Providing Innovative Health Care Delivery Utilizing Pharmacists: Medication Therapy Management Services Update

NAPP/AACP District IV Annual Meeting

November 7, 2013

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Community Engagement through Interprofessional Team-based Care

Objectives

- Identify emerging challenges and opportunities for pharmacists in health care reform.
- Define poverty and describe mental models of poverty.
- Recognize how the mental models affect the delivery of health care to patients in poverty.

Health Care Reform: Goals

- Expand Coverage (Access)
  - Expand current public programs
  - Create federally funded universal health plan
  - Create employer & individual mandates
- Improve Quality
  - Pay-for-performance
  - Integrated care models
- Reduce Costs
  - Cuts to services fees & product reimbursement
  - Bundled payments

Pharmacy's HCR Messages

- Include pharmacists in any sort of integrated care model; and compensate for these services
- Include pharmacists in payments for transition of care activities
- Ensure HIT is interoperable and provides pharmacists what they need to provide MTM
- Provide MTM services in any health plan
- Include pharmacists in workforce strategies

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Pharmacists in Integrated Care Models

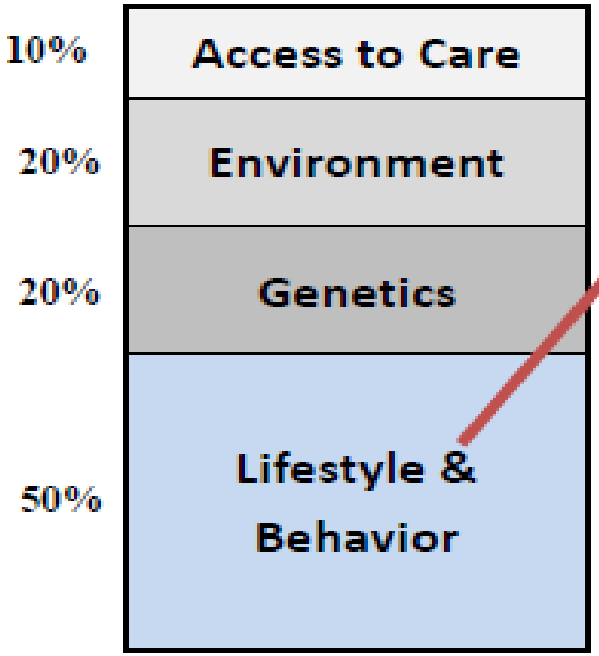
- Existing Models
  - Joint Forces
  - Veterans Administration (VA)
  - Kaiser Permanente
  - Outpatient clinics
  - Federal Qualified Health Centers (FQHC)
  - Physician offices
- Emerging Models
  - Patient Centered Medical Home (PCMH)
  - Accountable Care Organizations (ACO)
  - Medical neighborhoods
  - Transitions of care teams
  - Quality measures

Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)

- Interprofessional teams
  - Improve health outcomes and safety for high medication risk populations
  - Provide patient-centered, cost-effective MTM services aligned with quality national standards
- Development and implementation of leading practices
  - Learning communities
  - Mentorship
  - Data sharing
- Sponsored by Health Resources and Services Administration (HRSA)
  - V 5.0 Partnership with Quality Improvement Organizations (QIOs)
  - >250 teams representing 650 organizations

Wellness and Prevention

What influences Americans' health status?



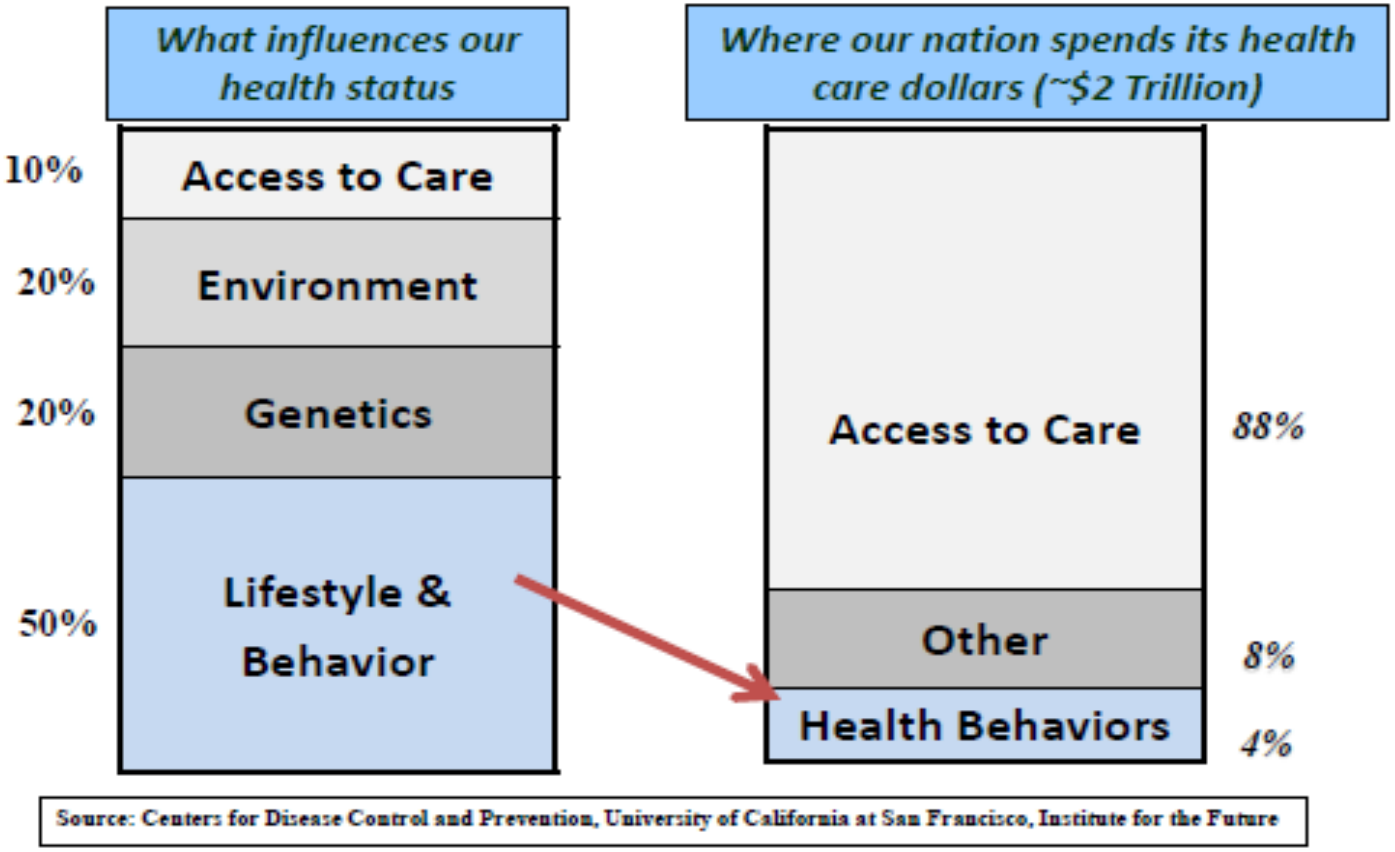
Leading <u>behaviors</u> that contribute to death in the United States

- Diet
- Inactive lifestyle
- Smoking
- Alcohol & drug consumption

Source: Centers for Disease Control and Prevention, University of California at San Francisco, Institute for the Future
Source: National Center for Health Statistics, 2005

Wellness and Prevention

How does our spending align with influences of health status?



Source: Centers for Disease Control and Prevention, University of California at San Francisco, Institute for the Future

Wellness & Prevention

- Increases access to immunizations
  - Authority as pharmacists
    - As of June 2009 all 50 states, Puerto Rico, and District of Columbia
  - APhA Immunization Certificate Training Program
    - Close to 230,000 trained
  - Requirement for hire

Wellness and Prevention

- Established wellness programs and diabetes programs:
  - Employer-based
  - Community-based
- Wellness programs in community pharmacies
- Diabetes programs
  - Asheville Project
  - Patient Self Management Diabetes Program
  - Ten City Challenge
  - Project Impact: Diabetes
- Smoking cessation programs
- Wellness Codes

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Pharmacists in Transitions of Care

- *Partners for Patients: Better Care, Lower Costs*
  - By the end of 2013, preventable hospital-acquired conditions would **decrease by 40%** compared to 2010.
  - By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be **reduced by 20%** compared to 2010

Transitions of Care

- Center for Medicare and Medicaid Innovations Center (CMMI)
  - The Community-based Care Transitions Program (CCTP).
  - Community-based organizations (CBOs) partnering with acute-care hospitals to decrease preventable complications during a transition from one care setting to another
- Transitions of Care Codes

The One Minute Clinic for Heart Failure (TOM-C HF)

- University of Michigan
- 4 community pharmacies
- Six-question questionnaire to detect recent changes in HF status
- 2/3 of 65 patients disclosed first signs of worsening HF
- Intervention to prevent hospital admission

Bleske BE. Heart Failure Assessment at the Community Pharmacy Level – A Feasibility Pilot Study. HFSA 2013 Scientific Meeting

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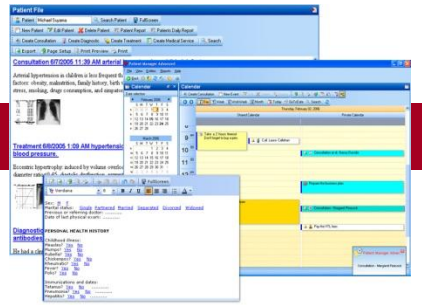
Future HIT Environment



EHR & PHR through HIE

Insurers & Other Payers

Next Generation Pharmacy Systems

- Meet patient care, distribution & practice management needs
- Are interoperable with other systems within the HIT infrastructure

Others

Pharmacy e-Health Information Technology (e-HIT) Collaborative

- **Effective Medication Use**
  To assure the ***meaningful use*** of standardized electronic health records (EHR) that supports safe, efficient, and effective medication use, continuity of care, and provide access to the patient-care services of pharmacists with other members of the interdisciplinary patient care team.
- **Pharmacist's Role in HIT**
  To assure the pharmacist's role of providing patient-care services are integrated into the National HIT interoperable framework.

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Provide MTM Services in Any Health Plan: MTM in Medicare Part D

- Refinement
- Return on Investment (ROI)
  - Increased medication use
  - Reduced out-of-pocket costs
  - Improved adherence to essential medications for elderly
  - Reductions in nondrug medical spending for beneficiaries with limited prior drug coverage

JAMA 2011;306(4);402-409

Ohio CareSource MTM Project

- Partnered with OutcomesMTM™
  - Comprehensive medication reviews
  - Prescriber consultation
  - Patient Adherence consultation
  - Patient Education and monitoring
- Face-to-face
- All members eligible

MTM Opportunities

- Expand
  - Minnesota Medicaid Program
  - CareSource in Ohio
- Quality measures
  - Star ratings for drug plans
  - PCMH and ACO criteria
- Access
  - Medicaid expansion
  - State exchanges
  - Private insurers

Support Outside of Pharmacy

- AARP Public Policy Institute, June 2012
  - Rucker NL: Medicare part D's Medication Therapy Management: Shifting from Neutral to Drive. Insight on the Issues 64, June, 2012
- Patient experience
  - Doucette WR, et al. Factors Affecting Medicare Part D Beneficiaries' Decision to Receive Comprehensive Medication Reviews *JAPhA* 2013;52:482-487
- Care teams
  - Principles Supporting Dynamic Clinical Care teams: An American College of Physicians Position Paper Ann Intern Med 2013;159. www.annals.org 9/17/13

Initiatives

- Team Up. Pressure Down.™
  - **http://www.cdc.gov/features/tupd/**
- Million Hearts™ Campaign
  - **http://millionhearts.hhs.gov/index.html**
- CDC: A Program guide for Public Health, September 2012
  - Partnering with Pharmacists in the Prevention and Control of Chronic Diseases
- FDA Public Hearing, March 2012
  - Using Innovative Technologies and Other Conditions of Safe Use to Expand Access to Nonprescription Drugs
  - Refilling maintenance medications

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Access: Pharmacists in Workforce Strategies

- Healthcare providers
  - 3,000,000 nurses
    - NP 158,348 in 2008
  - 1,000,000 doctors
  - 300,000 pharmacists
    - 13,000 new graduates/year
    - Decrease in retirement
    - Over 60,000 pharmacies

Challenges


MTM
in
Pharmacy
Practice
Medicare
Part D
MTM

Workforce Trends-Access to Care

- Population growth and aging will contribute to a 22% increase in demand for physician services between 2005 and 2020[1]
- Numbers of physician assistants expected to grow by 39% from 2008 to 2018[3]
- 158,348 nurse practitioners in 2008[1] with future shortage expected
- Pharmacist aggregate demand index
  - 1 = high supply 5 = high demand[2]
  - December 2010 = 3.48
  - December 2011 = 3.3
  - June 2012, 2013 = 3.2

1. HRSA Bureau of Health Professions
2. www.pharmacymanpower.com
3. Bureau of Labor Statistics

Compensation: Provider Status

- Recognition in the workforce
  - What services?
  - Which pharmacists?
  - Which patients?
- Federal, state, and private sectors
- Giberson S, Yoder S, Lee MP. *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice*. *A Report to the U.S. Surgeon General*. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011.

Provider Status: Federal

- Center for Medicare and Medicaid Services (CMS)
- Medicare Part B vs. Part D
- Medicare Part D
  - Prescription Drug Plan (PDP) pays for Comprehensive Medication Review (CMR)
- Medicare Part B
  - Outpatient
  - CMS currently moving away from fee for service
  - Pharmacist not listed as a provider

Provider Status

- State
  - New Mexico, North Carolina, California
  - State exchanges
  - Medicaid expansion
- Private Sector
  - Self-insured
  - One service, one provider at a time
  - Networks

Bottom Line

- Pharmacists increase access and quality while decreasing costs
- Pharmacist need compensation
  - Recognition as a provider
  - Federal, state, and private payers
- Pharmacists will experience
  - Credentialing and privileging
  - Accreditation
  - Expanded training
  - Risk sharing
  - Audits
  - Quality ratings for pharmacies and pharmacists

Caring for Patients in Poverty

Self Reflection…

- How many of you have seen a patient that did not fill a prescription due to cost?
  - What did you do?
  - How did you feel?
  - What resources did you use?
  - Did you wish you had more resources to help?

What is Poverty?

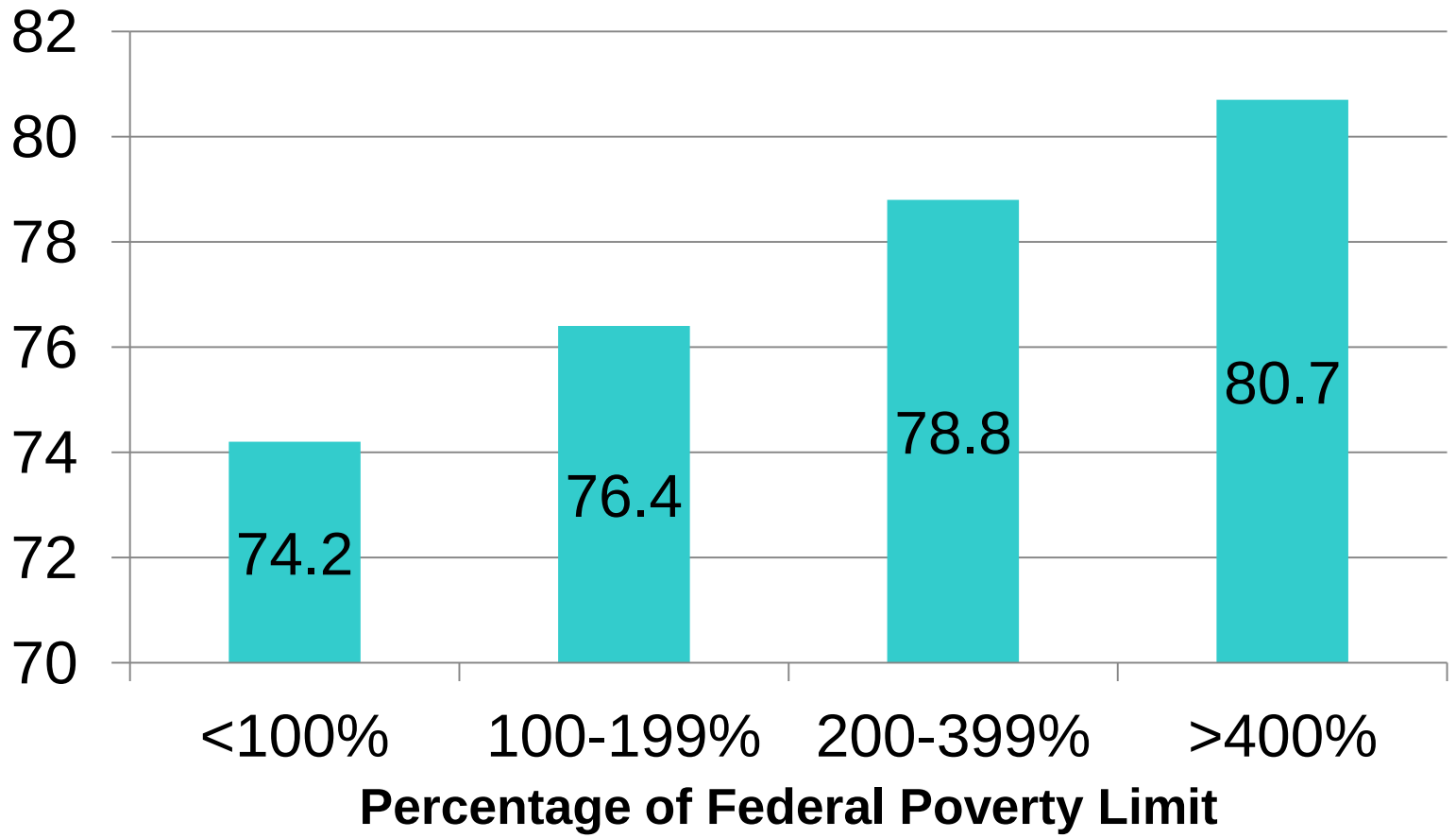
- The extent to which a person, institution, or community does without resources
- Resources
  - Financial
  - Emotional
  - Mental
  - Spiritual
  - Physical
  - Support Systems
  - Knowledge of middle class norms

Federal Poverty

- Official poverty rate =15.0% (2012)
  - 46.5 million people
- Federal Poverty Line (FPL)
  - Based on total household income

Persons in family/household	Poverty guideline
1	$11,490
2	15,510
3	19,530
4	23,550

Life Expectancy
United States, 1988-2007



American Journal of Public Health: April 2010, Vol. 100, No. S1, pp. S186-S196

Types of Poverty

- Situational
  - Raised middle/upper class
  - Caused by an event

- Generational
  - Born into poverty
  - “Trapped”
    - No future story, no choice, no power
  - Never taught rules of middle class

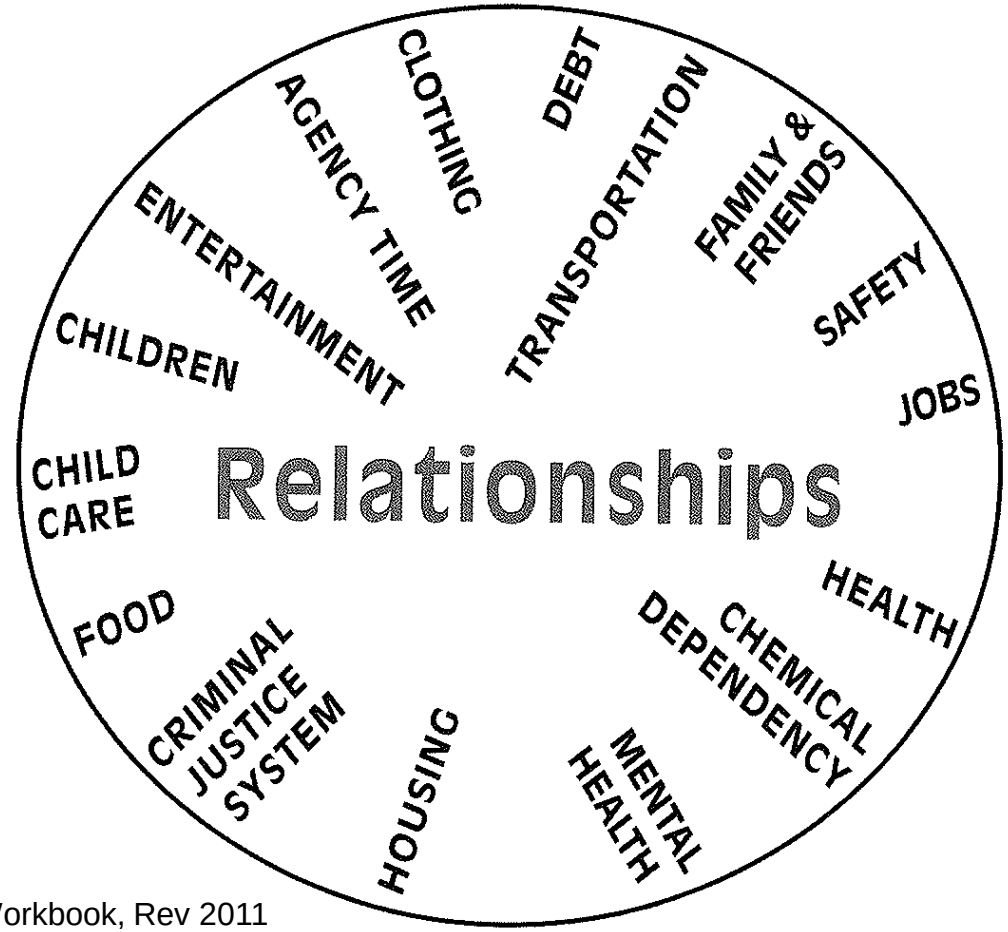
Types of Poverty

- Urban vs. Rural
- Difference in resources
- One federal poverty line

The Underserved Population
Understanding the Patient

- Bridges Out of Poverty
  - Philip E. Devol, Ruby K. Payne, Terie Dreussi Smith
- Three Distinct Mental Models
  - Poverty: Survival, Relationships, Entertainment
  - Middle Class: Work, Achievement, Material Security
  - Wealthy: Financial, Political, Social Connections

The Underserved Population
Understanding the Patient

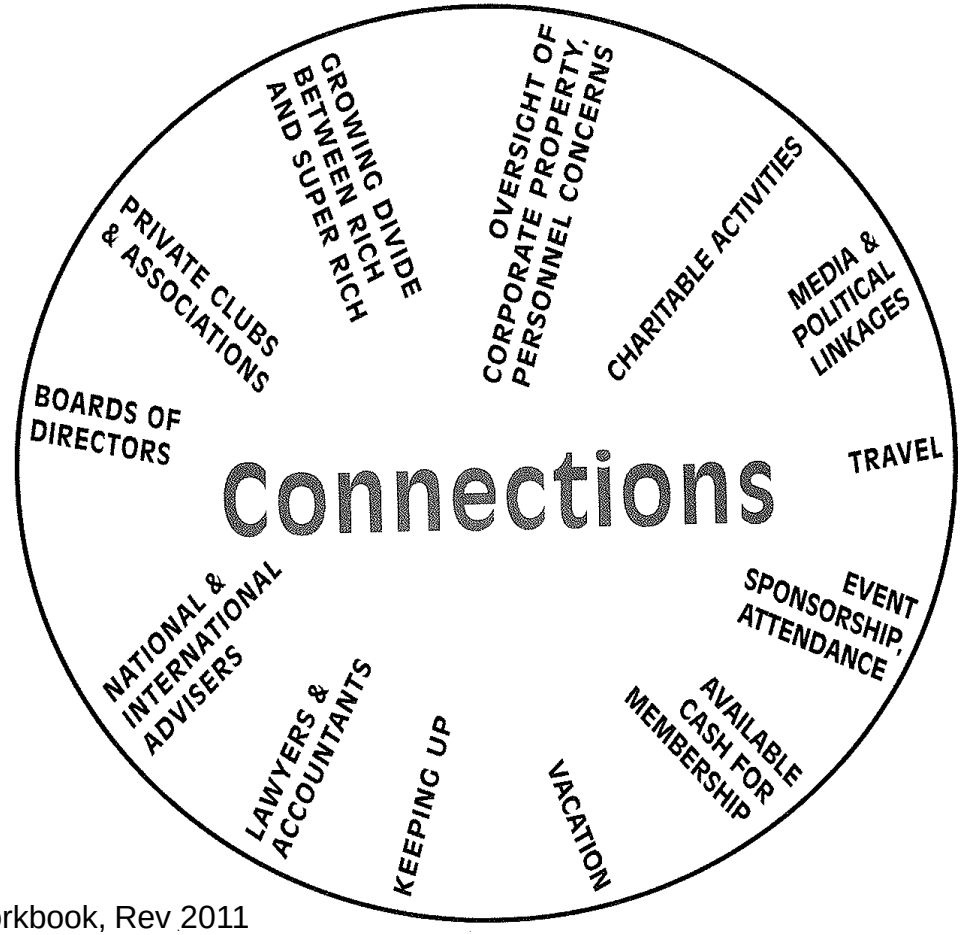


From Bridges out of Poverty Workbook, Rev 2011

The Middle Class Population
Understanding the Patient

From Bridges out of Poverty Workbook, Rev 2011

The Wealthy Population
Understanding the Patient



Language Structure Story Telling

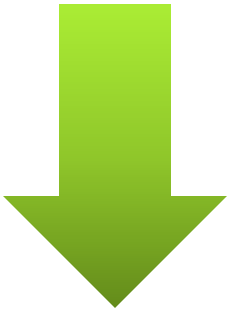
Children: Ages 1 to 4 y.o. in stable households

Economic Group	Number of words exposed to	Affirmations	Prohibitions
Welfare	13 million	1 for every…	2
Working Class	26 million	2 for every…	1
Professional	45 million	6 for every …	1

From Bridges out of Poverty Workbook, Rev 2011

Story Telling

- Story Structure
  - Beginning, middle, and end
  - Allows predictions
  - Identifies consequences



Formal

Casual

Language Structure
Story Telling

- The individual cannot plan…
- If he/she cannot plan then cannot predict.
- If cannot predict then cannot identify cause and effect
- If cannot identify cause and effect, cannot identify consequences
- If cannot identify consequences, then cannot control impulsivity
- If cannot control impulsivity then has an inclination to criminal behavior

The Underserved Population

Relating to the Patient

- Build future stories
- Practice choice
  - If you choose X, then Y
- Visual communication
- Relationships
  - Trust + Respect

Understanding is key…

Think about a time when you were frustrated about a choice a patient in poverty made….

graphiceyedea.co.uk

“Hidden Rules” of Middle Class

- People raised in poverty often don’t know or understand “hidden rules” of the middle class
- Example: Time
  - Poverty – Present most important. Decisions made for moment based on feelings or survival.
  - Middle Class - Future most important. Decisions made against future ramifications

Ruby Payne, A Framework for Understanding Poverty. Highlands, TX: aha! Process, Inc., 1996, pp. 42 - 43

“Hidden Rules” of Middle Class

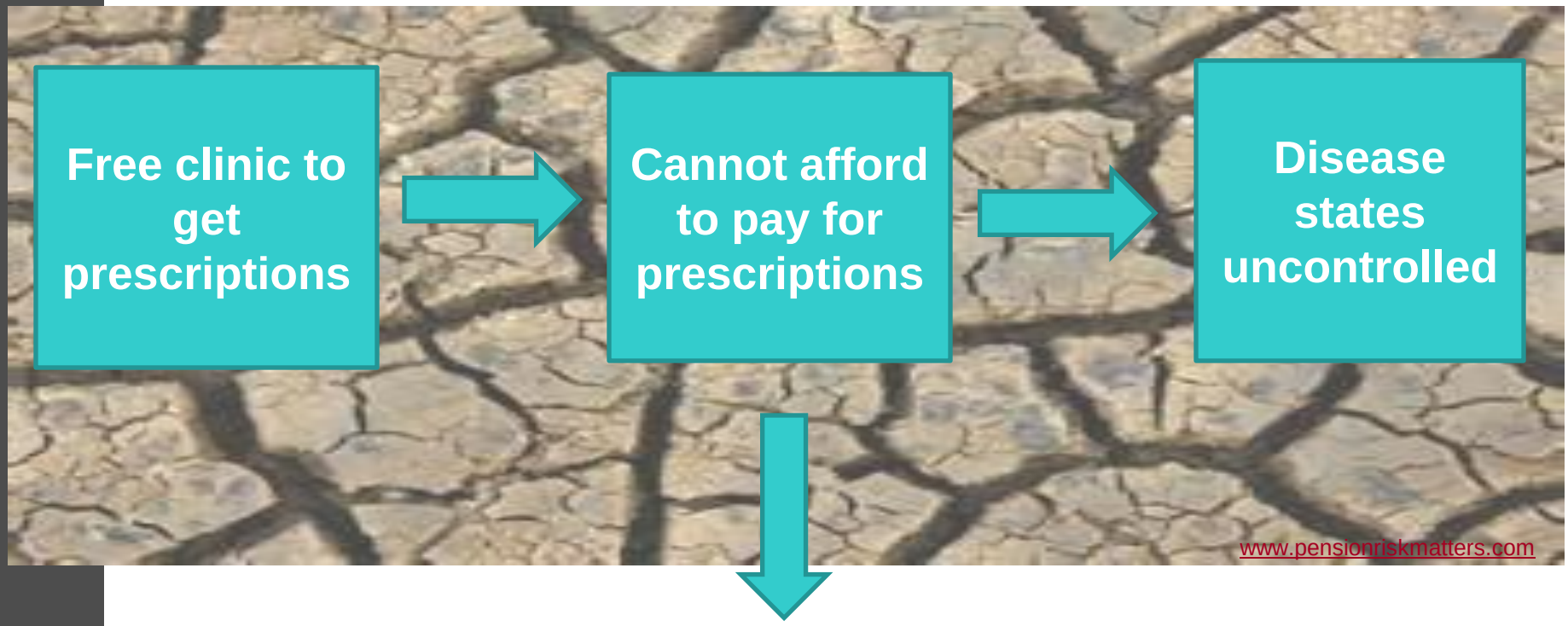
- Destiny
  - Poverty – Believes in fate. Cannot do much to mitigate chance.
  - Middle Class - Believes in choice. Can change future with good choices now.
- Money
  - Poverty – To be used; to be spent
  - Middle Class – To be managed

Ruby Payne, A Framework for Understanding Poverty. Highlands, TX: aha! Process, Inc., 1996, pp. 42 - 43

Poverty: Challenges

- Adherence
  - Understanding importance/education
  - Transportation
  - Storage
- Communication
  - Health literacy
  - Trust
- Culture
- Agenda / Priorities
- Hygiene

“Falling Through The Cracks”



- Increased morbidity and mortality
- Decreased quality of life
- Misuse of health care resources
    - Increased emergency room use

Health Care For The Poor

- Access to medications
  - Barriers:
    - Continuity of care
    - Cost
    - Lack of health insurance
  - Solutions:
    - Charitable pharmacies
    - 340b pricing
    - Medication Assistance Programs

Health Care For The Poor

- Access to providers
  - Barriers:
    - No access to primary care
    - Emergency department overuse
  - Solutions:
    - Free Clinics
    - Federally Qualified Health Centers
    - Health insurance marketplace

Pharmacist Role

- Serving on the primary care team
- Providing Medication Therapy Management
  - Medication reconciliation
  - Disease state management
- Promoting safe and effective use of medications
- Connecting patients to resources

Take Home Points

- Avoid judging
- Show empathy and respect
- Meet the patient where they are

Quotes To Live By

“Let no one ever come to you without leaving better and happier.”

-Mother Teresa

"No one has ever become poor by giving.“ - Anne Frank

Acknowledgements

- Holly Fahey, PharmD
  - Manager of Clinical Operations and Experiential Education
  - Charitable Pharmacy of Central Ohio, Inc.
  - Pharmaceutical Horizons

- Jennifer Seifert, MS, RPh
  - Director of Clinical Services
  - Charitable Pharmacy of Central Ohio, Inc.

Questions?

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