Medication Management:
Implications for Practices in Alternative Payment Models (APMs)

Did You Know?

More than half of Americans have at least one chronic condition, and 1 in 4 have two or more. Treating people with chronic conditions accounts for 86% of healthcare spending.

Only 33-50% of people with chronic conditions adhere completely to prescribed medication therapies.

Nearly 1 in 3 adverse events leading to hospitalizations are associated with medications.

> $400 Billion is spent on medications in the U.S. each year.

~ $300 Billion is spent on the misuse, underuse & overuse of medications.

APMs incentivize practices and providers to provide their patients high-value, high-quality, patient-centered care.

Despite variation among metrics used in APM models, many metrics commonly shared across these models are aligned with medication management.

As APMs become more prevalent, practices can utilize medication management as a means of improving quality across these models.

Medicare: 2018 and Beyond

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Early Adoption Incentive

Merit-Based Incentive Payment System (MIPS)

Pay for Performance (P4P)/ Fee For Service+ (FFS+)

Shared Savings

Bundled Payments

Capitation

Sample Quality Measures Aligned with Medication Management

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* Effective medication management processes can significantly impact a practice’s overall population health, and in turn it can increase a practice’s ability to perform well in many of their APM measures.

* Consider how your practice can leverage local pharmacy partners to support your practice’s care of chronically ill, high risk patients and in turn, your performance and quality initiatives.

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9. Nearly 1 in 3 adverse events leading to hospitalizations are associated with medications.
10. Medication Reconciliation Post-Discharge MIPS #46; ACO-12; HEDIS.
11. Controlling High BP (<140/90) MIPS #236; ACO-28: CPC+ #165.
12. HbA1c Poor Control (>9%) MIPS #001; ACO-27: CPC+ #122.
13. 30-Day All Cause Readmission After Discharge MIPS #458; ACO-8: HEDIS.