Mitigating Medication Trauma in Complex Needs Populations

November 14, 2018, 2:00-3:00 pm ET

Please stand by, today’s webinar will begin shortly.

Made possible with support from the Gordon and Betty Moore Foundation
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Questions?

To submit a question online, please click the Q&A icon located at the bottom of your screen.

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Meet Today’s Presenters

Caitlin Thomas-Henkel  
Senior Program Officer  
Center for Health Care Strategies

Jim Slater, PharmD  
Executive Director of Pharmacy Services  
CareOregon
Today’s Agenda

- Welcome and Introductions
- Overview of the Community Management of Medication Complexity Innovation Lab
- Medication Trauma: Discoveries, Opportunities, Challenges – Jim Slater, PharmD
- Moderated Question & Answer
About the Center for Health Care Strategies

A nonprofit policy center dedicated to improving the health of low-income Americans
Goals of the Community Management of Medication Complexity Innovation Lab

Identify and advance effective community-based strategies for addressing medication complexity;

Support opportunities to expand, refine, spread, and scale promising models to other health care settings; and

Improve patient experience, and empower individuals with complex needs to effectively manage their medication regimens.
CMMC Pilot Sites and Interventions

**Chicago, IL**
Simplifying complex medication regimens by using standardized language for prescription labels

**Madison, WI**
Providing training on Continuous Medication Review (CMR), workflow, and patient risk identification to pharmacists in the Wisconsin Pharmacy Quality Collaborative

**Appleton, WI**
Developing a medication risk score, partnering with community pharmacies to enable EMR information exchange, and incorporating video conferencing with pharmacists into a community paramedicine program

**Iowa City, IA**
Using prescription, claims, and social determinants of health (SDOH) data to identify and intervene with high-risk patients

**Minneapolis, MN**
Providing Continuous Medication Management (CMM) and inpatient discharge coordination to prevent readmissions for high-risk patients
Medication Trauma
- Discoveries, Opportunities, Challenges

Jim Slater, Pharm.D.
Executive Director of Pharmacy
November 2018
The infographic illustrates the various factors contributing to health disparities. It breaks down these factors into four categories: Socioeconomic Factors, Physical Environment, Health Behaviors, and Health Care.

**Socioeconomic Factors**
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

**Physical Environment**

**Health Behaviors**
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

**Health Care**
- Access to Care
- Quality of Care

50% of health disparities can be traced back to socioeconomic factors, 40% to physical environment, 30% to health behaviors, and 20% to health care.

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
Impact of Trauma: Health, Behavior, and Life Potential

ACEs can have lasting effects on...

**Health** - obesity, diabetes, depression, suicide attempts, STIs, heart disease, cancer, stroke, COPD, broken bones

**Behaviors** - smoking, alcoholism, drug use

**Life potential** - graduation rates, academic achievement, lost time from work

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.

Risk for Negative Health and Well-Being Outcomes

- 0 ACEs: 1
- 1 ACE: 2
- 2 ACEs: 3
- 3 ACEs: 4
- ≥5 ACEs: ≥5

*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcomes.*
trau·ma
ˈtrowəmə, ˈtrômə/

noun
1. a deeply distressing or disturbing experience. "a personal trauma like the death of a child"

2. MEDICINE physical injury.
synonyms: injury, damage, wound;

Source:
The National Council for Behavioral Health and Kaiser Permanente’s Trauma-informed Primary Care Initiative

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Trauma

Medications Increase

Disease Worsens

Risk

Impairment

Patient
Medication Trauma

“Medication trauma is medication complexity and lack of coordination that overwhelm the patient’s, caregiver’s and provider’s resources, creating fear, confusion and error, which lead to poor adherence, compliance and outcomes.”

Jim Slater, PharmD.
Executive Director of Pharmacy
CareOregon
Expressions Empower

“Nobody ever asked me what I thought before.”

- The inherent power of voicing feelings
- The engagement that comes from being understood
- Feeling like an equal partner – less a subordinate to an authority
MEDS toolkit

**My Easy Drug System™ (MEDS) Chart**

Which medications matter most to you?

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Why I Take This</th>
<th>How Do I Feel About It?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROCODONE/ACETAMINOPHEN</td>
<td></td>
<td>0 0 1 0</td>
<td></td>
</tr>
<tr>
<td>SIMVASTATIN</td>
<td></td>
<td>0 0 0 0</td>
<td></td>
</tr>
<tr>
<td>LEVOTHYROXINE SODIUM</td>
<td></td>
<td>0 0 0 0</td>
<td></td>
</tr>
<tr>
<td>DICLOFENAC SODIUM DR</td>
<td></td>
<td>0 0 0 0</td>
<td></td>
</tr>
<tr>
<td>NEOMYCIN/POLYMYXIN/DE QUAMINE</td>
<td></td>
<td>0 1 0 0</td>
<td></td>
</tr>
<tr>
<td>TESTOSTERONE CYPIONATE</td>
<td></td>
<td>0 0 0 0</td>
<td></td>
</tr>
<tr>
<td>CYCLOBENZAPRINE HCL</td>
<td></td>
<td>0 0 0 0</td>
<td></td>
</tr>
<tr>
<td>VALACYCLOVIR HCL</td>
<td></td>
<td>0 0 0 0</td>
<td></td>
</tr>
</tbody>
</table>

If you have marked a red X next to any of your medications, get in touch with your doctor or pharmacist to talk about your options.

www.careoregon.org/MEDS
Medication Trauma Prevalence

• Drug Therapy Coordination Risk Score (DTCR*)
  – Score of 8 or greater
    • 1:20 or 5% (9,568) Medicaid members
    • 1:7 or 15% (1,713) Medicare SNP members

• High Rx Risk Patient Goals
  – Empanelment and surveillance
  – Direct patient care intervention (phone, face-to-face)
  – Improve quality through medication coordination
  – Improve patient and provider experience

*Patent pending
CareOregon Pharmacy Risk Score

*Patent pending*
Drug Therapy Risk Distribution

Clear linear relationship between medication risk derived from pharmacy and medical claim patterns and total cost.

Pharmacists to manage Pharmacy Risk Score 8 or greater

- Below Average
- Above Average
- 1 S.D. Above Ave
- 2 S.D. Above Ave
- Extreme Outlier

Risk Score vs. Patient Count

Risk Score vs. Total Cost of Care

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33

0 10,000 20,000 30,000 40,000 50,000 60,000 70,000 80,000 90,000 100,000

0 5,000 10,000 15,000 20,000 25,000 30,000 35,000 40,000 45,000 50,000 55,000 60,000 65,000

*Patent pending*
DTCR Score Impact

Rx Risk score change with RPh management

Overwhelmed with self-management of medications
Taking her medications 68% of the time
Taking an active role in self-management
Taking medications consistently
Visible physical improvement

DTCR Score

Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16

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High-Risk Medicaid Population: Medication Burden

• Average of 10 chronic medications for 8 chronic conditions
  • 53% have depression
  • 53% have a chemical dependency
• 68% taking at least one high risk medication
  • 32% taking an opioid (or multiple opioids)
• 37% using multiple pharmacies
• Medication list up-to-date only 15% of the time
How do we narrow the population?

- Top diagnoses
- Utilization patterns
  - Hospital, ED, pharmacies
- Palliative markers
- # of medications
- High risk medications
- High cost medications
- Adherence

Focus on amenable rising risk
How does Medication Trauma fit in a population map?

### Cost & Risk

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Segment</th>
<th>Members</th>
<th>% Total Members</th>
<th>% Total Paid</th>
<th>Avg. Total Paid</th>
<th>ACG - Avg. Prob of IP Hosp</th>
<th>Avg. DTCR Rx Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>Healthy Kids</td>
<td>83,970</td>
<td>42.75%</td>
<td>3.71%</td>
<td>$307</td>
<td>0.01</td>
<td>5.25</td>
</tr>
<tr>
<td></td>
<td>Healthy Adults</td>
<td>66,601</td>
<td>33.91%</td>
<td>16.92%</td>
<td>$1,763</td>
<td>0.03</td>
<td>5.36</td>
</tr>
<tr>
<td></td>
<td>Acute Kids &amp; Adults</td>
<td>17,245</td>
<td>8.78%</td>
<td>5.16%</td>
<td>$2,079</td>
<td>0.03</td>
<td>6.36</td>
</tr>
<tr>
<td></td>
<td>Maternity</td>
<td>4,870</td>
<td>2.48%</td>
<td>7.35%</td>
<td>$10,472</td>
<td>0.04</td>
<td>6.28</td>
</tr>
<tr>
<td>Medium Risk</td>
<td>Chronic Pain Adults</td>
<td>7,445</td>
<td>3.79%</td>
<td>13.28%</td>
<td>$12,389</td>
<td>0.14</td>
<td>7.68</td>
</tr>
<tr>
<td></td>
<td>Chronic Managed</td>
<td>7,418</td>
<td>3.78%</td>
<td>9.63%</td>
<td>$9,016</td>
<td>0.12</td>
<td>6.31</td>
</tr>
<tr>
<td></td>
<td>Uncoordinated</td>
<td>3,191</td>
<td>1.62%</td>
<td>3.87%</td>
<td>$8,417</td>
<td>0.12</td>
<td>8.97</td>
</tr>
<tr>
<td>High Risk</td>
<td>Chronic Uncoordinated</td>
<td>3,177</td>
<td>1.62%</td>
<td>14.13%</td>
<td>$30,890</td>
<td>0.30</td>
<td>9.22</td>
</tr>
<tr>
<td></td>
<td>High Rx</td>
<td>727</td>
<td>0.37%</td>
<td>9.31%</td>
<td>$88,957</td>
<td>0.15</td>
<td>7.21</td>
</tr>
<tr>
<td></td>
<td>SA/SMI/ Chronic</td>
<td>228</td>
<td>0.12%</td>
<td>1.30%</td>
<td>$39,657</td>
<td>0.39</td>
<td>13.73</td>
</tr>
<tr>
<td></td>
<td>Complex Managed</td>
<td>751</td>
<td>0.38%</td>
<td>5.59%</td>
<td>$51,683</td>
<td>0.30</td>
<td>9.81</td>
</tr>
<tr>
<td></td>
<td>Extremely Complex</td>
<td>789</td>
<td>0.40%</td>
<td>9.74%</td>
<td>$85,674</td>
<td>0.61</td>
<td>12.71</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>196,412</td>
<td>100.00%</td>
<td>100.00%</td>
<td>$3,535</td>
<td>0.04</td>
<td>6.16</td>
</tr>
</tbody>
</table>
Top 50 Clinics High Risk Pharmacy Cluster Triage

“Amenable Zone”
CareOregon CDE Stratification

ACG
> 0.4

109 (7.2%)

CMMI
“High Utilizer”

164 (10.8%)

84 (5.5%)

166 (10.9%)

36 (2.4%)

301 (19.8%)

91 (6%)

191 (12.5%)

186 (12.2%)

52 (3.4%)

29 (1.9%)

14 (0.9%)

23 (1.5%)

SPMI
Bipolar, Schizophrenia

Opioid Use
Any paid opioid claim

29 (1.9%)
Chronic Disease Management Pilot

- Top diagnoses: HF, COPD, DM
- Utilization patterns: 1 hospital, 3 ED visits
- Medications: 8 or more in last 90 days
- DTCLR score 9-14.99
- ~2000 patients
- Ready for Regional Care Team Integration
Regional Care Team Make-Up

• Team Roles
  – Health Resilience Specialist
  – ENCC Nurse and Behavioral Health Specialist
  – Transitions Nurse
  – Pharmacist
  – Benefit Review Nurse (UM Nurse)
  – Housing with Services
  – Coordinator/Triage
  – Medical Director +/-

• Technical Advisor
  – Advanced Illness
  – Pharm Benefit review
  – Housing Case Manager
  – Transportation/Flex Funding
  – PA Nurse
  – Oral Health
  – Provider Relations Representative
  – Behavioral Health UM
  – Appeals Representative
  – Transitions Behavioral Health
  – Respiratory Therapist
  – Substance Use Disorder Specialist
  – Mental Health Specialist
Medication Care Plan Flow

- Medical & Rx Claims Review
- Cohort Analysis Targets
- High Pharmacy Risk Score
- EMR Access
- Triage Approach
- Multidisciplinary Regional Care Team
  Interfaces with clinics and hospitals
  Optimizes touches, documentation & follow-up

- Referral
- Clinic Pharmacist
- Dispensing Pharmacist
- Hospital RX Prevention Plan
- Transitions -of- Care Pharmacist
- MEDS Chart, MEDS Organizer, MEDS-to-BED
- Palliative Care Pharmacist
- Behavioral Health Pharmacist
- Dx Specific Rx Questions
- Palliative Care Pharmacist
- Better Together

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Community Pharmacist Engagement Strategy

- CPC: Community Pharmacist Collaborative
- Site visits
- Alignment of high risk populations
- Centralized platform
- Reimbursement
Community Pharmacist Experience: May 2015-Aug 2017

- 505 pharmacies, 879 pharmacists
- 12,524 adherence support and education provided
- 7,134 medication reviews completed
- 15,063 gaps in therapy closed
- 185 potential hospitalizations avoided
- 195 potential ED visits avoided
- 4253 potential adverse drug events avoided
- 3.2 encounters per patient
- **ROI estimate average - 6:1**
## Next Steps

<table>
<thead>
<tr>
<th>Health Plan Pharmacist</th>
<th>Clinic Pharmacist</th>
<th>Community Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Reconciliation in coordination with hospitals with warm handoffs</td>
<td>CDTM for COPD and heart failure</td>
<td>Community- based transitions of care</td>
</tr>
<tr>
<td><strong>Regional Care Teams</strong></td>
<td>E&amp;M code reimbursement</td>
<td>HIE/EHR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E&amp;M code reimbursement</td>
</tr>
</tbody>
</table>
Pharmacist Role – Medication Success

- 13,280 • Drug/Dosage/Strength Options
- 3,174 • Any utilization
- 427 • Most often used
  - >100 claims per month
- 228 • High Cost
  - >$2,000 /claim

- • Right Person
- • Right Drug
- • Right Dose
- • Right Route
- • Right Time

- • Right Documentation
- • Right Problem
- • Right History
- • Right Coordination
- • Right Method
- • Right Education
- • Right Support

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Clinic Medication Challenges

Prescription Maintenance
- Prior Authorizations
  - New
  - Expiring
- Formulary choices
  - Quick pick list
  - Evidence driven guidance
- Dispensing pharmacy clarification
- Navigating multiple plans

Medication Reconciliation
- High risk members
  - Access issues
  - Refer patients for extra assistance
- Med Reconciliation
  - New patients
  - Transitions (Hospital/ER/Facility)
- Coordination
  - Specialist prescribing
  - Medication list up to date
  - Dispensing pharmacy

Evidence Based Medicine
- Best practices
  - Med titration techniques
  - Tapering and d/c
  - Lab f/u
- Resources
  - Up to Date
  - Evidence Based Medicine
  - Drug Therapy Guidelines
- Medication Puzzles
  - Methodically resolving issues with multiple meds & prescribers

Patient Coordination
- Patient Education
  - Health problems
  - Medications
- No insurance or coverage
  - Free programs
  - Samples
  - OTCs
  - Cash - patient pay
- Patient communication
  - Training
  - Expectations

Technology
- EMR optimization
  - Formulary
  - Evidence based decision making
  - ePA
  - Epic Modules
- ePrescribing
  - Surescripts
  - EBM protocols
- Monthly newsletter
- Identify admissions in real time

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<table>
<thead>
<tr>
<th>Intensity</th>
<th>Pharmacist Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prescribing</td>
</tr>
<tr>
<td></td>
<td>Management</td>
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<tr>
<td></td>
<td>Coordination</td>
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<tr>
<td></td>
<td>Reconciliation</td>
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<td></td>
<td>Dispensing</td>
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<tr>
<td></td>
<td>Review</td>
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<td></td>
<td>Education</td>
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</tbody>
</table>

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## Keys to Pharmacist Success

<table>
<thead>
<tr>
<th>Goals of care clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient engagement</td>
</tr>
<tr>
<td>Medication access</td>
</tr>
<tr>
<td>EMR access</td>
</tr>
<tr>
<td>Part of healthcare team</td>
</tr>
<tr>
<td>Can follow patient over time</td>
</tr>
<tr>
<td>Reimbursement of services</td>
</tr>
</tbody>
</table>
Drug Therapy Coordination Plan

Dispensing Pharmacist

- Coordinated Fill Visits
- Collaborative Drug Therapy Protocols

Health Plan Pharmacist

- Dashboard
- Empanelment
- Utilization Monitoring
- Interdisciplinary Teams

Clinic Pharmacist

Hospital Pharmacist

Medication Reconciliation
Pharmacist work

- Increase medication coordination

Clinic staff benefits

- Reduce medication conflicts

Patient benefits

- Reduced medication complexity
- Increased adherence

- Improved outcomes

- Medications received faster
- Increased adherence

Increase medication education

- Expanded ability to treat

Improve medication-related workflows

- Efficient use of time
- Less error and frustration

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We can do this together!
Questions?

To submit a question online, please click the Q&A icon located at the bottom of your screen.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.
Relevant Resources

- CHCS Report: Opportunities to Enhance Community-Based Medication Management Strategies for People with Complex Health and Social Needs
- CHCS Q&A blog post with Jim Slater
- Adverse Childhood Experiences (ACEs) and their relationship to adult poor health outcomes
  - [www.cdc.gov/violenceprevention/acestudy/index.html](http://www.cdc.gov/violenceprevention/acestudy/index.html)
- CareOregon’s MEDS Chart
Visit CHCS.org to...

- **Download** practical resources to improve the quality and cost-effectiveness of Medicaid services

- **Learn** about cutting-edge efforts to improve care for Medicaid’s highest-need, highest-cost beneficiaries

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