Building the Business Case and Value-Based Payment Models for Enhanced Medication Management

March 1, 2019, 1:00-2:30 pm ET

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

Made possible with support from the Gordon and Betty Moore Foundation
Building the Business Case and Value-Based Payment Models for Enhanced Medication Management

March 1, 2019, 1:00-2:30 pm ET

Made possible with support from the Gordon and Betty Moore Foundation
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.
Meet Today’s Presenters

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

Randy McDonough, PharmD
Co-owner
Towncrest Pharmacy

Amanda Brummel, PharmD
Director of Clinical Ambulatory Pharmacy Services
Fairview Health Services
Today’s Agenda

- Overview of the Community Management of Medication Complexity Innovation Lab
- Making the Business Case for Enhanced Medication Management Strategies – Randy McDonough, PharmD
- Moderated Question & Answer
- Comprehensive Medication Management Services at Fairview: Creating the Business Case – Amanda Brummel, PharmD
- Moderated Question & Answer
About the Center for Health Care Strategies

A nonprofit policy center dedicated to improving the health of low-income Americans
Addressing Medication Complexity through Community-Based Strategies

**WHAT DOES MEDICATION COMPLEXITY LOOK LIKE?**

- **29% of Americans** take five or more prescriptions daily
- **30% of Elderly** take eight or more prescriptions daily
- **119k Annual Deaths** in the U.S. from prescription medication-related issues
- **1 Million ED Visits** each year from avoidable complications caused by drugs or drug interactions

**RISKS OF MEDICATION COMPLEXITY:**

- Adverse drug events
- Failure to accomplish treatment goals
- Drug interactions

...**ALL OF WHICH CAN LEAD TO WORSE HEALTH, HOSPITALIZATIONS, AND PREMATURE DEATH**

**MEDICATION COMPLEXITY CAN CAUSE:**

/med-i-ca-tion trau-ma/ noun

“Medication complexity and lack of coordination that overwhelm the patient, caregiver, and provider, creating fear, confusion, and error, which lead to poor adherence and outcomes.”

...-Jim Stace, PharmD, CareOregon

**COMMUNITY MANAGEMENT OF MEDICATION COMPLEXITY**

Shift from the traditional one-way model of prescribing and dispensing to a patient-centered approach.

**IDENTIFY**

Identify people at risk for medication complexity through social determinants of health screening tools and risk algorithms/data segmentation.

**SIMPLIFY**

Simplify and optimize medication use through comprehensive medication management, enhanced discharge planning, and de-prescribing medications.

**DEPLOY**

Deploy non-traditional workforce strategies, such as community paramedics, specially trained pharmacy technicians, or community health workers.

**EMPOWER**

Empower patients to take ownership of their medication regimens by incorporating their stories and hopes in designing care goals.
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.
<table>
<thead>
<tr>
<th>Location</th>
<th>Intervention Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago, IL</td>
<td>Simplifying complex medication regimens by using the Universal Medication Schedule (UMS) to standardize language for prescription labels and streamline complicated medication routines.</td>
</tr>
<tr>
<td>Madison, WI</td>
<td>Providing training to pharmacies to implement Comprehensive Medication Reviews and Final Product Verification using specially trained pharmacy technicians to dispense medications, freeing up pharmacists for counseling and clinical patient management.</td>
</tr>
<tr>
<td>Appleton, WI</td>
<td>Partnering with community pharmacies and implementing a medication risk score within the EMR to deploy multidisciplinary care teams for patients with medication complexity.</td>
</tr>
<tr>
<td>Iowa City, IA</td>
<td>Using prescription, claims, and assessing patient’s social determinants of health (SDOH) to identify and intervene with high-risk patients.</td>
</tr>
<tr>
<td>Minneapolis, MN</td>
<td>Providing Comprehensive Medication Management (CMM) to behavioral health patients and understanding their SDOH mapped to medication therapy problems to help optimize medications, prevent readmissions, and better coordinate care.</td>
</tr>
</tbody>
</table>
Making the Business Case for Enhanced Medication Management Strategies

Randy P. McDonough, Pharm.D., M.S., BCGP, BCPS, FAPhA
Co-Owner and Director of Clinical Services
Towncrest Pharmacy
Iowa City, IA
mcdonough@towncrest.com
Objectives

After this presentation, participant should be able to:

1. Discuss the changes occurring in the health care system, including the movement towards value-based reimbursement.

2. Explain the need for the transformation of community pharmacy practice to provide Continuous Medication Monitoring (CoMM) and other enhanced services.

3. Describe the pilot work that was done with Wellmark Blue Cross Blue Shield of Iowa.

4. Discuss lessons learned from partnering with payers, providers, and other key stakeholders.
The Shifting Landscape of Pharmacy

• Prescription drug spending increased by 9.0% to $324.6 billion in 2015

• Reduced reimbursement, DIR fees, and market consolidation continue to add pressure

• New and emerging payment models shifting risk from payers to providers

• Focus on outcomes and migration towards high performance networks accelerated by the Affordable Care Act

• Potential of complete market disruption introduced by online retailers
Value-Based Reimbursement

“HHS wants to convert 30 percent of Medicare fee-for-service payments to alternative payment models such as accountable care organizations, patient-centered medical homes or bundled payment arrangements by the end of 2016... By the end of 2018, the agency's goal is that 50 percent of payments will be tied to such models.”

- HHS Secretary Sylvia Burwell
The Challenge

• It’s not easy to transform a community pharmacy practice
  o It requires commitment, persistence, and investment

• Reimbursement for services is evolving, but not mature

• It requires pharmacists to be interventionists
  o Identify and resolve drug therapy problems
  o Sending clinical recommendations to prescribers
  o Documenting patient work-ups

• Acceptance from patients, payers, and other providers about this “new role” for community pharmacists is challenging
  o Rejection from these stakeholders is common
The Changing Business Model for Community Pharmacy

• **Moving from fee-for-service (FFS) to value-based reimbursement (VBR)**

• The impact of VBR is causing all health care providers to “evaluate and transform” their practices

• **Moving from a dispensing business model** (focused on product) to enhanced services delivery (focused on patient medication optimization)

• Forming **new relationships with payers**

• Forming **new relationships with providers**
Practice Strategies to Ensure Medication Optimization for Patients

• Make Every Encounter Count™

• Incorporating Continuous Medication Monitoring (CoMM) into everyday practice

• Medication Synchronization and Medication Adherence Programs (MAPs) utilizing Super Sync

• Conducting regular Comprehensive Medication Reviews (CMRs)
Continuous Medication Monitoring (CoMM)

• What is CoMM?
  - Happens in “real time” during patient encounter
  - Pharmacists are focused on patient medication management
  - Identifying actual or potential drug therapy problems and collecting further clinical information as needed
  - Implementing clinical intervention to resolve the drug therapy problem
    - Patient directed, prescriber directed, or potentially both

• Documenting the patient care process
Practice Changes Needed to Optimize Patient Care

• Technician driven, pharmacist managed dispensing process

• Utilization of technology

• Moving away from the “stripped-down” model of community pharmacy practice

• Clinical documentation system (electronic platform)
A Tiered Approach to Patient Care

Case Management

Disease State/Therapeutic Focused

Continuous Medication Monitoring (CoMM)

High Risk

Medium Risk

Low Risk

Changing Expectations of Patients/Caregivers

- Collecting patient clinical information
  - From patients, caregivers, other healthcare providers, laboratories, EHRs, etc

- Assessing clinical information
  - Has the patient achieved his/her therapeutic outcome?
  - Are the patient’s medications safe?
  - Are the patient’s medications effective?

- Identifying medication-related problems

- Making clinical interventions (resolving problems)

- Communicating with patients and providers

- Documenting pharmacists’ actions

JAPhA 2003;43;3:363-74

Using Personal Selling Skills to Promote Pharmacy Services

Everyday encounters with patients offer valuable opportunities to build demand for pharmacy services and impact the value of pharmaceutical care.

Featuring: P. McGough and W. A. Greenwalt

JAPhA 2003;43;3:363-74
Evolving the relationship with other providers

• Community pharmacists need to become “interventionists”
  - Identify and resolving drug therapy problems
• Accessing information from other providers
• Communicating patient clinical information to other providers
• Making clinical recommendations
• Documenting patient care activities
Impacting Performance Metrics

• What are the metrics?
  o Total cost of care
  o Clinical metrics (e.g., weight, A1c, lipids, blood pressure, etc.)
  o Other clinical metrics (medication/dosing appropriateness, monitoring)

• Who is evaluating them?
  o Sponsoring organization, health plans, patients

• How are the metrics used?
  o Report card on quality, PFP bonus incentives
  o If metrics not met, reduction in payment or penalty imposed by payer
Towncrest Pharmacy
Five Functional Areas

1. Dispensing area for our ambulatory, independent patients
2. Nursing home area (ICF, SNF, AL, SCL)
3. Clinical Services
4. Compounding
5. Durable medical equipment
Towncrest Pharmacy

• Enhanced Services
  - Continuous Medication Monitoring (CoMM)
  - Medication Reconciliation*
  - Medication Adherence Program (Adherence packaging)*
  - Clinical Medication Synchronization*
  - Medication Therapy Management (MTM)*
  - Enhanced MTM
  - Med Check Program
  - Influenza and Pneumococcal Vaccinations*
  - Shingrix Vaccination*
  - Tdap Vaccination*
  - Nursing Home Consulting
  - CPAP service/Education
  - Ostomy Consultations
  - Drug Information Service
  - Compounding
  - Employer based health screenings
  - Diabetic shoes
  - Compression stockings

• Wellness Center
  - Cholesterol screening
  - Blood glucose screening
  - BP screening
  - Height and Weight
  - BMI

• Specialized Focused
  - Mental Health
  - Wellness
  - Geriatrics
  - End of life/palliative care

* Core Enhanced Services required by CPESN-IOWA Pharmacies
Wellmark Pilot Study

• **Objective:** Assess how community pharmacists’ interventions at Towncrest Pharmacy can affect patient outcomes

• **Timeline:** March 12, 2015 to March 11, 2016, with 2 months of administrative claims run out

• **Analysis:** conducted by Wellmark analytic groups

• **Population:** Three groups of patients studied based on attribution to Towncrest Pharmacy and pharmacy utilization
Outcomes of Interest

• Outcomes of Interest
  o Medication Adherence (Proportion of Days Covered = PDC)
  o Medication Persistency (Gap between refills)
  o Use of high risk medications (Beers Criteria)
  o Total health care costs
Results

• Total Healthcare Costs

  o Group 1 vs Group 3 (p< 0.0001); N = 546 in each group
    - 100% Towncrest Pharmacy members had $298.00 lower PMPM total health care costs

  o Group 1 vs Group 2 (P = 0.0012); N - 340 distinct members in each group
    - 100% Towncrest Pharmacy members had $309.00 lower PMPM total healthcare costs
Pilot Summary

• The groups were matched for age, gender, risk category, and utilization – yet the total health care costs were much lower for the 100% Towncrest group
  o Differences likely due to combination of unmatched patient factors, provider effects, and Towncrest Pharmacy care

• Regular high quality pharmacist care was associated with better outcomes
  o Appears that “stripped down” pharmacy has higher total health care costs vs. enhanced model
Conclusions of this Work

• Wellmark pilot data demonstrated that members attributed to Towncrest Pharmacy had better clinical outcomes and lower health care spend

• Community pharmacists can impact patients therapeutic outcomes by ensuring that patients are on safe and effective drug therapy
The Next Steps

• Partnering with health systems
  o UIHC—Pharmacist to Pharmacist collaboration (community pharmacists working with pharmacists embedded in clinics)
  o Discussions with Mercy Hospital ACO

• Wellmark Value-Based Pharmacy Program (VBPP)

• Creation of our own statewide high-performance pharmacy network
  o The beginning of CPESN-IOWA
    - Contracted with Blue Cross Blue Shield—Minnesota
      • Providing enhanced MTM (eMTM) services
    - Discussions with MCO’s associated with Iowa Medicaid
Lessons Learned

• Pharmacists, especially those in the community, need to transform how they look at their practices.
  o Need to free up the pharmacists to provide clinical services
  o It’s about optimizing patient’s medications and impacting metrics, including cost of care

• Collaboration with other providers is key.

• Pharmacists need to be interventionists.

• Being part of a high-performance network helps to secure contracts with payers.
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.
Comprehensive Medication Management Services (CMM) at Fairview - Creating the Business Case
Objective

Realize the value of integrating clinical pharmacists as part of the patient care team to provide direct patient care services to optimize medication outcomes.
An Unparalleled Continuum of Care Est. in 1906

- PreferredOne health plan
- 56+ Primary care clinics
- 65+ Specialty clinics
- 7 Ambulatory care centers
- Hospice & home care
- Medical transportation
- 40 Retail & specialty pharmacies
- 32K Employees, 2.4K aligned physicians
- Joint ventures (part-owned hospital and clinical services)
- 10 Wholly-owned community hospitals
- Wholly-owned academic medical center (adult and pediatric)
- 69+ Senior housing locations, 4 long-term care facilities and 1 long-term care hospital

**Volumes - 2017**

- 1.8+ million clinic visits
- 90K+ inpatient admissions
- 10.8K+ behavioral health admissions
- 2.3+ million pharmacy sales
- 327K health plan members
What is CMM?
Comprehensive Medication Management

Built upon the philosophy and process of “pharmaceutical care practice”

Establish a Therapeutic Relationship

ASSESSMENT
• Ensure all drug therapy is indicated, effective, safe and convenient
• Identify medication therapy problems

CARE PLAN
• Resolve drug therapy problems
• Establish therapeutic goals
• Prevent drug therapy problems

EVALUATION
• Record actual patient outcomes
• Evaluate progress in meeting therapeutic goals
• Reassess for new problems

Continuous Follow-up
Working in collaboration with all members of the healthcare team
Role of the CMM Practitioner

Takes responsibility for a patient’s drug related needs and is held accountable for this commitment.

Focuses on a patient’s needs and ensures responsible medication therapy is provided to achieve patient’s goals.
Fidelity of Your Practice

What do you need to ensure CMM will show value & be reproducible?
From 5 to 45…and still growing

The Fairview CMM Story
Who is Our Target Population?

Focus on the most complex patients

- Multiple conditions not at goal
- High utilization/risk
- Transitions of care
Quadruple Aim

- Improve Patient Satisfaction
- Improve Health Outcomes
- Improve Provider Joy in Work
- Control Total Cost of Care
Patient Satisfaction

95% of patients agreed or strongly agreed that their overall health and well-being had improved because of CMM.

Provider feedback

95% of providers surveyed were confident in the recommendations of the CMM pharmacist.
93% stated that having a CMM Pharmacist has allowed them to be more effective/efficient in their practice.

Helping patients get and stay healthier

Transitions of Care and CMM

An average 12-to-1 return on investment in terms of reduced overall healthcare costs.

33% Reduction in readmission rate for MTM patients

31.5% costs reduced
Population Health Approach

How we think about clinical interventions across our populations.
01 Consistent Patient Care Process/Practice Mngt System

02 Understand the role on the team

03 Focus on appropriate populations/hardwire a process for referrals.

04 Measure your outcomes
Incorporating CMM into the health plan benefit.

Fairview’s Experience.
Various Payment Levers

- PMPM
- FFS
- At-risk/APM
Additional Slides
Helping patients get and stay healthier

Patients with diabetes who were optimally managed by CMM pharmacists

24%

Brummel, A. "Optimal Diabetes Care Outcomes Following Face-to-Face Medication Therapy Management Services" Population Health Management: 2012
CMM services resulted in improvement of medication adherence with statins, ACEI/ARBs, and B-Blockers

**Medication Adherence**

An employer analysis showed that for each $1 of MTM billed costs an average of $8.98 savings of total health care costs occurred.
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

- Towncrest Abstract: Pharmacy Performance While Providing Continuous Medication Monitoring
- The Patient Care Process for Delivering Comprehensive Medication Management: Optimizing Medication Use in Patient-Centered, Team-Based Care Settings
- CHCS Report: Opportunities to Enhance Community-Based Medication Management Strategies for People with Complex Health and Social Needs
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
- **Subscribe** to CHCS e-mail, blog, and social media updates to learn about new programs and resources
- **Follow** us on Twitter @CHCShealth