



CPESN® Pharmacies and Local Network Leadership:

Here is this week's **Sunday Update** on CPESN activities from the past week.



Network Development

Local Network Growth

The CPESN Network continues to grow as we close out this week at over 1,970 pharmacies! We are quickly approaching our goal of 2,000 pharmacies by the end of 2018. The newest pharmacies join us from Wisconsin, Kansas, Massachusetts, Alabama, and Virginia.

If you know of colleagues that are interested in joining your local network, direct them to <http://join.cpesn.com>.

CPESN Networks Introductory Webinar Series

This is an informative session and a great opportunity to encourage your prospects to learn about the CPESN movement. The next one is **Thursday, December 13th at 1 p.m. EST.**

Click [here](#) to copy the registration link and forward it to another pharmacy in your area.



Payer Engagement

CPESN USA is receiving a number of inquiries from existing network and pharmacy participants as well as prospective participants and partners about the nature of existing payer programs. We'd like to offer the following summary, which is inclusive both of contracts signed by CPESN USA or by local networks and contracts that are in the final stages of negotiation.

CPESN networks and pharmacies now have experience contracting in all of the following areas:

Payer & Partner Types	Program Types	Payment Model Types
<ul style="list-style-type: none"> ▪ Medicaid Managed Care Organizations ▪ Medicare Advantage Plans ▪ Commercial Health Plans ▪ Medicare Part D Enhanced MTM programs ▪ Accountable Care Organizations ▪ Health Systems/Hospitals ▪ Individual Physician Practices ▪ Grants or Demonstration Projects with state-based entities (such as public health departments) 	<ul style="list-style-type: none"> ▪ Pharmacy care management programs ▪ Disease state focused programs (e.g., heart failure, behavioral health, tobacco cessation) ▪ Chronic care management agreements (potentially combined with Medicare annual wellness visits and/or transitional care management) ▪ Transitional care programs ▪ Enhanced service bundles such as med sync + adherence packaging 	<ul style="list-style-type: none"> ▪ Traditional fee for service ▪ Per member per month <ul style="list-style-type: none"> ▪ Tiered PMPM based on patient risk ▪ Flat PMPM ▪ Performance incentive bonus <ul style="list-style-type: none"> ▪ Traditional pharmacy-side measures (e.g., medication adherence) ▪ Medical side measures (e.g., HEDIS)

I just checked the CRM (customer relationship management) portal and we started 12 new deals last week, with five of those being Medicaid or Medicaid Managed Care Organizations, which continue to outpace all payer engagements.

We want to re-emphasize that CPESN USA is a shared service and maintains the capability to administer programs and sign contracts on behalf of participating pharmacies for two purposes: 1) as a stop gap when nobody else in the marketplace as the means to do it and 2) when the marketplace is not offering a reasonable contracting position or full transparency to the pharmacy.

Our principle objective as a clinically integrated network is to organize community-based pharmacies who are willing and prepared to group together and provide best-in-class services and enhanced services that other pharmacies are unwilling or unable to provide – and to express your value collectively and in ways that meet the plan sponsor's needs.

While we maintain these contracting and administrative capabilities, we have no plans to be a technology services provider or payer administrator as our business model. There needs to be a marketplace that emerges that facilitates efficient and scalable health services delivery programs to ensue in the tens or hundreds of millions of dollars in a vibrant and competitive marketplace. And, that marketplace needs to emerge quickly for your survival.

Think what a Change Healthcare or RelayHealth or PowerLine looks like for health services. Think what DUR process looks like for health services. Think of what an Epic and Cerner for pharmacy-provided health services looks like. That is the future of a scalable and sustainable services industry.

If the world of pharmacy is limited to dispensing five years from now, you are dead in the water. However, if the world of pharmacy is health services that are made better by dispensing alongside of it – you have the opportunity to thrive at something you are well positioned to do. CPESN USA cannot **be** the marketplace in the long run. It needs to be bigger than us for it to work for you. So, we continue on, facilitating open standards like eCare Plan and openly publishing the Chronic Care Management handbook to help all pharmacies and pharmacists along this path.

What we **will always** make sure we do is subject ourselves to the governance of the participating pharmacies through their chosen networks and make sure that they are at the table and fully read in on contract negotiations and third party relationships operating in this emerging marketplace. ***The whole point of a provider-run network is empowerment by self-organization in a vehicle (clinical integration) that can do business in aggregate.***

I grew up in a small town in northern Iowa and I know the critical role that cooperatives have played in keeping family farmers in business despite national and worldwide trends that continually threaten to wipe them out. Believe me, I get what you deal with on a day-to-day basis, regardless of your size or number of pharmacies you have.

Our collective success years down the road will not be determined by how many contracts CPESN USA signs. It will be determined by how many contracts participating pharmacies ***have access to*** that provide fair, transparent and sustainable reimbursement for health care services, ***regardless of who signs that contract or who administers the program.***

That is the key to a successful model for community-based pharmacies. And that is the rationale for creating and sustaining a provider-run clinically integrated network.



Quality

Chronic Care Management Office Hours

The next Chronic Care Management (CCM) Office Hours webinar will be held **Thursday, December 20th at 3 p.m. EST**. The goal for the December webinar is to focus on answering your questions, since we have now reviewed the 12 implementation steps. **Please submit any questions for the December 20th CCM Office Hours Webinar** by December 17th. Click [here](#) to do so.

The most updated CPESN USA CCM Playbook is now dated November 2018.

[Register for CCM Office Hours](#)



Operations

CPESN Collaboration Site

The CPESN Collaboration Site reached another milestone this week with the successful invitation of Wave 3 participants – CPESN Network Administrators and Luminaries. These invites were sent out on Thursday afternoon and no major issues have been reported at this time. With this round of users we surpassed 400 total users invited to join the Collaboration Site! Once the network administrators and luminaries review and approve their network information, we'll be moving on to Wave 4 which is the invitation of all CPESN participating pharmacies! We are still anticipating that everyone should be active within the Collaboration Site by the end of the year. **Please keep an eye on your email inbox for those invitations arriving in the coming days.**

As a reminder, the CPESN Collaboration Site is the login portion of cpesn.com that will allow all of us in the CPESN family to keep network and pharmacy profiles up-to-date, share materials, view previously recorded webinars, etc. While some of this functionality is future state, a few weeks ago we started releasing the ability to log in, create your own user profile, and complete your pharmacy profile in preparation for a re-release of the CPESN Pharmacy Finder. We will continue to provide updates in upcoming issues of the Sunday Update regarding which wave we are on, and when we get to your wave, you can also expect to receive instructions on how you can use your invitation email to get started.

CPESN USA W-9

'Tis the season! Well, not quite... but while snow is falling and jingle bells are ringing, accountants are starting to prepare for the 2019 tax season! Please **click [here](#) to access CPESN USA's W-9 form** so that you have it readily accessible when you need it.

Clinically Integrated Network Training Now Available On Demand

As CPESN USA staff and network leaders talk with participating pharmacies, a lot of questions are often raised around the topic of clinical integration. While we have provided some *CPESN U* messages related to that topic, we realize that some of you may be interested in a deeper dive or accessing all of that content in one place. We have partnered with NCPA **to give you access to this training and education in an easy-to-use online format** that you can access 24/7. Topics covered include:

1. CPESN USA Overview
2. Third Party Networks
3. Clinical Integration 101
4. Pharmacist eCare Plan 101
5. CPESN USA Governance
6. CPESN USA Participation Fees
7. CPESN USA Minimum Standards
8. CPESN USA Network Adequacy
9. CPESN USA Technology Update
10. Joining Multiple Local CPESN Networks

To access these training modules, please click the following link and register for your personal account in order to get started! <https://www.ncpalearn.org/cpesn.aspx>



Marketing

Marketing

Luminary Spotlight in NCPA's qAM eNewsletter

Our local network luminaries are being featured in NCPA's *qAM Newsletter*! CPESN Kansas Luminary Emily Prohaska was spotlighted this week. Click [here](#) to check them out.

Workflow Wednesdays

Did you catch last week's edition of Workflow Wednesdays? Jeff Olson, pharmacy owner and innovator at Montross Pharmacy in Iowa, shared some of his best practices. If you missed it, click [here](#) to check it out!

In the News

Click the button below to access all of the CPESN pharmacies in the news!

[Newsroom](#)

Thanks for being a participating pharmacy. Have a great week!



Sincerely,



Troy Trygstad
Executive Director

For more information on CPESN®
Networks, visit www.CPESN.com

