THE BEST OF TIMES: PHARMACY IN AN ERA OF ACCOUNTABLE CARE

Toni Fera, BS, PharmD
October 17, 2014

SISTER GONZALES

It is the best of times, it is the worst of times, it is the age of wisdom, it is the age of foolishness, it is the epoch of belief, it is the epoch of incredibility, it is the season of Light, it is the season of Darkness, it is the spring of hope, it is the winter of despair, we have everything before us, we have nothing before us.

-Charles Dickens, A Tale of Two Cities

ACCOUNTABLE CARE ORGANIZATION

- A collection of primary care physicians, a hospital, specialists and potentially other health professionals accept joint responsibility for the quality and cost of care provided to its patients. If the ACO meets certain targets, its members receive a financial bonus.

The "TRIPLE AIM"

Cost

Patient Experience

Population Health

OBJECTIVES

1. Describe the role of pharmacists in accountable care organizations (ACO).
2. List four key areas (domains) to address when developing an ambulatory care practice.
3. Describe activities of a care transition pharmacist.
4. List 3 resources to assist with planning pharmacy services in an ACO.
5. Describe the 3 key elements of an accountable care organization.
6. Describe activities of a pharmacy technician to support care transitions.
7. List 3 examples of pharmacy technician role in an ACO.

AFFORDABLE CARE ACT-IMPLICATIONS FOR PHARMACY PRACTICE

Care Delivery Systems
Reform
- CMMI (Innovations) Grant Programs
- Home-based Care
- Medical Homes
- Accountable Care Organizations (ACO’s)

Payment Reform/Quality
- Health Care-Acquired Conditions
- Value-Based Purchasing
- Hospital Readmissions
- Quality Measurements

THE PATIENT-CENTERED MEDICAL HOME….A HOME FOR PHARMACISTS, TOO?

- Comprehensive review of current prescribed and self-care medications for usage and patterns
- Systematic assessment of each medication for appropriateness, efficacy, safety, and adherence to achieve optimal therapy goals
- Development of a personal medication care plan with self-management goals and medication management recommendations
- Documentation and communication of the care plan to the patient and all health care providers

EXECUTIVE PRIORITY: HOW ECONOMICS SUPPORT AGGRESSIVE READMISSION REDUCTION

- CMS Hospital Readmission-Reduction Program
  - Payment penalties of up to 3% for hospitals with high 30-day readmission rates in three target conditions: heart failure, heart attack, and pneumonia
- CMS Hospital Value-Based Purchasing Program
  - Hospitals will have 2-4% of revenue withheld pending their “grade” on a balanced scorecard (process, outcomes, satisfaction, efficiency)
- Public Reporting/HCAHPS

PHARMACIST CLINICAL ROLE IN DECREASING RE-ADMISSIONS

Pharmacist role:
- Reinforce discharge plan
- Medication reconciliation
- Discharge training (e.g. inhalers, smoking cessation)

Pharmacist role:
- Medication reconciliation
- Quality indicator monitoring (e.g. ACE-I, Aspirin use post MI)

PHARMACISTS’ ROLE IN REDUCING PREVENTABLE HOSPITAL ADMISSIONS

- Horizon BCBS of New Jersey
- Independent Health, New York
- Cigna Medical Group, Arizona
- Fallon Community Health Plan, Massachusetts
- Kaiser Permanente, California
- Group Health, Washington
- Project RED, Boston Medical Center
- Geisinger Health System, Pennsylvania
- Norton Healthcare, Kentucky

CARE MODELS FOR CHRONIC DISEASES

IMPACT ON ED VISITS/HOSPITALIZATION

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Hospital Admission</th>
<th>Discharge Disposition</th>
<th>Post Discharge</th>
<th>Ongoing Disease Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Delivering Intervention</td>
<td>Home, Pharmacist, Pharmacy Technician</td>
<td>Care Management, Pharmacist for Med Review</td>
<td>Pharmacist +/- Technician</td>
<td>Care Management, Pharmacist +/- Technician</td>
</tr>
<tr>
<td>Evidence-based support (patient population)</td>
<td>N/A (Various target populations)</td>
<td>N/A (Various, including COPD)</td>
<td>N/A (Diabetes, CV Health, Asthma, Anticoagulants)</td>
<td></td>
</tr>
</tbody>
</table>

THE CHALLENGE: WHAT IS UNIQUELY PHARMACY?

- Focusing on patients for whom high hazard medications, such as anticoagulants, are prescribed
- Developing skills in motivational interviewing and adherence strategies
- Participating in data analysis and responding to trends in population management
- Addressing health literacy issues that create barriers to proper medication use
- Ensuring that patients have access to medications
DECISION PROCESS FOR AMBULATORY SERVICES EVOLUTION

Who should services be provided to?
Define the patient population where there is the greatest value for medication management services.

What services should be provided?
Define evidence-based services to be delivered that will provide the most value to the patient population.

How should the service be delivered?
Define the service model that allows the greatest population impact, considering access, effectiveness and efficiency for service delivery.

AMBULATORY CLINICAL SERVICES DEVELOPMENT EXAMPLES OF PATIENT POPULATIONS, SERVICES, AND CARE MODELS

- Anticoagulation
- Heart Failure
- COPD, Asthma
- Oncology/BMT
- Hypertension
- Diabetes
- Poly-pharmacy
- Poorly managed chronic disease
- General medicine (PCMH)

PATIENT POPULATION

- Medication Reconciliation
- In-clinic follow-up phone call
- Vaccinations, prevention
- Discharge prescription service
- Specialty and high-risk medication teaching
- High-risk medication monitoring
- Provider education/detailing

MODE OF CARE

- Collaborative practice agreements
- PCMH (Clinic practice – remote services (e.g. telepharmacy)
- Community pharmacy
- Specialty pharmacy
- MTM
- Care transition pharmacist
- Web-based patient portal/Self-management

EVOLUTION OF A CARE TRANSITION PHARMACIST ROLE IN A PRIMARY CARE RESOURCE CENTER (PCRC)

- A place where vital primary care ancillary services can be centralized and coordinated
- A base for the chronic disease care coordinators
- A way for small-practice PCPs to share resources as a “virtual PCMH”
- Customized to reflect each hospital’s community and culture

Care Coordination
Patient Education
Group Visits
Smoking Cessation Classes
Pharmacist Consultation
Nutrition Counseling
Inhaler Instruction
Diagnostic Spirometry
Anticoagulation Clinic
End-of-Life Planning
Home Monitoring Hub

PCRC STEERING COMMITTEE

PRHI PCRC Project Manager
PRHI Senior QI Specialists
SVP Administration
CEO of PHO
Director, Nursing
Director, Pharmacy
Director, Respiratory Therapy
Director, Nutrition Services
Director, Patient Education
Director, Medical Informatics
PCRC Lead Care Manager

- Bi-weekly meetings to refine care pathways, configure EHR, define job descriptions, create tracking tools

ENGAGE STAKEHOLDERS

Physician Focus Groups
Hospital-Based Observations
SOUTHWESTERN PA READMISSIONS
OCTOBER 2010, ADAPTED

Targeted Condition | 30-day Readmissions | Readmission Rate |
-------------------|---------------------|-----------------|
Heart Failure      | 5,337               | 26%             |
COPD              | 2,766               | 23%             |
AMI               | 4,160               | 23%             |
Depression        | 640                 | 18%             |
Asthma            | 355                 | 10%             |
Diabetes          | 618                 | 21%             |
Depression        | 640                 | 18%             |
Total             | 8,731               |                 |


DEFINE THE INTERVENTION:
COPD PATHWAY

Key Elements in the COPD Exacerbations Pathway: Clinical Pharmacist opportunities for involvement:
- Physical Assessment and Diagnostic Studies (Spirometry)
- Medications (e.g. bronchodilators, systemic corticosteroids, antibiotics)
- Other Therapies/Prophylaxis (e.g. Oxygen therapy, PT/OT evaluate/treat)
- Teaching Assessments (e.g. Admission "root cause" assessment, medication reconciliation, inhaler competency, and smoking assessment/counseling), preventative therapy (immunizations)
- Other Consults and Referrals to consider (e.g. behavioral health, pulmonology, nutrition)

PCRC STAFFING

- Nurse Care Managers
- Care Transition Pharmacist
- Administrative Assistant
- Support from Hospital Staff
  - Diabetes Educator, Nutritionist, Social Service, Behavioral Health Specialist, Respiratory Therapist, etc.

ROLE OF A CARE TRANSITION PHARMACIST IN A PRIMARY CARE RESOURCE CENTER
AM J HEALTH-SYST PHARM. 2014; 71:1585-90

KEY ROLES

Hospital Inpatient or Observation Admission
- Identify COPD, CHF, and polypharmacy patients

Discharge Preparation
- Medication Teaching and Medication Reconciliation

Primary Care Resource Center
- Post-discharge follow-up phone call (48-72 hours)
- Appointment at PCRC (high-risk patients)

Physician (Primary Care Coordinator)
Pharmacist (Medication Management)
Care Coordinator
Payer
Patient (Participant)
Social Worker?
### Type of Pharmacy Visit
- Chart review 0-15 min
- Chart review 16-30 min
- Initial visit new patient
- Initial visit established patient
- Follow-up visit
- Education Visit
- Other

### COPD Discharge Planning
- Understands medications
- Eliminate duplicate meds
- Reinforced inhaler training
- Reinforced immunizations
- Medication affordability
- Addressed Drug Problems
- Reinforced Smoking Cessation

### RESULTS

<table>
<thead>
<tr>
<th>Discharge Diagnosis (Percent of Patients)</th>
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<tbody>
<tr>
<td>COPD=Inhaled/Combination (14.6%)</td>
</tr>
<tr>
<td>COPD=Inhaled/Long-Acting (8.7%)</td>
</tr>
<tr>
<td>COPD=Long-Acting (9.5%)</td>
</tr>
<tr>
<td>COPD=Combination (9.5%)</td>
</tr>
<tr>
<td>COPD=Short-Acting (3.1%)</td>
</tr>
<tr>
<td>COPD=No COPD (52.8%)</td>
</tr>
<tr>
<td>COPD=Other (2.8%)</td>
</tr>
<tr>
<td>COPD=Unknown (0%)</td>
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### RESULTS

#### Acute Care Services Required: Number of Patients Reached by Phone (n=168)

<table>
<thead>
<tr>
<th>Acute care services required</th>
<th>Number of patients reached by phone</th>
<th>Number of patients not reached by phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients admitted within 30 days of pharmacist visit</td>
<td>27 (14.2%)</td>
<td>17 (22.9%)</td>
</tr>
<tr>
<td>Patients with ED visit or Observation stay within 30 days</td>
<td>9 (5.4%)</td>
<td>21 (12.5%)</td>
</tr>
<tr>
<td>Total patients with Acute Care Services in 30 days</td>
<td>26 (15.4%)</td>
<td>24 (14.7%)</td>
</tr>
</tbody>
</table>

### RESULTS: PHARMACIST INTERVENTIONS

#### Interventions for patients who were reached by the pharmacist:

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review/plan of care</td>
<td>46.9%</td>
</tr>
<tr>
<td>Medication review (addressed specific issue)</td>
<td>31.5%</td>
</tr>
<tr>
<td>Contacted MD</td>
<td>9.3%</td>
</tr>
<tr>
<td>Rescheduled POA appointment</td>
<td>7.1%</td>
</tr>
<tr>
<td>Referral to ancillary care manager</td>
<td>5.5%</td>
</tr>
<tr>
<td>None (apologies with family member)</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

### CHALLENGES AND LESSONS LEARNED

- Defining the reporting structure
- Timely identification of patients
- Documentation of care and meaningful reports
- Coordinating activities with other providers, including physicians
- Shifting emphasis from inpatient to outpatient chronic care management
- Defending benefit of pharmacists vs. other providers

### NEXT STEPS

- Hospital utilization includes ED visits, observation stays, or hospital admission; May-October, 2012, Monongahela Valley Hospital.
3 RESOURCES TO ASSIST WITH PLANNING FOR AMBULATORY CARE PHARMACY SERVICES

- AJHP Ambulatory Care Summit Proceedings
- American Pharmacists Association ACO Issue Briefs
- Building a Successful Ambulatory Care Practice

THE ASHP AMBULATORY CARE SUMMIT MARCH 2014

Four Domains:
- Defining and Advancing the Practice
- Patient Care Delivery and Integration
- Creating Sustainable Business Models
- Outcomes Evaluation


THOUGHTS

May it be our happy task to ease the ways of all those for whom we care. May we be brought to the realization that true happiness is found in the knowledge that a job assigned to us here and at this point in time has been a job well done.

-Sister Gonzales Duffey

POST-TEST

1. True or False? Pharmacists have limited opportunities to provide services in an ACO model.
2. Which of the following areas should be addressed when developing an ambulatory care practice?
   A. Service description
   B. Documentation of interventions
   C. Collaboration with other care givers
   D. All of the above
3. True or False? Value-based purchasing provide an opportunity for expanding pharmacy services.

QUESTIONS