

## Innovative Opportunities for Pharmacists in the Evolving World of Healthcare

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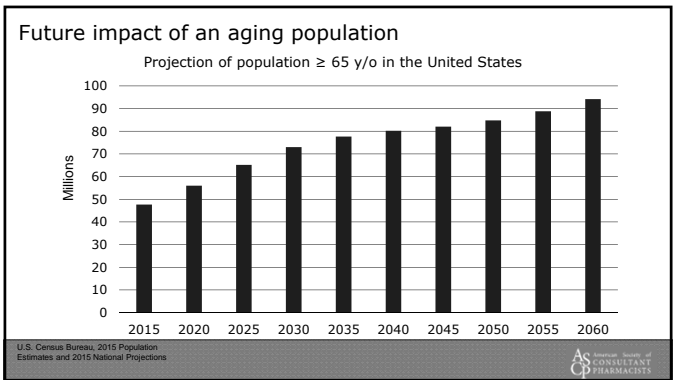
Senior Schwarting Symposium  
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Elderly represent about \_\_\_\_\_ of our emergency medical services:

- a) 20%
- a) 40%
- b) 60%
- c) 80%

### 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

### 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

7

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### CMS Quality Payment Program

CMS = Centers for Medicare & Medicaid

70

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### The Healthcare Paradigm Shift

The Past: *Reactive and Volume-based* → → The Future: *Proactive and Value-based*

FROM	TO
Traditional FFS	Value-based Care
Procedure-based	Outcomes-based
Fragmented	Integrated
Treating Sickness	Preventing Sickness

Healthcare Information and Management Systems Society (HIMSS)

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### Merit-based Incentive Payment System (MIPS) Overview

2017 Performance Year/ 2019 Payment Year	2018 Performance Year/ 2020 Payment Year	2019 Performance Year/ 2021 Payment Year

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### MACRA

The Medicare Access & CHIP Reauthorization Act of 2015

## QUALITY PAYMENT PROGRAM

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9

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<b>Current Measure Description:</b>	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 <u>clinical pharmacist</u> 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	
<b>Subcategory</b>	<b>Activity</b>	<b>Weighting</b>
Population Management	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 <u>pharmacist</u> into the care team; and/or  Conduct periodic, structured medication reviews.	Medium

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72

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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

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### ACO Pharmacist Role in Patient Care

ACO = Accountable Care Organization  
SAS = Statistical Analysis System  
MTM = medication therapy management

74

### APRN at Home Pilot

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### 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

American Geriatrics Society Beers Criteria 2015.  
Falls in the Elderly. Am Fam Physician. 2000 Apr;161(7):2159-2168.  
Clinical Consequences of Polypharmacy in Elderly. Expert Opin Drug Saf. 2014 Jan.

### 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 primary insurance

2 Primary insurer requests payment and sends assignment to pharmacy via switch

3 Pharmacy submits claim for payment to coupon provider via switch

4 Coupon provider requests payment and sends assignment to pharmacy via switch

Primary Insurance / Part D Plans

Pharmacy

Switch

Coupon Provider

08:17 08:59

CME for Asynchronous CME Videos for Providers  
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### 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

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### Pillar Calls with Physician Leaders: Medication Initiatives

Higher Cost Prescription

GO TO GREEN

Lower Cost Prescription

\$8,854.96	Glumetza® (metformin ER-modi), Valeant (500mg, 1000mg)	} Same
\$4,984.97	metformin ER-modi (generic Glumetza), Valeant (500mg, 1000mg)	
\$2,802.25	Fortamet® (metformin ER-osmo), Teva (500mg, 1000mg)	
\$598.26	metformin ER-osmo (generic Fortamet), multiple manuf (500mg, 1000mg)	} Same
\$11.04	metformin XR (generic Glucophage XR®), multiple manuf (500mg, 750mg)	← Select
\$ 8.33	metformin IR (generic), multiple manuf, 500mg, 850mg, 1000mg	

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### 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

U.S. Department of Health and Human Services, Office of the Inspector General (2014). Adverse Events in Skilled Nursing Facilities: National Incidence among Medicare Beneficiaries (OIG-06-11-03037). Washington, DC. <http://oig.hhs.gov/oes/reports/06-11-03037.pdf>. Accessed November 13, 2016.

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### Step-by-Step Guide for Ordering Prescriptions

Search in EPIC by "metformin ER" or "metformin XR"

GLUMETZA (aka METFORMIN HCL ER (MOD)) 500 MG PO TB24	Medicall	Generic Rx: 77856
GLUMETZA 1000 MG PO TB24	Medicall	Brand Rx: 91049
GLUMETZA 500 MG PO TB24	Medicall	Brand Rx: 78998
FORTAMET (aka METFORMIN HCL ER (OSM)) 500 MG PO TB24	Medicall	Generic Rx: 38462
FORTAMET 1000 MG PO TB24	Medicall	Brand Rx: 38461
FORTAMET 500 MG PO TB24	Medicall	Brand Rx: 38460
METFORMIN HCL ER (MOD) 1000 MG PO TB24	Medicall	Generic Rx: 91028
METFORMIN HCL ER (MOD) 500 MG PO TB24	Medicall	Generic Rx: 77856
METFORMIN HCL ER (OSM) 1000 MG PO TB24	Medicall	Generic Rx: 38463
METFORMIN HCL ER (OSM) 500 MG PO TB24	Medicall	Generic Rx: 38462
METFORMIN HCL ER 500 MG PO TB24	Medicall	Generic Rx: 28995
METFORMIN HCL ER 750 MG PO TB24	Medicall	Generic Rx: 38771
GLUCOPHAGE XR (aka GLUCOPHAGE XR 500 MG PO TB24)	Medicall	Brand Rx: 29014
GLUCOPHAGE XR (aka GLUCOPHAGE XR 750 MG PO TB24)	Medicall	Brand Rx: 35773
GLUCOPHAGE XR (aka METFORMIN HCL ER 500 MG PO TB24)	Medicall	Generic Rx: 28995
GLUCOPHAGE XR (aka METFORMIN HCL ER 750 MG PO TB24)	Medicall	Generic Rx: 38771

Select either (same)

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### According to the Medicare Payment Advisory Commission (MedPAC):

- Post-acute care (PAC) accounts for the highest spending growth in the U.S.
- Medicare per capita spending on PAC varies more than any other covered service
- SNFs should share the responsibility with hospitals for 30-day readmissions
- All of the above

MedPAC Report to the Congress: Medicare Payment Policy. Medicare's post-acute care: trends and ways to rationalize payments. March 2015. <http://medpac.gov/docs/default/source/reports/chapter-7-medicare-post-acute-care-trends-and-ways-to-rationalize-payments-march-2015-report.pdf?sfvrsn=6>. Accessed November 13, 2016.

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### 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



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

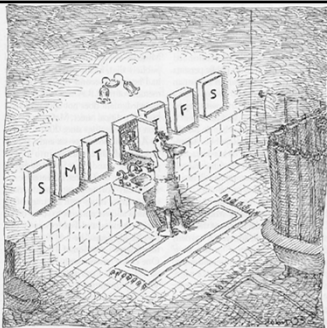
- a) Hypoglycemics
- b) Anticoagulants
- c) Opioids
- d) Antipsychotics

U.S. Department of Health and Human Services, Office of the Inspector General (2014). Adverse Events in Skilled Nursing Facilities: National Incidence among Medicare Beneficiaries (OEI-06-11-00370). Washington, DC. <http://oig.hhs.gov/oes/reports/oei-06-11-00370.pdf>. Accessed November 13, 2014.



### 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 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 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



### 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



### Barriers in New Practices

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



### Successes in New Practices

- Collaborative interdisciplinary relationships
- More efficient use of nursing time
- Track and share positive outcomes
- Gather patient success stories



### Overcoming Barriers

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



### 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



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