

How Clinical Pharmacy Services can help Oregon achieve the Triple Aim

Oregon State Legislature
House Health Care Committee
June 12, 2013

Why we're talking to you today

- Medication-related problems are reaching a crisis point and Clinical Pharmacy Services (CPS) can help reverse the trend
- Ensuring CPS is integrated as part of the medical home and pharmacists are able to work at the top of their license will help Oregon meet the federal waiver and achieve the Triple Aim

WE ARE AT A TIPPING POINT: THE BURDEN OF MEDICATION-RELATED PROBLEMS

“Pharmaceuticals are the most common medical intervention, and **their potential for both help and harm is enormous.** Ensuring that the American people get the most benefit from advances in pharmacology is a **critical component of improving** the national health care system.”

—Institute of Medicine¹

¹ Institute of Medicine, National Academy of Sciences. *Informing the future: Critical issues in health*. Fourth edition. 2007. Page 13.
<http://www.nap.edu/catalog/12014.html>

Cost of medication-related problems

- The cost of all medication-related problems in the ambulatory setting (including untreated indication, improper drug selection, sub-therapeutic dosage, failure to receive drugs, overdose, adverse drug events, drug interactions, and drug use without indication):
 - \$290 billion per year in avoidable medical spending (13% of total health care expenditures)
 - Contributes to as many as 1.1 million deaths annually¹
- “During 2009, The FDA received 19,551 reports of patient deaths associated with drug therapy, a 14% increase compared to 2008 and a 3-fold increase over the past decade...” ²

¹ New England Healthcare Institute. *Thinking outside the pillbox: a system-wide approach to improving patient medication adherence for chronic disease*. (NEHI Research Brief. Appendix 1 - August 2009. Accessed 4/4/13.

http://www.nehi.net/publications/44/thinking_outside_the_pillbox_a_systemwide_approach_to_improving_patient_medication_adherence_for_chronic_disease

² Institute of Safe Medicine Practice. *Medication Safety Alert Newsletter*: Community/Ambulatory Care Edition. Volume 9, Issue 6 (June 2010).

Cost of Medication-related problems

- Office of Inspector General report on preventable serious adverse events in hospitalized Medicare patients¹
 - Cited medication errors as top preventable cause of serious adverse events
- Avoidable hospital readmissions
 - Medication errors/ lack of reconciliation cited as a top cause of avoidable readmissions
- Attention to medication management is becoming more critical for providers/hospitals with CMS' and commercial carriers' lack of willingness to pay for “avoidable readmissions”

¹ *Adverse Events In Hospitals: National Incidence Among Medicare Beneficiaries*
oig.hhs.gov/oei/reports/oei-06-09-00090.pdf

WHAT ARE CLINICAL PHARMACY SERVICES (CPS) AND HOW CAN THEY HELP?

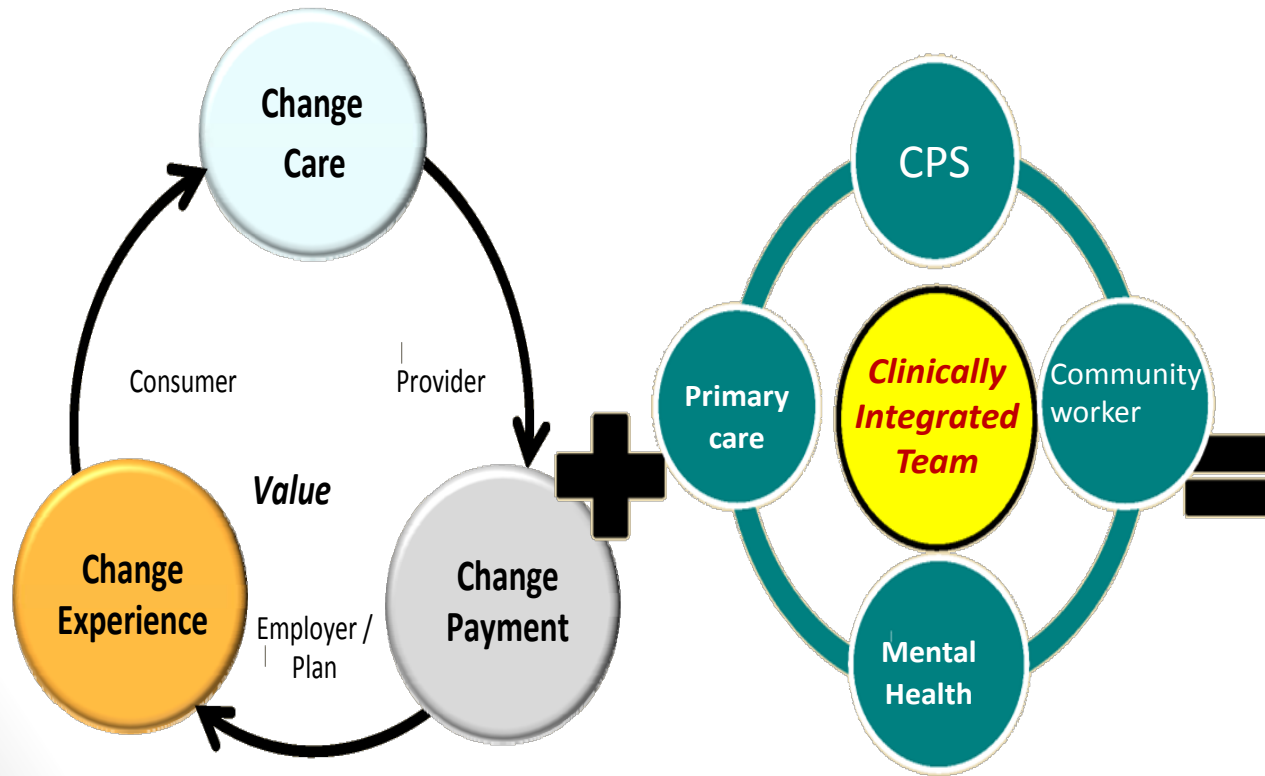
What are Clinical Pharmacy Services (CPS)?

- A clinical service provided as part of a care team.
- A medication management service provided by clinical pharmacists that is proven to:
 1. Improve health status
 2. Improve clinical outcomes
 3. Reduce medication related problems
 4. Reduce overall health costs
- Different from the traditional dispensing role of pharmacist.

Clinical Pharmacy Services include

- Collaborative Drug Therapy Management Protocols (CDTM) or Collaborative Practice Agreements
- Comprehensive Medication Management
- Medication Therapy Management
- Medication reconciliation
- Anticoagulation clinic
- Medication adherence
- Enhancing safe medication use
- Patient education (face-to face or telephonic)
- Provider education

Creating *value* & serving more people *Using our collective capabilities and clinical drug expertise*



CPS improves patient health and supports primary care

- Helps bring health status under control for complex patients through a team approach to disease state management using medications
- Helps bridge the gap for the 200,000 additional Medicaid lives.
- Reduces medication-related problems, adverse drug events, ER visits, and readmissions through targeting high-risk patients.
- Frees primary care providers to dedicate more time to diagnosis and treatment design, enabling them to see more patients.

CPS in Oregon:

The Legacy Medical Home

- Practicing through Collaborative Disease Management Protocols since 1998.
 - HTN, DM, COPD, Asthma, Lipids, CHF, Smoking Cessation
- *77 RPh-managed DM patients at baseline*
 - Average A1c at start = 10.7%
 - 49% had A1c >10% at start
 - 13% had A1c >13% at start
 - 45% African American
 - 20% Asian, Indian, Hispanic, Middle Eastern
 - 38% Uninsured, 48% MC/Medicaid, 14% Commercial

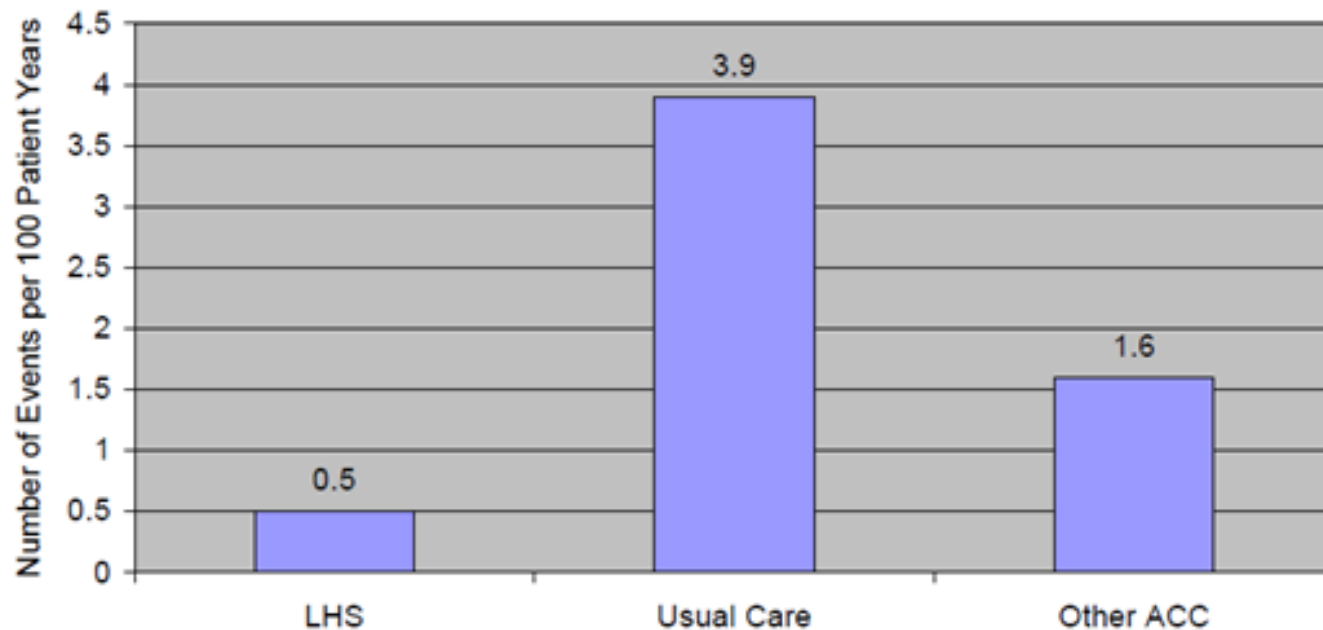
CPS in Oregon: The Legacy Medical Home

After 2 years...

- 62% have A1c less than 8%
- 30% have A1c less than 7%
- Current average A1c = 7.7%
- Only 4/66 still with A1c over 10%
- 73% have reached LDL goal <100mg/dl
 - ***Overall average LDL 87mg/dl***
- 49% have reached BP goal of <130/80mmHg
- 68% have reached BP <140/90mmHg
 - ***Overall average BP 127/71mmHg***

Legacy Anticoagulation Clinic data

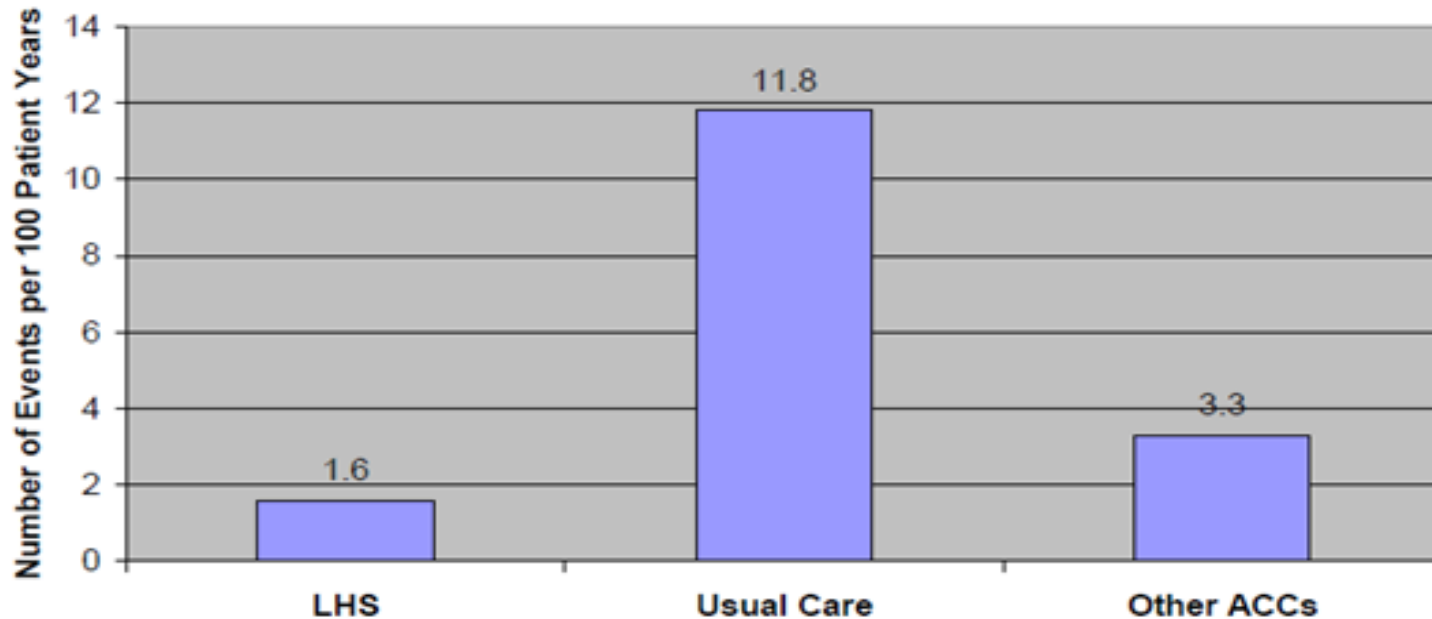
LH Anticoagulation Clinics*
Major Bleeding Events/100 Pt Years FY11



*LGS, LEMC, LMG SH, LMH, LMP, LMG KC, LSC, LMG FL

Legacy Anticoagulation Clinic data

LH Anticoagulation Clinic*
Thromboembolic Events /100 Patient Years FY11



*LGS, LEMC, LMG SH, LMH, LMP, LMG KC, LSC, LMG FL

CPS in Oregon: Community Health Centers of Benton and Linn Counties

Purpose of program: To describe how clinical pharmacy services can assist the two staff psychiatrists in improving upon unmet target goals for meaningful use in a patient-centered primary care home.

Measure	Psychiatrist A		Psychiatrist B	
	Baseline	Latest Report	Baseline	Latest Report
Updated vital signs	49.4%	59.5%	42.9%	45.4%
Updated medication allergy list	27.6%	42.0%	29.8%	39.2%
Updated smoking status	26.3%	40.5%	25.0%	32.0%

Overall, this represents an 8.9%, 14.4%, and 14.2% increase in data collection of vitals, medication allergy list, and smoking status for psychiatrist A, and a 2.5%, 9.4%, and 7.0% increase for psychiatrist B.

CPS in Oregon:

PacificSource Health Plans

- PacificSource contracts with local pharmacists to provide Clinical Pharmacy Services to Medicare Part D members.
- Most services are provided face-to-face in local pharmacies or in PacificSource offices.

CPS in Oregon:

PacificSource Health Plans

Results for 2011–2012 (through November):

- Improved patient satisfaction
- 1,114 interventions provided for 647 patients
- 55 participating pharmacies
- 6 non-dispensing consultant pharmacists
- 1,000 patients avoided potentially dangerous medication problems

Total cost avoidance (soft savings) > \$500,000

ROI > 7:1

Multistate CPS program:

Overall healthcare savings/costs for 15,426 patients and 42,746 encounters

- Estimated medication cost **increase** =
\$1,054,696 (\$68 per patient)
- Estimated medical cost **savings** =
\$10,528,608 (\$683 per patient)
- Combining medication and healthcare utilization overall cost savings = \$9,473,912
 - \$222 per patient encounter
 - \$614 per participating patient
- Total cost of the CMM services = \$3,503,889
 - Average cost of service = \$81.97/encounter

McInnis, MD, MPH, Terri. *Coordinated care and the opportunity for comprehensive medication management. The need for a consistent practice approach.* Keynote Address, HRSA PSPC 5.0 Learning Collaborative, Washington D.C., January 18, 2013.

http://cloud.healthcarecommunities.org/Comm_DocsDetails.aspx?groupid=2&id=4294978475

Multistate CPS program:

Overall healthcare savings/costs for 15,426 patients

Total savings = \$5,970,023

Combined medication and health care utilization overall cost savings (\$9,473,912) minus total cost of CMM services (\$3,503,889)

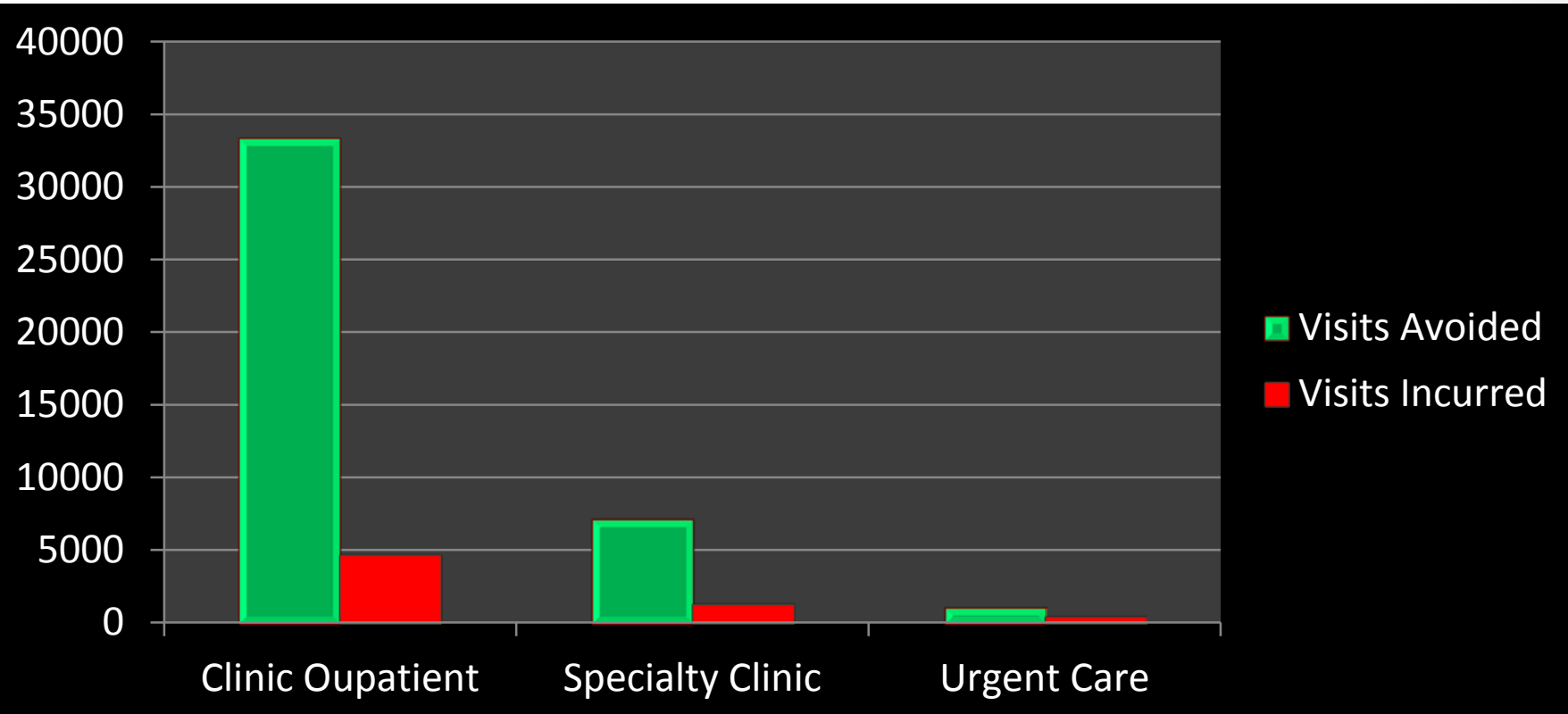
- \$387 savings per patient
- \$140 savings per encounter

ROI = 2.7:1

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CMM has profound effect on provider workforce shortage



A total of **35,242 physician/provider visits were avoided**
(41,574 avoided – 6,332 incurred) for the 42,746 clinical pharmacist visits

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WHERE ARE WE GOING? CPS TODAY AND IN THE FUTURE

CPS in Oregon today

- The Oregon Pharmacy Coalition convened the CPS Steering Committee with support from Acumentra Health to engage the CCOs in defining how to operationalize CPS in a medical home model

Activities to date:

- Letter to all CCO's from Bruce Goldberg encouraging them to integrate CPS in January, 2013.
- Presentation to the OHP Quality and Health Outcomes Committee on April 8, 2013
- 1:1 meetings with individual CCOs to better understand what support is needed to help integrate CPS into the new models
- Developing the story of CPS in Oregon amidst the transformation of healthcare to better understand how to successfully advance integration.

CPS in Oregon today

- Oregon health systems and FQHCs already see the value of CPS despite no direct mechanism for reimbursement (e.g. Legacy, PacificSource, Kaiser, Providence, multiple FQHCs); however, these models are not replicable or expandable without better payment models
- New partnerships are emerging to advance the successful expansion and standardization of CPS in Oregon, to promote capacity and quality that addresses community needs

CPS Nationally

- National pharmacy associations (APHA, ASHP, ACCP, AMCP) are working together to achieve provider status under Section 1861 of the Social Security Act
- Several states, including WA and CA, are adopting legislation that recognizes pharmacists as providers
- In 2011, CMS joined HRSA's PSPC to provide quality improvement support through the QIOs for integrating CPS for Medicare and dual eligible beneficiaries
- In 2011, the U.S. Public Health Service released a Report to the Surgeon General, documenting the evidence on the valuable clinical role that pharmacists play in coordinated care

Looking forward

- We already provide these services
 - For sustainability, we need to be compensated accordingly (provider status / HB3466)
- We want to generate support from payers and patients
 - By creating a financially sustainable model
 - Submit claims daily for current practice
- We want to become a service sought after by patients
 - We want patients to understand our support is available
 - Aware of other services pharmacists offer
 - Expand clinical services

With this practice model, both the patients and profession benefit!

What could CPS in Oregon look like in the future?

- Pharmacists achieve provider status and payment models support reimbursement for CPS
- Pharmacists are working at the top of their license, applying the full extent of their training.
- Clinical pharmacists are part of medical home care teams statewide, providing medication management to high risk patients.
- Clinical pharmacy services are standardized across the state.

HB 3466

- HB 3466 is consistent with Oregon healthcare transformation and CCO legislation.
 - Provides healthcare teams an essential tool that allows them to use the pharmacist's unique expertise most effectively.
- Providers will define protocols or guidelines for management of medications to treat diseases.
 - Pharmacists can be readily authorized, individually or across a network, to provide CPS, utilizing protocols and guidelines defined by the provider or provider group.
- HB 3466 will allow for quality healthcare benefits, gained through the use of medication experts to manage complex drug therapy, to be available to high-risk Oregonians.

Questions?
Comments?
Requests?

CPS Steering Committee:

Please contact us!

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