

OMG...I DIDN'T KNOW THAT!

How Pharmacists Implemented a Test-and-Treat Program and Transformed Access to Care



The need for collaboration to provide continuity of care

Every year

270,000

people die in U.S. from non-optimized drug therapy:

- Incorrect medications
- Drug interactions
- Adverse drug effects
- Non-adherence



7 years of Vietnam War

56,000

total U.S. combat deaths

Annual expense to U.S. from non-optimized drug therapy

\$500,000,000,000



The solution: test-and-treat outside of primary care

Roles



Pharmacy Technician: Non-clinical responsibilities

- Data entry
- Product dispensing
- Manage adjudication queue
- Input medication synchronization for new prescriptions

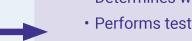


Pharmacist: Clinical responsibilities

- Medication verification queue
- Patient counseling and education
- Point-of-care testing and resulting prescriptions

Workflow

- Verifies insurance eligibility and benefits
- Ensures insurance is active
- Handles payment
- Bills appropriate CPT code in pharmacy management system



- Determines what point-of-care test is needed
- Performs test and obtains results
- Writes prescription or refers patient to local physician if symptoms are severe
- Returns information to pharmacy technician for appropriate CPT code billing

Steps for test-and-treat implementation

Evaluate resources for implementation in your state • NCPA • CPESN Contact the Department of Health in your state CLIA waiver Reporting requirements Credential pharmacists AND pharmacy with payers • Different payers have different requirements Establish clinical protocols for testing, treatment and physician referral Implement workflow to provide pharmacists flexibility to see patients • Train pharmacy technicians on all non-clinical tasks and medical billing • Utilize medication synchronization



Test-and-treat saves

30%

reduction in hospitalizations and reduction in emergency visits



Not all states allow pharmacists to test-and-treat



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