Integrated Clinical Pharmacy Services

Best Practices Grant:
Payer Panel Discussion

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Why Are We Here?
Pharmacists – The Most Underutilized Healthcare Professional
Gaps in Care

3. CDC unpublished data 2011 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6036a4.htm?s_cid=mm6036a4_w
Unmet Needs in Montana
Health Professional Shortage Areas (HPSA)

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Primary Care HPSA Designations</th>
<th>Percent of Need Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>6,450</td>
<td>57.81%</td>
</tr>
<tr>
<td>Montana</td>
<td>111</td>
<td>53.18%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Mental Health Care HPSA Designations</th>
<th>Percent of Need Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>4,454</td>
<td>47.74%</td>
</tr>
<tr>
<td>Montana</td>
<td>79</td>
<td>24.97%</td>
</tr>
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http://kff.org/state-category/providers-service-use/
Workforce Issues

Aging Population

Increased Coverage

Source: U.S. Census Bureau, 2009 Projections
Workforce Projections 2010 - 2030

To maintain current rates of utilization, Montana will need an additional 197 primary care physicians by 2030, a 28% increase compared to the state’s current (as of 2010) 686 PCP workforce.

Medication-Related Issues

- Poor adherence
- Polypharmacy
- High risk meds - opioids, anticoagulants, diabetes
- Hospital readmissions
- High cost of meds
- Opioid epidemic
Pharmacists Can Help

Gaps in Care
Range of Outpatient Services

Location
- Community Pharmacy
- Physician Practice

Examples
- Adherence Counseling
- Med Synchronization
- Part D Med Reviews
- Disease State Management
- Comprehensive Medication Management
- Specialty Care

Intensity
- Low
- Moderate
- High
MHCF Grant

- Develop toolkits
  - Resources to help practices implement clinical pharmacy services
- Stakeholders meetings
- Six practice visits – September and October
- Conference (November 10th in Helena)
- Best practices, key components of successful teams, barriers, solutions, funding opportunities, outcomes measures
- Identify practices and pharmacists for future pilots
Take Aways from Stakeholder Meeting #1

- Team Approach to Care
  - The Need: Aging population, more complex patients
  - Benefits: shared workload, patient safety, outcomes, patient/provider satisfaction
  - Barriers: information sharing, communication, training on new models, role delineation, efficiency, financial constraints
  - Solutions: training, payment reform, technology, data sharing
What’s New

- CFHHS interim committee
- Focus on mental health, Alzheimer’s/dementia
- Bill LC170
  - “To require Medicaid payment of drug therapy management provided by clinical pharmacist practitioners”
Medication Management Research

- See handout
- Focused on outpatient setting, CMM
- Patients with chronic diseases
- Numerous additional disease state studies – anticoagulation, hypertension, diabetes, heart failure
- Unpublished data from health systems including Geisinger, Intermountain, Kaiser, VA
RiverStone Clinical Pharmacy Services

- 2015
  - 621 patients: 288 new, 328 follow-up
- January 2015 to August 2016
  - 127 patients with DM
  - 99 patients had a repeat HbA1c done
  - Mean decrease in HbA1c of 1.0% (1% decrease = $1200 cost saving*)
- 2016 to-date
  - 48 patients with mental illnesses seen together by psychiatric pharmacist and BH provider to facilitate care by PCP

Payment Options

- Fee for service
- Preventive Services
- Education stipends
- Incentive payments for quality measures
- PMPM for care coordination
- Diabetes education
- Shared savings – ACO models
- Decreasing unnecessary care
- Medicare Transitions of care, chronic care management
- 340B Drug Pricing Program
- "Incident to" billing
Payer Panel

- Allegiance – Dr. Jon Weisul
- Blue Cross – Dr. Jon Griffin
- Medicaid – Dan Peterson
- Pacific Source – Todd Lovshin
- State Health Plan – Marilyn Bartlett
Payer Panel Questions

- What are the strengths and limitations of the data that you have seen?
- What are your areas of concern regarding medication use?
- Which of your patients would benefit from clinical pharmacy services?
- What additional data are needed to show the value of clinical pharmacy services?
- What payment model(s) would you propose for clinical pharmacy services?
- What are the risks of adding clinical pharmacist practitioners as a provider type? What are the limitations from a payer perspective?
Questions to Run On

- In your small groups:
  - Choose a spokesperson to report out
  - What did you hear today that we should work on together?
  - What will you commit to in your work setting?