Colorado Pharmacist Summit: Strategizing Action for Integration and Leadership (SAIL)

Christine LaRocca, MD  
CFMC Chief Medical Officer, Quality Performance

Deanna Curry, RN, MSN  
CFMC Quality Improvement Specialist

This material was prepared by CFMC, the Medicare Quality Improvement Organization for CO, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. PM-7040-238 CO 2012
Introduction to CFMC

• CFMC is the Medicare Quality Improvement Organization (QIO) for the state of Colorado

• Single QIO contract per state, U.S. territory, and the District of Columbia (53 total)

• We work in three year contracts with The Centers for Medicare and Medicaid Services (CMS)

• Performance based contract (10th SOW) includes a comprehensive set of tasks, roles and responsibilities, progress measures, and an evaluation design
The purpose of the QIO Program is to improve the **efficiency, effectiveness, economy, and quality of services** delivered to Medicare beneficiaries.

Quality Improvement Activities:

- Diverse provider settings, including Hospitals, Physician Offices, Nursing Homes
- Voluntary (non-regulatory)
- Activities provided free of charge to providers
QIOs operate under 3-year contract cycles (Scope of Work= SOW)
10th SOW: August 2011-July 2014

To achieve the bold new goals established by CMS, QIOs across the nation are focusing on three broad Aims:

• Better patient care
• Better health for people and communities
• Lower costs of care through improvement
Beneficiary and Family Centered Care
  • Review and respond to beneficiary complaints and appeals

Improving Health for Populations and Communities
  • Increasing rates of preventive screenings and reducing cardiac risk factors through effective use of health information technology in physician practices

Integrated Care for Populations and Communities
  • Improving Care Transitions
CFMC: Current Initiatives

IMPROVING INDIVIDUAL PATIENT CARE AIM

- Reducing Healthcare Acquired Conditions in Nursing Homes
- Reducing Healthcare Acquired Infections in Hospitals
- Improving Hospital Quality Reporting and assisting with Value-Based Purchasing
- Reducing Adverse Drug Events in the Community
CFMC, in partnership with the Health Resources and Services Administration (HRSA), are inviting community teams to participate in the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC 5.0) to prevent Adverse Drug Events
What is PSPC 5.0?

- PSPC 5.0 is a Quality Improvement Collaborative aimed at improving health outcomes and patient safety for selected high-risk groups. CFMC is supporting teams caring for Medicare, Medicare Advantage and dual eligible patients receiving
  - Warfarin
  - diabetes medications
  - long or short acting antipsychotic medications

- The PSPC focus includes improving patient outcomes by preventing adverse drug events, potential adverse drug events, hospitalizations, readmissions, and ED visits for high-risk patients
Why participate in PSPC 5.0?

Benefits of participation include:

• Care coordination among providers and partners
• Foster a multidisciplinary, patient-centered, team-based care approach
• Strengthen the patient centered medical home
• Integrate medication management and other services to minimize harm related to adverse drug events and maximize optimal health outcomes
• Align cost-effective medication management services with quality national standards
The Solution in a Nutshell

• Providing the additional modest level of clinical pharmacy services necessary to properly manage these complex, high-risk patients and their medications processes...

...is key to improving their health and providing better, safer, patient-centered care.

• This is what collaborative teams have proven they can do...rapidly, successfully and in financially sustainable ways.

From HRSA’s Patient Safety and Clinical Pharmacy Services Collaborative: A Transformation in the Delivery of Primary Care Presentation, Dennis Wagner and Krista M. Pedley, PharmD, MS
Summary of Overarching PSPC Results

- Teams have shown they can rapidly replicate the proven clinical pharmacy practices that generate safety and health improvement.

- They are doing this with populations of their highest risk, most complex patients – whose needs are beyond the reach of the current, traditional delivery system.

- Teams are demonstrating, with data, breakthrough improvement in health status and safety.

- Teams are figuring out how to pay for and sustain these services.

From HRSA’s Patient Safety and Clinical Pharmacy Services Collaborative: A Transformation in the Delivery of Primary Care Presentation, Dennis Wagner and Krista M. Pedley, PharmD, MS.
Provide PSPC Community Team technical assistance, including but not limited to (as resources permit):

- Quality Improvement (QI) measurement consultation
- On-site visits that allow for face-to-face, hands-on teaching and mentoring
- Sharing evidence-based information and distribution of available tools and resources
- Assistance with data collection, interpretation, and analysis
- Patient and success story development
- Training and education via WebEx, phone and/or email
PSPC Timelines

- PSPC 5.0 begins in October 2012 and CFMC is asking facilities to participate with us through July 2014

For additional information about PSPC information please contact

Christine LaRocca, MD
clarocca@cfmc.org
303-695-3300, ext 3101

Deanna Curry, RN, MS
dcurry@cfmc.org
303-847-1727

Dr. LaRocca’s spouse is a stockholder in Pfizer and GlaxoSmithKline
“Somebody has to do something, and it's just incredibly pathetic that it has to be us.”

• Jerry Garcia