

# Integrated Clinical Pharmacy Services Best Practices Grant: Payer Panel Discussion

Carla Cobb, Pharm.D., BCPP

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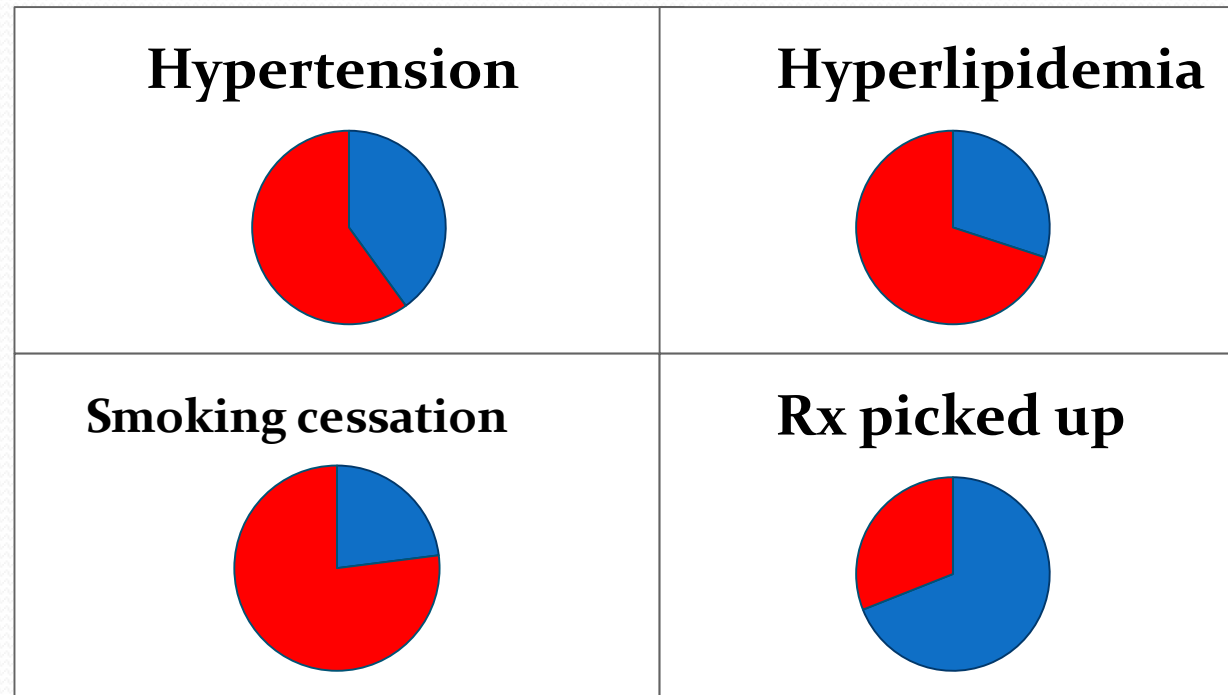


Why Are We Here?

# Pharmacists – The Most Underutilized Healthcare Professional



# Gaps in Care



 Goal not met

1. Jameson K et al. *Int J Clin Pract* 2013;12:1228-37
2. Ong KL et al. *Hypertension* 2007;49:69-75
3. CDC unpublished data 2011 [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6036a4.htm?s\\_cid=mm6036a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6036a4.htm?s_cid=mm6036a4_w)
4. Fisher MA et al. *J Gen Intern Med*. 2010 Apr;25:284-90
5. Tamblyn R et al. *Ann Intern Med*. 2014;160:441-45

# Unmet Needs in Montana

## Health Professional Shortage Areas (HPSA)

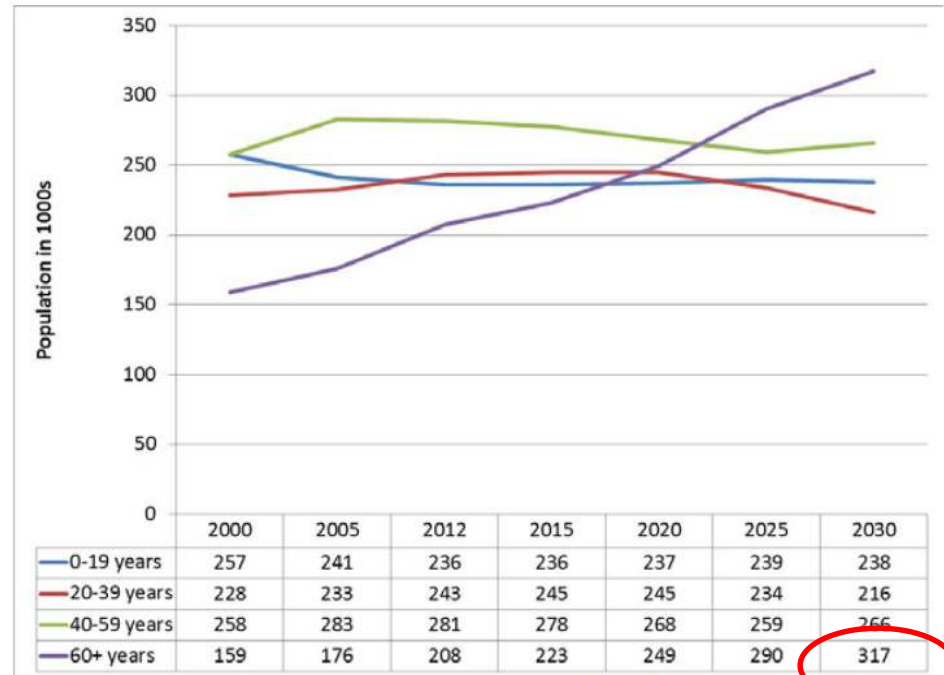
Location	Total Primary Care HPSA Designations	Percent of Need Met
United States <sup>1</sup>	6,450	57.81%
Montana	111	53.18%

Location	Total Mental Health Care HPSA Designations	Percent of Need Met
United States <sup>1</sup>	4,454	47.74%
Montana	79	24.97%

<http://kff.org/state-category/providers-service-use/>

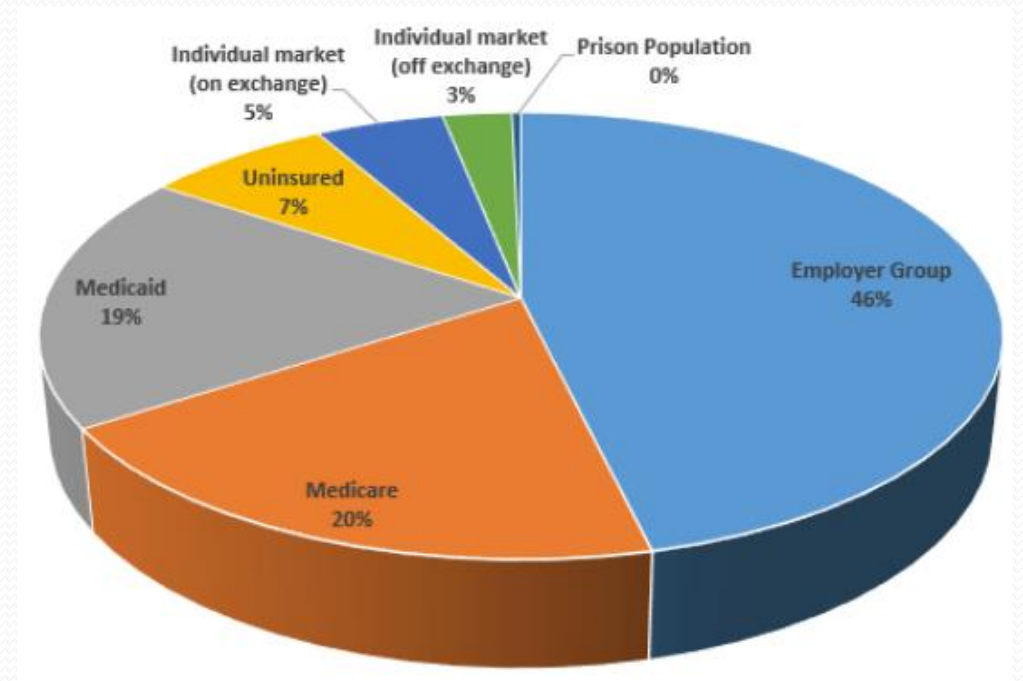
# Workforce Issues

## Aging Population



Source: U.S. Census Bureau, 2009 Projections

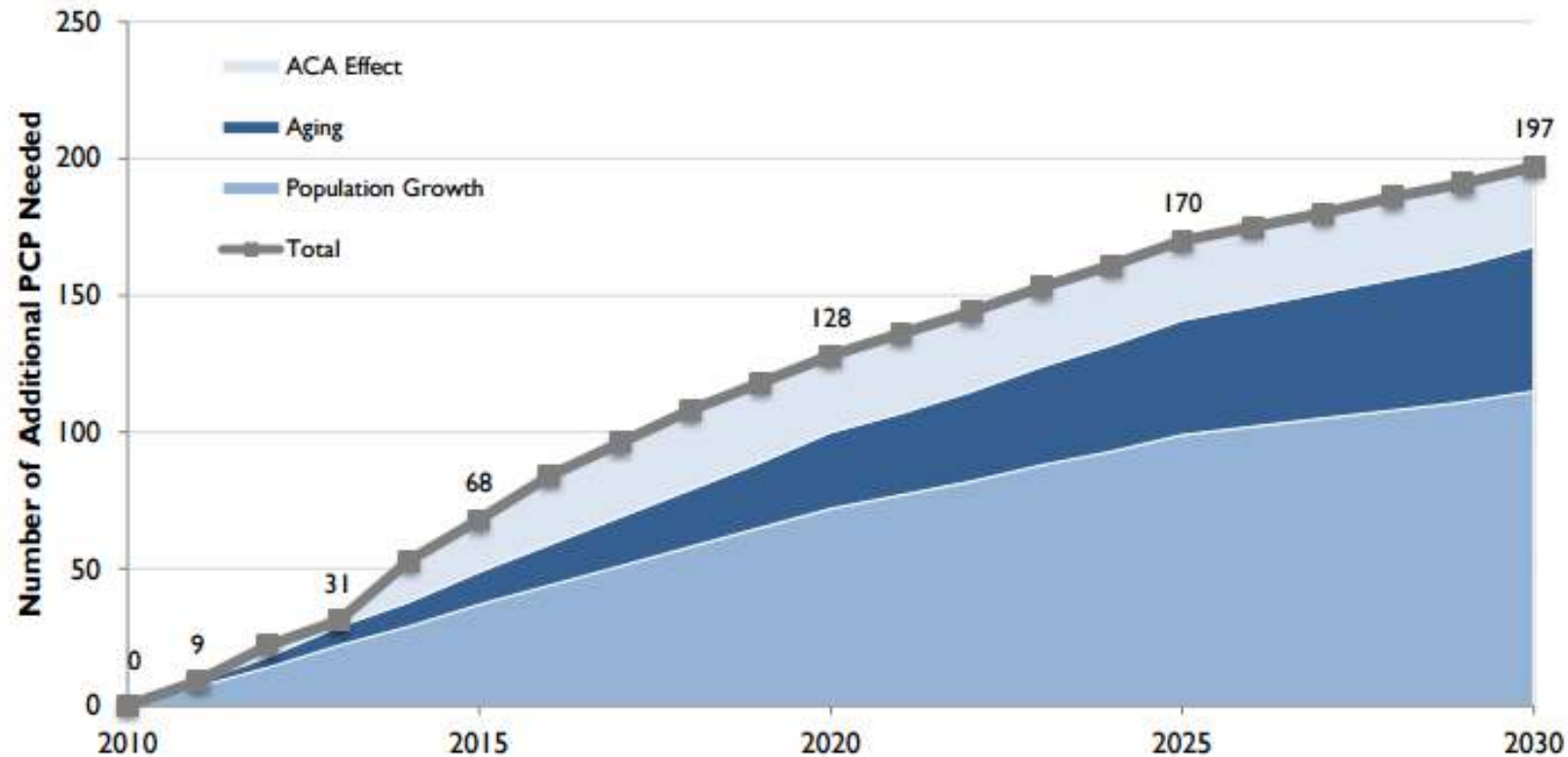
## Increased Coverage



# 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.

Montana Projected Primary Care Physicians Need



# Medication-Related Issues

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



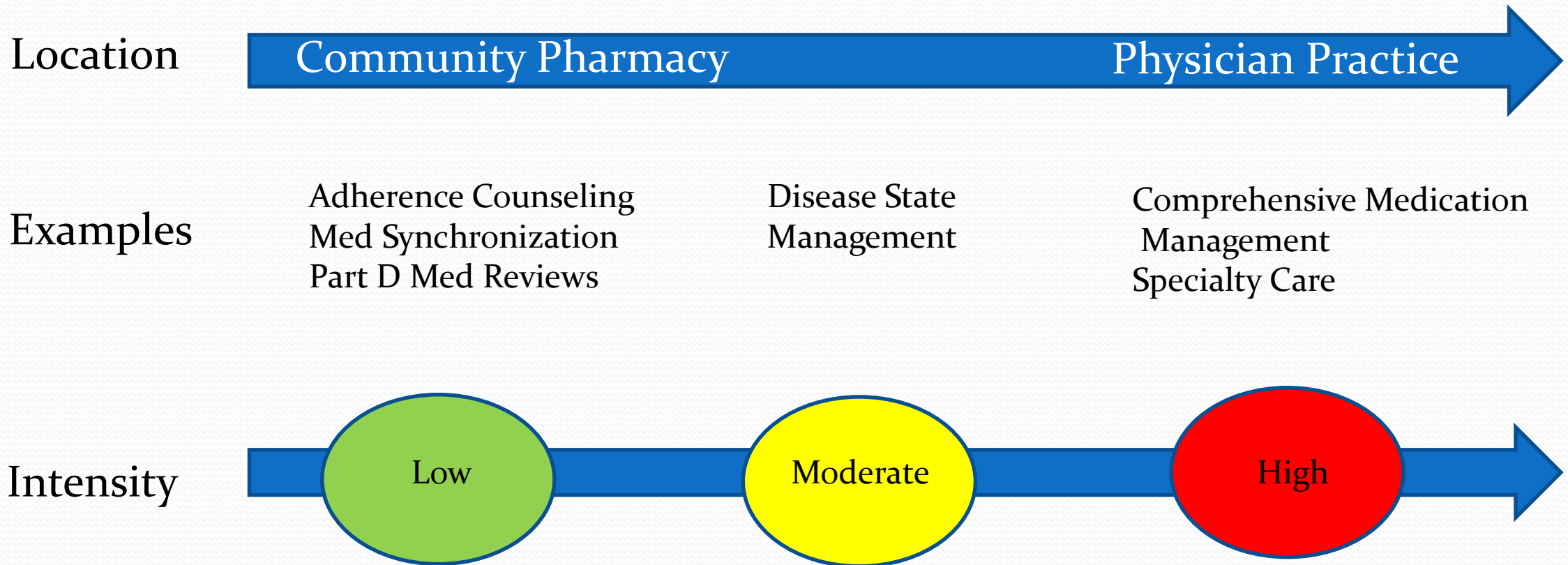


# Pharmacists Can Help



Gaps in Care

# Range of Outpatient Services



# MHCF Grant

- Develop toolkits
  - Resources to help practices implement clinical pharmacy services
- Stakeholders meetings
- Six practice visits – September and October
- Conference (November 10<sup>th</sup> 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

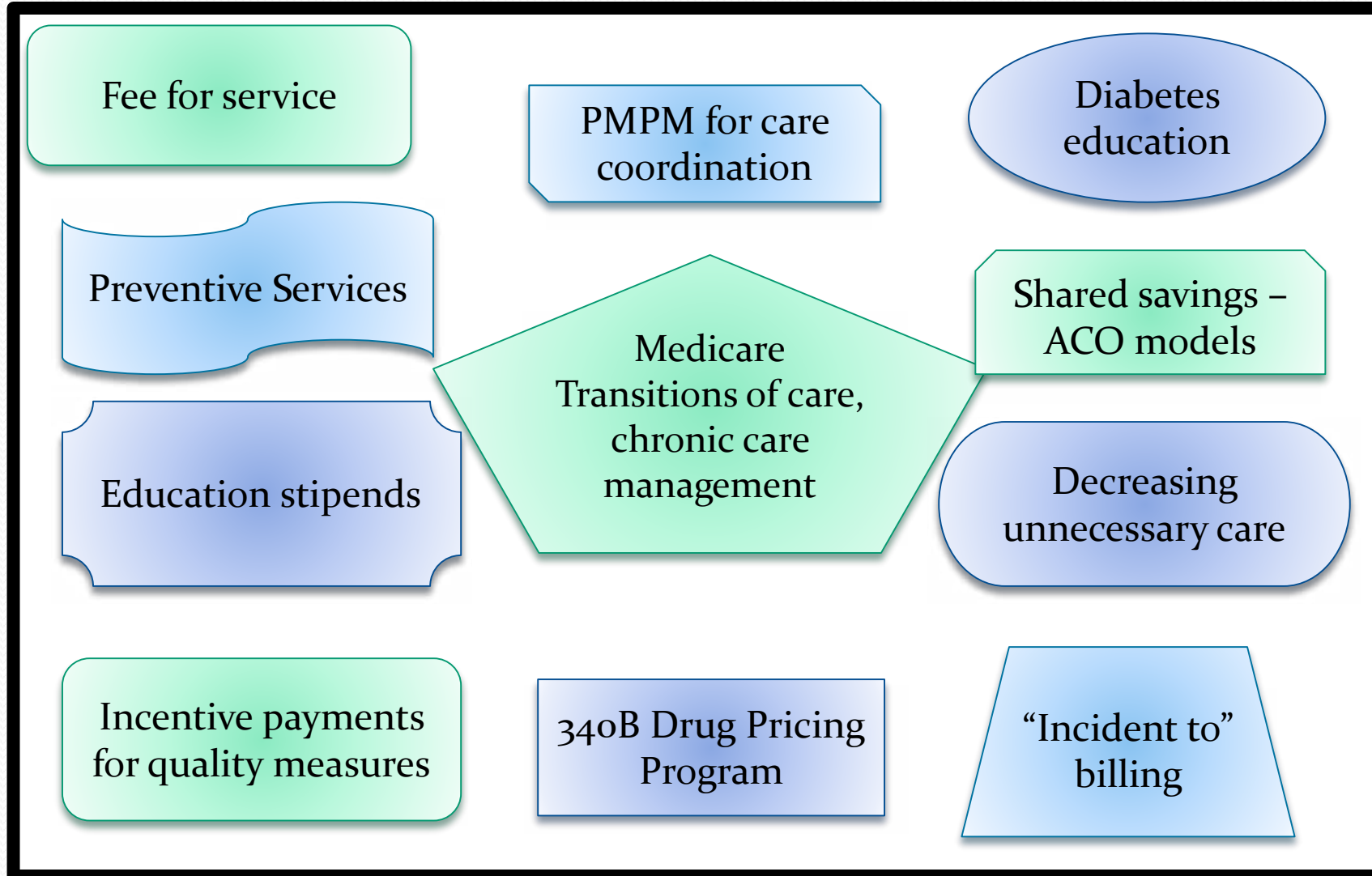
- See handout
- Focused on outpatient setting, CMM
- Patients with chronic diseases
- Numerous additional disease state studies – anticoagulation, hypertension, diabetes, heart failure
- Unpublished data from health systems including Geisinger, Intermountain, Kaiser, VA

# 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 HbA<sub>1c</sub> done
  - Mean decrease in HbA<sub>1c</sub> 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

\*Wagner E et al. JAMA 2001;285:182-9

# Payment Options





# 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 patient 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?