Innovative Opportunities for Pharmacists in the Evolving World of Healthcare

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Faculty Disclosure

• Dr. Pornprasert has no actual or potential conflict of interest associated with this presentation

• Dr. Ciccone has no actual or potential conflict of interest associated with this presentation
Objectives

1. Identify trends in healthcare reform that require innovative pharmacy services across the care continuum

2. Describe development and implementation of clinical pharmacy projects and programs within an accountable care organization and a skilled nursing facility

3. Explain successes and barriers encountered while establishing new practices

Elderly represent about _____ of our emergency medical services:

a) 20%

a) 40%

b) 60%

c) 80%
Future impact of an aging population

Projection of population ≥ 65 y/o in the United States

Healthcare resources

- Elderly comprise 15% of population but represent:
  - 38% of emergency medical services
  - 35% of hospital stays
  - 34% of prescriptions
  - 26% of physician office visits
Goals of Healthcare Reform: Triple Aim

Institute for Healthcare Improvement, The Triple Aim

The Healthcare Paradigm Shift

The Past: Reactive and Volume-based

FROM
Traditional FFS
Procedure-based
Fragmented
Treating Sickness

TO
Value-based Care
Outcomes-based
Integrated
Preventing Sickness

The Future: Proactive and Value-based

Healthcare Information and Management Systems Society (HIMSS)
MACRA

CMS Quality Payment Program

MACRA

MIPS
Merit-based Incentive Payment System

APMs
Advanced Alternative Payment Models

CMS = Centers for Medicare & Medicaid
### Merit-based Incentive Payment System (MIPS) Overview

<table>
<thead>
<tr>
<th>2017 Performance Year/2019 Payment Year</th>
<th>2018 Performance Year/2020 Payment Year</th>
<th>2019 Performance Year/2021 Payment Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Quality</td>
<td>Quality</td>
</tr>
<tr>
<td>Cost</td>
<td>Cost</td>
<td>Cost</td>
</tr>
<tr>
<td>Advancing care information</td>
<td>Advancing care information</td>
<td>Advancing care information</td>
</tr>
<tr>
<td>Improvement activities</td>
<td>Improvement activities</td>
<td>Improvement activities</td>
</tr>
</tbody>
</table>

- **Quality**: 60%, 50%, 25%
- **Cost**: 15%, 10%, 0%
- **Advancing care information**: 25%, 15%, 30%
- **Improvement activities**: 15%, 30%, 30%

#### Current Measure Description:

The percentage of discharges from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist and providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record.

This measure is reported as three rates stratified by age group:

- Reporting Criteria 1: 18-64 years of age
- Reporting Criteria 2: 65 years and older
- Total Rate: All patients 18 years of age and older

#### Subcategory: Population Management

<table>
<thead>
<tr>
<th>Activity</th>
<th>Weighting</th>
</tr>
</thead>
</table>
| Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following:  
Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups;  
Integrate a pharmacist into the care team; and/or  
Conduct periodic, structured medication reviews. | Medium |
Which of the following regarding MACRA is **FALSE**?

a) Stands for Medicare Access and CHIP Reauthorization Act of 2015

b) Establishes new ways to pay physicians for caring for Medicare beneficiaries

c) Cost performance category will remain the lowest weighted category for the next 3 years

d) Incorporates value-based care
Identifying High Modifiable Medication Risk Patients

- ≥ 15 medications
- ≥ 2 documented falls
- High risk meds (BEERS Criteria)
- Opioid + Benzodiazepine in ≥ 65 y/o
- Complicated medications per case-manager
- Complicated hospital stay with ACS preventable comorbidity
- Documented cognitive impairment and living alone
- Poor adherence

ACO Pharmacist Role in Patient Care

<table>
<thead>
<tr>
<th>RISK STRATIFICATION</th>
<th>CASE REVIEW</th>
<th>CARE COORDINATION</th>
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</thead>
<tbody>
<tr>
<td>- SAS/Pinnacle</td>
<td>- Home Visit</td>
<td>- Document interventions</td>
</tr>
<tr>
<td>- Nurse referral</td>
<td>- Virtual MTM</td>
<td>- Inform providers</td>
</tr>
<tr>
<td></td>
<td>- Clinic Co-Visit</td>
<td>- Tag for follow-up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PRN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Engage health coach</td>
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</tbody>
</table>

ACO = Accountable Care Organization  
SAS = Statistical Analysis System  
MTM = medication therapy management  
Hartford HealthCare Integrated Care Partners
APRN at Home Pilot

- Referral from PCP, nurse, or hospital
- PharmD Med Review & Rec’s
- Home visit by APRN +/- PharmD
- Transition to routine office visits within 90 days

ACO Pharmacist Role in Population Health

- Medication education and training for ACO staff
- Standardization of medication review and reconciliation
- Input/alignment into outpatient EMR order sets
- Provider education
- Feedback on pharmacy dashboards
- Developing pharmacy-related metrics and action plans
- Facilitate pharmacist roles in practice transformation

EMR = electronic medical record

J Manag Care Spec Pharm. 2015 Apr; 21(4): 338-344
Asynchronous CME Videos for Providers

How do they work?

1. Pharmacy submits claim for payment to provider's insurance via switch.
2. Primary insurer receives request for payment and returns copayment amount to pharmacy via switch.
3. Pharmacy submits claim for coupon payment to coupon vendor via switch.
4. Vendor receives request for payment and returns copayment amount to pharmacy via switch.

Pillar Calls with Physician Leaders: Medication Initiatives

Higher Cost Prescription

- Glumetza® (metformin ER-modi), Veleant (500mg, 1000mg)
- metformin ER-modi (generic Glumetza), Veleant (500mg, 1000mg)
- Fortamet® (metformin ER-osmo), Tova (500mg, 1000mg)
- metformin ER-osmo (generic Fortamet), multiple manuf (500mg, 1000mg)
- metformin XR (generic Glucophage XR®), multiple manuf (500mg, 750mg)
- metformin IR (generic), multiple manuf, 500mg, 850mg, 1000mg

Lower Cost Prescription

- Same
- Same

Select

Hartford HealthCare Integrated Care Partners
Step-by-Step Guide for Ordering Prescriptions

Search in EPIC by “metformin ER” or “metformin XR”

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Brand Name</th>
<th>Generic Rx</th>
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<tbody>
<tr>
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<td>77856</td>
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<tr>
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<td>MedicaMed</td>
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</tr>
<tr>
<td>FORTAMET 500 MG PO TB24</td>
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</tr>
<tr>
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Hartford HealthCare Integrated Care Partners

Innovative Grant-Funded Position - Embedded Geriatric Clinical Pharmacist (GCP)

- Jefferson House
  - 104-bed SNF
    - STR
    - LTC
    - hospice

- Cedar Mountain Commons
  - Independent retirement
  - ALF

SNF = skilled nursing facility
STR = short term rehabilitation
LTC = long term care
ALF = assisted living facility
2014 OIG report on adverse events in SNFs

- 1 in 3 SNF residents were harmed by an adverse event within 35 days of stay
  - Nearly 60% of events were preventable
  - 37% of events were related to high-risk medications

- Estimated hospital readmission costs
  - $8,372 if medication-related
  - $14,599 if infection/antibiotic related

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According to the Medicare Payment Advisory Commission (MedPAC):

a) Post-acute care (PAC) accounts for the highest spending growth in the U.S.

b) Medicare per capita spending on PAC varies more than any other covered service

c) SNFs should share the responsibility with hospitals for 30-day readmissions

d) All of the above
Embedded GCP Goals Expanding PAC Pharmacy Services

- Resolve medication-related problems (MRP)
- Reduce potentially inappropriate medication (PIM) use
- Reduce medication-related complications
- Reduce re-hospitalizations
- Facilitate care transitions
- Increase patient satisfaction
- Reduce medication-related cost

GCP = Geriatric Clinical Pharmacist
PAC = post-acute care

Polypharmacy

- Risk factor for:
  - MRPs
  - Noncompliance
- Embedded GCP focus:
  - Simplify medication regimen
  - De-prescribe PIMs

MRP = medication-related problem
PIM = potentially inappropriate medications
Embedded GCP Clinical Role

- Medication reconciliation upon admission, readmission, and transition home
- Medication-related care coordination on transition home
- Real-time consults
- LTC comprehensive medication therapy review
- Communicate, document, and follow up on recommendations
- Attend team meetings and care conferences
- Prioritize high-risk medications and disease states

According to a 2014 OIG report, the following medication classes are most commonly involved in ADEs in SNFs **EXCEPT**:

a) Hypoglycemics

b) Anticoagulants

c) Opioids

d) Antipsychotics

Embedded GCP Educational Role

- Staff in-services
- In-house drug information resource
- Resident and family education programs
- Community outreach presentations
- Rotation site for students and residents

Embedded GCP Administrative Role

- Eliminate redundant consulting pharmacy services
- Streamline medication-use system
  - formulary, standard order set, med pass, storage
- Cost-containment initiatives
- Medication-safety initiatives
- Establish pharmacy dashboard QI goals
- Address pharmacy-related CMS quality measures
- Explore reimbursement opportunities
Embedded GCP Research Role

• Identify outcome measures
• Develop methodology and data analysis
• Create data collection tools
• Pursue scholarship opportunities

Successes in New Practices

• Collaborative interdisciplinary relationships
• More efficient use of nursing time
• Track and share positive outcomes
• Gather patient success stories
Keys to Success

- Self-driven in a start-up setting
- Balancing multiple competing priorities in a fast-paced environment
- Self-assessment skills
- Passion for working with geriatric population
- Interpersonal communication skills
- Customer service
- Ability to work in a team environment
- Critical problem solving skills

Barriers in New Practices

- Resistance to change
- Multiple competing priorities
- Technology limitations
- Delayed provider response
- Lack of cross-coverage
Overcoming Barriers

- Perform thorough ongoing needs assessment
- Assess local culture
- Appreciate separate realities
- Persistent efforts
- Consistent deliverables
- Flexible approach
- Prompt conflict resolution
- Ongoing communication

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