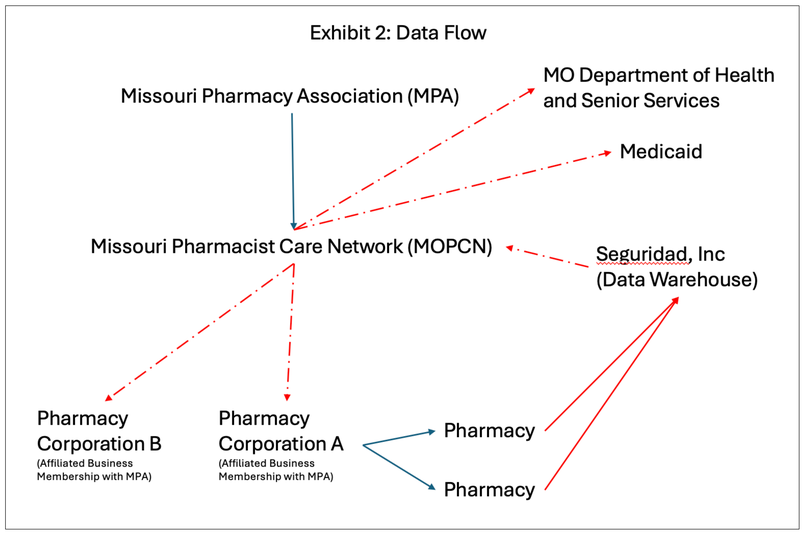


Exhibit 2: Data Flow



- MPA is using a white labeled data warehouse.
- This allows data with or without protected health information to be aggregated, normalized, and de-identified.
- Data is standardized to the Pharmacist E-Care Plan data standard.
- Data could be used to bill for interventions.

Future Direction

- The anticipated monthly revenue per pharmacy for services billed to Medicaid is $6,015.00.
- Insights from this program can support national interoperability initiatives, like the Sequoia Project.
- This represents a foundational pillar for pharmacy integration in QHINs.

Acknowledgement

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