Medication Optimization Collaboration Summit: Bringing Payers, Providers, and Patients Together to Achieve Value in Health Care

January 16, 2019
Thank You to Our Sponsors:
Welcome to the Medication Optimization Collaboration Summit

Jon Easter
Center for Medication Optimization
UNC Eshelman School of Pharmacy
Summit Goals, Objectives and Expected Outcomes

Susan Dentzer
President and CEO of the NEHI, Network for Excellence in Health Innovation and Summit Moderator
Expert Panel: Defining Value in Health Care: The Opportunity for Medication Optimization in Balancing Care, Quality and Cost Equation

Eleanor Perfetto, SVP, National Health Council
Gary Salamido, COO, Acting President, NC Chamber
Liz Helms, CEO, California Chronic Care Coalition
Brenda Shipley, Patient Caregiver
10:10 AM – 10:30 AM  Networking Break

Next Session: Expert Panel: Collaborating to Achieve Value in Health Care: Identifying Stakeholder Priorities, Opportunities and Challenges
Expert Panel: Collaborating to Achieve Value in Health Care: Identifying Stakeholder Priorities, Opportunities and Challenges

Kevin Ronneberg, VP, Health Partners
Arif Khan, VP, CareFirst
Steve Nuckolls, CEO, Coastal Carolina HealthCare
Maraya Thorland, Interim COO, UNC Health Alliance
11:45 AM – 12:15 PM   Lunch
12:20 PM – 1:15 PM   Lunch Keynote

_In It Together: Sharing Accountability on the Path to Value_

Patrick Conway, MD, MSc
President and CEO, Blue Cross Blue Shield of NC
IN IT TOGETHER: SHARING ACCOUNTABILITY ON THE PATH TO VALUE

UNC Eshelman School of Pharmacy
Medication Optimization Collaboration Summit

Patrick Conway, MD, MSc
President and CEO, Blue Cross and Blue Shield of North Carolina
TODAY’S DISCUSSION

Health care is changing. We’re making progress toward value-based care.

Success depends on collaboration between providers, payers and patients.

Blue Cross NC’s Blue Premier collaboration with five leading health care systems shows the way toward shared accountability for improved outcomes and lower costs.
EMBRACING VALUE-BASED CARE

It’s about a care system that supports patients throughout life.
UNSUSTAINABLE PRICE INCREASES

Price of health care services continues to climb

Unit price increases in employer coverage, 2012-2016:

<table>
<thead>
<tr>
<th>Service</th>
<th>Price Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>24.3%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>17.7%</td>
</tr>
<tr>
<td>Professional</td>
<td>14.6%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

SOURCE: Health Care Cost Institute, Employer-Sponsored Coverage Study, January 2018
PATH TO VALUE-BASED CARE

HEALTH CARE TRANSFORMATION

+ Provider Relationships
+ Improving Health
+ Consumer Resources
+ Primary Care
MOVING TO VALUE: PROVIDER RELATIONSHIPS
MOVING TO VALUE: IMPROVING HEALTH
MOVING TO VALUE: CONSUMER RESOURCES
MOVING TO VALUE: PRIMARY CARE

51%

% of all physician office visits in 2015 were to primary care\(^1\)

7.7%

% of medical spending on primary care\(^2\)

10%

% of medical spending on primary care

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1 National Ambulatory Medical Care Survey, 2015
2 Milbank Memorial Fund, 2017 "Standardizing the Measurement of Commercial Health Plan Primary Care Spending"
IT TAKES A TEAM

- Primary care physician
- Specialists
- Hospitalists
- Pharmacists
- Physicians assistants
- Nurse practitioners
- Patient advocates
- Social workers
- Case managers
- Dietitians
- Psychiatrists, psychologists
- Behavior-change and addiction specialists
- Community leaders and practitioners
LEADING HEALTH CARE TRANSFORMATION

Blue Cross and Blue Shield of North Carolina

+ 3.9 million members
+ 5,000 employees
+ $9+ billion revenue
+ Insure majority in N.C. commercial market, many for most of their lives
BLUE PREMIER: DEFINING WHAT’S POSSIBLE IN HEALTH CARE

+ One of the most aggressive moves to value-based care in the nation

+ Depends on insurers, doctors and hospitals holding each other accountable for improving care and reducing costs

+ Makes primary care a priority

+ Launched January 2019 with five major North Carolina health systems agreeing to participate in Blue Premier’s quality guarantee contract (two-sided risk)
  + Cone Health
  + Duke University Health System
  + UNC Health Care
  + Wake Forest Baptist Health
  + WakeMed Health & Hospitals
CALL TO ACTION

A ROLE FOR EVERYONE

+ Health Plans
  + Pay based on value
  + Support better health outcomes for all

+ Providers:
  + No going back to fee-for-service
  + Embrace performance, risk and rewards
  + Partner with each other, experts, and health plans
  + Put pharmacy spend on value path

+ Individuals/consumers:
  + Shop for health care based on value

+ Employers:
  + Demand better value
  + Equip employees to navigate the system

+ Policymakers and Regulators:
  + Support broad definition of health
  + Allow competition to flourish
Delivering Impact through Collaboration: Medication Optimization Case Studies

Mary McClurg, Professor and Executive Vice Dean
UNC Eshelman School of Pharmacy
Medication optimization is a patient-centered, collaborative approach to managing medication therapy that is applied consistently and holistically across care settings to improve patient care and reduce overall health care costs.
Medication Optimization

*Can occur in and across a variety of care settings*

- CMM
  - Targeted Disease State Management
    - Enhanced Services (e.g., adherence packaging, medication synchronization, medication reconciliation, immunizations, medication reviews)
Comprehensive medication management (CMM) is a patient-centered approach to optimizing medication use and improving patient health outcomes that is delivered by a clinical pharmacist working in collaboration with the patient and other health care providers. This care process ensures that all medications a patient is taking (whether prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are individually assessed to determine that each medication has an appropriate indication, is effective for the medical condition and achieving defined patient and/or clinical goals, is safe given the comorbidities and other medications being taken, and that the patient is able to take the medication as intended and adhere to the prescribed regimen.
Approach to Medication Optimization Services = Success in a Value Based World

- **Hospital**
  - Patient ID (complex, at risk)
  - Med Rec at Discharge
  - Integrate with care manager
  - Med list handoff

- **Primary Care & Specialists**
  - Chronic condition management plan
  - Collaborative practice
  - Comprehensive Med Management (CMM) (if pharmacist available)

- **Community Pharmacy**
  - Med Dispensing
  - Med Sync
  - Med Education
  - Adherence Packaging
  - At home delivery

- **Home**
  - Monitoring
  - Home visits
  - Caregiver support
  - Health literacy
  - Care disparities support

- **Hub**

- **Patient**
Enhancing Performance in Primary Care Medical Practice through Implementation of Comprehensive Medication Management
The Opportunity for CMM

CMM as a usable strategy

Implementation strategy, learnings, and tools

Fidelity and other Implementation Outcomes Measures

CMM Fidelity Assessment

Context

Content

Competence

Wraparound Infrastructure

Practice Management Self-Assessment

CMM Patient Care Process CMM Self-Assessment

Quality of Clinical Decision Making

Patient Responsiveness Survey

Successful Implementation

Replication

Sustainability

Scaling
A practice defined and supported such that it can be clearly recognized and rapidly replicated while consistently producing measurable value to patients, health systems and payers.
KEY TAKEAWAYS

• Brought the scientific discipline of implementation science to pharmacy practice

• Finally have a service that has everything that it needs (foundational elements in place) to demonstrate the role and value of the pharmacist as a provider of clinical services

• CMM is now a well-defined intervention, with tools and a system to guide implementation and improvement – this is the first study to provide a holistic system for CMM implementation

• Momentum already established for continued replication, scale, integration with new payment models
Delivering Impact through Collaboration: Medication Optimization Case Studies

• A CMM practice of moderate maturity within an ACO with a unique relationship with a health plan - Sarah Rall, Marshfield Clinic, WI

• A new CMM model coordinated through a primary care practice network supplementing embedded service delivery - Jennifer Perlitch, Beth Israel Deaconess ACO – BIDCO

• Well-established and mature (20+ years of experience) CMM practice in a pay-for-performance model in a large integrated health care organization Amanda Brummel, Fairview Healthcare System, MN
Thank You.

UNC ESHELMAN SCHOOL OF PHARMACY
Center for Medication Optimization
Comprehensive Medication Management to reduce cost of care in an integrated delivery network

Sarah Rall, PharmD
**What:**

Improve quality and reduce total cost of health care by $3.8 million through cost avoidance in 2019 for Security Health Plan

**Who:**

Collaboration between care delivery teams and health plan teams

**How:**

Deliver Comprehensive Medication Management (CMM) to high-risk patient populations

**Why CMM:**

Previous demonstrated internal and external results in cost avoidance and improved clinical outcomes
Who: Health Plan and Care Delivery Teams

- Security Health Plan Pharmacy
- Finance – Actuary
- Marshfield Clinic Pharmacy
- Case Management – Business Intelligence
How: Comprehensive Medication Management Services

- Identification of patients
- Initial provision of service
- Quality Improvement Cycle
- Assessment of outcomes
- Patient Follow Up

The *Patient Care Process for Delivering Comprehensive Medication Management (CMM)*

Optimizing Medication Use in Patient-Centered, Team-Based Care Settings
Why: Comprehensive Medication Management

2008
Heart Failure Center includes pharmacist on care team – CMS PGP demo project

2011
Joined Patient Safety and Clinical Pharmacy Services Collaboration/AIMMc

2015
Collaboration with SHP Medicare Part D Patient Population Medication Reviews

2017
Collaboration with SHP on Commercial Patient CMM Pilot

2018
Proforma development for CMM service expansion

SHP = Security Health Plan
PGP= Physician Group Practice
So what led to the CMM pilot in commercial patients in 2017?
Reducing actual harm from medications – adverse drug events (ADEs)

Medicare Part D population

2013: 15 ADEs per 100 patients

2016: 2 ADEs per 100 patients
Percent of Improvement Populations "At Goal"

Overall

~75% to Goal in 7 Months
~30% to Goal in 7 Months

Diabetes - AIMMc
Hypertension - AIMMc

Month

Percent "At Goal"
2017: Cost Avoidance and ROI

Total Estimated Cost Avoidance: **$870,000**

<table>
<thead>
<tr>
<th>Type of Pharmacist Intervention</th>
<th>Total # of approved interventions</th>
<th>Percent of Total Cost Avoidance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence support</td>
<td>1728</td>
<td>4</td>
</tr>
<tr>
<td>Reduced medication cost</td>
<td>41</td>
<td>6</td>
</tr>
<tr>
<td>Prevented a physician visit</td>
<td>393</td>
<td>4</td>
</tr>
<tr>
<td>Prevented an ER visit</td>
<td>834</td>
<td>5</td>
</tr>
<tr>
<td>Prevented hospital admission</td>
<td>66</td>
<td>81</td>
</tr>
</tbody>
</table>

*(Return on investment: ~$500 per patient*)

*Total patient population ~1800 High Risk Medicare Part D and Heart Failure Patients*
2017 Commercial Patient CMM Pilot

- Health System employees (n=80)
  - High risk
- Pharmacy team provided CMM
- Pharmacy team (health plan and care delivery) classified accepted interventions by severity and type
  - Health plan used data to estimate cost avoidance due to interventions
- Pharmacy team documented time to provide service
- Health Plan actuary/business intelligence and finance modeled expansion proforma
CMM Proforma Analysis

Return on Investment = 5.6 to 1

<table>
<thead>
<tr>
<th>MARSHFIELD CLINIC HEALTH SYSTEM, INC.</th>
<th>(Based on Incremental Revenue &amp; Expenses Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FINANCIAL ANALYSIS FORM</strong></td>
<td><strong>YEAR 0</strong>   <strong>YEAR 1</strong>   <strong>YEAR 2</strong>   <strong>YEAR 3</strong>   <strong>YEAR 4</strong>   <strong>YEAR 5</strong></td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
</tr>
<tr>
<td>1 Gross Charges (1)</td>
<td>$   -</td>
</tr>
<tr>
<td>Discount %</td>
<td>0.0%</td>
</tr>
<tr>
<td>1 Less: Allow for Discounts (1)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Net Revenue</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
</tr>
<tr>
<td>2 Staff Salaries &amp; Benefits</td>
<td>$213,899</td>
</tr>
<tr>
<td>3 Software</td>
<td>$460,356</td>
</tr>
<tr>
<td>4 Claims expense savings</td>
<td>($3,802,083)</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>NET EARNINGS (LOSS)</strong></td>
<td>$0</td>
</tr>
</tbody>
</table>

Estimated Cost Avoidance per year for 2,000 high risk patients = ~$3.8 million
2019 Marshfield Clinic Health System CMM plan

• Health Plan high risk patients groups to receive CMM
  • Commercial
  • Dual eligible
  • Exchange
  • Medicaid
  • Medicare

• 2019 projected CMM patients
  • Add 2,000 non-Medicare patients
  • Total patients: 4,000
Audience Reflections

• What opportunity does this case study present to your organization?

• If you were to follow up with the presenter after this conference, what specifically would you want to learn more about?
BIDCO’s Unique Approach to Comprehensive Medication Management (CMM): Implementing Clinical Pharmacy Services in Patient Centered Team Based Care

January 16, 2019
Jennifer Perlitch, RPh.
Clinical Pharmacy Services/Rising Risk Disease Management Program Manager
Beth Israel Deaconess Care Organization
BIDCO is a value-based physician and hospital network and Accountable Care Organization (ACO) in Massachusetts.

**Our Mission**

Our mission is to move health care forward by engaging providers in their communities to achieve success in a value-based delivery system.

We are committed to creating innovative, industry-leading best practices in the clinical, administrative, and financial aspects of health care.
BIDCO at a Glance

- **200K** Covered lives
- **$1.5B** Value-based revenue
- **500** PCPs
- **2.2K** Specialists
- **8** Hospitals
- **100** Employees
- **40** EHR platforms supported
- **35.6M** Patient encounters
BIDCO Population Health Strategy

Why invest in Comprehensive Medication management?

High Risk Population
3-5%

Moderate Risk
15%

Low Risk
Wellness and Prevention
80%

DATA ANALYTICS

Significant Quality Dollars at stake
Rationale /Program Strategy

• Challenges in meeting quality benchmarks and reduction in total cost of care
• Limited central clinical resources at the network level
• Diverse provider network with varied engagement
• Providing health/wellness services key to optimal patient outcomes

Phase 1
• Create program components
• Identify target populations
• Engage pilot practices

*Phase 2
• Implementation and monitoring
• Documentation
• Communication

Phase 3
• Measure outcomes
• Engage stakeholders
• Program expansion
BIDCO Rising Risk Program Description and Goals

- **Collaborative** patient-centered approach to disease management by combining the expertise of provider, health coach and clinical pharmacist.

  - Standardize CMM services
  - Optimize Medication Use
  - Improve patient empowerment
  - Maximize patient outcomes
  - Improve pharmacist-provider-patient relationships
Practice Model and Evaluation

Central Services

Health Coaches

CMM

Embedded Services

Provider

Patient

Health Coach

Pharmacist
860 patients eligible for CMM

769 Medication Optimization opportunities

Track 1

321 medication recs followed 42%

Recs NOT followed 447 58%

↓ HbA1c 267 patients 83%

HbA1c <9 27 70%

Recs NOT followed 174 39%

HbA1c <9 129 29%

Track 2

Rising Risk Program #244

Recs followed 117 48%

↓ HbA1c 100 85%

HbA1c <9 81 70%

Recs NOT followed 126 52%

↓ HbA1c 49 39%

HbA1c <9 40 30%

Patient Satisfaction*

- Excellent: 93%
- Average: 3%
- Needs Improvement: 3%

How would you rate your overall satisfaction with the Health Coaching program?

*0% of patients rated the program as “not satisfied”

Total Weight Change (lbs.)

- Weight loss > 10 lbs: 24%
- Weight loss < 10 lbs: 18%
- No change in Weight: 5%
- Weight Gain < 10 lbs: 5%
- Weight Gain > 10 lbs: 48%
# Lessons Learned and Next Steps

## Lessons Learned

<table>
<thead>
<tr>
<th>Lesson</th>
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<tbody>
<tr>
<td>Up-front investment is critical</td>
</tr>
<tr>
<td>Varying understanding of how to achieve optimal outcomes</td>
</tr>
<tr>
<td>Significant monitoring and close follow-up is critical for success</td>
</tr>
<tr>
<td>Provider engagement is key</td>
</tr>
<tr>
<td>Technology limitations impact success</td>
</tr>
</tbody>
</table>

## Next Steps

<table>
<thead>
<tr>
<th>Step</th>
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</thead>
<tbody>
<tr>
<td>Program expansion: Phase 3</td>
</tr>
<tr>
<td>Expand target populations</td>
</tr>
<tr>
<td>Embed staff in practices</td>
</tr>
<tr>
<td>Enhance provider engagement</td>
</tr>
<tr>
<td>Pursue collaboration agreements with providers</td>
</tr>
</tbody>
</table>
Thank You.
Audience Reflections

• What opportunity does this case study present to your organization?
• If you were to follow up with the presenter after this conference, what specifically would you want to learn more about?
Amanda Brummel, PharmD, BCACP
Director, Clinical Ambulatory Pharmacy

Comprehensive Medication Management Services (CMM) at Fairview
From 5 to 45…and still growing

The Fairview CMM Story
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 an CMM Pharmacist has allowed them to be more effective/efficient in their practice

Helping patients get and stay healthier

33% Reduction in readmission rate for MTM patients

Transitions of Care and CMM

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

31.5% costs reduced
Population Health Approach

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

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.
Audience Reflections

• What opportunity does this case study present to your organization?
• If you were to follow up with the presenter after this conference, what specifically would you want to learn more about?
2:30 PM – 2:45 PM  Networking Break

Next Session: Creating a Medication Optimization Collaboration Implementation Action Plan
Creating a Medication Optimization Collaboration Implementation Action Plan

Todd Sorenson
Professor, University of Minnesota College of Pharmacy
Think **BIG**

Start **small**

**Act Fast**
Action Plan Outline

• Establishing Leadership on Medication Optimization as a Priority
• Creating an Environment for Achieving Medication Optimization
• Building Capacity for the change that will produce optimal medication use
• Commitments and Action Steps
Building Momentum

[Think BIG, Start small, Act Fast]
Summary, Key Insights and Action Plan

Susan Dentzer
President and CEO of the NEHI, Network for Excellence in Health Innovation and Summit Moderator
Thank You to Our Sponsors:
Thank You.