

Patient Protection & Affordable Care Act (PPACA) – Overview and Opportunities for Pharmacists “Practice Perspective”

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Objective



Discuss how ACA is driving changes in pharmacy practice in numerous areas, including new care delivery models, pharmacist services payment models, increased quality assessment and accountability, and enhanced use of health information technology.

Question: _____ is a performance information management platform developed for use by pharmacies and health plans to standardize the measurement of the quality of medication use.

Healthcare Reform Triple AIM (The Affordable Care Act - ACA)

- **Expand Coverage/Access**
 - Individual Mandate
 - Medicaid Expansion
 - Exchange Pools
- **Improve Quality**
 - P4P, Integrated Care models, Focus on TOC
- **Reduce Costs**
 - Share Savings/New Payment Models



Pharmacists' Practice Role in “Expanded Coverage and Access”

- More prescriptions/More MTM opportunities
- Screening/Immunizations
- Wellness and Prevention
- Working with Retail Health Clinics/NPs/PAs



New Care Delivery Models: Community Pharmacy



Provider Status – California

SB 493 Signed by Governor, Sept. 2013

- “Pharmacists are health care providers who have the authority to provide health care services.”
- Examples of new authorities:
 - furnishing self-administered hormonal contraceptives, prescription smoking cessation drugs, and prescription drugs not requiring a diagnosis that are recommended for international travelers
 - ordering and interpreting tests to monitor and manage the efficacy and toxicity of drug therapies
 - independently initiating and administering routine vaccinations.



Walgreen's forms ACO: 12/2012

First pharmacy to initiate creation of an ACO

Approached physicians' groups and created Walgreens Well Networks

Advocare Walgreens, Marlton, NJ

Diagnostic Clinic, Largo, FL

Scott & White Healthcare, LLC, Temple, TX

“Walgreens pharmacists will be integrated into patients' care teams, serving as accessible providers working closely with physicians

A unique model with a pharmacy location and Take Care Clinics together in one setting, driving shared savings and improved patient care through collaboration—the key goals of the ACO model.”

Pharmacists' Practice Role in “Improving Quality”



ACA

“ACO Quality Measure Domains”

Patient/Caregiver Experience

Care Coordination/Patient Safety

Examples: Readmission, Medication Reconciliation

Preventive Health

Examples: Immunizations, Smoking cessation

At-Risk Population

Examples: Diabetes/HTN control/CAD



ACA - Promotion of Integrated Care Models

- **Team approach** of health care professionals, including pharmacists.
 - Patient Centered Medical Home (PCMH) Model
- **Establishes Collaboration** and Cooperation between team members.
 - Sharing of patient care information across team members
 - Comprehensive treatment plan for patient – include psychology and social elements.
- Can be located in **various settings and across settings** – primary care, specialty, long-term care.



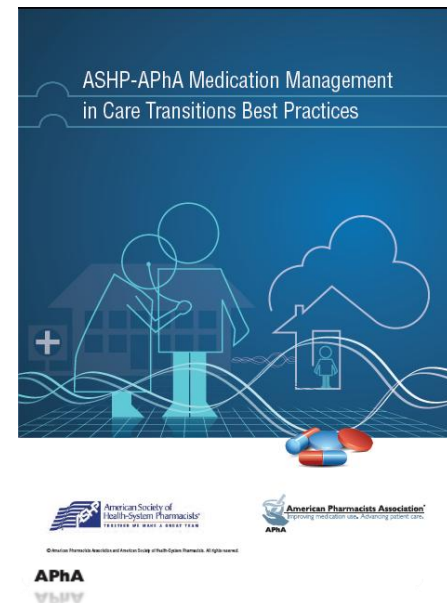
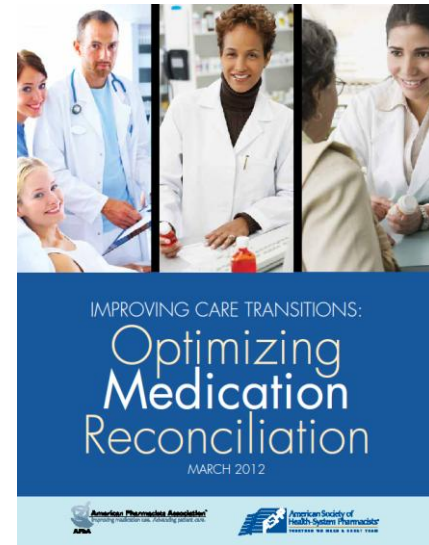
Pharmacy Profession Addressing the Issue

APhA/ASHP published a white paper

***“Improving Care Transitions:
Optimizing Medication Reconciliation”***

APhA/ASHP published a report to Identify
best practices

***“ASHP-APhA Medication Management in
Care Transitions Best Practices”***



***How can we ensure
pharmacists have access to
“review” and “contribute to”
the patient’s medical record
in these care models??***

Pharmacy efforts:

www.pharmacyhit.org



**Pharmacy e-Health Information
Technology Collaborative**

SNOMED CT Codes

- ❄ Systemized Nomenclature of Medicine Clinical Terms (SNOMED CT):
 - ❄ Makes medical terminology understandable to computers
 - ❄ Allows for interoperability and bi-directional exchange
 - ❄ Allows for aggregation of data



Pharmacy-Specific SNOMED CT Codes

- ❄ Pharmacy-specific SNOMED CT codes have been created and additional codes are currently in development
- ❄ Examples include:
 - ❄ Cardiovascular disorder medication review
 - ❄ Personal medication list preparation
 - ❄ Anticoagulation education
 - ❄ Health literacy assessment
 - ❄ Documentation of pharmacy care note



Center for Pharmacy Practice Accreditation

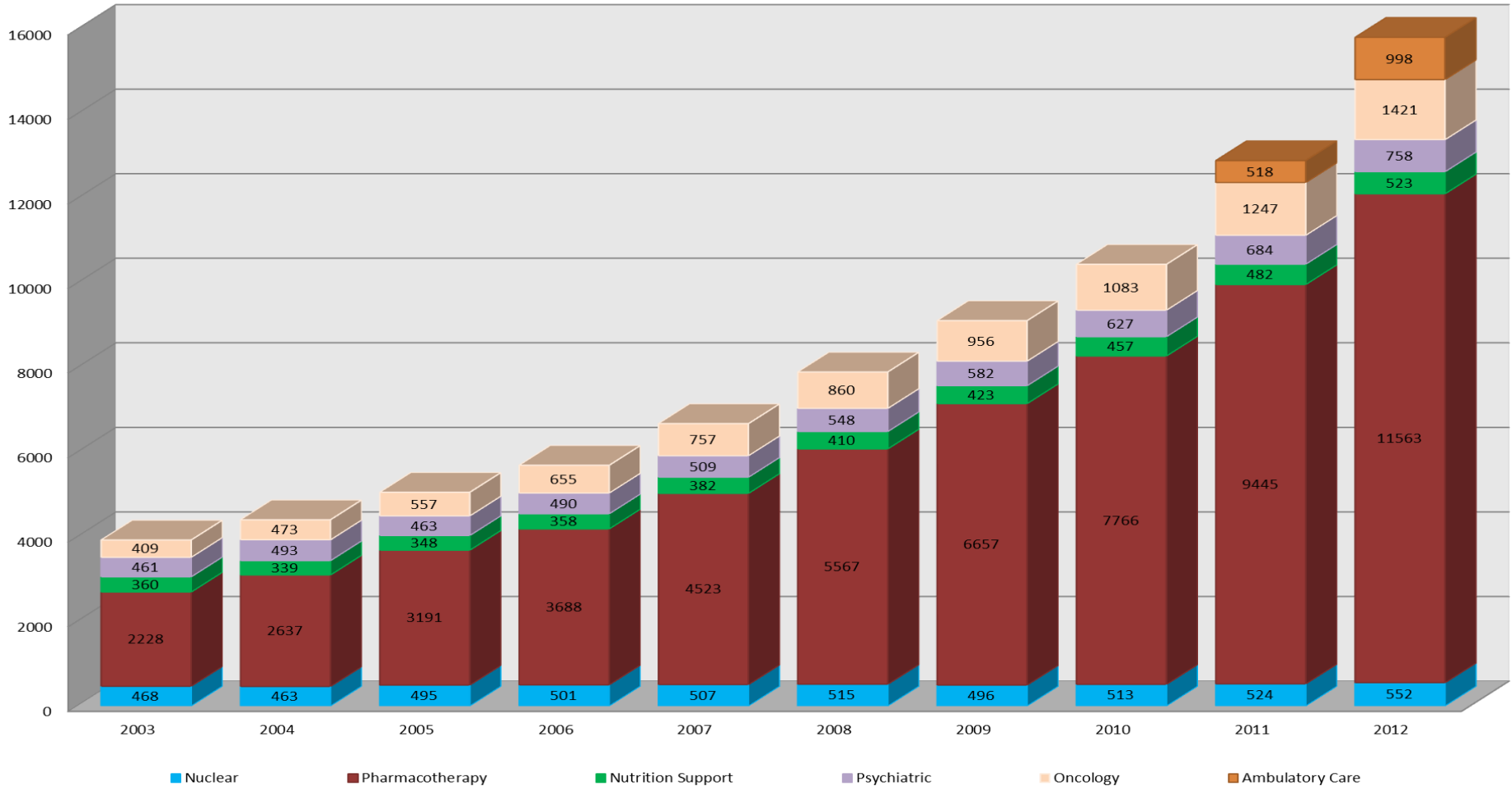
- *Partnership of APhA, ASHP and NABP*
- *A voluntary pharmacy practice accreditation program to recognize pharmacy practices that are committed to quality, patient safety and excellence.*

Advancing Quality, Safety and Patient Care



Pharmacists Certified by the Board of Pharmacy Specialties

The graph below illustrates the numbers of pharmacist specialists holding BPS certification in each of the years noted in the six recognized areas for which testing programs have been implemented.



*2011 is the first year for Ambulatory Care Certification

** Updated through October 2012

Pharmacy Quality Alliance (PQA)

- Established in April 2006, as a public-private partnership
- Consensus-based, non-profit, alliance with over 100 member organizations
- *Mission: Improve the quality of medication management and use across healthcare settings through a collaborative process to develop and implement performance measures, demonstrate improvements in patient care, and recognize examples of exceptional pharmacy quality being delivered*

www.pqaalliance.org



Examples of PQA Pharmacy Measures

- **Medication Adherence Measures (PDC):**
 - Beta Blockers, Cholesterol Medications, Diabetes Medications, Etc.
- **Diabetes Management Measures:**
 - E.g. – High Doses of Oral Medications , Suboptimal Treatment of Hypertension
- **Asthma Management Measures:**
 - E.g. Suboptimal Control, Absence of Controller Therapy
- **High Risk Medication Use in the Elderly**
- **Completion Rate for Comprehensive Medication Review**
- **Antipsychotic Use in Patients with Dementia**

CMS Uses PQA Measures for Star Ratings

- Under the ACA, CMS offers Quality Bonus Payments based on Star Ratings
 - *After 2014, 4 and 5 stars will be 5% bonus*
- PQA Measures Used for Star Ratings
 - High Risk Medications in Elderly
 - Appropriate Treatment of HTN in Patients with Diabetes
 - Adherence for Oral Diabetes Meds, HTN, and Cholesterol



Electronic Quality Improvement Platform for Plans and Pharmacies (www.EQuIPP.org)

- **Released March 2013** - the first national pharmacy quality measurement, benchmarking, and reporting platform for pharmacies and health plans.
- Provides a **dashboard report** on measures of quality of patient medication use, including non-adherence.
- The dashboard report allows pharmacies and health plans to **understand and focus on improving the quality and safety** of patient care delivered.



Health Plan Organization Report

September 2012

 Print this Report

Change Time Period

Data last updated on 07/01/2012

View as: Medicare Advantage Medicare PDP

Measure	Trend	Medicare Advantage		Versus Goal	
		Name	# of Patients	Performance Score	Goal
ACEI/ARB in Diabetes ?	---	3026	78.8% <small>ANALYZE PERFORMANCE</small>	↑ 84% <small>HIGHER IS BETTER</small>	5.2%
ACEI/ARB PDC ?	---	8311	79.4% <small>ANALYZE PERFORMANCE</small>	↑ 79% <small>HIGHER IS BETTER</small>	✓
Cholesterol PDC ?	---	8154	75.4% <small>ANALYZE PERFORMANCE</small>	↑ 76% <small>HIGHER IS BETTER</small>	0.6%
Diabetes PDC ?	---	3259	78.1% <small>ANALYZE PERFORMANCE</small>	↑ 79% <small>HIGHER IS BETTER</small>	0.9%
Drug-Drug Interactions ?	---	4734	3.7% <small>ANALYZE PERFORMANCE</small>	↓ 5.5% <small>LOWER IS BETTER</small>	✓
High-risk Medications ?	---	13141	14.6% <small>ANALYZE PERFORMANCE</small>	↓ 18% <small>LOWER IS BETTER</small>	✓



ACEI/ARB PDC – Medicare Advantage

↑ HIGHER IS BETTER

Print this Report

June 2012

Change Time Period

Data last updated on 05/01/2012

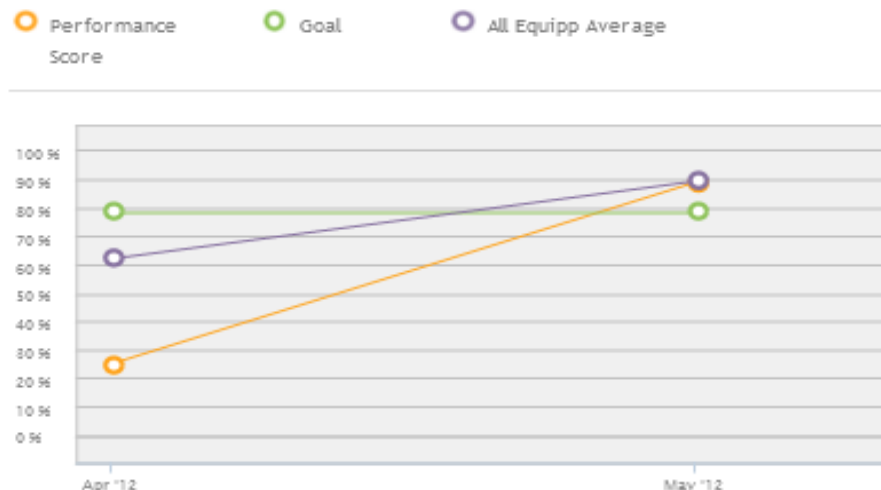
Health System Versus Goal

# of Patients	Performance Score	Goal
160	89.3%	79%

Health Plan Versus Others

All Equipp Average	90.1%
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Run Chart



Pharmacy Organizations

Pharmacy	# of Patients	Score	Goal	Gap
Pharmacy Chain 3	64	90.6%	79%	✓
Pharmacy Chain 1	32	78.1%	79%	0.9%
Pharmacy Chain 2	24	91.6%	79%	✓
Pharmacy Chain 4	16	93.7%	79%	✓
Independent Pharm of America	8	87.5%	79%	✓

Pharmacy Report

Print this Report

June 2012

Change Time Period

Data last updated on 05/01/2012

View as: Table Chart

 HOW DO I IMPROVE?

Measure Name ▲	Trend	Pharmacy		Versus Goal		Versus Others	
		# of Patients	Performance Score ? ▾	Goal ? ▾	Gap ? ▾	Organization Average ?	State Average ?
ACE/ARB in Diabetes ?		102	88.2% <small>ANALYZE PERFORMANCE</small>	83% ↑ HIGHER IS BETTER	✓	82.3%	88.6%
ACE/ARB PDC ?		104	96.1% <small>ANALYZE PERFORMANCE</small>	76% ↑ HIGHER IS BETTER	✓	83.4%	86.3%
Cholesterol PDC ?		102	92.1% <small>ANALYZE PERFORMANCE</small>	72% ↑ HIGHER IS BETTER	✓	87.2%	90.1%
Diabetes PDC ?		102	100% <small>ANALYZE PERFORMANCE</small>	76% ↑ HIGHER IS BETTER	✓	86.2%	90.1%
Drug-Drug Interactions ?		17	47% <small>ANALYZE PERFORMANCE</small>	5.5% ↓ LOWER IS BETTER	41.5%	41.7%	22.7%
High Risk Medications ?		102	3.9% <small>ANALYZE PERFORMANCE</small>	19% ↓ LOWER IS BETTER	✓	9.8%	7.4%



Pharmacy 160

2500 N MAIN ST GAINESVILLE FL 32609

Phone: 352-373-0800

VIEWING AS

Demo User, RPh

Manager

Cholesterol PDC

↑ HIGHER IS BETTER

Print this Report

June 2012

Change Time Period

Data last updated on 05/01/2012

Pharmacy Versus Goal

of Patients

Performance Score

Goal

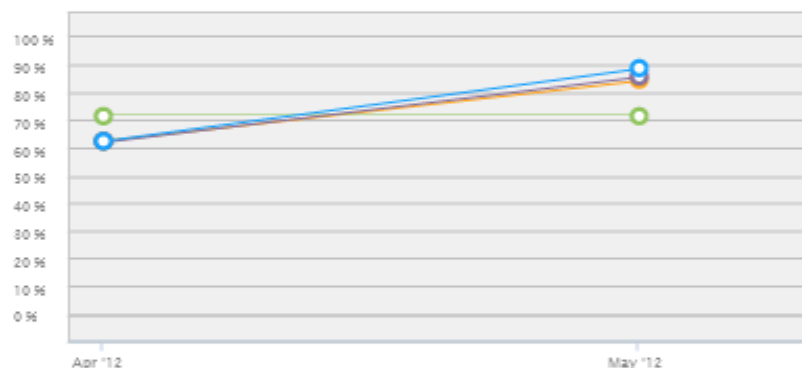
102

84.3%

72%

Run Chart

○ Performance Score
 ○ Goal
 ○ Organization Average
 ○ State Average



Pharmacy Versus Others

Organization Average

86.2%

State Average

88.7%

Plan Patients (102)

Health Plan	Patients
Health Plan 4	27
Health Plan 3	26
Health Plan 2	25
Health Plan 1	24

Insurance Mix Report

Health Plan	Pharmacy Performance Score	Versus Goal	Gap	Versus Others	
				Organization Average	State Average
Commercial	77.7%	76%	✓	66.6%	83.4%
Medicaid	100%	76%	✓	100%	94%
Medicare	82%	76%	✓	88%	88.8%

Pharmacists' Practice Role in “Reducing Costs”

Bottom Line: Pharmacists' Patient Care services increase quality and reduce health care costs.

To give patients' access to these pharmacist services – we must secure provider status.

APhA Board committed \$1.5 million to this effort in Jan. 2013.



Payment: Part D vs. Part B

- MTM – Part D (Drug Benefit).
 - Dollars for payment come from administration fees. Vendor pays the pharmacy.
- Provider Status – Part B (Medical Benefit)
 - Would allow pharmacists services to be paid with other professionals and services under Medicare Part B. Payment to professional.



Social Security Act

- Health care providers listed:
 - Physicians/dentists/chiropractors/etc.
 - Non-physicians/Practitioners – nurse practitioners, audiologists, dieticians, etc
- Medical and Other Health Services covered:
 - Physician services, non-physician services (midwife, psychologist, etc).



Barriers to Provider Status

Congressional focus is difficult to gain

Pharmacy challenged to be “saver, not coster”

Hill equates provider status with “fee-for-service”

Current focus is on new payment models (e.g. ACOs) & not “old” system

Pharmacy needs to provide policy makers answers to these questions

What services do pharmacists provide? (**Specific**)

Can we consistently provide the needed level of service? (**Predictable**)

How will the public/ payers measure value and outcomes? (**Measurable**)

- Resistance by current SSA health care providers
- Maintaining unity in Pharmacy



National Pharmacy Provider Status Coalition

The American Association of Colleges of Pharmacy (AACCP)

The American College of Clinical Pharmacy (ACCP)

The Academy of Managed Care Pharmacy (AMCP)

The American Pharmacists Association (APhA)

The American Society of Consultant Pharmacists (ASCP)

The American Society of Health-System Pharmacists (ASHP)

The College of Psychiatric and Neurologic Pharmacists (CPNP)

The Food Marketing Institute (FMI)

The International Academy of Compounding Pharmacists (IACP)

The National Association of Chain Drug Stores (NACDS)

The National Alliance of State Pharmacy Associations (NASPA)

The National Community Pharmacists Association (NCPA)

Rite Aid Corporation

Walgreens

Coalition Activities

Coalition is now working on federal legislative ask/
package. Considerations include:

1. Pursue opening Medicare Part B (Sec 1861) to include pharmacists services. Service narrowed either based on the “population eligible” or type(s) of “service(s)”
 - Definition of pharmacists could depend on “service”
2. Additional Part B services may be defined by the Secretary of HHS based on cost effectiveness and improved/ quality outcomes (Sec 1861)
3. Pharmacists should be included as providers in ACOs (Sec 1899)



Coalition Next Steps

Continue to pursue a **unified federal legislative ask**

Obtain **CBO-type of score**

Conduct **review and package** evidence on pharmacists' value

Develop joint **Hill strategy** and other **communication** activities



Multi-prong Strategy

Federal

Social Security Act

Medicare Part B

ACO/Medical Home

Medicare Part D

CMS Regulations (CMMI)

State

Provider Status

Medicaid

State Exchanges

Private

ACOs/Medical Home, Insurance Plans, Self -Insured



Recent Support for Pharmacists' Value

CMS Call Letter and Medical loss ratio (MLR) Final Rule;
May 2013

- Part D and MA MTM = quality improving activity

HHS in the “National Action Plan for ADE Prevention”
recognized importance of the role of pharmacists

Harvard Business Review: The Strategy That Will Fix
Health Care; OCT 2013

- Highlights pharmacists' value in health care team

Harvard Business Review Blog: Redefining the Patient
Experience with Collaborative Care; Sept 20, 2013



Health Affairs – Nov. 2013

Redesigning the Health Care Workforce

1. Pharmacists belong in ACO's and Integrated Care Teams – by Marie Smith, et al.
2. Pharmacists and Technicians Can Provide Enhanced Patient Care once national policies, practices and priorities are aligned – by Lucinda Maine, et al.

Pharmacist.com: Provider Status Resources

- One-pager to provide to policy makers (e.g. state and federal lawmakers) and payers on the value of pharmacist services
- Question and answer document on provider status and APhA's efforts and activities
- Developing a series of eight issue briefs on ACOs.
First brief – ACO 101



Objectives



Discuss how ACA is driving changes in pharmacy practice in numerous areas, including new care delivery models, pharmacist services payment models, increased quality assessment and accountability, and enhanced use of health information technology.

Question: _____ is a performance information management platform developed for use by pharmacies and health plans to standardize the measurement of the quality of medication use.
(Answer - EQuipp)

Questions?



Thank you to APhA staff for assistance
with these slides!!

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