Presentation Objectives

- Pharmacist Objective:
  - List ACO metrics that pharmacists can share accountability to achieve targets

- Technician Objective:
  - Describe how technicians can assist in identifying high risk patients

Fairview Hospital

- Overview
  - Part of the Cleveland Clinic Health System
  - Teaching Hospital
  - 458-beds
  - Level II Trauma Center

- Volume
  - Admissions: 25,100
  - Emergency Dept. Visits: 83,000
  - Oncology Treatment Visits: 10,000

- Financial

Fairview Hospital - Pharmacy

- Pharmacists resources: 27 FTEs
  - All inclusive
  - Truven 25th percentile as a department

- Pharmacy locations
  - Central 24 hours
  - ICU Satellite
  - Oncology Satellite

- Operations model
  - Carousels
    - Carefusion Pyxis - dynamic

- PPMI
  - Inpatient
  - Ambulatory

PPMI a Journey

- Journey stated in earnest in 2012
  - Beyond specialty service

- Alignment vs. Interest
  - Mandatory in-services - VBP

- Engagement vs. Satisfaction
  - Patient based vs. Therapy based

- Accountabilities for metrics
  - Team based vs. Individual based

- A story to tell
  - Resources

- Residency

Targeted PPMI Plan

- Inpatient - Target
  - Metric driven Med/Surg
  - ED Pharmacy Service

- Ambulatory - Growth
  - Center for Family Medicine
Inpatient PPMI Journey

- Pharmacist recruitment
- HCAHPs – Medication Communication domain
- Challenges with pharmacists accepting model and results

- Shared Governance
- Alignment required – Pharmacists select metrics
- ASHP PPMI and literature reviewed
- Layered Learner model – use of students and residents

- High Risk versus “all-comers”
- Alignment with CEO and CFO
- Service at: Admission, Daily, Discharge, Follow-up
- Metric: Readmission

Alignment with Healthcare Reform

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>VBP Program*</th>
<th>Readmission Reduction Program*</th>
<th>Hospital Acquired Conditions Program*</th>
<th>Overall, Potential Reduction Risk by Fiscal Year</th>
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<tbody>
<tr>
<td>2015</td>
<td>1.50%</td>
<td>3.00%</td>
<td>1.00%</td>
<td>5.50%</td>
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<tr>
<td>2016</td>
<td>1.75%</td>
<td>3.00%</td>
<td>1.00%</td>
<td>5.75%</td>
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<tr>
<td>2017</td>
<td>2.00%</td>
<td>3.00%</td>
<td>1.00%</td>
<td>6.00%</td>
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</table>

*Potential Reduction in Payment by Fiscal Year

FY 2015 Value-Based Purchasing Domain Weighting

- Efficiency, 20%
- Clinical Processes of Care, 20%
- Outcomes, 30%
- Patient Experience, 30%

7/12: PPMI Metric Impact

7/13: PPMI - Shared Governance

- Pharmacy Retreat
  - PPMI Pharmacists embraced Shared Governance
- Shared Governance
  - Must be aligned with hospital goals
  - Must be supported by the literature
  - Consensus
- Metrics
  - Discharge capture rate
  - HCAHPs (Med, Discharge, TOC)
  - 30-day All-cause Readmissions
  - Bedside Delivery Referral Rate
- Layered Learner Model
  - Students handle consults
  - Resident Project: ED Technician and then pharmacist

7/12: PPMI Metric Impact

- Study: New meds vs. Rounds focus
- Story to tell
- HCAHPs fatigue
- Engagement hit

7/12: PPMI Metric Impact

- Figure 1: Medication Communication Domain - Percentile Rank (PK Floors)
Literature to support - Discharge focus

<table>
<thead>
<tr>
<th>Pharmacy Practice Model Literature Search</th>
<th>Hospital Practice Outcomes</th>
<th>HCAHPS Readmission Rates</th>
<th>Medication Errors</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>Discharge Focus</td>
<td></td>
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<tr>
<td><strong>Successes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Bedside Delivery Referral Rate - Met Goal</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Engagement Scores - Exceeded hospital targets</td>
<td></td>
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<tr>
<td><strong>Challenges</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HCAHPS domain score goals - Goal Not Met</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• CNO concern how pharmacists value on the floors without impact on Medication Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Readmission impact - Goal Not Met</td>
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<td></td>
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<tr>
<td><strong>Shared Governance assessment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• All comers service vs. High Risk</td>
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</tbody>
</table>

12/14: PPMI - High Risk

• Shared Governance overhaul

• No available tool - Designed (EPIC) manual scoring system - technicians to score all 144 patients daily (60 minutes)

• HCAHPS: Medication Communication - facilitate and reiterate nursing’s role

• Alignment: Readmission rate - High Risk Group

• Service: Continuum of care

PPMI - High Risk - Continuous Progress

• Moved from manual scoring to a standard scoring system in EPIC
  - CCHS will be adopting a standard scoring system
• Individual pharmacists daily report card
• Process to “remove” patients from program
• Calculated readmission rate for this high risk group: 19.4% (versus 12.5% for all comers)
• Students: Patient greeters - Bedside delivery
• Early results: 11% for High Risk Group

Future Inpatient PPMI initiatives

• Layered Learner Model
  - Medication reconciliation in ED - % of admits
  - Orthopedic Bundling - Medication Histories
• Readmission successes
  - Pharmacist support
  - Story to tell
• Billing for inpatient MTM
• Peer Review
• Credentialing and Privileging
Ambulatory PPMI Journey

- Collaborative Care Agreement established.
- Resident Project 1: Effect of Integrated Pharmacy Services on an Outpatient Family Health Center.
- Evaluated percent of recommendations accepted and perception of service quality.

2013: Residents’ Clinic

- Resident Project: Impact of pharmacist participation in a new outpatient transition-of-care shared discharge visit program on 30-day readmission rates.
- Charged TOC CPT codes and evaluated 30-day readmission rates.

2014: Residents’ Clinic

- Resident Project: Impact of Pharmacist Management of Dyslipidemia in Patients with Type 2 Diabetes Mellitus.
- Evaluate number of type 2 diabetes mellitus patients with appropriate statin therapy after pharmacist management of dyslipidemia according to the 2013 ACC/AHA Cholesterol Treatment Guidelines.

2015: Ambulatory Pharmacy Clinical Specialist

- Ambulatory Care Pharmacy Specialist Justified to start service 7/13/2015.
- Justification based on:
  - Service: Improvement in ACO metrics.
  - Revenue: Disease State Management Clinic, Transition of care Discharge Program, Outcomes MTM Post-acute Visit, and Student education.

Quality Performance Benchmarks for Accountable Care Organizations

- 33 quality measures for 2014 quality reporting year.
- ACOs are required to report quality data used to calculate and assess their quality performance.
- Measures span four quality domains:
  - Patient/Caregiver Experience
  - Care Coordination/Patient Safety
  - Preventive Health
  - At-Risk Populations
- ACOs required to submit for 3-year period as performance benchmarks are phased-in.

Am Care Pharmacists impact on ACO measures - Targets mentioned in our Justification

- Transition of Care Program: ACO #8 - “Risk Standardized, All Condition Readmission”.
- Pharmacists Disease Management Clinics:

<table>
<thead>
<tr>
<th>ACO Metric</th>
<th>FPM</th>
<th>Medicine Institute</th>
<th>National Benchmark</th>
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<tbody>
<tr>
<td>TCH U&lt;100mg/dl</td>
<td>30.47%</td>
<td>53.27%</td>
<td>56%</td>
</tr>
<tr>
<td>24H BP U&lt;120/80 mm Hg</td>
<td>37.1%</td>
<td>52.2%</td>
<td>69%</td>
</tr>
<tr>
<td>24H BP U&lt;140/90 mm Hg</td>
<td>74.51%</td>
<td>71.07%</td>
<td>68%</td>
</tr>
<tr>
<td>24H BP U&gt;140/90</td>
<td>72.48%</td>
<td>70.26%</td>
<td>67%</td>
</tr>
<tr>
<td>24H U HbA1C &lt;5%</td>
<td>23.44%</td>
<td>22.67%</td>
<td>21%</td>
</tr>
</tbody>
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Am Care Disease Management Clinic

- Assumptions:
  - Total of 5 half days per week.
  - Visits per half clinic day:
    - 1 new patients (60 minutes)
    - 6 follow-up patients (30 minutes)
  - Visit length 60 minutes x 5 visits per week.
  - For 48 weeks per year = 240 visits per year.
- Numbers are supported by our Residents’ experience and outcomes in clinic.

<table>
<thead>
<tr>
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<th>Billing Method</th>
<th>Reimbursement</th>
<th>Sub-total</th>
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<tr>
<td>Medicare (60%)*</td>
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<td>99495 (99496)</td>
<td>$109.55</td>
<td>$15,775</td>
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<tr>
<td>Other (40%)*</td>
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<td>99214</td>
<td>107.29</td>
<td>10,299</td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>$26,074</td>
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*Based on pilot program study results (9 of 15 patients were Medicare)

Am Care Transition of Care Program

- Assumptions:
  - 5 eligible candidates per week.
  - Visit length 60 minutes x 5 visits per week.
  - For 48 weeks per year=240 visits per year.

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Future Ambulatory Care PPMI Initiatives

- PGY-2 Ambulatory Care
- Interface with other hospital clinics to reduce readmission rates: CHF/Coumadin Clinic
- Patient Recruitment

Our PPMI Journey

- Affect the Metrics
  - “Tell a story”
- Continuous Quality Improvement
- Our Goal: “To Enhance Patient Care Through the Unique Skills of the Pharmacist”
- Healthcare is a “Team Sport”

References

- Stuckey NT. Determining a method of pharmacist-patient interaction to improve HCAHPS scores. ASHP 2013 Summer Meeting & Exhibition; 2013 June; Minneapolis, MN.
- The consensus of the Pharmacy Practice Model Summit. Am J Health Syst Pharm. 2011;68(12)
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- Waltho AL, Ghi SR. Impact of decentralized pharmacy practice model on quality reporting metrics: patient satisfaction (POSTER). ASHP Midyear Clinical Meeting; 2013 December; Orlando, FL.
- Prud'Homme D, O'Keefe J, McQuillan J, O'Leary K, Gatto S. Impact of pharmacist involvement in the transitional care of high-risk patients through medication reconciliation, medication education, and medication management (Poster). ASHP Midyear Clinical Meeting; 2013 December; Orlando, FL.