

LTC@Home – The Future of Pharmacy, Today

Paul Shelton

CEO, Long Term Care at Home Pharmacy Network

919.939.1909 Mobile

pshelton@ltcah.com

Disclosure

- Paul Shelton has no actual or potential conflict of interest in relation to this program/presentation.
- None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.

About our Presenter



Paul Shelton

**CEO, The Long-Term Care at
Home Pharmacy Network**

Paul Shelton is a seasoned professional in the pharmacy industry. At the LTC@Home Pharmacy Network, Paul leads efforts to assist pharmacies in growing their businesses, enhancing efficiency, and delivering differentiated solutions to patients and provider partners. With expertise in pharmacy organizational structure, workflow, and design, Paul specializes in helping pharmacies create and grow LTC programs of all types, but especially LTC@Home.

Driven by a passion for improving patient outcomes, Paul is committed to keeping patients in their homes longer, reducing hospitalizations, and enhancing their quality of life. He collaborates with comprehensive care teams to introduce new and innovative concepts in pharmacy services delivery.

Learning objectives

At the completion of this program, the participant will be able to: For Pharmacists and Technicians

- Evaluate the opportunity that LTC@Home pharmacy services model could have in your pharmacy
- Be able to Implement a process to convert your pharmacy into a LTC@Home Pharmacy
- Organize your team and patients for an optimal process in your pharmacy and their healthcare journey



AGENDA

- What is LTC@Home
- Why is LTC@Home important?
- How do I start?
- How do I grow my LTC@Home Business?
- How do I maximize my LTC@home workflow?

LTC @ Home Short Description

What it is

- Active Engagement with Patients to allow the patient to stay in their own home as long as possible
- Monthly Medication Regimen Review
- Coordination of Care
- Transitional Care Management
- LTC Level Pharmacy Service

What it isn't

- Delivery and compliance packaging with no outcomes
- A way to simply increase revenue
- Retail pharmacy level of care

LTC @ Home Services Defined

CMS LTC Guidance

- Comprehensive Inventory and Inventory Capacity
- Pharmacy Operations and Prescription Orders
- Specialized Packaging
- IV Medications
- Compounding and Alternative Forms of Drug Composition
- Pharmacy On Call (24/7/365)
- Delivery
- Misc. Reports, Forms, and Prescription Ordering Supplies
- Emergency Boxes
- Emergency Log Books

Additional LTC@Home Specific Requirements

- Dispensing Medication Review
- Care Coordination with Transition of Care Management
- Comprehensive Patient Care Documentation

LTC @ Home Patients Defined

Waiver Patients (Any one version)

- Home and Community Based Waiver Patients (1915c)
- SSDI Waiver
- ESRD Waiver
- Other Qualifying Waiver patients

Qualification through Program/Patient need

Must meet all of these requirements

- Support for 2 Activities of Daily Living
- 3 or more Chronic Conditions
- Multiple medications for those chronic conditions
- Unable to leave the home easily without assistance

What Services do I have to provide to my patients

If patient outcomes change,
so does pharmacy reimbursement

- Pharmacy meets all LTC Requirements
- Patient receives:
 - Compliance packaging
 - Monthly delivery or coordinated pickup
 - Monthly Medication Regimen Review
 - Transitional Care Coordination
 - Physician Notification



AGENDA

- What is LTC@Home
- **Why is LTC@Home important?**
- How do I start?
- How do I grow my LTC@Home Business?
- How do I maximize my LTC@home workflow?

Why do WE Care about LTC@Home

If patient outcomes change,
so does pharmacy reimbursement

- Patient outcomes
 - Reduced hospitalizations
 - Reduced healthcare utilization
 - At HOME, where they can stay happy and healthy, longer
- Pharmacy Outcomes
 - Increased reimbursement
 - Reduced Cost to Fill
 - Significant increase in efficiency

Why do WE Care about LTC@Home

If patient outcomes change,
so does pharmacy reimbursement

- One Patients Journey – Carly's Dad
- Pharmacy Pathways
 - Warren's Drug Store
 - Other Options



AGENDA

- What is LTC@Home
- Why is LTC@Home important?
- **How do I start?**
- How do I grow my LTC@Home Business?
- How do I maximize my LTC@home workflow?

How can I start a LTC@Home program?

Create a program that is specific to your pharmacy, NAME IT.

Evaluate your Patients

- Use your American Pharmacies Coach to review your pharmacy data
- If this is not available, look for patients with plans that pay for the service
- Identify the two types of patients
- If you easily see 20 patients in your pharmacy, you are ready

Get Credentialed

- Get a second NPI
- Get a second NCPDP
- Select an LTC PSAO and GPO partner
- Once rostered with the LTC PSAO, submit applications to ESI and Humana
- Get a second wholesale account that is linked to your GPO

Start converting patients

- Start by synchronizing your selected patients as soon as you identify them
- Once synched convert them to “the program”
- Communicate with the patient’s physicians
- Grow your program

LTC @ Home Services Executed

CMS LTC Guidance – In House

- Comprehensive Inventory and Inventory Capacity
- Pharmacy Operations and Prescription Orders
- Specialized Packaging
- Misc. Reports, Forms, and Prescription Ordering Supplies
- Emergency Boxes
- Emergency Log Books

CMS LTC Guidance – Can Be Outsourced

- IV Medications
- Compounding and Alternative Forms of Drug Composition
- Pharmacy On Call (24/7/365)
- Delivery



AGENDA

- What is LTC@Home
- Why is LTC@Home important?
- How do I start?
- **How do I grow my
LTC@Home Business?**
- How do I maximize my LTC@home workflow?

How do I grow my existing LTC@Home Business?

Plan 1

Physician Outreach Program

- Use your pharmacy data to engage local physicians
- Make it SALIENT
- Call them to Action

How do I grow my existing LTC@Home Business?

Plan 2

Home Health and other aggregators

- Home Health Care alignment
 - Extend their reimbursement and patient retention
 - Reduce their workload
 - Save nursing time without losing revenue
- Intellectually Delayed Patients
 - Homebound patients
 - Independent patients
- ACT Teams
- Complex Foster Care Program

How do I grow my existing LTC@Home Business?

Plan 3

Community Aggregators and Direct to Patient

- Find places the patients you want to engage are already
 - Senior Centers
 - Meals on Wheels
 - Local Places of Worship
 - Local Civic organizations (Kiwana's, Rotary, Shriners/Masons)
- ASK PATIENTS AND CAREGIVERS
- Use Facebook to engage directly about your new program
- Do NOT advertise in local print or send out mailers
 - (until all other avenues are exhausted)

How do I grow my existing LTC@Home Business?

Plan 4

Transitions of Care Program

- Skilled Nursing and rehabilitation facilities
 - They are required to create a transitions program
 - Usually use patients pharmacy of choice
 - No confirmation of successful medication pickup
 - Helps their Admission Coordinator sell the facility
- Do NOT engage your local hospital for transitions

What DON'T I do to grow my existing LTC@Home Business?

Plan ZERO

- Do not call the program Long-Term Care at Home
- No Lunch and Learns
 - No one is paying attention
 - Prescribers are usually distracted at best, not present at worst
 - Use that cost for better outreach
- Do NOT focus solely on patient focused marketing – it's a tool, not the entire tool box
- Do not expect patients to just walk in and ask for it



AGENDA

- What is LTC@Home
- Why is LTC@Home important?
- How do I start?
- How do I grow my LTC@Home Business?
- **How do I maximize my LTC@home workflow?**

Maximizing my Long-Term Care at Home workflow

Reactive Pharmacy Model (Retail)

- Patients Call, Click or Walk in
- High volume Mondays
- 30-90 day fills
- Multiple engagements per month

Proactive Pharmacy model (LTC@Home)

- SCHEDULED work
- No large bolus of fills
- 28 day cycled work, every 4 weeks are the same
- Outbound calls

Completely change how you think of Pharmacy

Fully Proactive Pharmacy Model Example – 6 Rx baseline

“Test Pharmacy 1”

- 28% of pharmacy patients (~1200) are on 6 or more meds
 - This represents 81% of all Rx fills in the store
 - All scheduled work
 - All outbound calls
- 19% of Rx (110 a day) are now reactive, only needing one tech and .25 pharmacist
- Overall Touches drop by 40%
- Staffing and workload are predictive
- Inventory turns increase (36 per year)

Completely change how you think of Pharmacy

Fully Proactive Pharmacy Model Example – All patient “Test Pharmacy 2”

- 100% of pharmacy patients (~3500) are on 5 or more meds, or are in the household of a patient on 5 or more meds
 - Program resulted in a 90% reduction in midcycle changes
 - Average less than 1.1 deliveries per household per month
 - Average delivery cost is under \$5 per, due to routed and scheduled work
 - Almost all outbound calls, fewer than 35 in bound per day
- Average patient received 2.1 “Touches” per month
- Staffing and workload are predictive
- Inventory turns increase (over 50 per year)
- EBITDA is above 10%

