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NFPRHA 2017

Alternative Delivery Systems: An Opportunity for Sustainability



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Alternative Delivery Systems: An Opportunity for Sustainability



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Alternative Delivery Systems

A model of care that deviates from the standard model, which includes where, how, or by whom care is delivered

- **Long-standing models: mobile clinics, school-based health centers, and pills-by-mail**
- **Newer models: pharmacy access, retail locations, telemedicine and app-based care**

Distribution Systems for Hormonal Contraceptives (HC)

- **Historically...**
 - Clinician prescribed, pharmacy filled
 - Clinician prescribed, clinic furnished
- **Newer alternatives**
 - Nurse (RN) furnished, via standing orders
 - Pharmacist prescribed and furnished
 - Clinical services at retail sites
 - Telemedicine: On-line clinician prescribed

Nurses' Authority to Prescribe or Dispense

- 37 states grant prescriptive authority to clinical nurse specialists (CNS)
- 25 states allow CNSs to dispense drugs and another 13 permit CNSs to provide drug samples
- 16 states allow RNs to dispense some medications, including contraceptives and drugs for STI care in outpatient settings, such as a health department or a family planning clinic

<https://www.guttmacher.org/state-policy/explore/nurses-authority-prescribe-or-dispense>. February 2017

Pharmacy Access to Hormonal Contraception

- “Behind-the-counter” status
- Pharmacist screens women for eligibility
- Washington State: pharmacy access model found to be safe, effective and acceptable to women
- Concerns: reimbursement and refusals—and must be done state by state
- Starting in 2016
 - Oregon (House Bill 2879)
 - CA (Senate Bill 493)

Pharmacy Access to HC

	Oregon	California
Age	*18+	No restriction
Methods	OC, patch	OC, patch, CVR, DMPA
Training	5 hours	1 hour
Self-screening required?	Yes	Yes
Law addresses billing?	Yes	No

* Women <18 are eligible only if they have obtained at least one previous prescription from a clinician

App-Based Care

Nurx: <https://app.nurx.co>



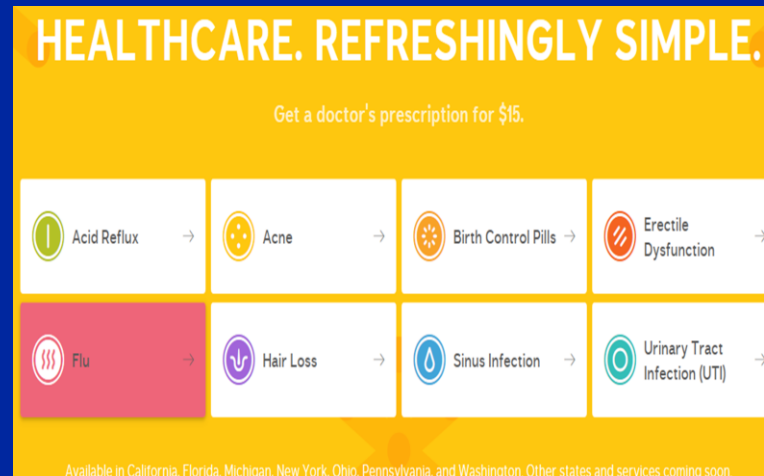
mavenclinic.com



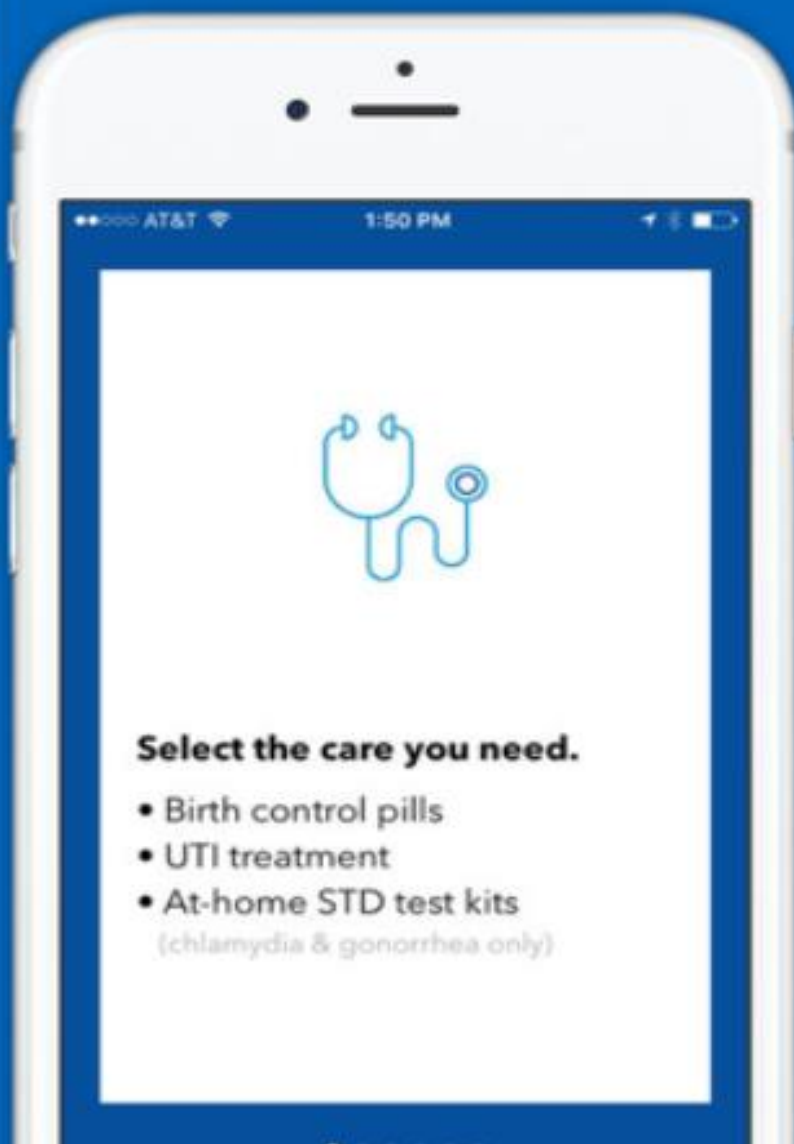
www.projectruby.com



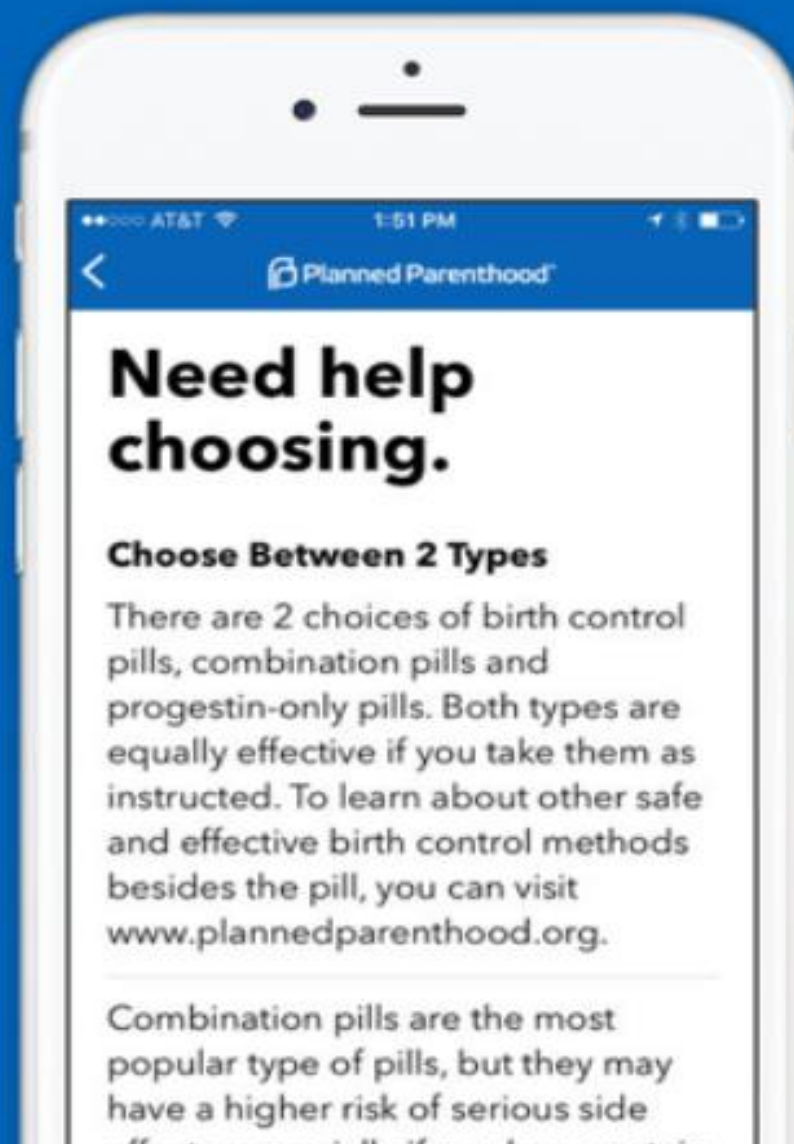
www.lemonaidhealth.com



Care in the Palm of Your Hand



We Can Help You Choose the Right Birth Control Pill



Will Widespread Availability of
Alternative Contraceptive
Distribution Systems Become a
Disruptive Innovation?

Disruptive Innovation Defined

- An innovation that creates a new market and value network and eventually disrupts an existing market and value network, displacing established market leaders and alliances
- “Significant societal impact” as an aspect of disruptive innovation
- Tend to be produced by outsiders

The Economist explains: What Disruptive Innovation Means (1/25/15)

- Concept invented by Clayton Christensen, of Harvard Business School
- Innovations that create new markets by discovering **new categories of customers**
- Harness new technologies; develop new business models and exploit old technologies in new ways

The Economist explains: What Disruptive Innovation Means (1/25/15)

- The “innovator’s dilemma” is the difficult choice an established company faces when it has to choose between holding onto an existing market by doing the same thing a bit better, or capturing new markets by embracing new technologies and adopting new business models

The Economist explains: What Disruptive Innovation Means (1/25/15)

DI can reshape entire industries...

- | | |
|-----------------------|--------------|
| – Classified ads | Craigslist |
| – Long distance calls | Skype |
| – Record stores | iTunes |
| – Research libraries | Google |
| – Local stores | Amazon, eBay |
| – Newspapers | Twitter |
| – Taxis, rental cars | Uber, Lyft |

There's finally an Uber for birth control





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Emily Nichols, MPH

Director of Operations

Family Practice & Counseling Network

THE RETAIL CLINIC: INCREASING ACCESS TO FAMILY PLANNING SERVICES

Emily Nichols, MPH
Director of Operations
Family Practice & Counseling Network



AGENDA

- FPCN at a glance
- QCare: FPCNs retail clinic
- Implementation of family planning services
- Lessons learned
- Challenges
- Sustainability



FAMILY PRACTICE & COUNSELING NETWORK

- Nurse-managed network of 6 FQHCs
 - 4 comprehensive health centers in Philadelphia
 - 1 convenient care clinic in a grocery store
 - 1 health center in York, PA (primary care & behavioral health)
- 23,037 users and 102,619 visits (2016 UDS)



THE START

QCARE INSIDE A SHOPRITE

- New shopping plaza with ShopRite as the anchor store
- About 1/2 mile from Abbotsford Falls site
 - No other convenient care in the area
 - Feeder site
 - Overflow
- Opened August 2013
- 2 exam rooms
- Negotiate payor contracts to include payment for non-PCP visits (primary care and fp services)



IMPLEMENTATION OF FAMILY PLANNING SERVICES AT QCARE

- It always starts with the mission...

The Family Practice and Counseling Network (FPCN) provides **person-centered**, integrated and **comprehensive** health services to individuals and families across their lifespan. The Network promotes resiliency and well-being among patients, staff and surrounding communities.

Utilizing a multidisciplinary approach, FPCN provides a variety of services **under one roof**, including primary care, behavioral health, dental, cardiology, podiatry, diabetic education, prenatal care, physical therapy, **family planning**, pharmacy services, and more.



PART OF OUR FABRIC

- Primary care and family planning services are inter-woven into care we provide at all of our sites
- Provide access to care to the underserved
 - Family planning
 - Preventive services (vaccines, PAPs, education)
- Patients come in for one reason but there are always opportunities to weave in family planning
 - Driver's permit?
 - Work physical?
 - Sore throat?



**Ask about
family
planning**



LESSONS LEARNED: PROVIDE MUCH NEEDED ACCESS

- Who is coming to QCare?
 - People not connected to a PCP
 - People who could not get an appointment with PCP
 - Teens
 - LGBTQA+
 - Uninsurable/Between insurance
- We can provide direct access to primary care, behavioral health, support services, etc.
 - Linkage protocols/Same EHR



LESSON LEARNED: STI/HIV TESTING (ALSO A CHALLENGE)

- The need to normalize – what better way than in a grocery store?!
- Reframe as a service in line with our mission of providing access
- Provide needed prevention services to underserved populations

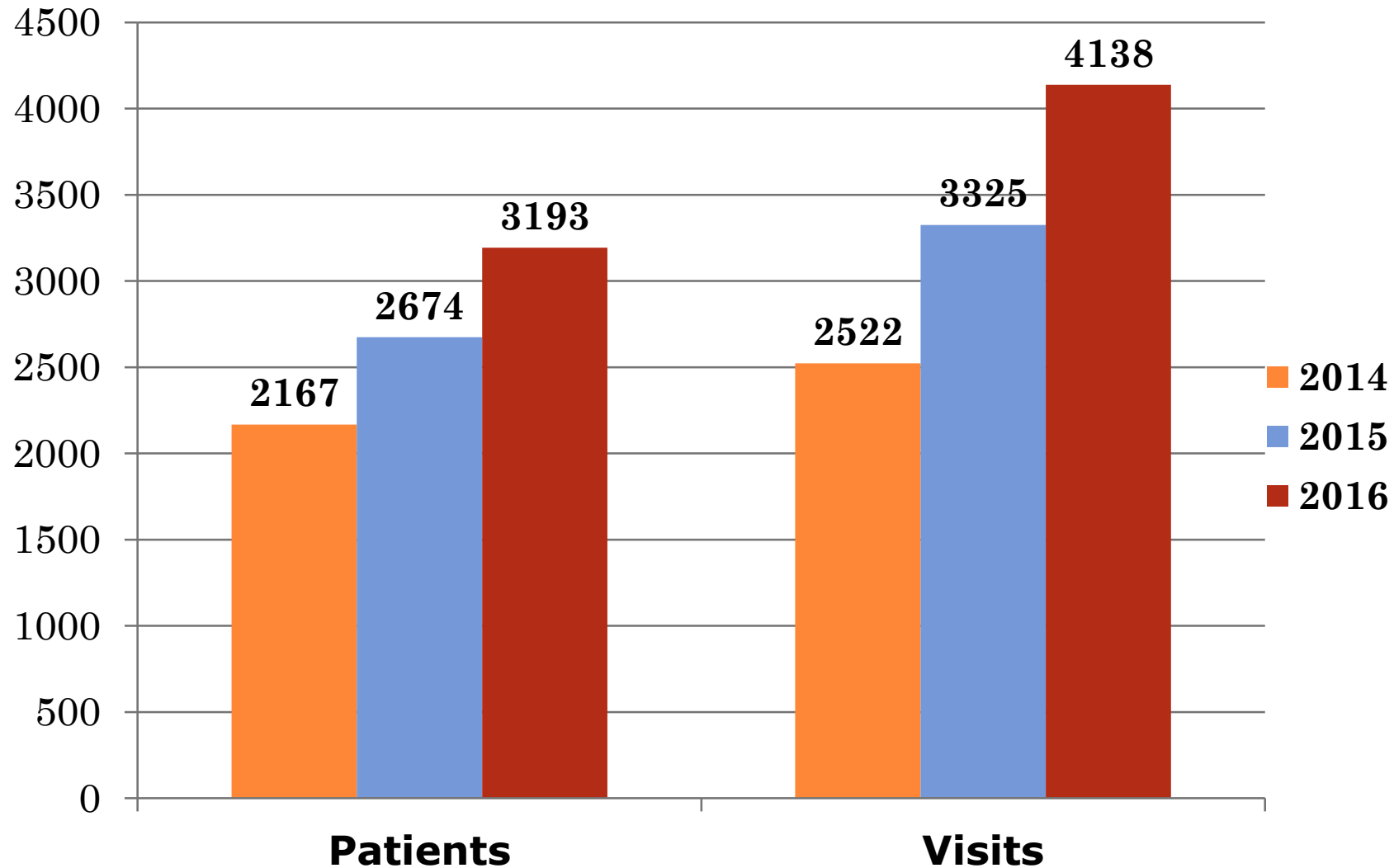


CHALLENGES

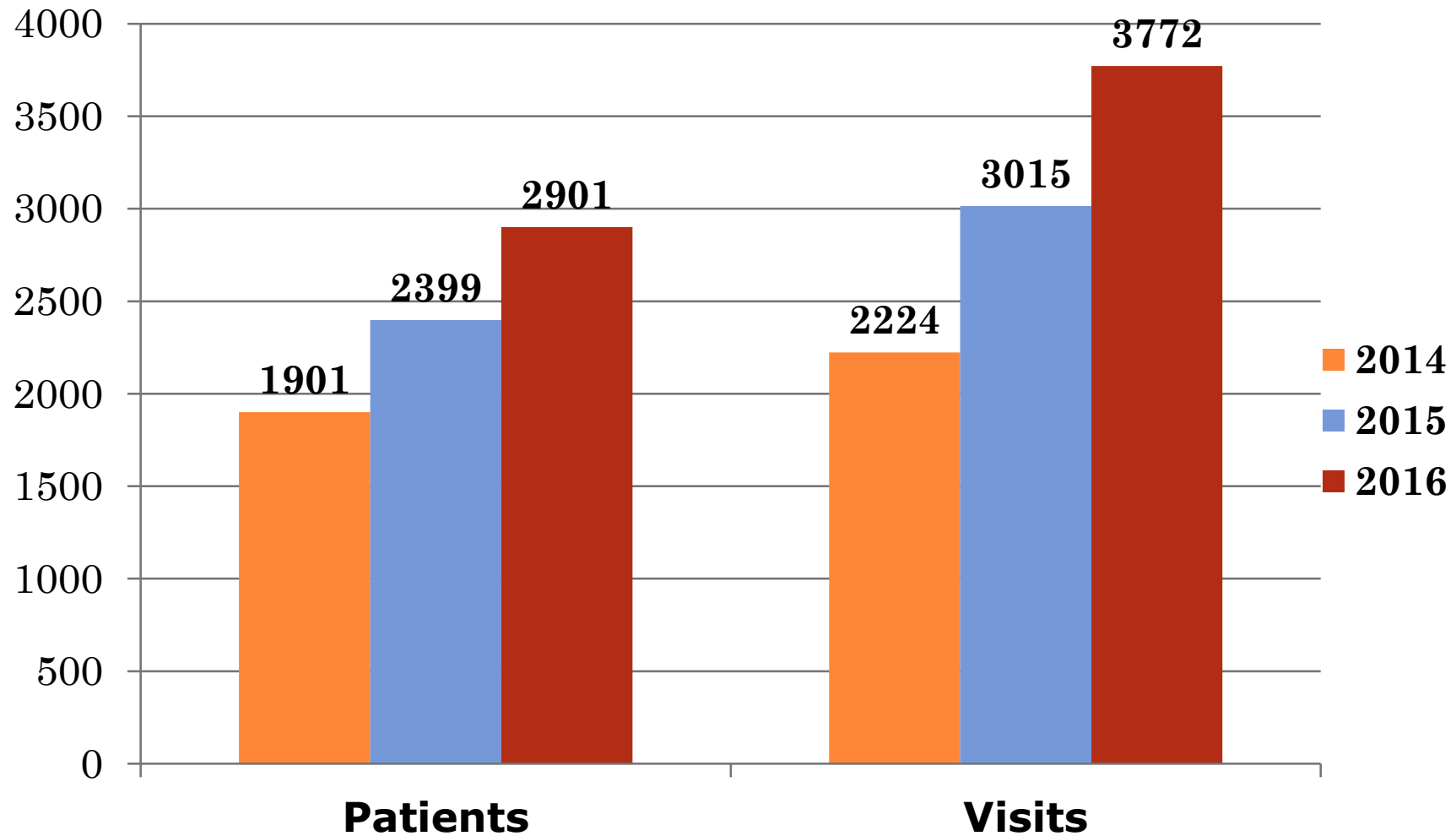
- It is not a PCP – people with multiple visits
- Communication with PCP
- Staff resistance – lack of supports
- Providing care for a high-needs population
- The need to provide strong linkage/referral to care
 - HIV testing
 - Pregnancy testing
- Time and space for patient education



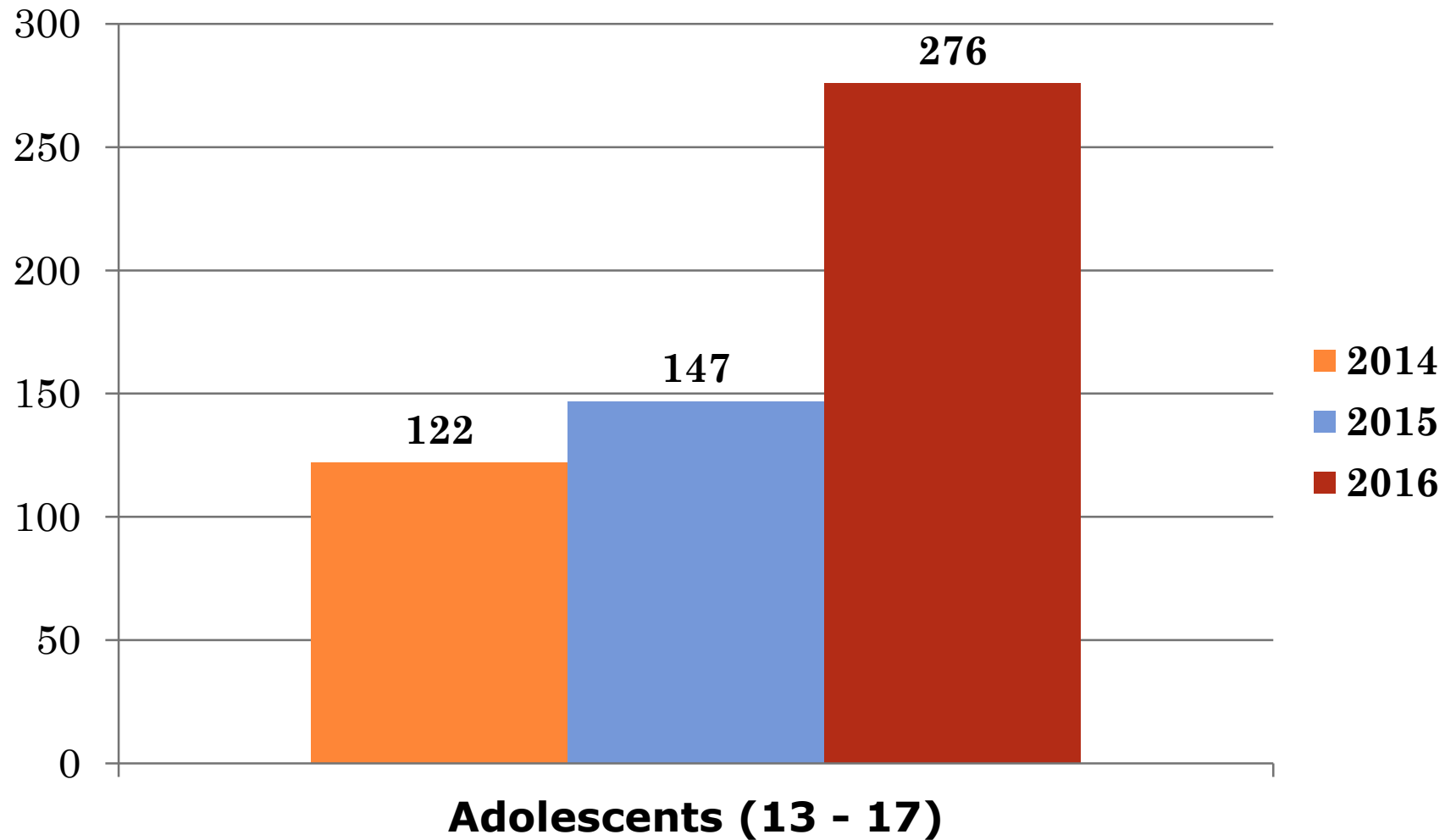
DATA – ALL PATIENTS/VISITS



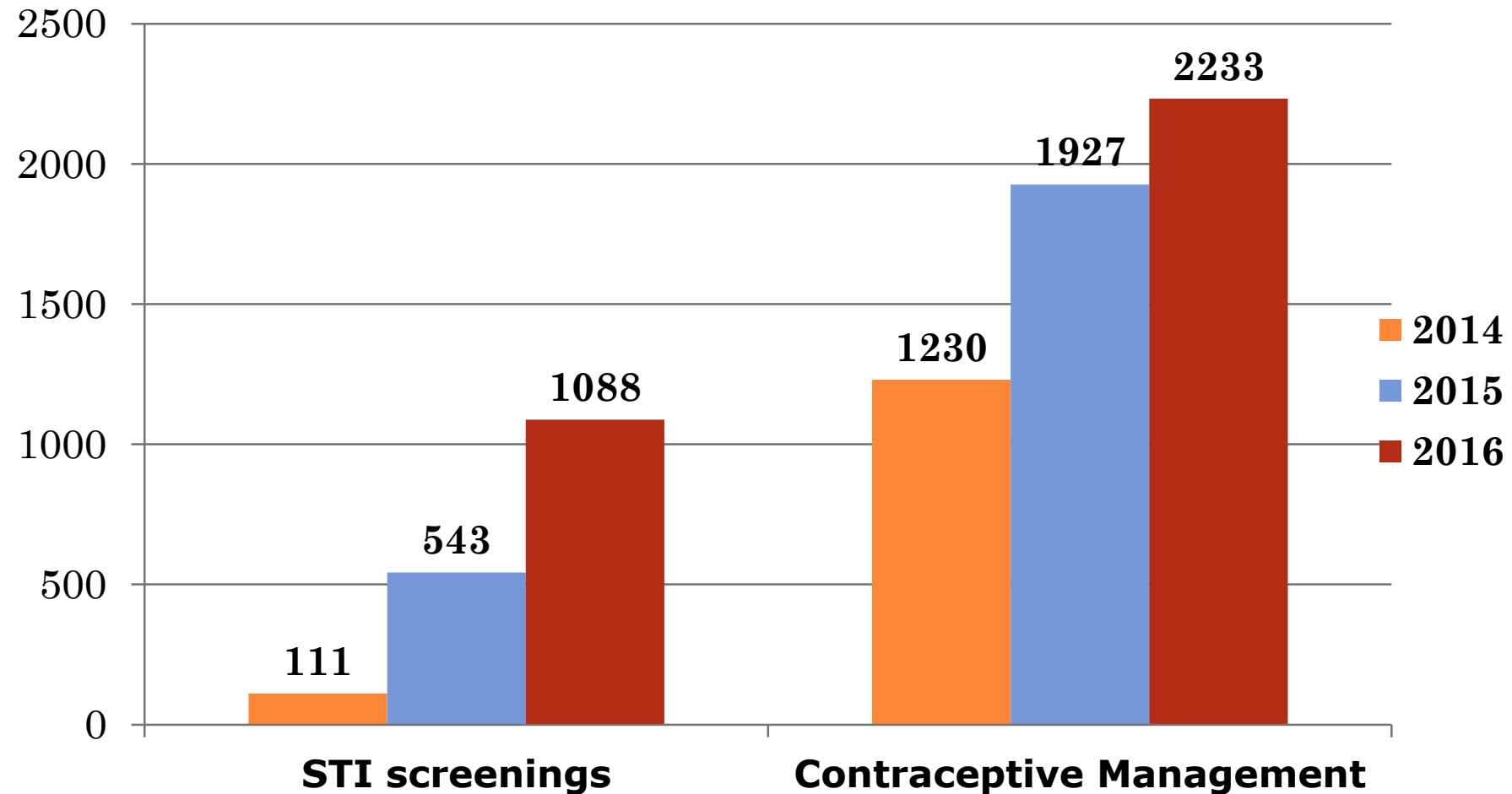
DATA – ≥ 13 PATIENTS/VISITS (FP ELIGIBLE)



DATA – ADOLESCENT PATIENTS



DATA: FAMILY PLANNING SERVICES



IN SUMMARY

○ Successes

- Family planning CAN be done in convenient care
- Convenient care can impact adolescent access to primary care as well as FP services
- Model is sustainable – site is in a surplus

○ Challenges

- Operating without the supports available at PCMH
- Limited FP options (limited preventive care, IUD, Nexplanon presently)

○ Future steps

- Expansion to 3 rooms?
- Offer implant/IUD insertion?



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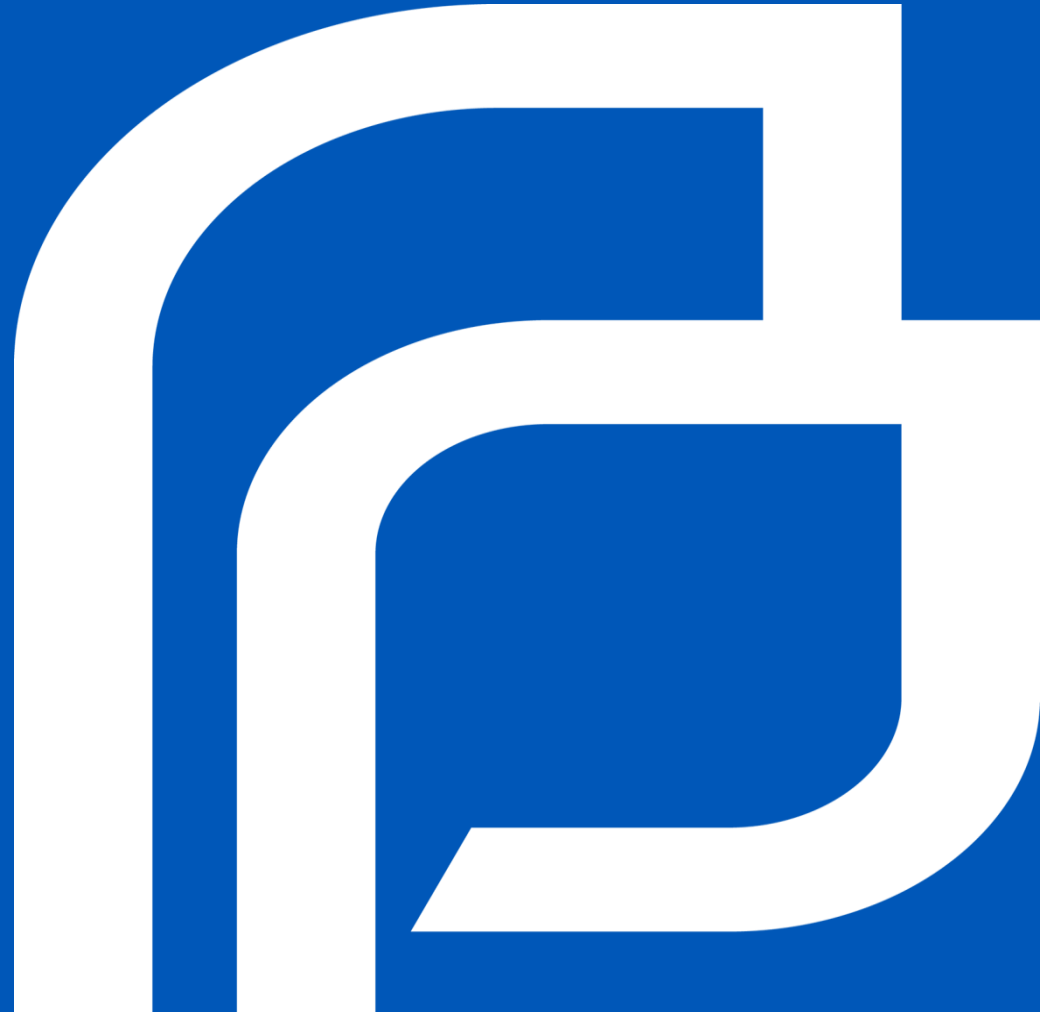
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PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA

JOURNEY WITH
TELEMEDICINE



2010 – 2014 “VIRTUAL OFFICE VISIT = VOV”

- Internet-based Self-pay Patients Only
- Oral Contraceptives

2014 – 2015 “INTERACTIVE AUDIO VISUAL VISIT”

- Self-Pay and Contracted Commercial Payers
 - CPT CODE 98969 (E-Visit definition for Contracted Commercial Payers)
- Oral Contraceptives, Rings, and Patches

2016 - 2017 “INTERACTIVE AUDIO VISUAL VISIT”

- Self-Pay, Contracted Commercial Payers, and Minnesota Medicaid and MCOs (PMAPS)
 - CPT CODE 99201-99215 GT Modifier
- Oral Contraceptives, Rings, Patches, and STI Kits

FUTURE

- Adding Site-to-Site Telemedicine (mid 2017)

CHALLENGES

- TECHNOLOGY
 - IT Bugs
 - Connectivity issues
 - Face-to-face picture clarity
 - Insurance eligibility unclear
 - Idiosyncrasies of platform
 - “Swivel chair integration” for clinicians – Dual entry into EHR
- Despite challenges behind the scenes, the entire telemedicine/telehealth visit remained seamless to our patients.

TELEHEALTH IS FRONT & CENTER IN MN

- 2016 – It has been a busy year of laws and announcements affecting billing & reimbursement of telehealth/telemedicine across the country and throughout the state of Minnesota.
- Minnesota enacted a parity law in 2016 that requires health plans to cover and reimburse telemedicine services as they would other comparable in-person encounters.
- The federal Centers for Medicare & Medicaid Services (CMS) recently announced the adoption of a new “telehealth” place of service code, 02, effective January 1, 2017.
 - The new code is to be used on claims to report “The location where health services and health related services are provided or received, through a telecommunication system.”

TELEHEALTH IS FRONT & CENTER IN MN

- Nationally, the American Medical Association (AMA) recently announced a new CPT modifier “95”, to indicate “Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.”
- CMS, Minnesota Medicaid, and state health plan law are largely in sync: in order to qualify as telehealth/telemedicine, a health care service/consultation must:
 - Occur while the patient is at an “originating site” and the licensed health care provider is at a “distant site”
 - Be provided via an “interactive telecommunication system” comprised of equipment that can provide a two-way, real-time audiovisual communications.
- Important Distinctions and Differences across programs and jurisdictions

IMPLEMENTATION TIPS

Location, location, location – sometimes

- State health plans – silent regarding locations (originating site)
- MN Medicaid – patient home is included (originating site)
- CMS – patient-based originating sites located in narrowly defined rural areas

Synchronous vs asynchronous

- Synchronous – patient present at originating site during the encounter with the licensed provider at distant site (can be via inter-active audio visual, i.e. face-to-face)
- Asynchronous – patient does not have to be present at the time of the telemedicine encounter (i.e. store and forward)

IMPLEMENTATION TIPS

Watch the Details

- Eligible providers, limitations on telemedicine visits per week/month per patient, health plan may establish criteria that provider must meet to demonstrate the safety of delivering a particular service of telemedicine.

CONTACT INFORMATION

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Alternative Delivery System Benefits

- Convenience...no clinic visit, no exam
- Don't need a relationship with a PCP
- Confidential
- Inexpensive (no cost, if insurance used)
- No legislative approval; clinicians write Rx
- Targeted to millennials
 - Love technology
 - Prefer on-line shopping
 - Believe seeing a doctor is too much of a “pain”

Alternative Delivery System Benefits

- Clients have access to most contraceptives (except DMPA, implant, IUD)
- Remove the barrier of time lost at a clinic (and lessen opportunity cost)
- No travel and parking expense
- Reduction in unintended pregnancies?

Alternative Delivery System Risks

- **Some women will miss the opportunity for detailed counseling and shared decision making**
 - **Loss of educational opportunity for LARCs**
- **More women will forego well woman visits**
- **Visits at some family planning clinics will continue to decline, in some cases to the point of insolvency**

Women Should Not Have to Visit a Doctor for Birth Control

Jeffrey A. Singer | Jan. 14, 2016

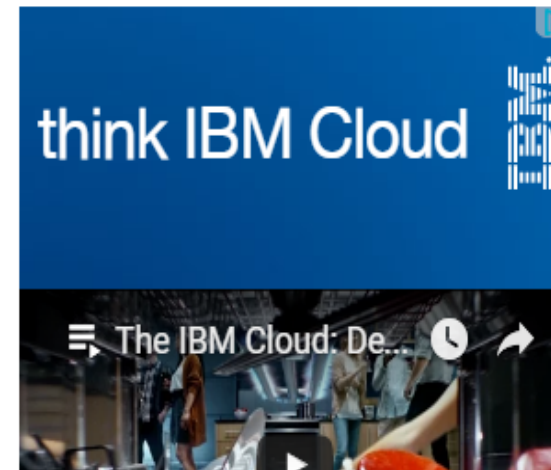


Dr. Jeffrey A. Singer practices general surgery in Phoenix and is an adjunct scholar at the Cato Institute.

This is one obvious step we can take to lower health-care spending

This year marks the first year that women in [Oregon](#)—and soon in California—will no longer have to make an appointment with their primary care provider in order to receive a prescription for hormonal birth control pills. They will be able to obtain them directly from their pharmacist.

This is an important step forward in liberating women from the paternalistic policy of essentially making them pay a toll—a doctor's office visit—for contraception. This added expense and inconvenience drives



TIME Magazine January 14, 2016

TIME Magazine January 14, 2016

- It is debatable as to how many unwanted pregnancies would be prevented by making birth control pills available over the counter.
- What is not debatable is that there will be a lot less spending on unwanted—and unnecessary—visits to the doctor's office in order to get a prescription
- Bypassing the tollbooth of the doctor's office is one obvious step we can take to lower health-care spending.

Possible Responses to the “Innovator’s Dilemma”

- “Same things a bit better”
 - Devise and implement a strategy to market “value added” when receiving care in a FP clinic
 - Counseling, IUDs, implants, injections
- Capture new markets by embracing new technologies
 - Band together to quickly develop and market competing telemedicine technologies (e.g., app)
- *Ignoring these developments is NOT an option!*



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Announcements

- Exhibitor Passport drawing!
- Next Up: Strategic Thinking in
Uncertain Times, 4:00 p.m.
- Ballroom