## Index

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>accountable care organization (ACO), 20, 22-24, 232</td>
<td>Ambulatory Payment Classification (APC), 190</td>
</tr>
<tr>
<td>Accreditation Association for Ambulatory Health Care (AAAHC), 152</td>
<td>American Academy of Medicine, 168</td>
</tr>
<tr>
<td>accreditation programs/organizations, 152, 227-228</td>
<td>American Association of Colleges of Pharmacy, 9</td>
</tr>
<tr>
<td>administrator, as stakeholder, 47</td>
<td>American Diabetes Association, 146</td>
</tr>
<tr>
<td>Advancing Team-Based Care Through Collaborative Practice Agreements, 52</td>
<td>American Medical Association (AMA), 233</td>
</tr>
<tr>
<td>advertising, 125</td>
<td>American National Standards Institute X12, 159</td>
</tr>
<tr>
<td>Affordable Care Act (ACA), 19-20, 25, 176, 197, 233</td>
<td>American Pharmacist's Association (APhA), Medication Therapy Management in Pharmacy Practice, 28</td>
</tr>
<tr>
<td>after-hours contacts, 147, 149</td>
<td>American Society of Health-System Pharmacists (ASHP), Practice Advancement Initiative recommendations, 32-34</td>
</tr>
<tr>
<td>Agency for Healthcare Research and Quality (AHRQ), 28</td>
<td>annual wellness visit (AWV), 192, 193-195</td>
</tr>
<tr>
<td>quality priorities, 225, 226</td>
<td>antibiotic stewardship, 29</td>
</tr>
<tr>
<td>Question Builder App, 248</td>
<td>appointments, missed, 140-141</td>
</tr>
<tr>
<td>TeamSTEPPS, 54</td>
<td>appointment scheduling, 134-137, 140-141</td>
</tr>
<tr>
<td>alternative payment model (APM), 20, 177, 202, 228, 231-232</td>
<td>art, definition of, 256</td>
</tr>
<tr>
<td>ambulatory care practice attributes, 42-43</td>
<td>artificial intelligence (AI), 169</td>
</tr>
<tr>
<td>essential elements, 12-17</td>
<td>asthma resources, 148</td>
</tr>
<tr>
<td>implementation model, 35, 36</td>
<td>ASTM International, 159</td>
</tr>
<tr>
<td>importance of standardization, 15</td>
<td>balanced budget act (1997), 190</td>
</tr>
<tr>
<td>introductory presentation, 149-150</td>
<td>balanced scorecard, 216-217</td>
</tr>
<tr>
<td>location, 124</td>
<td>big data, 169</td>
</tr>
<tr>
<td>management system, 17</td>
<td>billing, 173-208</td>
</tr>
<tr>
<td>pharmacist patient care process (PPCP), 6-8, 13-16</td>
<td>alternative payment model (APM), 20, 177, 202</td>
</tr>
<tr>
<td>philosophy of practice, 12-13</td>
<td>annual wellness visit (AWV), 192, 193-195</td>
</tr>
<tr>
<td>settings, 17-25, 52-53</td>
<td>case, 178, 183, 189, 191, 192, 195, 197-198, 201</td>
</tr>
<tr>
<td>chronic care management (CCM), 192, 198-199, 200</td>
<td></td>
</tr>
</tbody>
</table>
employer-sponsored programs, 207
federally qualified health center (FQHC), 19, 202-203
forms, 181
general rules, 181-182
healthcare common procedure coding system (HCPCS) codes, 178-180, 190
ICD-10 codes, 144, 181
incident-to, in office-based setting, 184-189
incident-to, in outpatient setting, 189-192
Merit-Based Incentive Payment System (MIPS), 199, 201
pharmacist-provider auxiliary relationship, 183
Quality Payment Program (QPP), 49, 199, 201
reimbursement rates, 182
resource-based relative value scale (RBRVS), 178, 180-181
structure, 178
transitional care management (TCM), 192, 195-198
block chain technology, 169
Board of Pharmacy Specialties, 76
building your books, 136
bundled payment model, 20, 24
burnout, 251-252
business plan, 76-77, 81-98
analysis of service, 86-90
background information and sources, 83
case, 83, 90, 94-95, 96-97, 98
conceptualization, 82
consistency of mission, 90-91, 266-267
cover page, 84-85
definition, 81-82
description of service, 90, 264-266
evaluation, 96, 271-272
example, 263-275
executive summary, 85, 263-264
facility, technology, and equipment, 93, 270-271, 274
feasibility, 83-84, 274-275
financial summary, 95-96, 271
implementation plan, 92-93
market analysis, 85-86, 267-269
marketing plan, 93-95, 269-270
organizational structure, 91-92, 271, 273
outline, 84
presentation, 97-98
process, 82-98
table of contents, 85
business plan example
consistency with mission, 266-267
description of service, 264-266
evaluation, 271-272
executive summary, 263-264
facility and equipment, 270-271, 274
financial summary, 271, 274
floor plan, 273
management and organization, 271, 273
market analysis, 267-269
marketing plan, 269-270
pro forma income/expense statement, 274-275
cancer resources, 148
capital request, 81
Center for Pharmacy Practice Accreditation (CPPA), 152, 228
Centers for Disease Control and Prevention (CDC)
Advancing Team-Based Care Through Collaborative Practice Agreements, 52
antibiotic stewardship, 29
CVX code, 162
Good Laboratory Practices, 154
laboratory testing requirements, 152, 154
Centers for Medicare & Medicaid Services (CMS)
accountable care organizations, 20, 22-24, 232
billing rules, 181-182
Independence at Home Demonstration project, 25
Medical Learning Network (MLN) Newsletter, 188
Medicare Physician Guide, 188
Patients Over Paperwork initiative, 189
character, moral and ethical, 256
chart, shadow, 144
check-in, 140
cholesterol resources, 148
chronic care management (CCM), 192, 198-199, 200
chronic obstructive pulmonary disease (COPD) resources, 148
CLIA waiver, 150, 154
clinical decision support (CDS), 168
clinical documentation architecture (CDA), 165, 166
clinical episode model, 20, 24
Clinical Laboratory Improvement Amendments (CLIA) waivers, 150, 154
clinical pharmacy, definition, 4
clinic/office manager, as stakeholder, 47
clinic operations, 130-151
collaboration, 138
EHR access, 138-139
miscellaneous considerations, 147, 149-150  
patient education, 146-147, 148-149  
referral process, 137-138  
scheduling, 134-137  
space considerations, 130-134  
teamwork, 145  
training, credentialing, privileging, 150  
triage, 138  
workflow, 139-142, 145  
codes, 160  
coding systems, standardized, 161-164  
collaboration, 13, 138  
competencies of, 25-26  
collaborative drug therapy management (CDTM), definition, 4  
collaborative practice agreement (CPA), 52  
College of American Pathologists, 134  
commercial payer contract manager, as stakeholder, 47  
commercial stimuli, 106  
communication, 243-244, 255  
Community Health Accreditation Program, 152  
community health center practice, 19  
community pharmacy practice, 19  
compassion, 255  
competency(ies)  
assessment, 76  
establishment, 254-255  
knowledge, 254-255  
for team-based care, 54  
of patients, 247-248  
complex adaptive system (CAS), 213-214  
compliance officer, 47, 69  
comprehensive medication management (CMM), 31-32  
definition, 4, 31-32  
comprehensive medication review (CMR), definition, 4  
comprehensive patient care services, 30-31  
connections, 255-256  
consolidated clinical documentation architecture (C-CDA), 165  
Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores, 50  
consumer behavior, 104-114  
  case, 105, 106, 107, 108-109, 113  
consumption phase, 109  
postpurchase evaluation, 109-110  
prepurchase phase, 104-105  
stimuli, 106-109  
tips for incorporation of behavior principles into marketing, 110  
consumer need, 115-119  
Core Competencies for Interprofessional Collaborative Practice, 54  
cost avoidance, 69-71  
Council on Credentialing in Pharmacy (CCP), 75  
credentialing, 75-76, 130, 150-151  
_Crossing the Quality Chasm_, 242-243  
CVX, 162  
data, big, 169  
DaVinci Project, 167  
demonstration devices, 147  
diabetes  
education and prevention programs, 206-207  
resources, 148  
diabetes self-management training (DSMT), 203, 206  
dictation/scribe service, 142  
directed patient care services, 27  
direct supervision, 185  
disease state management, definition, 4  
documentation  
  considerations, 141-142  
  legal issues, 142-144  
dual eligibility, for Medicare/Medicaid, 175  
ECHO (economic, clinical, and humanistic outcomes), 215-216  
economic outcome measures, 216  
education, patient, 146-147, 148-149  
efficiency, care, 71  
electronic health record (EHR) access, 138-139  
electronic medical record (EMR), 157  
empathy, 255  
employer-based reimbursement, 207  
entrustable professional activities (EPAs), 9, 10  
environmental scan  
equipment and supplies  
  cost estimation, 64-65, 66  
  for patient care space, 132, 134  
estprit de corps, 251-252  
evaluation & management (E&M) codes, 179  
services, 184-189  
exam room, 130-134
blueprint, 133, 273
essential items, 132
expanded patient care services, 27-32
expense estimation, 65-66
extended visit code, 189

F

certainty
fee billing, 189-192
needs, 93
federal medical assistance percentage (FMAP), 175
federally qualified health center (FQHC), 19, 202-203
fee-for-service (FFS), 15, 18, 67-69
finances
assessment, 65-72
demonstrating value using comparative data, 72
expenses, 65-67
pro forma, 71-72
value of service, 67-71
focus groups, 117
4 Ps of market mix, 122
free text data, 160
full-time equivalents (FTEs), 61

G
g eographic practice cost indexes (GPCI), 180
Good Laboratory Practices, 154
Griffin, Brooke L. (narrative), 256-257
growth anticipation/management, 72-76

H
health information technology (HIT), 157-171
advances, 167-169
case, 159-160, 167, 170
goals, 158
Pharmacy Health Information Technology Collaborative, 139, 169-170
relevance to pharmacist practice, 165-169
standardized coding systems, 161-164
standardized electronic structured documents, 164-165
standards, 158-159
terminology, 160-165
value sets, 164
Health Information Technology for Economic and Clinical Health Act (2009), 157
Health Insurance Portability and Accountability Act (HIPAA), 140, 144, 181
Health Level Seven International (HL7), 158-159, 165, 166, 167
Fast Healthcare Interoperability Resources (FHIR), 167
health maintenance organization (HMO), 175
HealthPartners, 70
healthcare
current state of, 2, 212-213
settings, 17-25
spending, 1-2
Triple Aim framework, 2-3, 42, 211
healthcare common procedure coding system (HCPCS) codes, 178-180, 190
Healthcare Effectiveness Data and Information Set (HEDIS), 49, 227, 233
healthcare failure mode and effect analysis (HFMEA), 223, 224
heart failure resources, 149
Hippocratic oath, 240
history of present illness (HPI), documentation for billing, 186, 187
hospital readmissions, 197-198
hospital readmissions reduction (HRR) program, 232
humanistic measures, 50, 215-216
hypertension resources, 148
ICD-10 codes, 144, 181
identification badge, 147
Implementation System Model, 35, 36
incident-to billing, 67-69
institutional outpatient settings, 189-192
and location of space, 132-133
Medicare requirements, 184-185
in physician-based setting, 184-189
indemnity plan, 175
Independence at Home Demonstration project, 25
in-depth interviews, 118
Indian Health Service, 216
influence, 255-256
information technology (IT), 158
in-home care, 25
initial preventive physical examination (IPPE), 193
Institute of Electrical and Electronics Engineers (IEEE), 159
Institute of Healthcare Improvement, 233
Triple Aim framework, 2-3, 42, 211
Institute of Medicine (IOM), *Crossing the Quality Chasm*, 242-243
Institute for Patient and Family-Centered Care, 242
integration of pharmacist into practice, 54-57, 134-136
intermediate outcomes, 50
International Consortium for Health Outcomes Measurement, 233
Interprofessional Education Collaborative Expert Panel (IPEC), competencies for collaborative practice, 25-26, 54
interprofessional team member, 10
interview, for marketing research, 118

**J**

jidoka principle, 221
Joint Commission of Pharmacy Practitioners (JCPP)
   accreditation program, 228
   establishment of medication management services, 5
   pharmacist patient care process (PPCP), 6-8, 13-16
   Pharmacy Health Information Technology (HIT) Collaborative, 139, 169-170
   resources, 151-152
just-in-time principle, 221

**K**

knowledge, as competency, 254-255

**L**

labor expenses, 61
laboratory testing policies, 152, 154
lawsuit avoidance, 143
lean process, 220-221
location of service, 124
Logical Observation Identifiers Names and Codes (LOINC), 159, 162

**M**

machine learning, 169
malpractice avoidance, 143
*Marcus & Millichap’s Medical Office Research Report*, 65
market research and analysis, 44-45, 85-86, 114-119
case, 83, 115, 117, 118-119
items, 89
qualitative research and data, 116-118
quantitative research and data, 116, 118-119
reevaluation of practice, 119
marketing, 101-127
   7 Ps of marketing mix, 93-94, 122-126
   consumer behavior, 104-114
definition, 101-102
   educating consumers on service, 113-114
   envisioning consumer needs and wants, 103-104
   relationship, 126-127
   research, 114-119
   service characteristics, 110-113
   strategic thinking about, 102-103
tips for incorporating consumer behavior principles, 110
unrealistic expectations, 112
value proposition, 102-103
marketing department, 121
marketing plan, 93-95
   7 Ps of market mix, 93-94, 122-126
creation and implementation, 122-127
   groundwork, 121-122
   identification and assessment of practice model, 120
   situation analysis, 120-121
measures
   anatomy, 218
   for demonstrating value of service, 49-51
   quality, 217-220, 221
Medicaid, 133-134, 175-176
regulation of free items for patients, 134
state-level quality improvement, 233
Medicaid Adult Core Set, 233
medical decision making (MDM), documentation for billing, 187-188
medical devices
   CLIA-waived, 154
demonstration, 147
Medical Learning Network (MLN) Newsletter, 188
medical necessity, 182
medical office, 18
medical supplies, 64-65, 66
Medicare, 176-177
accountable care organization (ACO), 20, 22-24, 232
annual wellness visit (AWV), 192, 193-195
bundled payment model, 24
diabetes prevention program, 206-207
Part A, 176, 181
Part B, 176, 181
Part B billing, 184-189
Part C (Medicare Advantage Plan), 177
Part D, 27-28, 133-134, 177, 204-206
Physician Fee Schedule, 182, 189, 231
preventive visit, 193
quality improvement initiatives, 229
regulation of free items for patients, 134
Shared Savings program, 22, 24, 232
Star Ratings, 212, 229-230
Medicare Access and CHIP Reauthorization Act (MACRA), 177, 199, 201-202, 230
Medicare Administrative Contractors (MACs), 177
Medicare Physician Guide, 188
medication management, definition, 4
medication management services (MMS), 5
medication optimization, definition, 4
medication reconciliation, 29
definition, 4, 29
skills/knowledge needed for, 9
medications
high-risk, requiring comprehensive management, 31
skills needed to teach adherence, 9
storage, 134
usage rates, 3
medication therapy management (MTM), 115-116, 204-205
in accountable care organization, 23
codes, 179, 205-206
definition, 4, 28
elements of, 28
reimbursement, 67
through Medicare Part D, 27-28
Medigap, 175
Merit-Based Incentive Payment System (MIPS), 199, 201
mHealth, 168
mindfulness, 250-251
mission
consistency, 90-91
statement of, 114-115
mobile health (mHealth), 168

N
National Academy of Medicine (NAM), 225
National Association of Boards of Pharmacy Accreditation Program, 152
National Association of Chain Drug Stores (NACDS), Medication Therapy Management in Pharmacy Practice, 28
National Committee for Quality Assurance (NCQA), 20, 152, 227
National Council for Prescription Drug Programs (NCPDP), 159, 166
National Drug Codes (NDCs), 161
National Library of Medicine (NLM), 161, 164
National Provider Identifier (NPI), 181
National Quality Forum (NQF), 227
National Quality Measures Clearinghouse, 49
Next Generation ACO model, 22, 232
no-show management, 59, 140-141

O
office
furniture, 66
security, 149
space, 65, 130-134
supplies, 64-65, 66
office manager, as stakeholder, 47
Office of the National Coordinator for Health Information Technology (ONC), 157, 168
office visits, duration, 59-60
ontology, 162
organizational structure, 91-92
Ottawa Hospital Research Institute, 249
outcome measures, 49-50, 215-216
Outpatient Prospective Payment System (OPPS), 190
overhead, 67

P
PACE, 232
Part D medication therapy management, 27-28
patient care
check-in, 140
rooming process, 140
tasks associated with, 10
patient care services
as defined by patient needs, 5-6
directed, 27
expanded, 27-32
types of, 27-32
patient-centered care, 242-247
definition, 13
negative/positive language, 243-244
in patient-centered medical home, 20-21
patient-centered medical home (PCMH), 20-22, 242
pharmacist integration into, 54-57
pharmacist’s roles in, 56-57
team members in, 21
Patient-Centered Outcomes Research Institute, 242
Patient-Centered Primary Care Collaborative (PCPCC), 20, 22, 233, 242
patient education, 146-147
web resources, 148-149
patient volume, 58-61
patients
complexity of, 58-59
engagement, 247-249
safety, 29
as stakeholder, 47
Patients Over Paperwork initiative, 189
payers, 174-178
commercial, 174-175, 233
Medicaid, 175-176
Medicare, 176-177
mix, 174
responsibility for quality, 228-229
pay-for-performance, 51
payment models, 20
Peabody, Francis, 240
personal health information (PHI), 144
personal selling, 126
pharmaceutical care, 4, 115-116
pharmacist
after-hours contact of, 147, 149
characteristics of successful, 254-256
integration into practice, 54-57, 134-136
knowledge and skills, 8-11
pharmacist patient care process (PPCP), 6-8
responsibilities, 3-8
terminology for describing responsibilities and services, 3-5
time requirements, 61-62, 63-64
Pharmacist e-Care Plan CDA (clinical documentation architecture), 166
pharmacist patient care process (PPCP), 6-8, 13-16
pharmacist-provider electronic health record (PPEHR), 139
Pharmacy Health Information Technology (HIT) Collaborative, 139, 169-170
Pharmacy Quality Alliance (PQA), 32, 225
pharmacy readiness, 77
philosophy of practice, 12-13, 239-257
characteristics of successful pharmacist, 254-256
effective healthcare team, 250-254
patient centeredness, 242-247
patient engagement, 247-249
statement of, 240
physical exam, documentation for billing, 186, 187
physical stimuli, 107
physician, as stakeholder, 47
Physician Consortium for Performance Improvement (PCPI), 233
physician fee schedule (PFS), 182, 189, 231
Pioneer accountable care organization, 22, 24
plan-do-study-act (PDSA), 222
point of care devices and tests, 152, 154
point of service payment, 175
policy and procedures, 130, 151-154
document, 151-152, 153
for no-shows/late cancellations, 141
point-of-care testing, 152, 154
population health promotion, tasks associated with, 10
Practice Advancement Initiative (PAI) recommendations, 32-34
practice management, 17
practice model
construction of, 51-57
scope of practice, 51-52
setting, 52-53
team-based, 54-57
preferred provider organization (PPO), 175
prescription drug plans (PDPs), 177
preventive visits, Medicare, 193-194
price/pricing policy, 123-124
Primary Care Initiative, 232
privileging, 75-76, 130, 150
pro forma, 71-72, 96, 274-275
process measures, 49, 50, 215
professional organizations
patient educational materials, 148-149
quality improvement programs, 233
professionalism, Brown and Ferrill’s taxonomy, 254
progress notes, 142, 144
promotion, 124-125
Ps, marketing plan, 93-94, 122-126
public reporting, 51
Quadruple Aim, 42
qualitative research, 116-118
quality
definition, 213
domains, 214-217
quality improvement
case, 216, 220, 223, 235
creators and leaders, 223-233
partners, 212
processes, 220-223
quality improvement organizations (QIOs), 226-227
recommendations, 235
and systems thinking, 213-214
quality measures, 217-220, 221
categories and types, 220, 221
challenges, 234-235
for demonstrating value of service, 49-51
important characteristics, 218-219
selection, 234
Quality Payment Program (QPP), 49, 199, 201, 230-231
quantitative research, 116, 118-119
Question Builder App, 248

referral
binder, 143-144
process, 137-138
reimbursement
methods, 67-69
payers, 174-178
relationship marketing, 126-127
relationships, working, 255-256
relative value unit (RVU), 178
reporting hierarchy, 17-18, 91-92
reproducibility, 42
resource-based relative value scale (RBRVS), 178, 180-181
resources, 261-262
case, 60, 61-62, 64
maintaining service with limited, 73
needs evaluation, 57-65
for patient education, 148-149
return on investment (ROI), 95
risk manager, as stakeholder, 47
rooming process, 140
root cause analysis (RCA), 223, 224
RxNorm, 161-162

safety, patient, 29
scalability, 42
scheduling, 134-137, 140-141
scope of practice, 51-52
scribe service, 142
service proposal
attributes of ambulatory care practice, 42-43
available resources, 65
care delivery model, 52-53
case, 43-44, 45, 48-49, 51, 53
demonstrating value through evidence, 48-51
demonstrating value using comparative data, 72
equipment, supplies, and other resources, 64-65, 66
financial assessment, 65-72
managing growth, 72-76
needs assessment, 44-45
reassessment of service, 77
resource needs and financial impact, 57-72
resource requirements, 58-64
scope of practice, 51-52
stakeholders, 45-48
steps for development, 42-43
team-based care model, 54-57
services
characteristics, 110-113
demand analysis, 58-61
education of consumers on, 113-114
outline of, for business plan, 122-123
7 Ps of the marketing mix, 93-94, 122-126
shadow chart, 144
show rate, 59
Six Sigma, 222, 223
Skelley, Whalen Jessica (narrative), 245-246
smoking cessation resources, 149
SNOMED CT (Systematized Nomenclature of Medicine Clinical Terms), 162-163, 181
SNOMED International, 159
SOAR analysis, 86
social stimuli, 107
soft dollars (cost avoidance), 69-71
space needs, 130-134
staff
auxiliary, definition for billing purposes, 188
credentialing and privileging, 75-76
expectations for pharmacists, 252-254
expenses related to, 61, 65-66
full-time equivalents, 61
hiring of, 73-75
marketing skills and credentials of, 125
in patient-centered medical home (PCMH), 21
reporting structure, 91-92
support, 63, 134, 135
time requirements, 61-64
stakeholders, 45-48
standardized electronic structured documents, 164-165
stroke resources, 149
structure measures, 49, 215
surrogate outcomes for clinical events, 50, 215
surveys, 50
sustainability, 42, 73
SVOR analysis, 86
SWOT analysis, 86-88
systems thinking, 213-214

targeted medication review, 4
team-based patient care, 25-26
effective, 145, 250-251
effective integration into, 54-57
TeamSTEPPS, 54
telehealth, 24-25, 168
340B Drug Pricing Program, 202-203
Through the Patient's Eyes, 242
thyroid resources, 149
To Err Is Human, 143
Tool for Assessing Ambulatory Care Pharmacist Practice, 35
training, 74, 150
transition of care, 29
transitional care management (TCM), 192, 195-198
Triple Aim framework, 2-3, 42, 211
21st Century Cures Act (2016), 157

unstructured data, 169
U.S. Department of Health and Human Services, 19
U.S. Food and Drug Administration, 152, 154, 161, 168
Utilization Review Accreditation Commission (URAC), 20, 152, 228

value
assessment of service's potential, 67-71
comparative data for demonstrating services, 72
definition of, 42
value-based payment model (VBPM), 20, 68-69, 228-229
value chain, 102
value proposition, 102-103
Value Set Authority Center (VSAC), 164
value sets, 164
virtual private network (VPN), 139
vision statement, 114-115
visits, duration, 59-60
Vital Signs, 235-236
vocabularies, in information technology, 164

websites
CLIA-waived laboratory tests, 154
HL7 Fast Healthcare Interoperability Resources, 167
Medicare Physician Fee Schedule, 182
Medicare quality initiatives, 229
Merit-Based Incentive System, 201
patient education materials, 148-149
Pharmacy Health Information Technology Collaborative, 139
quality improvement organizations (QIOs), 226
RxNorm database, 162
shared decision making, 249
word-of-mouth promotion, 124-125
workflow, 139-142, 145
World Health Organization (WHO), 181, 223, 224