

NIPCO Patient Care®
Disease State Management Program Template

The program shall educate community pharmacists on the prevention and management of a specific disease. The program shall be based on the NIPCO Patient Care Model that includes patient data collection, patient assessment, preparation of a patient care plan, patient care evaluation, and documentation.

The program shall be comprehensive and incorporate the latest technological methods for screening and caring for patients with a specific disease or potential for a specific disease. Appropriate and comprehensive tools for documenting patient care of a specific disease state shall be incorporated, including the NCPA clinical documentation system, which contains the HIPAA-compliant standard codes and format for billing payers for patient care services. The program shall be practically focused to enhance pharmacist success with implementing and managing a specific community pharmacy-based disease state “program.” Educational components that shall be included to enhance pharmacist success of implementing patient care niches are financial analysis of the disease state program, business planning, marketing strategies, inventory requirements, return on investment analysis, demonstration of devices and laboratory equipment, and other topics specific to a particular disease state.

The major components to be included in each program are as follows:

I. Professional Competencies

- A. Professional competencies are descriptions of a measurable performance a learner will be able to demonstrate as a result of a learning experience. An educational objective describes an intended result of instruction rather than the process of instruction itself.
- B. Competencies should provide the basis for developing instructional material and program content, and serve as a basis for learning assessment questions.
- C. Professional competencies identify the behavior that will be accepted as evidence the learner has achieved the objective. Verbal or nonverbal, the behavior must be measurable.
- D. Use precise words such as write, recite, identify, describe, solve, list, compare, contract, etc., rather than words open to a wide range of interpretation including, know, understand, appreciate, believe, grasp the significance of, etc.
- E. Be specific; write a separate statement for each important outcome. Do not group several outcomes in the same objective.
- F. Specify the criteria or minimum level of acceptable performance the learner must perform to demonstrate achievement of the objective.
- G. Acceptable performance may be defined in terms of minimum time, minimum number of correct responses, number of principles that must be identified, etc.

II. Learning Objectives

- A. Describe a comprehensive, systematic approach to caring for patients with a particular disease state that includes patient data collection, patient assessment, a patient care plan, evaluation, and documentation and billing
- B. Explain how to identify and screen patients for a particular disease state
- C. Demonstrate how to use devices and laboratory equipment used in screening and caring for patients with a particular disease state
- D. Discuss the anatomy and physiology relative to a specific disease state
- E. Discuss the pharmacologic and nonpharmacologic therapies used in the treatment of patients with a specific disease state, including the practical application of national treatment guidelines
- F. Relate how to implement a community-pharmacy based disease state program including inventory, financial, operational, procedural and marketing requirements

III. Introduction

- A. An overview of the program

IV. Patient Care®

- A. Brief description of Patient Care
- B. Five key components of the Patient Care Model
- C. Importance of the Patient Care Model relative to the specific disease state

V. Disease Overview and Demographics

- A. Definition/description of disease
- B. Etiology and risk factors
- C. Prevalence and incidence of the disease
- D. Associated morbidity and mortality
- E. Impact on health care system
- F. Importance/effect of improved treatment (costs avoided)
 - 1. on patient's health
 - 2. on treatment costs
 - 3. on overall health care costs

VI. Anatomy and Pathophysiology

- A. Anatomy and physiology
- B. Pathophysiology/mechanism of action
- C. Disease complications/co-morbid conditions

VII. Establishing a Patient Care Screening and Management Program

- A. Benefits to the pharmacy and pharmacist
 - 1. impact on health and well-being of patients
 - 2. professional impact
 - 3. economic impact
- B. How to establish a patient care screening and management program

1. how to conduct a market analysis of the pharmacy's trading population to determine the viability of the specified Patient Care Program
2. a detailed step-by-step approach for program implementation
3. appropriate inventory (equipment, supplies, related products)
4. strategies for marketing the specified Patient Care Program

VIII. Prevention of the Disease

- A. Discuss the benefits of screening to identify patients at risk for disease
- B. Pharmacists' role in screening

IX. Detection, Evaluation, and Monitoring of the Disease

- A. Include implementation of national consensus guidelines (e.g., NCEP, JNC VII, etc.) and their relevance to community pharmacy practice
- B. Include/develop treatment protocols and algorithms to meet the needs of community pharmacists relative to the disease state
- C. Pharmacists' role in detection and evaluation
 1. medical history taking
 2. assessment of patient's physical, laboratory, and historical data and/or clinical parameters for screening, evaluative, and monitoring purposes
- D. Special/target populations

X. Current Treatment Goals and Approaches

- A. Goals of therapy
- B. Treatment algorithm on how to manage a patient with the specific disease state that is relative to community pharmacists
- C. Pharmacists' role in treatment

XI. Lifestyle Modifications in the Treatment of Patients

- A. Discussion of applicable modifications
- B. Pharmacists' role in lifestyle modifications

XII. Pharmacological Management in the Treatment of Patients

- A. First-line medications
 1. general principles
 2. mechanism of action
 3. distinguishing pharmacokinetics (e.g., hepatic/renal elimination, etc.)
 4. indication(s)
 5. use of medications in special populations
 6. dosing regimens specific to disease state management protocols under consideration (dosage range and doses/day)
 7. potential adverse effects
 8. interaction(s) (e.g., drug-drug, drug-disease, and drug-food)
 9. contraindications

10. patient education
 11. medication compliance (including barriers and strategies for overcoming barriers)
 12. precautions/special considerations
 13. tables containing information regarding medications should contain uniform information for comparative purposes
 14. accrediting bodies standards that impact Patient Care, disease management, and/or therapies under discussion (e.g., NCQA, etc.)
- B. Second-line medications
Repeat XI. A. 1-14.
- C. Clinical decision-making concerning the selection of medication and patient management according to guidelines (e.g. NCEP, JNC VII) including discussion of co-morbidities
- D. Special populations (e.g., veterans, ethnic minorities, etc.)

XIII. Patient Care® Services

- A. Explanation of Patient Care Model relative to the care of patients with specific disease state
- B. Patient Data Collection
 1. Pertinent Data Collection Forms: description and use relative to the treatment protocols and specific disease state
- C. Appropriate combination of the following for each disease state:
 1. Patient Health Information Record
 2. Problem Solving (SOAP) or Progress Record
 3. Outcome Assessment Record
 4. NCPA clinical documentation system
- D. Patient Assessment
- E. Patient Care Plan
- F. Patient Care Evaluation
- G. Documentation and Billing
 1. NCPA clinical documentation system: complete relative to the treatment protocols and specific disease state
 2. CMS 1500: complete relative to the treatment protocols and specific disease state
- H. Case study & discussion
 1. a case study and discussion incorporating the documents of XII A-G
 2. provide completed patient da

XVI. Bibliography/References/Suggested Reading

XVII. Appendices including NIPCO forms, other information pertinent to the specific disease state

XVIII. Self-Assessment Questions (case study-based)

XIX. Other materials unique to specified disease state (as applicable)

NIPCO Patient Care®
Disease Prevention and Wellness Program Template

The program shall educate community pharmacists on an expanded level of patient care that focuses on enhancing patient wellness, disease prevention and optimizing health outcomes. This includes optimal nutrition, weight loss, and reduction of pathogenic risk factors.

The program shall be based on the NIPCO Patient Care Model Educational components that shall be included to enhance pharmacist success of implementing patient care niches are financial analysis of the disease state program, business planning, marketing strategies, inventory requirements, return on investment analysis, demonstration of devices and laboratory equipment, patient data collection, patient assessment, preparation of a patient care plan, patient care evaluation and documentation, and other topics specific to a particular disease state program.

The program shall be practically focused to enhance pharmacist success with implementing and carrying out a comprehensive disease prevention and wellness program.

The major components to be included in each program are as follows:

I. Professional Competencies

- A. Professional competencies are descriptions of a measurable performance a learner will be able to demonstrate as a result of a learning experience. An educational objective describes an intended result of instruction rather than the process of instruction itself.
- B. Competencies should provide the basis for developing instructional material and program content, and serve as a basis for learning assessment questions.
- C. Professional Competencies identify the behavior that will be accepted as evidence the learner has achieved the objective. Verbal or nonverbal, the behavior must be measurable.
- D. Use precise words such as write, recite, identify, describe, solve, list, compare, contract, etc., rather than words open to a wide range of interpretation including, know, understand, appreciate, believe, grasp the significance of, etc.
- E. Be specific; write a separate statement for each important outcome. Do not group several outcomes in the same objective.
- F. Specify the criteria or minimum level of acceptable performance the learner must perform to demonstrate achievement of the objective.
- G. Acceptable performance may be defined in terms of minimum time, minimum number of correct responses, number of principles that must be identified, etc.

II. Learning Objectives

- A. Describe the incidence, trends, etiologies and pathophysiology of poor nutrition and risk factors that contribute to debilitated health.
- B. Discuss how to conduct a health appraisal that includes the identification of health risks, nutritional status, and weight.
- C. Discuss standard documentation methods that provide a basis for pharmacists to detect, solve, and monitor patient health problems and for billing payers for patient care services.
- D. Explain the financial considerations for implementing and providing a disease prevention and wellness program.
- E. Relate specific marketing strategies for ensuring a successful disease prevention and wellness program.
- F. Describe how to implement a comprehensive, community-pharmacy based disease prevention and wellness program including the establishment of appropriate operational policies and procedures.

III. Introduction

- A. An overview of the program

IV. Patient Care®

- A. Brief description of Patient Care
- B. Five key components of the Patient Care Model
- C. Importance of the Patient Care Model relative to disease prevention and wellness.

V. Overview of Disease Prevention and Wellness

- A. Definition of optimal health
- B. Prevalence and incidence of major factors that place patients at risk for developing disease
- C. Etiologies
- D. Associated morbidity and mortality
- E. Impact on health care system
- F. Importance/effect of optimal health status (costs avoided)
 - 1. on patient's health
 - 2. on treatment costs
 - 3. on overall health care costs

VI. Anatomy and Physiology

- A. Anatomy and physiology
- B. Pathophysiology/mechanism of action
- C. Complications/co-morbid conditions

VII. Establishing a Disease Prevention and Wellness Program

- A. Benefits to the pharmacy and pharmacist
 - 1. impact on health and well-being of patients
 - 2. professional impact

3. economic impact
- B. How to establish a disease prevention and wellness program
 1. a detailed step-by-step approach for program implementation
 2. appropriate inventory (equipment, supplies, related products)
 3. strategies for marketing a disease prevention and wellness program

VIII. Disease Prevention

- A. Discuss the benefits of screening to identify patients at risk for disease
- B. Pharmacists' role in screening

IX. Detection, Evaluation, and Monitoring of Patient's Health Status

- A. Pharmacists' role in detection and evaluation
 1. medical history taking
 2. assessment of patient's physical, laboratory, and historical data and/or clinical parameters for screening, evaluative, and monitoring purposes
- B. Special/target populations

X. Current Treatment Goals and Approaches

- A. Goals of therapy
- B. National consensus guidelines concerning health risk reduction and proper nutrition

XI. Lifestyle Modifications

- A. Discussion of lifestyle modifications including effective physical activity and exercise, weight control, proper nutritional habits, stress reduction, smoking cessation, and moderate alcohol consumption
- B. Pharmacists' role in lifestyle modifications
 1. health risk appraisal
 2. nutritional assessment
 3. patient education
 - i. nutrition pyramid
 - ii. how to read food labels
 - iii. proper weight control
 - iv. effective exercise
 - v. various (stress reduction, alcohol and tobacco use)

XII. Pharmacological Management in the Treatment of Patients

- A. Use of nutritional supplements that have been documented as being useful in preventing diseases and promoting wellness (including but not limited to vitamins, minerals, antioxidants, phytonutrients, food fibers, and select herbs)
 1. general principles
 2. mechanism of action
 3. distinguishing pharmacokinetics (e.g., hepatic/renal elimination, etc.)

4. indication(s)
 5. use of medications in special populations
 6. dosing regimens protocols specific to disease prevention and wellness care (dosage range and doses/day)
 7. potential adverse effects
 8. interaction(s) (e.g., drug-drug, drug-disease, and drug-food)
 9. contraindications
 10. patient education
 11. medication compliance (including barriers and strategies for overcoming barriers)
 12. precautions/special considerations
 13. tables containing information regarding supplements should contain uniform information for comparative purposes
 14. accrediting bodies standards that impact Patient Care, disease management, and/or therapies under discussion (e.g., NCQA, etc.)
- B. Special populations (e.g., veterans, ethnic minorities, etc.)

XIII. Patient Care® Services

- A. Explanation of Patient Care Model relative to disease prevention and wellness
- B. Patient Data Collection
 1. Pertinent Data Collection Forms: description and use relative to specific treatment protocols for care
- C. Appropriate combination of the following for disease and prevention wellness care:
 1. Patient Health Information Record
 2. Problem Solving (SOAP) or Progress Record
 3. Outcome Assessment Record
 4. Clinical Documentation System
- D. Patient Assessment
- E. Patient Care Plan
- F. Patient Care Evaluation
- G. Documentation and Billing
 1. Clinical Documentation System: completed illustrative samples and relative to the care provided
 2. CMS 1500: completed illustrative examples relative to disease prevention and wellness care
- H. Case study & discussion
 1. a case study and discussion incorporating the documents of XII. A-G
 2. provide completed patient data collection and documentation forms as described above

XIV. Summary

XV. Resources including a list of organizations that can provide materials, information, and assistance to community pharmacist relative to the specific disease state.

XVI. Bibliography/References/Suggested on 055 (aludin.)TT0 Tc0 Tw()TjT0.0001 Tc-0.10 Tw[

Application

Name of Organization_____

Contact Person_____

Address_____

Phone_____ Fax_____

Signature_____ Date_____

Program:_____

Application Fee (non-refundable): \$150.00 payable to NIPCO per program submission.