



KEEPING TABS

Absolute Pharmacy is the prescription for what ails you.

In each quarterly edition, you'll find the latest news about pharmacy, new medications, technology and more – all through the lens of what is pertinent to the long-term care (LTC) industry.

Absolute Pharmacy has been serving the LTC industry since 1994. We're a part of a dynamic circle of care that consists of rehabilitation, home health care services, hospice care and much more. We have a rich perspective, and we're thrilled to share what we've been learning from industry leaders, our employees and our customers – you!

We are confident you'll find the information useful. If you have a suggestion for a topic you'd like to learn about, let us know at maryjo.mceleyea@abshealth.com.

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Importance of Pharmacist Collaboration in PDPM

by Deanna Bilinovich

R.Ph., Consultant Pharmacist, Absolute Pharmacy

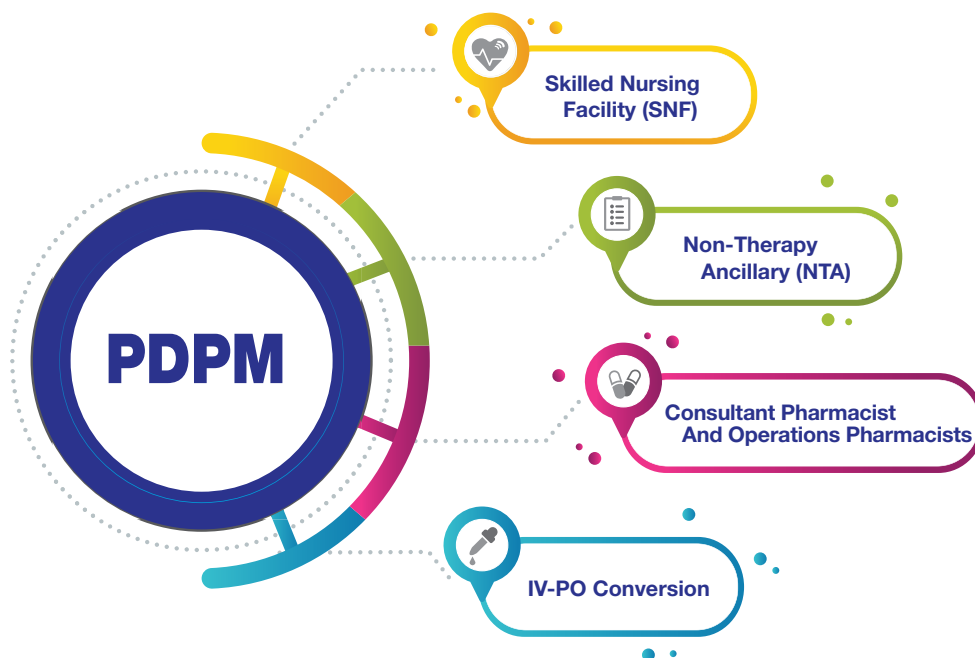
Starting Oct. 1, the Patient Driven Payment Model (PDPM) went into effect. This represents a significant change to the skilled nursing facility (SNF) skilled rehabilitation reimbursement. It requires payments to be determined by the clinical conditions and functional status of our patients at the time of admission. While this is a very overwhelming change for many facilities, Absolute Pharmacy's goal is to reduce the burden.

Non-Therapy Ancillary (NTA) provides reimbursement for medications, laboratory tests, respiratory therapy and medical supplies. Since medications are a high-cost driver of patient stays, this is where we can help. For the first three days of a resident's stay, the NTA base rate is multiplied by three. To achieve appropriate NTA payment, it is critical that accurate diagnoses and ICD-10 codes are entered correctly.

Your consultant pharmacist and operations pharmacists can help with this transition in several ways. First, we can participate in a formulary/therapeutic interchange program. By looking at a class of medications, we are able to select the most cost-

effective but therapeutically equivalent medication. Second, for short-stay residents, we can review short-cycle dispensing. Finally, we can review the package sizes of more expensive products such as inhalers, insulins and topical creams/ointments. By selecting a smaller package size we can help reduce cost and unnecessary waste of these products.

Because the NTA rate is tripled during a resident's first three days, IV-PO conversion is key to reducing medication costs and maximizing reimbursement. Our pharmacists will look at the patient's clinical condition and help transition patients who are clinically stable to oral therapies. This helps reimbursement by reducing costs, lowering your risk of catheter or line infections and improving patient comfort and mobility. Studies show this conversion also decreases length of stay. While the previously mentioned benefits are important, IV-PO conversion also reduces nursing preparation and administration time, resulting in increased time for patient care. Having a pharmacist review IV-PO conversion also plays into the Antimicrobial Stewardship Program as defined by the IMPACT Act.





The pharmacist assists with transitioning to oral therapy. And he or she can also help with culture and sensitivity reports for:

- ◆ Appropriate drug selection.
- ◆ Renal dosing of antibiotics.
- ◆ Appropriate dose/duration.
- ◆ Allergies and cross-reactions.
- ◆ Antibiotics started in the hospital with no stop date.

Another idea often overlooked is de-prescribing, which can:

- ◆ Optimize medication regimens.
- ◆ Reduce hospitalizations.
- ◆ Improve adherence once discharged to the community.
- ◆ Improve patients' quality of life.
- ◆ Reduce adverse drug events.

Not only is the reduction of unnecessary medications a regulatory component, it can prevent the prescribing cascade used to treat side effects of current medications. This prescribing cascade can increase the amount of medications during a stay but not increase reimbursement.

Medication reconciliation is another key component where pharmacists can be of value. We know that many errors happen during the several stages of transitions of care, resulting in adverse drug events and readmissions. Medication reconciliation and pharmacist collaboration is key in determining that every medication has a diagnosis, directly correlating to NTA reimbursement. An increased medical to pharmacist collaboration can have positive effects including:

- ◆ Improvement of medication reconciliation.
- ◆ Reduction of adverse events and medical errors.
- ◆ Enablement of the facility to deliver a higher acuity level of care.

Pharmacists can assist in getting a correct and complete diagnosis list the first time, reducing drug costs and readmissions due to medication reconciliation errors, drug interactions and adverse drug effects. That means there is a focus on fostering a more patient-centered stay for our residents while maximizing reimbursements for facilities.



Additional Board of Pharmacy License Needed

by **Jerry Liliestedt**

*R.Ph., Vice President of Operations,
Absolute Pharmacy*

During the summer of 2019, Absolute Pharmacy learned of a clarification on the Ohio State Board of Pharmacy's requirements.

The board issues Terminal Distributor of Dangerous Drug (TDDD) licenses to pharmacies all over Ohio. This allows the pharmacy to legally distribute prescription medications to patients who need them. Absolute Pharmacy has obtained a TDDD license from the board of pharmacy, allowing us to place a contingency supply of medication (a "starter box") in each of our customers' facilities. This permits the nursing staff to provide medication to a patient in need faster than waiting on a delivery from the pharmacy.

Until recently, Absolute Pharmacy believed the TDDD license we obtain for our customers was adequate to allow facilities to provide vaccinations to facility employees. But the board actually requires a separate TDDD license for vaccines (e.g. Tuberculin, Influenza, Hepatitis B) to be administered to employees without a prescription.

Absolute Pharmacy strongly advises you to apply to the Ohio State Board of Pharmacy for a **Limited Category 2 Terminal Distributor of Dangerous Drugs License**. This process can be completed at <https://elicense.ohio.gov/>. Google Chrome is the best browser to use as the site may not function well with Internet Explorer. Several documents and other information will be necessary to apply, including:

- ◆ Your company's articles of incorporation (or similar, depending on your organization type).
- ◆ A drug list of all the vaccine types or other drugs (i.e. epinephrine, medical oxygen) that will be used without a prescription.
- ◆ A personnel list of licensed professionals (i.e. nurses) who will be permitted to administer the listed drugs.
- ◆ An Applicant Attestation form – the 'Applicant' is the person who represents the organization.

- ◆ A Responsible Person Attestation form – the 'Responsible Person' is the person who oversees the use of the medications (typically the physician who serves as the medical director).
- ◆ A Protocol Form (Standing Orders) stating how and why the specific drugs will be used. The form must be signed by a licensed physician and notarized.

These documents will need to be scanned and saved on a computer as a PDF document. They should then be uploaded to the E-license website during the application process.

A few final considerations:

- ◆ If you include medical oxygen on the drug list, this TDDD license can replace the license you may currently hold.
- ◆ The information used on the E-license website for the Responsible Person and Applicant will be electronically validated by the site if that individual has an existing E-license account. Items such as name spelling, email address, date of birth and social security number must be an exact match.
- ◆ We recommend completing this process as soon as possible. The board of pharmacy has jurisdiction in your facility if you have a starter box on site. They will ask for this license if you confirm that you administer vaccines to employees.
- ◆ This license is not necessary for administering vaccines to residents – you are already required to get a prescriber's order for that.

We are here to help you!

Feel free to contact your account representative or our vice president of operations, Jerry Liliestedt, at jerry.liliestedt@abshealth.com if you have any questions about this process.



Updated Handling Requirements for Hazardous Drugs Coming Soon

by **Beth Husted**

*PharmD, R.Ph., Director of Retail Services,
Absolute Pharmacy*



The United States Pharmacopeia (USP) recently updated standards for the safe handling of “hazardous drugs” scheduled to be effective Dec. 1, 2019. As your pharmacy provider, Absolute Pharmacy wants you to understand the following:

- ◆ What medications are classified as hazardous.
- ◆ What USP 800 is and how it may affect medication administration in your facility.

What medications are considered hazardous?

The National Institute for Occupational Safety and Health (NIOSH) considers a drug hazardous if it exhibits one or more of the following characteristics in humans or animals:

- ◆ Carcinogenicity.
- ◆ Teratogenicity.
- ◆ Genotoxicity.
- ◆ Developmental toxicity.
- ◆ Reproductive toxicity.
- ◆ Organ toxicity at low doses.

A new drug also can be hazardous if it mimics the structure or toxicity profile of a previously classified hazardous drug.

NIOSH then establishes a list of hazardous drugs and categorizes them into the following groups:

- 1. Antineoplastics (anti-cancer):** Many of the drugs in this group also may pose reproductive risk for specific populations.
- 2. Non-antineoplastics:** Only some drugs in this group may pose reproductive risk to specific populations.
- 3. Reproductive risk:** There is a potential for drugs in this group to affect men/women trying to conceive or women that are pregnant or nursing.

Beginning in December, or when the updated USP 800 standards become effective, Absolute Pharmacy will mark all hazardous drugs with an additional auxiliary label. This will help easily identify that you are administering a potentially hazardous item that may require additional handling precautions.

What is USP 800 and how does it affect my facility?

USP 800 standards say there is no acceptable level of exposure to hazardous drugs. Therefore, you must implement policies and processes to help minimize the risk of exposure for all health care personnel, patients and the environment. The basic items that need completed to comply with USP 800 are as follows:

- ◆ A list of hazardous drugs used at your facility.
 - ◆ Safety Data Sheets (SDS) should also be made available.
- ◆ An Assessment of Risk (AoR) for facility-used hazardous drugs.
 - ◆ This step is needed to define the Personal Protective Equipment (PPE) needed to protect personnel and patients from unnecessary exposure.
 - ◆ If this step is not completed, all facility personnel must always follow the most stringent PPE and engineering control recommendations when handling a potentially hazardous drug. This includes but is not limited to separate storage and donning of double gloves, gown, mask and respiratory protective equipment.
- ◆ Implementation of PPE and safe work practices at your facility.
- ◆ Defined PPE for all facility personnel to utilize.
- ◆ Training for facility personnel handling potentially hazardous drugs in your facility’s policies and processes.

These may sound like daunting requirements, but don’t worry – Absolute Pharmacy is prepared to help you. We’ll help you understand the basics of USP 800 and establish facility-appropriate policies and processes.

We will be following up with you over the coming weeks and will provide tools and additional details regarding USP 800. The ultimate goal is minimizing exposure to hazardous drugs for all employees and residents.



Medicare Part D Stand-Alone 2020

by **Jodi Hull**

Vice President of Billing, Absolute Pharmacy

Medicare Part D open enrollment began Oct. 15. For 2020, Ohio and Pennsylvania will experience the following trends:

- ◆ Increases in stand-alone plans for Ohio.
- ◆ Reduction in benchmarked plans for Ohio.
- ◆ Consistency with 2019 plans for Pennsylvania.

Ohio had seven benchmarked plans (dual eligible) in 2019, and two are scheduled for 2020. With this reduction, all dual clients may need moved into a new plan for 2020 to avoid premiums and copays.

The selection of the dual plans are Envision Rx Plus and Wellcare Classic. All Ohio dual-eligible clients not enrolled in Envision Rx Plus or Wellcare Classic in 2019 should be reviewed for enrollment transfers. Some clients could be automatically transferred to new dual plans if they have never changed the auto enrollment when they initially became effective for dual benefit. Failure to pay premiums on a non-dual plan can lead to loss of Medicare Part D coverage, dependent on the plan.

Absolute has sent communications reflecting skilled nursing facility (SNF) clients that we do not have authorization on file for assistance in Medicare Part D review. Letters have also gone to the responsible parties discussing the changes and reviews occurring with the authorization on file. At this time, all facilities should review their reports and complete an authorization for any missing clients and submit it to the pharmacy. Open enrollment ends Dec. 7, 2019.

Any assisted living waiver clients not in a benchmarked plan for 2020 are subject to the same changes in plans with premiums and copays. This information should be communicated regarding enrollment to a new plan. Absolute has reached out to review changes for all assisted living pharmacy accounts with waiver clients.

Listed below are other changes to the Medicare Part D program for 2020:

- ◆ Initial deductible increased by \$20 to \$435.
- ◆ Initial coverage will increase from \$3,820 to \$4,020.
- ◆ Out-of-pocket threshold will increase from \$5,100 to \$6,350.
- ◆ Coverage gap or donut hole changes to a 75% discount on the total cost of brand name drugs purchased while in donut hole and a maximum of 25% copay on generic drug purchases.



Put a Face to a Name: April M. Lizeski



Q: How long have you worked for Absolute Pharmacy?

A: 1 ½ years

Q: What do you do for Absolute Pharmacy?

A: I'm a data entry assistant manager.

Q: What's your favorite quote or saying?

A: Seek to understand!

Q: What do you enjoy doing the most?

A: I travel to Alabama any chance I get to visit my sisters, nieces and nephews. They make my heart full!

Q: What did you want to be when you grew up as a child?

A: When I was little I wanted to be a lawyer. It's a good thing I didn't pursue that career because I really don't like to argue.

Q: What's your favorite animal and why?

A: While I don't have one, I'm pretty fond of dogs. They are loyal to a fault and love unconditionally.

Q: If you could take a vacation anywhere in the world, where would it be?

A: I was very fortunate to be able to travel to Australia in high school, which was the only place in the world I ever wanted to go. As an adult I'd love to travel to England one day.

UPCOMING EVENTS

OHCA WINTER CONFERENCE

January 21-22, 2020

Columbus, Ohio



ABSOLUTE INSIGHTS



flexPODSM
A Time and Space Saving Packaging Solution



Reduces med pass by 30 minutes

10 flexPOD Residents vs. 10 Punch Card Residents



ABSOLUTE
PHARMACY



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RODGERS & COMPANY

Time Study – Packaging Methods

Observations

Time to remove/replace med card to and from cart

Time to remove medication from packaging

Findings

The Time Study identified the difference in nursing time between punch card and *flexPOD* multi-dose packaging card:

Punch card = 43.21 seconds

flexPOD card = 10.18 seconds

Difference = 33.03 seconds

A time savings of 33.03 seconds per patient, per med pass, utilizing *flexPOD* Cards!