



Flip the Pharmacy

Program Description and Application Process

V1 6.20.19



What's the Big Idea?

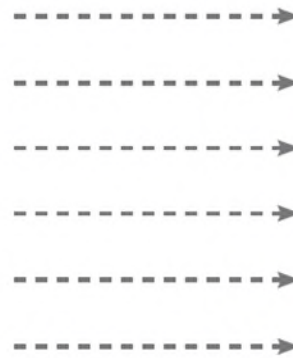


What's the Big Idea?

Point-In-Time and Product Level

- Industrial Engineering Principles Dominate
- Continuity Limited to Prescription Order
- Professional Judgement is Sporadic
- Retail-Consumer Relationship Dominates
- Performance Limited to Prescription Fills
- Pharmacist Activities to be Replaced by "Mid Levels"

*Professionally **UN**sustainable*



Longitudinal and Patient Level

- Care Process Principles Dominate
- Continuity at Patient and Care Team Level
- Professional Judgement Always Applied
- Services-Patient Relationship Dominates
- Performance Includes Patient Outcomes
- Pharmacist Activities Irreplaceable

Professionally Sustainable

What's the Big Idea?

Pharmacy Practice Transformation Domains:

Domain 1: *Leveraging the Appointment-Based Model* – Medication Synchronization is at the core of the ABM model, yet what are the patient evaluation, care coordination, and medication use support services that may be efficiency layered alongside the mechanical medication synchronization process.

Domain 2: *Improving Patient Follow Up and Monitoring* – Community-Based Pharmacies have great opportunity to lead the health care system in effective patient follow up and monitoring utilizing system-leading number of patient touch points.

Domain 3: *Developing New Roles for Non-Pharmacist Support Staff* – Gone should be the days of limiting pharmacies to two types of roles: Pharmacist and Pharmacy Technician. Roles that address common challenges to the healthcare system such as patient engagement and activation, care team communications, social determinants and

Domain 4: *Developing the Business Model and Expressing Value* – What is the return on investment to the pharmacy for moving towards longitudinal, patient level?

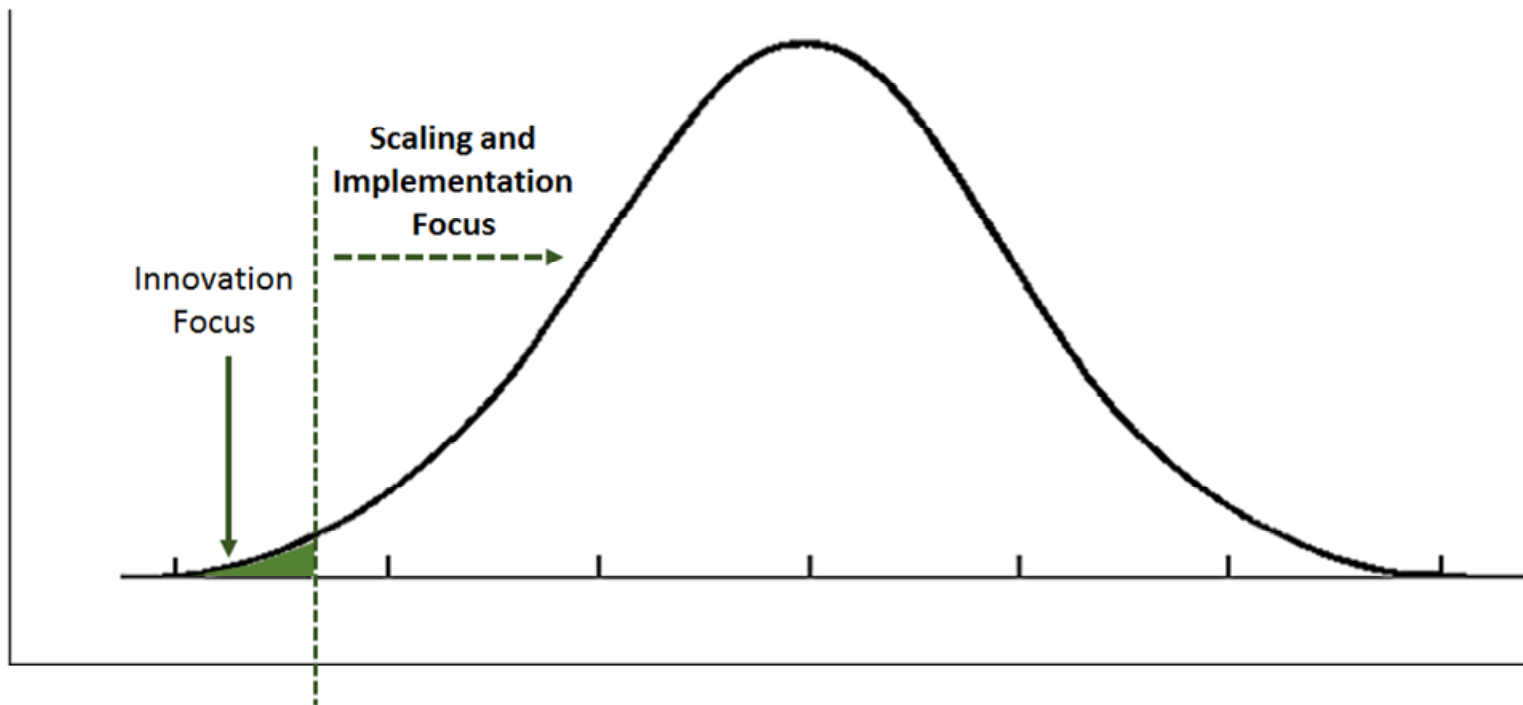
Domain 5: *Optimizing the Utilization of Technology and electronic Care Plans* – The eCarePlan is fundamental to the successful operationalization of Domains 1 through 4. Working hand in hand with software companies, pharmacies should develop best practices documentation processes.

Domain 6: *Establishing Working Relationships with other Care Team Members* – Results from CCNC's CMMI innovation project showed that pharmacies who built and maintained meaningful working relationships with other care team members.



What's the Big Idea?

We don't have an innovation problem, we have a scalability problem...



Ambitious Program Goals.

Full Program Impact: 9,000+ Pharmacy Locations Influenced by Program Over 5 Years

- Full Program Goals:**
- 20% of Annualized Pharmacy Revenue Generated by Non-Product Reimbursement
 - 1 Million Care Plans Submitted Using eCarePlan HL7 Standard
 - 5 Million Patients Screened for Social Determinants of Health
 - 1 Million PHQ2s Completed
 - 8 Million Unity Reduction in Systolic mmHg
 - 200 Thousand Reduction in % HbA1c
 - 4 Million Unit Reduction in LDL



Program Sponsor.



- Funds the Practice Transformation Teams through Granting process
- A Five-Year, Multi-Year, Multi-Million Dollar Effort
- CPF Providing a Three year initial financial commitment (subject to Program progress/success)
- CPESN USA will be the Coordinating Center working at the direction of CPF
- CPESN USA Staff and Network Leadership will not be a part of the applicant review and scoring process
- The FtP Program will actively seek support from other Program Partners to grow the scale, breadth, and longevity of the FtP Program



Coaching. Dashboarding. Accountability.

Domain Example – Optimizing the Utilization of Technology and electronic Care Plans
Entities having Scorecards – CC, PTTs , PNP's

| | Goal | Minimum | Actual |
|--|-------------|----------------|---------------|
| Number of eCare Plans Submitted to CC in Past Year <i>(Per Pharmacy Per Year)</i> | 500 | 200 | 557 |
| Quality Score of eCare Plans Submitted to CC in Past Year <i>(Per Pharmacy Per Year)</i> | 700 | 500 | 823 |
| Number of mmHg's Submitted to CC in Past Year <i>(Per Pharmacy Per Year)</i> | 100 | 50 | 210 |
| Number of HbA1c Submitted to CC in Past Year <i>(Per Pharmacy Per Year)</i> | 50 | 20 | 44 |
| Number of LDLs Submitted to CC in Past Year <i>(Per Pharmacy Per Year)</i> | 20 | 10 | 13 |

Program Timeline (Year 1)

Program Timeline (Cohort 1, Flip the Pharmacy):

| | |
|---|----------------------------------|
| Applications Open for Completion | June 27, 2019 |
| Applications Closed for Completion | August 12, 2019 |
| Applications Reviewed | August 13 - August 27, 2019 |
| Awardees Announced for Cohort #1 of the FtP Program | August 28, 2019 |
| Participant Pharmacy Recruitment | September 1 - September 30, 2019 |
| "Day 1" of 24 Month Transformation Effort for Cohort #1 | October 1, 2019 |
| 1st Quarterly Review of Program Milestones | January 15th, 2020 |
| 2nd Quarterly Review of Program Milestones | April 15th, 2020 |
| 3rd Quarterly Review of Program Milestones | July 15th, 2020 |
| 4th Quarterly and 1st Annual Review of Program Milestones | August 2020 |
| 5th Quarterly Review of Program Milestones | January 13th, 2021 |
| 6th Quarterly Review of Program Milestones | April 14th, 2021 |
| 7th Quarterly Review of Program Milestones | July 14th, 2021 |
| Program Report-Out (Year 1, Cohort 1) | August 2021 |

