Objectives

- Describe the current state of Federal and State efforts to reform healthcare
- List opportunities for increased involvement of pharmacy-provided services in these efforts
- Identify resources and tools available to the pharmacy profession to better position the profession for future healthcare services

Federal Efforts

- Affordable Care Act implementation
  - CMS Innovation Center
  - Health Benefits Exchanges
  - Changes to Medication Therapy Management benefits in Medicare Part D

CMS Innovation Center

- Established from the Affordable Care Act ("Obamacare")
- Congress created the Innovation Center for the purpose of testing "innovative payment and service delivery models to reduce program expenditures ...while preserving or enhancing the quality of care" for those individuals who receive Medicare, Medicaid, or Children’s Health Insurance Program (CHIP) benefits.
- Innovation Center is currently focused on the following priorities:
  - Testing new payment and service delivery models
  - Evaluating results and advancing best practices
  - Engaging a broad range of stakeholders to develop additional models for testing

CMS Innovation Models

- The Innovation Center develops new payment and service delivery models. Additionally, Congress has defined – both through the Affordable Care Act and previous legislation – a number of specific demonstrations to be conducted by CMS. These are organized into seven categories.
  - Accountable Care
  - Bundled Payments for Care Improvement
  - Primary Care Transformation
  - Initiatives Focused on the Medicaid and CHIP Population
  - Initiatives Focused on Medicare-Medicaid Enrollees
  - Initiatives to Speed the Adoption of Best Practices
  - Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models
**Health Benefits Exchange**

- Health Insurance Exchanges scheduled to begin providing services on January 1, 2014.
- Obama Administration announced in early July a delay of the 2014 employer mandate that would require companies with more than 51 full-time workers to offer their employees health insurance or face a penalty.
  - At this time, the individual mandate is still on.
- Open enrollment for Exchanges scheduled to begin October 1, 2013.

**Changes to MTM in Part D**

- Starting in 2013, Part D plan sponsors must offer MTM services to targeted beneficiaries that include, at a minimum, strategies to improve adherence to prescription medications or other goals.
- Services and strategies must include:
  - An annual comprehensive medication review furnished person-to-person or using telehealth technologies (e.g., telephones, videoconferences) by a licensed pharmacist or other qualified provider.
  - Follow-up interventions as warranted based on the findings of the annual medication review or the targeted medication enrollment and which may be provided person-to-person or using telehealth technologies.
- Medicare Part D plan sponsors must have a process to:
  - Assess, at least on a quarterly basis, the medication use of individuals who are at risk but not enrolled in the MTM program, including individuals who have experienced a transition in care (e.g., a hospitalization or stay in a skilled nursing facility), if the prescription drug plan sponsor has access to that information.
  - Automatically enroll targeted beneficiaries, including beneficiaries identified in the quarterly assessment.
  - Permit beneficiaries to opt-out of enrollment in the MTM program.

**Virginia Activity**

- Virginia Health Reform Initiative
- Medicaid Reform and Expansion
- Medicare/Medicaid Dual-Eligibles program
- ConnectVirginia Health Information Exchange

**Medicaid Reform and Expansion**

- Medicaid Reform and Innovation Commission established by General Assembly.
  - Will review reform initiatives currently in place and consider proposed reforms. In addition, will include patient responsibility measures, administrative simplifications and the implementation of various innovative projects.
  - Commission will determine if reforms are met and then consider expanding Medicaid.
- The five House members are:
  - Steve Landes (R-Augusta), Jimmie Massie (R-Henrico), Beverly Sherwood (R-Frederick), John O’Bannon (R-Henrico) and Johnny Joannou (D-Portsmouth)
- The five Senate members are:
  - Walter Stosch (R-Henrico), Emmett Hanger (R-Augusta), Janet Howell (D-Reston), Louise Lucas (D-Portsmouth), John Watkins (R-Powhatan)
Medicare/Medicaid Dual-Eligibles program
- CMS “Financial Models to Support State Efforts to Integrate Care for Medicare-Medicaid Enrollees”
- DMAS submitted a Letter of Intent in 2012 to the Centers for Medicare and Medicaid Coordination Office (MMCO) and plans to participate in a three-year Demonstration that allows states to enroll individuals eligible for both Medicare and Medicaid (“dual eligibles”) into managed care organizations that provide all Medicare and Medicaid benefits and supplementary services, through a seamless, integrated program.
- Demonstration goals include: improved quality and health outcomes, streamlined Medicare and Medicaid requirements, increased accountability, reduced burden for enrollees and providers, providing care in each individual’s setting of choice, and reduced avoidable services. Supplementary benefits will include care coordination, interdisciplinary care teams, and person-centered care plans.
- Has received CMS approval-program will be implemented in Central Virginia, Northern Virginia, Roanoke, Tidewater and Western/Charlottesville regions

ConnectVirginia HIE
- ConnectVirginia is the Statewide Health Information Exchange (HIE) for the Commonwealth of Virginia. It provides a safe, confidential, electronic system to support the exchange of patient medical records among healthcare providers, both here in Virginia and beyond.
- ConnectVirginia utilizes secure, electronic, internet-based technology to allow medical information to be exchanged by participating health care providers. As a result, health care providers will have more complete medical information to provide higher quality care for patients and will be able to more easily coordinate treatment with other health care providers.
- Patient information will be automatically included in the ConnectVirginia system. Patients must now opt-out if they do not want their information shared.

ROLES FOR PHARMACY IN REFORM

Accountable Care Organizations
- (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients.
- The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.
- Various Roles of the Pharmacist in ACOs
  - Medication adherence and proper use
  - Reducing medication-related adverse events
  - Preventing hospital readmissions
  - Management of chronic conditions
  - Helping to meet Quality initiatives as well as Meaning Use standards

Patient-Centered Medical Homes
- The Patient Centered Medical Home (PCMH) is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family.
- Various Roles of the Pharmacist in Medical Homes
  - Collaborative Drug Therapy Management
  - Medication Therapy Management
  - Preventative Care
  - Medication Reconciliation
  - Management of chronic conditions
  - Care Transition
  - Helping to meet Quality initiatives as well as Meaningful Use standards

Meaningful Use
- Financial incentives from Medicare and Medicaid (CMS) for providers that are “meaningfully using” their Electronic Health Records (EHRs) by meeting thresholds for a number of objectives
- Includes physicians, dentists, certain hospital and other various prescribers (Medicare/Medicaid)
- 3 Step process over a period of years
  - Includes many components that pharmacy can assist in achieving
  - Includes both payment incentives and (beginning in 2015) payment reductions for implementation of Meaningful Use measures
Quality Initiatives

- Pharmacy Quality Alliance (www.pqaalliance.org)
  - Established in 2006 – 501(c)3 non-profit with over 100 member organizations
  - Mission: To improve the quality of medication management and use across healthcare settings with the goal of improving patients' health through a collaborative process to develop and implement performance measures and recognize examples of exceptional pharmacy quality.
  - PQA develops medication-use measures in areas such as medication safety, medication adherence and appropriateness. PQA's measure development process begins with identifying the high-priority areas for health care and gaps in existing performance measure sets. PQA focuses on the priorities identified through the National Priorities Partnership and aligns its activities with the National Quality Strategy.

PQA Measures

- Proportions of Days Covered (PDC)
- Antipsychotic Use in Children Under 5 Years Old
- Adherence to Non-Warfarin Oral Anticoagulants
- Diabetes Medication Dosing (DOS)
- Diabetes: Appropriate Treatment of Hypertension
- Medication Therapy for Persons with Asthma
- Use of High-Risk Medications in the Elderly (HRM)
- Drug-Drug Interactions
- Cholesterol Management in Coronary Artery Disease
- Completion Rate for Comprehensive Medication Review
- Antipsychotic Use in Persons with Dementia

# - Included in Medicare Part D Plan Ratings

Medication Therapy Management

- Medicare Part D (mandate)
- Medicaid programs (offered by some states)
- State Employee Plans (offered by some states – including Virginia)

MTM For State Employees

- MTM Program for State Employees
  - Pilot to begin October 1, 2013
  - State-wide program
  - Applies to COVA Care, COVA HealthAware, and COVA HDHP
  - 100% of cost paid by health plan with no cost to member
  - 1 comprehensive annual visit with up to 3 follow-up visits
  - MTM network - Mirixa
  - Eligible members must have 3 disease states and 7 or more chronic medications
  - Chronic conditions include:
    - Asthma
    - Heart Failure
    - COPD
    - High Blood Pressure
    - Depression
    - High Cholesterol
    - Diabetes
    - Osteoporosis

Collaborative Practice – HB1501

- Expanded current collaborative practice agreements in Virginia
  - Allows for pharmacists to implement therapy under defined protocols in addition to modifying, continuing, or discontinuing therapy.
  - Allows for multiple patients under the care of a single physician to be covered under a single collaborative practice agreement.
  - Allows for multiple physicians in a practice group to participate in a single collaborative practice agreement.
  - Allows nurse practitioners and physicians assistants to enter into collaborative practice agreements.
  - Allows for electronic agreements.
  - Joint Board of Pharmacy and Medicine to review regulations on August 20th

Additional Opportunities

- Chronic Care Management
- Wellness Benefits – increasing focus by insurers
  - Immunizations
  - Smoking cessation
  - Weight management
  - Travel Health
  - Health IT
Payment for Services - Provider Status?

- In many of the previous models, pharmacists paid through cost avoidance/savings
- No consistent reimbursement models for pharmacist clinical services in ANY practice setting
- Section 1861 of the Social Security Act
  - Pharmacists are NOT defined as health care providers
  - Many payors default to the list of health care providers in Section 1861 when determining payment and services
- Federal and state governments are the largest health care payors and that spending will continue to rise

Certificate Programs

- American Pharmacists Association
  - Delivering Medication Therapy Management Services
  - Pharmacists and Patient-Centered Diabetes Care
  - Pharmacy-Based Immunization Delivery
- VCU School of Pharmacy
  - Anticoagulation Certificate Program
  - Diabetes Management Certificate Program
- University of Florida College of Pharmacy
  - Anticoagulation Course for Practicing Pharmacists
  - A Practice-Based Diabetes Activity for Pharmacists
  - Providing MTM for Lipid and Hypertensive Disorder Patients
  - Veterinary Therapeutics for Practicing Pharmacists
- Additional Programs
  - Auburn University Motivational Interviewing Training Institute Workshop
  - Arizona Pharmacy Alliance Anticoagulation Certificate Program

Certification Programs (Pharmacists)

- Board of Pharmacy Specialties (www.bpsweb.org)
  - Ambulatory Care (BCACP)
  - Critical Care Pharmacy (New – expected to be offered in 2015)
  - Nuclear Pharmacy (BCNP)
  - Nutrition Support Pharmacy (BCNSP)
  - Oncology Pharmacy (BCOP)
  - Pediatric Pharmacy (New – expected to be offered in 2015)
  - Pharmacotherapy (BCPS)
    - Cardiology (“Added Qualification”)
    - Infectious Diseases (“Added Qualification”)
    - Psychiatric Pharmacy (BCPP)
  - Commission for Certification in Geriatric Pharmacy
    - Certified Geriatric Pharmacist

Certification Programs (Multidisciplinary)

- Certified Anticoagulation Care Provider (CACP)
- Certified Asthma Educator (AE-C)
- Advanced Cardiovascular Life Support (ACLS) & Pediatric Cardiovascular Life Support (PALS)
- American Heart Association
- Accredited in Applied Pharmacology (AP)
- American Board of Clinical Pharmacology (ABCP)
- Certified Diabetes Education (CDE)
- National Certification Board for Diabetes Educators (NCBDE)
Certification Programs (Multidisciplinary)

- Board Certified-Advanced Diabetes Management (BC-ADM)
- American Association of Diabetes Educators (AADE)
- HIV Specialist™ (AAHIVS), HIV Expert (AAHIVE) or HIV Pharmacist (AAHIVP)
- American Academy of HIV Medicine (AAHVM)
- Certified Professional in Electronic Health Records (CPEHR), Certified Professional in Health Information Technology (CPHIT), Certified Professional in Health Information Exchange (CPHIE), Certified Professional for Operating Rules Administration (CPORA)
- Health IT Certification
- Clinical Lipid Specialist
- Accreditation Council for Clinical Lipidology (ACCL)
- Certified Nutrition Support Clinician (CNSC)
- National Board of Nutrition Support Certification, Inc. (NBNSC)
- Credentialed Pain Educator (CPE)
- American Society of Pain Educators (ASPE)
- Credentialed Pain Practitioner (CPP)
- American Academy of Pain Management (AAPM)
- Certified Specialist in Poison Information
- American Association of Poison Control Centers (AAPCC)
- Diplomate of the American Board of Applied Toxicology (DABAT)
- American Board of Applied Toxicology (ABAT)

Additional Resources

- Ensuring pharmacy access:
  - NCPA
  - Take Charge of Rx Benefits in Your Community
  - www.ncpanet.org
  - Pharmacists United for Truth and Transparency
  - Contract Negotiating Tool
  - www.truhx.org

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