



CPESN® Pharmacies and Local Network Leadership:

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

Thanks for spending time to read our **Sunday Update** emails. Many of you have stopped me or sent along nice notes about looking forward to reading it each Sunday. We'll try to keep it fresh and relevant. Last week, we had a special **Sunday Update**. I encourage you to read if you have not. You can access it [here](#).



Network Development

We just added our newest local network. We now have 45 local CPESN Networks and nearly 1800 participating pharmacies across 40 different states. We now have nine networks with 90+ pharmacies and 14 networks have reached 40+ pharmacies. In terms of Network Adequacy, ten networks have reached 'geographic' Network Adequacy. Four networks have reached 'population' Network Adequacy. Plus, we have 11 networks that are close... and need less than 20 pharmacies each to make it to population adequacy.

Network	Gap to Adequacy
CPESN Tennessee	1
Mutual CPESN (North Carolina)	2
CPESN Wyoming	3
Nebraska Enhanced Services Pharmacies	8
CPESN Mississippi	11
CPESN South Dakota	11
CPESN Western New York	13
CPESN Delaware	14
CPESN Idaho	16
CPESN Louisiana	17
CPESN Hawaii	19



Payer Engagement

A Southeastern network had a meeting with the staff of Health and Human Services and Medicaid and it was interesting to see how the world outside of pharmacy thinks about pharmacy. Reinforcing the update from last week, their body language and facial response to terms like MTM, CMR, Sync, etc. was tepid at best. However, their reaction to pharmacies focusing on patient engagement, social determinants, community pharmacy care management and other patient behavior and environmental circumstance and using a local pharmacy to advance those ideas was met with a lot of enthusiasm.

A Midwest network is having a similar experience deploying community health workers as part of a grant. One luminary noted, "Its been amazing to see how many doors have been opened by this and meetings we now have about partnering, we just need to get out of our pharmacy bubble and we'll be just fine". Another pharmacy owner in a Southeastern network noted, "we started visiting with patients at their homes and it is amazing the things we find out and how much we can help with if we do something beyond just dropping off the medications".

Two Southeastern networks have partnered up to pitch a COPD service set to an MAPD program and now have a meeting set to scope it.

A Midwest network has started to deploy an intervention around increasing rates of vaccination for HPV.

A Southern network was able to get their CPESN Network written into a health system based payment program with a payer that focuses on payment for outcomes. That same network (in a very savvy way I might add) went to the competing physician group that is now asking for a more aggressive proposal.

Two more Midwestern networks are now working enhanced services cases in an enhanced MTM program with a Part D plan.

There is Southeastern network that has been written into two Medicaid MCO Request for Proposals (RFPs) this last week.



Quality

We continue to get a terabyte worth of questions about the Pharmacist eCare Plan.

"Why do we have it?"

"Why must we use it before we get a payer?"

*Why we chose this platform?"

We need everyone to have a very clear understanding of why **the eCare Plan is so important to the sustainability of community-based pharmacies**, let alone our collective CPESN need for antitrust compliance. **The eCare Plan is a transaction, not a software system or platform.** However, you can't send an eCare Plan unless you have... a care plan for the patient, and... you can't have a care plan for the patient unless you have... a clinical documentation system that keeps a care plan! **This is the MOST important reason for the eCare Plan movement.**

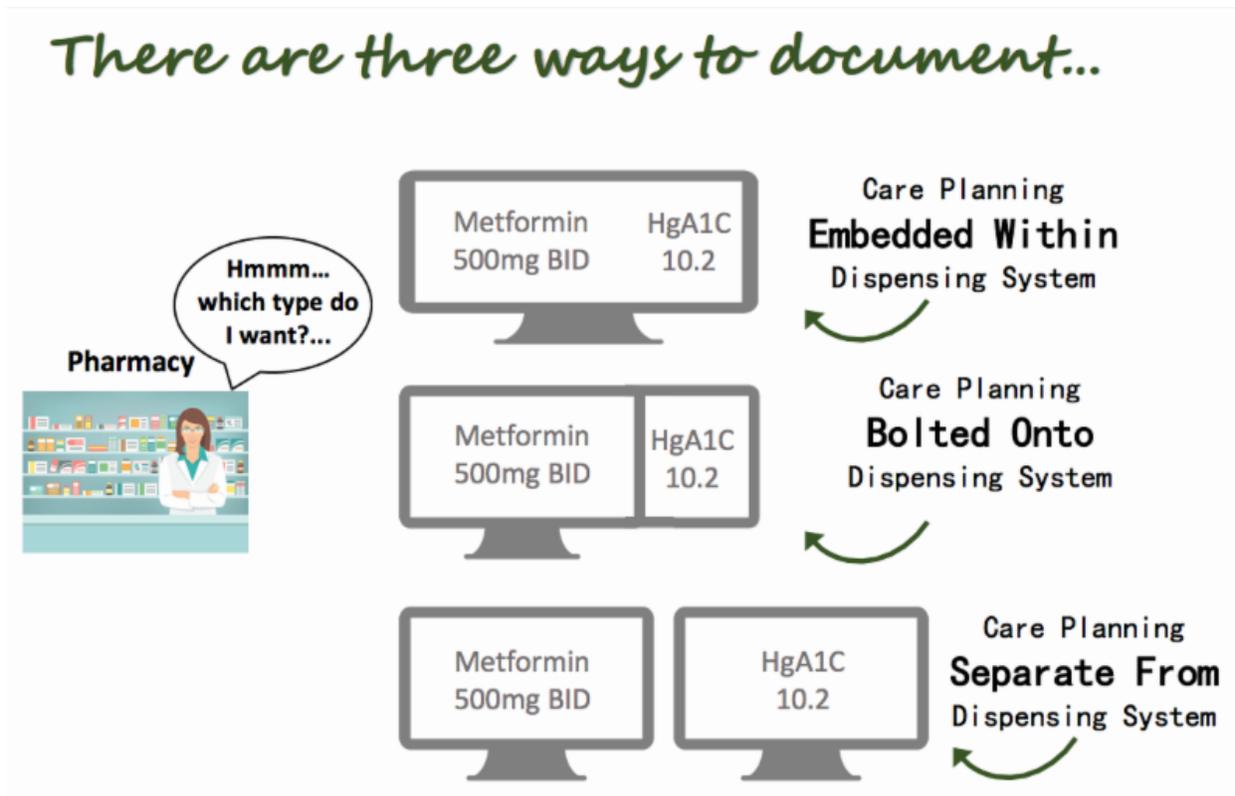
You are paying for this...



Again, the eCare Plan is a transaction, not a software system or platform. CPESN uses that transaction as a universal and greatly simplified way (think: cheaper so we use your fees efficiently) of collecting clinical data for best practices, quality assurance, program implementation and antitrust compliance. Having a clinical record (for care planning) allows enhanced services

pharmacies to have a system that allows them the same privilege that other health care providers have had since their inception – a clinical record for helping them provide services (and documentation therein).

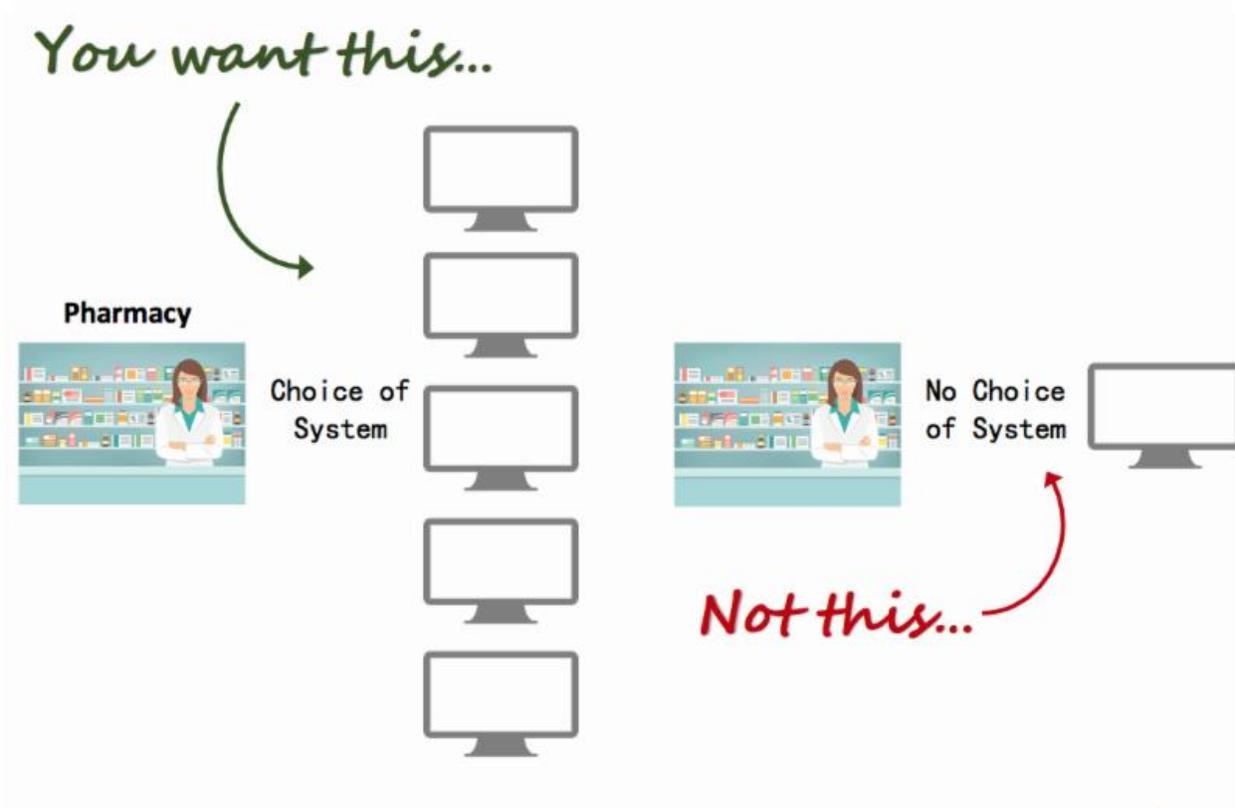
Payers will start to believe pharmacies are serious about services when they have IT systems that support services - and they want universal streams of data flows for quality assurance and sharing with care management. There are three basic options for access to clinical documentation: 1) Embedded within 2) Bolted Onto and 3) Separate From.



Heretofore, **you've been using payer-owned or operated or contracted vendor systems** (with different workflows, and data you don't own or control, oftentimes loaded with very sparse numbers of your patients loaded in a sporadic fashion tied to specific payer-based measurables and not pharmacy-based measurables). You cannot build out services for your pharmacy this way.

So, we've worked extensively over the past few years with CMS and ONC (the National Health IT authority) and with vendors to motivate them to build clinical documentation systems based on care planning that are used for all patients receiving services for your pharmacies with data that is **under your control and direction**. It's remarkable that we've gone all of these decades without community pharmacies having any clinical information gathering features as part of your IT systems. CPESN pharmacies cannot claim to provide

enhanced services and not have a IT system that supports and records enhanced services activities.

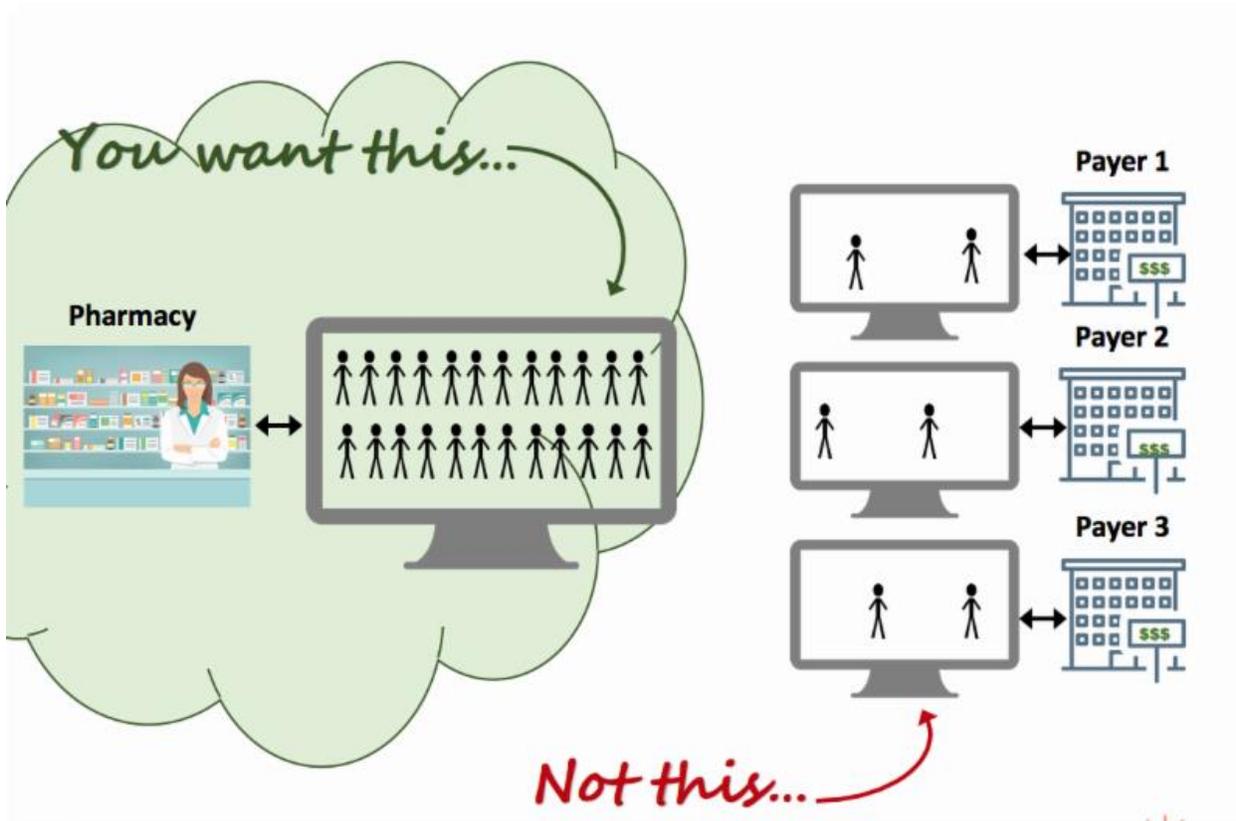


Why care planning is at the core of CPESN pharmacies' clinical record? Two reasons: First, it fits elegantly with medication synchronization and regular check-ins with patients. Quick and easy should be the mantra of your chosen vendor. Second, that's what payers are interested in – planning, coaching, social determinants – see last week's ***Sunday Update*** speaking to this, by clicking [here](#).

We can't sit idle while waiting on a payer. We need to be building lightweight care planning in to med sync and other enhanced services activities today, regardless of payer. **Quickly if we can, baby steps if we must.** And, lightweight and at low cost in the absence of a payer.

It is extremely important that your chosen clinical documentation system can transmit an eCare plan. If it can't... YOU need to be talking to your vendor and telling them you need the ability to send and eCare plan, not relying on CPESN USA telling them. Remember that the **eCare Plan standard is not a CPESN construct, nor exclusive to CPESN Networks. It's an HL7 (medical standards) and NCPDP (pharmacy standards) construct.**

It can be widely used by many and I have confidence it will be used widely as time passes - every other healthcare service provider has a parallel capability –we are a show horse in the eyes of the medical benefit without it.



You have the power to influence vendors that you are paying and most importantly the power to influence your patients through care planning, monitoring and reinforcement- for their benefit, the payer's... and yours. **It's the key to pharmacy differentiation.**



Marketing



Marketing

2018 CPESN Luminary-of-the-Year Finalists

Stephanie Smith Cooney, Pharm.D., heard of the idea of high-performing pharmacies networking together and didn't hesitate to join. Knowing she had to be a part of this significant change within the pharmacy industry, she joined Pennsylvania Pharmacists Care Network (PPCN for short) and CPESN USA. Stephanie's pharmacy, Gatti Pharmacy in Indiana, Pa., participates in both networks.

She is ecstatic to be networked together with so many innovative pharmacists to help patients thrive. Thanks, in no small part, to Stephanie, PPCN is one of the largest

CPESN networks in America and has several active payer engagements. Her efforts have been recognized by her fellow pharmacists both in Pennsylvania and across America, as she was one of three finalists for the 2018 CPESN Luminary-of-the-Year Award, sponsored by Upsher-Smith.

Stephanie is encouraged to see growth in and development of so many local networks, especially PPCN as they undergo positive changes from joining CPESN USA.

So, what's next for Stephanie and her local network? Stephanie says that PPCN is working tirelessly to engage more payer opportunities, expand the network, and ensure care delivery is top-notch." Always open to learning, Stephanie is eager to take on the challenges Gatti Pharmacy, PPCN and CPESN USA have in front of them. Click [here](#) for Stephanie's full bio.

In the News

Balls Food Stores, whose pharmacies participate in CPESN Kansas and CPESN Missouri, was recently recognized for receiving the 2018 Pinnacle Awards from the American Pharmacists Association Foundation.

Congratulations to Balls Food Stores Clinical Services Coordinator, Emily Prohaska (a CPESN Kansas Luminary), and the rest of the Balls Food Stores pharmacy team.

The Pinnacle Awards celebrate significant contributions to the medication use process through increasing patient adherence, reducing adverse drug events, promoting the use of national treatment guidelines, improving patient outcomes, and enhancing communication among the members of the healthcare team. To see the announcement, click [here](#).



Operations

Chronic Care Management

Our Chronic Care Management (CCM) Playbook is now available. If you don't know what CCM is and/or need to understand how to use the CCM Playbook, please sign up for the CCM Office Hours webinar. This webinar is held monthly on the third Thursday of each month at 3 p.m. Eastern. **The next webinar will be held Thursday, September 20th.**

1. Click [here](#) for one-time registration to CCM Office Hours
2. At least one week prior to a scheduled webinar, you can submit any questions you have about CCM & how to implement it, by clicking [here](#). (Submitting questions prior to the webinar will allow us to be efficient with everyone's time and to provide appropriate answers to your questions.)

I'm very much looking forward to implementing our customer relationship management and sales software beginning with USA staff next week. I always write these updates based on memory (and lean on some staff to help add parts) and keeping track of all of the leads and follow up and working with the local network staff in a single system will allow us to report back to you more accurately and timely about payer engagement progress. It will also help networks close deals more easily.

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



Sincerely,

A handwritten signature in black ink, appearing to read 'Troy Trygstad'.

Troy Trygstad
Executive Director

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

