



SAMHSA-HRSA Center for Integrated Health Solutions

The Role of Onsite Labs and Pharmacies in Clinical Integration

Thursday, June 26, 2014



SAMHSA-HRSA Center for Integrated Health Solutions



**Jenny Crawford, JD, LCSW-C
(webinar moderator)**

**SAMHSA-HRSA Center for Integrated Health
Solutions, Deputy Director
National Council for Behavioral Health**



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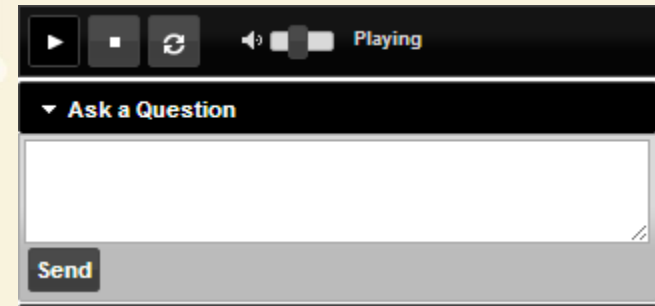
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SAMHSA-HRSA
Center for Integrated Health Solutions

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SAMHSA
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Today's Purpose

To create fully integrated behavioral health systems and to create better outcomes for individuals with mental illness and addictions, some behavioral health organizations have incorporated onsite pharmacies and labs into their service array. This webinar will feature SAMHSA Primary and Behavioral Health Care Integration (PBHCI) grantees that have included pharmacies and labs in their organizations as part of their integrated primary care services. Hear about nuts and bolts issues such as the volume of clients needed to make the services financially worthwhile, the impact on care for clients, logistics required for space, licensing and staffing, and the impact on workflow and communication between prescribers and behavioral health staff.

During today's webinar we will:

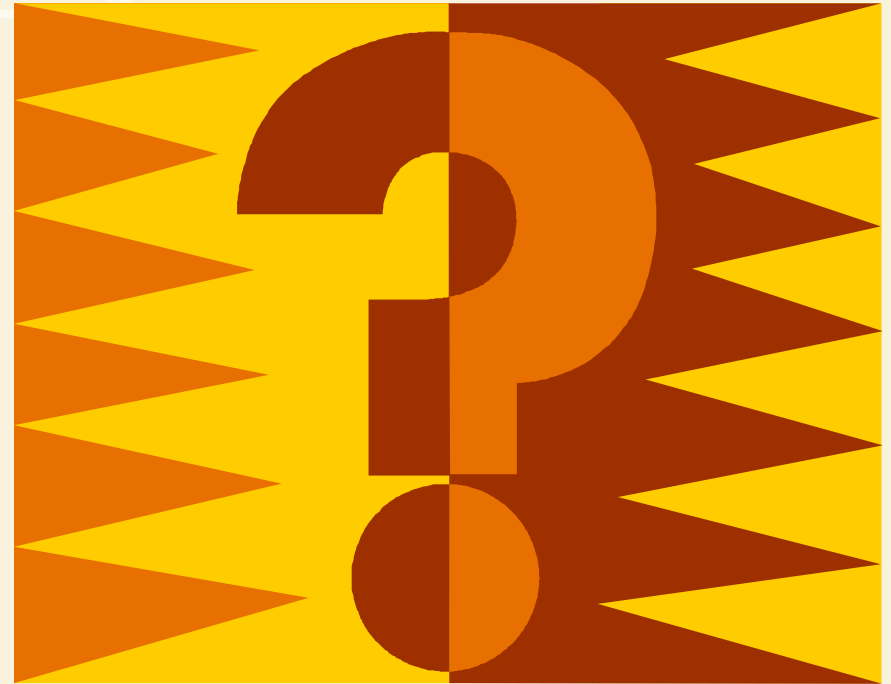
- Review key questions to ask about adding pharmacy and labs as part of your primary care integration
- The cost benefit analysis
- Considerations for licensing, staffing, and space
- Disclaimer

Today's Speakers

- **Jenny Crawford, JD, LCSW-C (webinar moderator)**
Deputy Director Training and Technical Assistance for Substance Abuse for the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)
- **Becky J. Hudzik, BS, MA**
Director of Wellness and Recovery Services, Wellsping Resources
- **Sandra Stephenson, MSW, MA (LISW-S, LPCC-S)**
Director, Integrated Healthcare, Southeast, Inc.

Poll Question 1: Do you have an onsite lab?

- **Yes**
- **No**



Poll Question 2:

If you DO NOT have an onsite lab do you have difficulty accessing your clients' recent lab information?

- **Yes**
- **No**
- **I don't know**



Poll Question 3:

If you DO have an onsite lab do you have difficulty accessing your clients' recent lab information?

- **Yes**
- **No**
- **I don't know**



Poll Question 4:

If you have an onsite pharmacy have you:

- Contracted with an established pharmacy to operate at your location?
- Created your own pharmacy?
- We don't have an onsite pharmacy





SAMHSA-HRSA Center for Integrated Health Solutions

From here it all changes

WellSpring
RESOURCES

Community Behavioral Health Center
Alton, Illinois

Presented By:



Becky Hudzik, MA

Director of Wellness and Recovery Services

Hudzik has over 10 years of experience in providing counseling and other mental health related services. She received her BS from the University of Illinois and MA in Counseling from Lindenwood University. Hudzik is passionate about providing services to those with serious mental illness that aid in achieving total wellness for both the mind and body. Hudzik is the Project Coordinator for WellSpring's PBHCI project.

About WellSpring Resources

- Established in 1959
- Serves individuals with mental health conditions and substance abuse disorders in four Southern Illinois counties
- Served 6,300 individuals in FY13
- CARF accredited



WellSpring's Vision for Integrated, Holistic Health Services

- Began as part of a leadership retreat
- Wanted to create a “One Stop Shop”
- Started with researching Pharmacy/Pharmacy Service options as that was the most urgent need (consumer access to medication)
- Recognized that we needed a partner; starting our own was beyond our skillset and resources

Pharmacy Partner: Genoa

- Genoa presented as the best partner for us
- Their vision for the **Mental health and addictions community**: Act as a partner and advocate to improve consumer outcomes and provide enhanced quality of care through integration and support services.
- This vision fit perfectly with our key objectives in wanting a pharmacy on-site

Pharmacy Partner: Logistics

- Because WellSpring decided on a pharmacy service rather than an on-site full-service pharmacy, the only space needed was one office (approximately 144 square feet)
- Our partner needed 5,000 scripts in order to contract with us

Pharmacy Partner: Genoa

- Provides pharmacy services on-site
- Bubble packaging for medication available
- Delivers medications to WellSpring Resources' residential sites
- Offers prescription assistance through Patient Assistance Plans to help low-income consumers get their needed medications
- Pharmacy tech is available on-site Monday through Friday from 8:30 – 4:00

WellSpring's Vision for Integrated, Holistic Health Services

- WellSpring realized lab services were needed to supplement pharmacy and primary care services already on site
- Lessons learned: First lab partner was not the best fit
 - Rates were not competitive and consumers chose to get their labs done elsewhere
 - We did not have the numbers to sustain the lab and the volume of Medicaid and uninsured consumers was not acceptable to the lab company

New Lab Partner: LabCorp

- WellSpring's 2nd lab partner is the #1 lab provider in our area
- WellSpring is a collection site
 - Lab Corp uses 2 rooms: a draw room and a room for urine collection
 - WellSpring leases space to our partner and did not need to obtain any new licenses
 - LabCorp hours are Tuesday through Thursday from 8:00 – 5:00

Lab Partner: LabCorp

- Provides lab tests, blood draws and other lab services
- Provides discounts on lab work for consumers with no income if our agency pays
- The cost of lab work needed to join our Medication Assisted Recovery Services program is extremely reduced going through LabCorp—consumers pay \$150 per person for lab work that would have cost thousands of dollars otherwise

Partnerships and PBHCI: What is the Impact?

- Having a pharmacy and lab service on site has helped encourage integrated health.
- Lab Tech and Phlebotomist have become integral team members in providing integrated health.
- Follow through on filling prescriptions and completing lab work is higher for our consumers as barriers to obtaining both have been eliminated.
- Grant Project participants have a high rate of reassessment for labs. This is in large part due to the lab service being located on site.

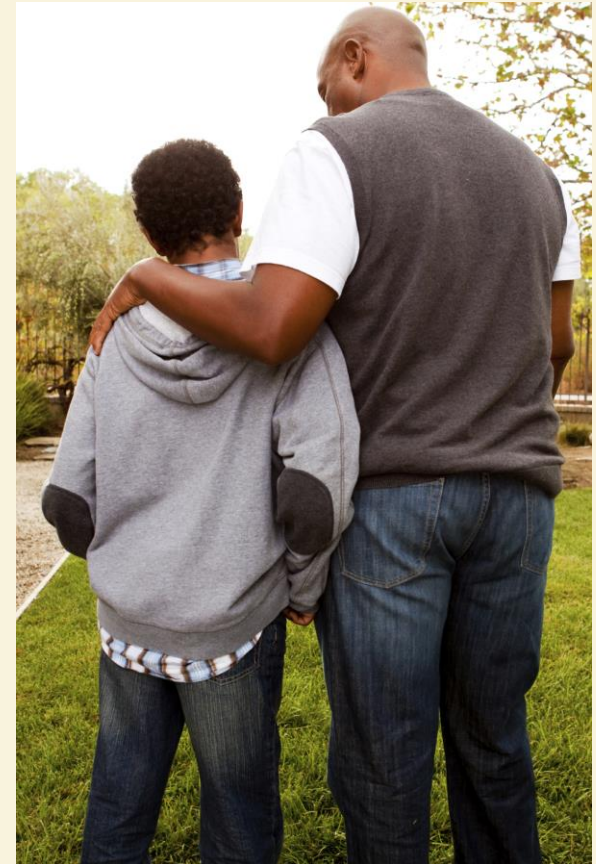
Benefits: For Consumers

- “One Stop Shop”: lab, pharmacy, primary health clinic and behavioral health services like counseling all available in one place
- Pharmacy delivery services available
 - Eliminates barriers for consumers without transportation



Benefits: For Consumers

- Prescription Assistance Program means that low-income consumers can get needed medication at minimal or no cost
- Increased collaboration between health providers. Nurses, pharmacy tech, physicians and clinicians all co-located and working together



Benefits: For Staff

- Convenience:
 - LabCorp is the preferred lab provider of the health insurance provided by the agency for staff
 - Staff can also get their prescriptions filled with Genoa and have them delivered to the office



Benefits: For Staff

- Time-saver:
 - The Genoa pharmacy technician fills out and submits Patient Assistance Plan paperwork on behalf of consumers—saves staff time



Benefits: For the Agency

- Spending less on staff mileage reimbursement for transporting consumers to and from the pharmacy or lab appointments
- Able to serve more people in a shorter amount of time because these services are easily accessible
- Agency gets exposure to potential consumers who are visiting our location for Genoa or LabCorp services
- Collecting rent from LabCorp and Genoa for space means we are actually making money!

Logistics and Start-up Considerations

- WellSpring Resources does NOT own or operate the lab or the pharmacy
- This arrangement means that the agency had minimal start-up costs
- WellSpring Resources provides space for:
 - Drop room
 - Draw room
 - Pharmacy tech office
- WellSpring Resources collects rent from both LabCorp and Genoa
- WellSpring Resources does NOT employ the lab or pharmacy workers which saves the agency money

Role of Pharmacists

- Our staff speaks to on-site pharmacy technician directly
- The actual pharmacist works about 30 miles away in Belleville, Illinois at Genoa's main office
- Pharmacist is available to our staff by phone and is very responsive



Poll Question 5:

Please describe your organization's use of an Electronic Health Record (Check all that apply)

- All integrated care staff (PC and BH) can use our EHR to see Lab Results
- All integrated care staff (PC and BH) can view the same BH/PC Medication Reconciliation and BH/PC prescribed medications
- We can receive electronic lab results directly into our EHR
- We do not (yet) have an EHR with these capacities or cannot access both BH and PC medication information in our EHR





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PBHCI Pharmacy and Lab Services Integration

Presented by:

Sandra Stephenson, MSW, MA
(LISW-S, LPCC-S)

Director, Integrated Healthcare
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Southeast, Inc. Healthcare Services

- Based in Columbus, Ohio (Total Active Clients, FY '13 - 8000)
- Service Sites in Six Ohio Counties
- SAMHSA Cohort I PBHCI Grantee (1250 Clients Participated)
- “Solo” Provider PBHCI Model
- Target Population – Quadrant IV
- FQHC New Access Point – Nov. 2011 (KY '13 – 2750 Patients)
- IHC Expansion
- The Joint Commission Accreditation
 - Behavioral Health Accreditation
 - Ambulatory Healthcare Accreditation
 - TJC Certified PCMH

Southeast Apothecare Pharmacy

- Closed Door, Non-Retail, Specialty Pharmacy Owned/Operated by Southeast, Inc.
- Status Allows Entry into Buying “Clubs” Etc.
- Specialty Status – Serving Patients/Clients with Cognitive Disorders
- Patients Served in 2013 – 3,345
- RXs Filled in 2013 – 74,928
- Staffing – 3.0 Pharmacist, 1.0 Clinical Pharmacist, 3.0 Pharmacy Technicians
- Current Cost of Goods \$5,270,751 Sale \$6,335,203 (10 Month Period FY 2014)
- Hours of Operation – Monday through Friday, 8:00-5:00 and Tuesday Evening

Southeast Apothecare Pharmacy

- **History and Start-up**
- Not for the Faint of Heart
- Leasing of Space to a Closed-Door Pharmacy
- CVS Purchase
- SE Purchase
- Issues of Consideration – Fit with Organization and Business Plan; Skill Set; Management; Space; Staffing; Pharmacy Software; Purchasing Agreements; State Pharmacy Law; Management of Inventory and “Turns;” Packaging Options; Competition; Margin
- Pharmacy Expansion - Apothecare, Central Pharmacy, 340(B) Under FQHC, Other

Apothecare Pharmacy



Packaging Options



340(B) Pharm



Impact of Pharmacy Integration – Why Own?

- “Seamless” for Clients/Patients/Staff
- Real-Time Consultation with Pharmacists
- Real-Time Intervention re: Drug Interactions/Other
- EHR Electronic Prescribing - Meaningful Use
- Real-Time Shared Information (BH and PC)
- Medication Reconciliation and Patient Education
- Convenience for Patients
- Rate of Medication Possession/Intervention
- Affordability for our Patients
- Prior Authorization Assistance
- Role of Clinical Pharmacist
 - Prescriber Consultation
 - Patient/Family Education
 - Financial Considerations

Lab Services

Contracted Partner Model with LabCorp

**LabCorp Provides Phlebotomist
(5 days wk., 8:00a – 2:30p)**

LabCorp Provides All Equipment

LabCorp Meets CLIA Standards

**LabCorp Provides Scheduled
Specimen Pick-Up**

**LabCorp Provides Requested
Data Reports**

**LabCorp Contact SE Practitioner
“Real Time” with Critical Lab
Results**

- Lab On-Site and Off-Site Capacity
- Embedded in Primary Care
- Involvement of Southeast Staff Members

Business Considerations:

- Negotiated Lab Services and Fees Based on Volume
- Cost of Lab Equipment and Goods and Staffing if Solo Model
- Maintenance of Lab Equipment
- CLIA Certification (Clinical Laboratory Improvement Amendment)
- Space if Solo
- Ability to “Eat” Costs of Labs for Uninsured Patients (Ethical Considerations)

Cost to Southeast Year-to-
Date FY 2014 (10 Months) -
\$85,000.00

Embedded Lab at Southeast

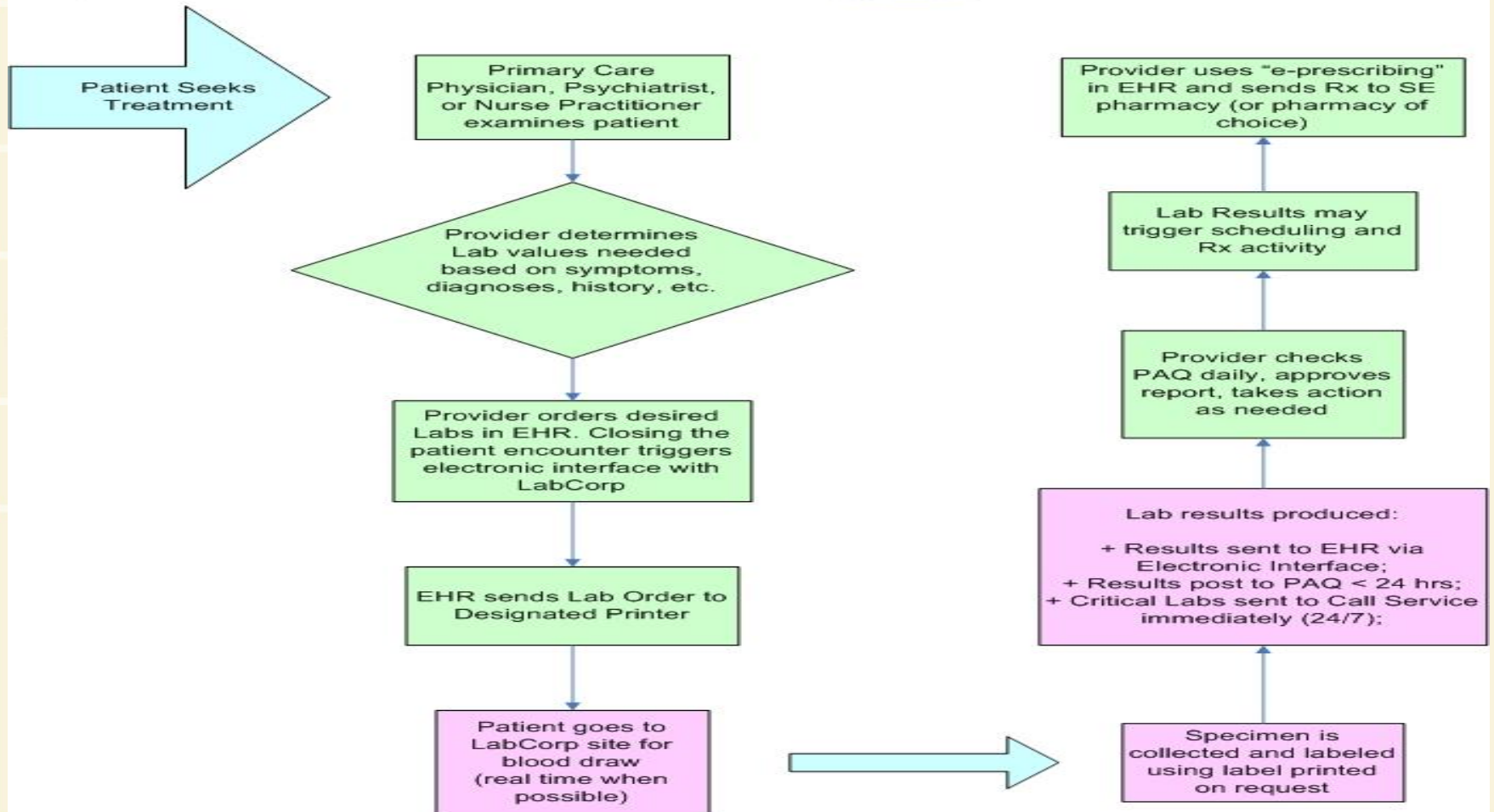


LabCorp/NextGen (EHR) Interface

- Meets Meaningful Use Requirements (Electronic Receipt of Lab Results into EHR)
- Supports Data Reports and Population Health Management
- All Practitioners/Staff Involved with Patient Can See Lab Results and Support Needs of Patient
- Electronic Portal for Patients
- Interface Cost – \$7,500
- Provider Approval Queue (PAQ)
- Interface Challenges



Workflow – Lab Processes and Electronic Interface



Portion of SE “Huddle” Report Supporting Patient Flow/Care

Report is Shared Across BH and Primary Care Staff Participating in Morning Huddles

Diabetes	Hypertension	PAP	Colon Cancer Screening	Meds	T
		?	Due	0	
5.8 - 10/04/2013	C 90/60	10/4/2013	FOBT 4/25/14	6	N
	C 138/70		Due	2	U
				0	
				2	U
D-9.2 - 02/04/2014	HTN-C 122/68	Due		15	U
	C 128/64	Due	Due	2	U
No Lab	HTN-C 122/82		Due	4	N
	C 116/79	Due		0	

Integrated Lab Data

Columbus Site Consolidated Lab Services Report by Lab Service Type

Behavioral Health Labs – 2013 5187
Primary Care Labs – 2013 7715

BH HgA1c 303
PC HgA1c 785
BH Lipid Panel 404
PC Lipid Panel 858
BH Metabolic Panel 531

PC Metabolic Panel 617

BH CBC/Differential Platelet
713

PC CBC/Differential Platelet
311

BH Hepatic Function 90

PC Hepatic Function 67

BH TSH 329

PC TSH 363

Data Report – Lab Order Adherence

May 2014 Lab Orders

Provider	Orders Received	Pt Drawn Same Day	Pt Drawn Diff. Day Order on File	Pt Drawn Diff. Day No order on File	Standing Orders
Ahmed	5	2	5	1	4
Becher	7	7	0	0	0
Blank	81	9	32	4	0
Fryxell	36	29	6	10	0
Hasan	21	0	15	0	14
Hom	45	40	6	4	1
Huber	65	32	25	9	0
Hughes	14	3	9	3	0
LaRue	15	5	7	0	0
Lansing	1	0	1	0	0
Nafziger	10	1	6	0	0
Reiner	13	0	7	0	0
Kilmartin/Whaley/Tichy	0	0	0	0	0

Psychiatric Medication Monitoring Guidelines

Metabolic Monitoring: Atypical Antipsychotics and Divalproex

Table 3: Monitoring Protocol of Atypical Antipsychotics

	Baseline ^a	Every 1-2 months	3 months	6 months	Annually
Blood pressure	X	X	X	X	X
Body mass index (BMI)	X	X	X	X	X
Waist circumference	X		X		X
Hemoglobin A1C ^b	X		*		X
Fasting lipid panel	X		*		X

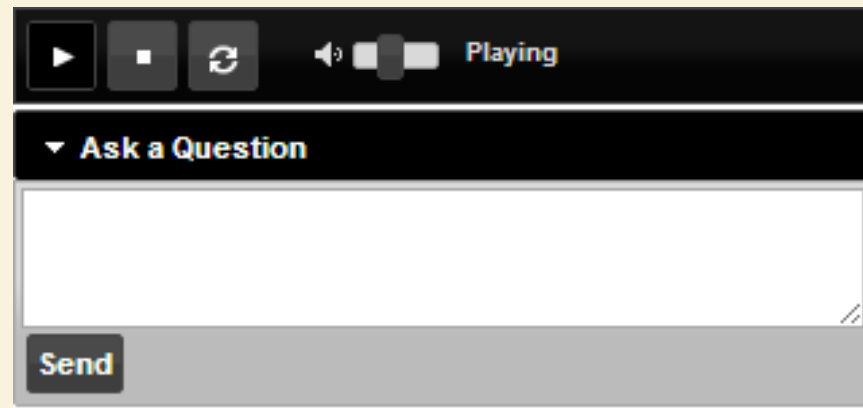
CLIA Waived Labs

Clinical Laboratory Improvement Amendments - CMS

- CLIA Waived Labs ARE Regulated!
- Waived Labs Administered and Read by Provider Staff
- Often “Over-the-Counter” Availability
- Examples: Urine Pregnancy; Glucose Finger Test; Urine Drug Screen; Rapid HIV; Saliva Swab for Alcohol; Rapid Strep; Fecal Occult Blood; Microscopic Vaginal Smear, Etc.
- Quality Controls Procedures for Tests
- Staff Competency Testing (Required by Accreditation Bodies)
 - Staff must be evaluated by Designated Evaluator
 - Documentation of Competency Must be Maintained (SE places in HR File)
 - Staff must also be Competent in Quality Controls

Questions ?

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Additional Questions?
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