

PQA Quality Forum Lecture Series

The Intersection of the Medical Home, Medication Management and Quality Improvement,

**Thursday, December 3rd
1-2 PM Eastern Time.**

Co-Chairs PQA cluster group “The Pharmacist Role in the Medical Home.”

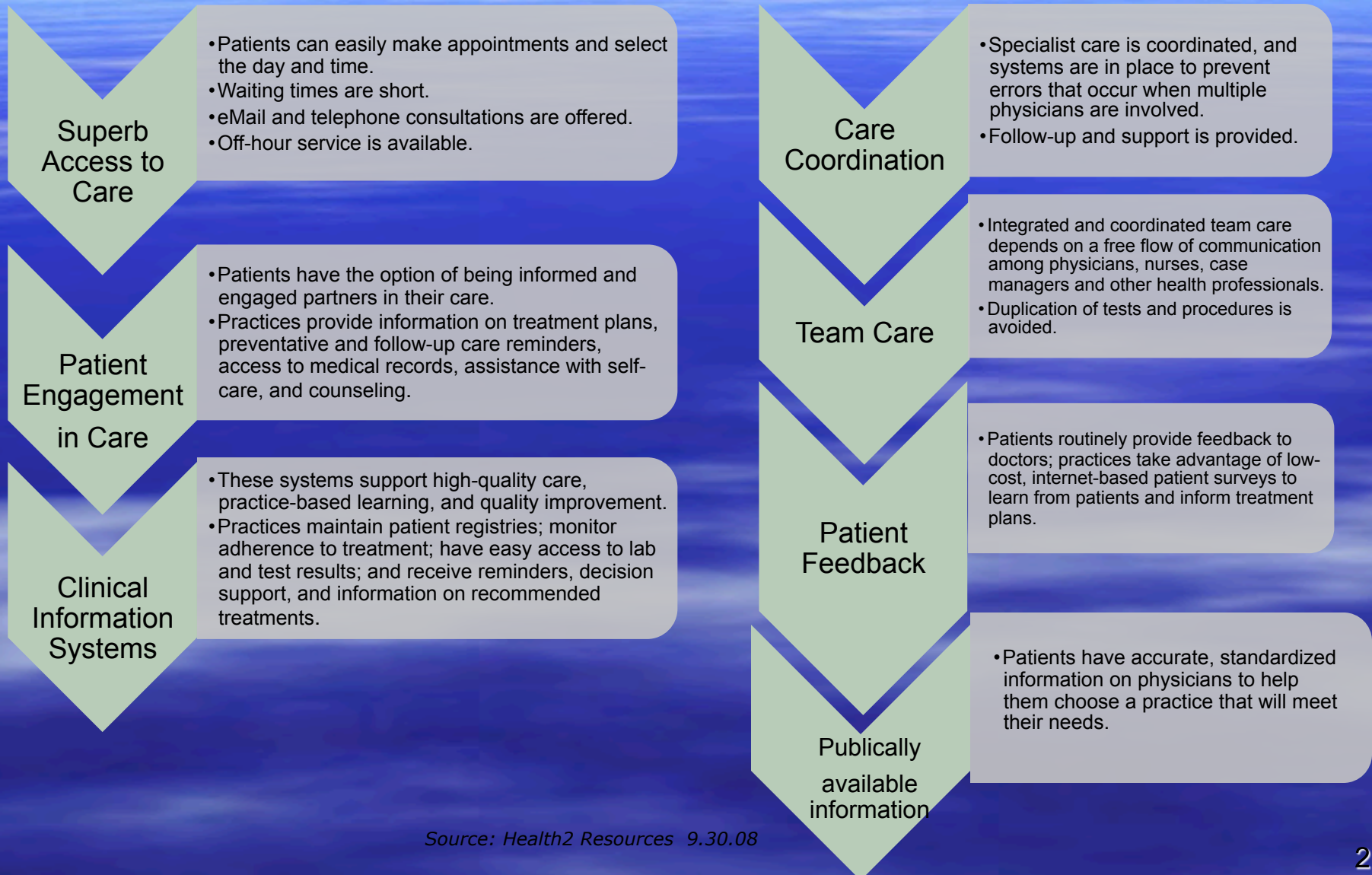
C. Edwin Webb, PharmD, MPH

Associate Executive Director and Director of Government and Professional Affairs American College of Clinical Pharmacy.

Dave Domann, MS, RPh

Director of Health Policy, Advocacy & Quality,
Johnson & Johnson

Defining the Medical Home



Source: Health2 Resources 9.30.08

The Patient-Centered Primary Care Collaborative

Examples of Broad Stakeholder Support & Participation

Providers

333,000 primary care

- ACP
- AAFP
- ABIM
- ACOI
- AAP
- AOA
- ACC
- AHI

Purchasers –

Most of the Fortune 500

- IBM
- FedEx
- Dow
- Business Coalitions
- Merck & Co.
- Ohio
- Iowa
- General Electric
- Microsoft

80 Million lives



**The
Patient-Centered
Medical Home**

Payers

- BCBSA
- United
- CIGNA
- WellPoint
- Aetna
- Humana
- Kaiser Permanente
- Geisinger

Patients

- AARP
- National Consumers League
- SEIU
- Foundation for Informed Decision Making
- AFL-CIO

PCPCC Payment Model - May 2007

*Key physician and practice
accountabilities/ value added
services and tools*

Proactively work to keep
patients healthy and
manage existing illness or
conditions

Coordinate patient care
among an organized team
of health care professionals

Utilize systems at the
practice level to achieve
higher quality of care and
better outcomes

Focus on whole person care
for their patients (including
behavioral health)

Performance Standards

Blended Hybrid
Payment Model

(expanding upon the
existing fee-for-
service paradigm)

Care
Coordination

Office
Visits

Performance

Incentives

Incentives

Incentives

Inclusion of the Medical Home Concept in Health Reform Efforts





The Opportunity for Comprehensive Medication Management



Patient-Centered
Primary Care

COLLABORATIVE

www.pcpcc.net

Why Is Medication Management Needed in the PCMH?

- Comprehensive medication management has been shown to facilitate the efficiency and effectiveness of the PCMH team in improving patient clinical outcomes, reducing morbidity and mortality, while lowering total healthcare costs.
- Medication Management is even more essential when multiple providers/prescribers are involved with complex patients

The PCMH Team Closes The Quality Gap

- Appropriate medications *need to be prescribed and recommended,*
- Patients need to thoroughly *understand, have access to, and engage with their medications*
- The most effective treatments (with continuous modifications needed) can *produce optimal clinical and quality outcomes.*

The CCNC Experience

“Underutilization of controller medications in asthmatics and lack of adherence to medications in patients with congestive heart failure were major contributors to ER visits and hospitalizations.”

*Dr. Allen Dobson- Former NC Assistant Sec. of
Health and State Medicaid Director*

Group Health Cooperative

“Most patient care interactions involve medications and the limitations both in knowledge and time on my part make the addition of a clinical pharmacist on the medical home team MANDATORY ! I would have a difficult time maintaining our current standards without this person on board.”

James Bergman, M.D. – Staff Physician, Group Health
Permanente, Associate Professor, Family Medicine, University of
Washington, Seattle

Comprehensive Medication Management in the PCMH

Elements of Comprehensive Medication Management

ASSESSMENT

Reveal the **patient's medication experience**
Identify drug therapy problems of appropriateness, effectiveness, safety, and compliance with medications

CARE PLAN

Establish personalized goals of therapy
Resolve drug therapy problems
Personalize Interventions

FOLLOW-UP

Effectiveness and Safety
Determine **Actual Patient Outcomes**

Core Principles of the Patient Centered Medical Home



Comprehensive Medication Management in the PCMH

Clinical Pharmacist/
Pharmacotherapy Manager

Gaps in clinical goals are determined, drug therapy problems identified, and therapeutic recommendations made



Optimal therapeutic recommendations are based on the experience/needs of the patient

Patient



Appropriate, Effective,
Safe and Adherent
Medication Use!

Physicians/
Providers - PCMH



Clinical goals of therapy are determined and medication recommendations are considered

Patient understands her medications and participates in a care plan to improve health

Payment for Medication Management Services

The following recognize and are providing payment for the service:

- The Federal Government in Medicare Part D
- State Medicaid Governments (for example, Minnesota, North Dakota, New York,)
- Employers (e.g., General Mills)
- Commercial plans

Mechanisms for Payment

- Current Procedural Terminology (CPT) Codes for pharmacist-provided MTM services
- Evaluation and Management (E&M) CPT Codes
- Capitated Payment Methodologies
- Fee-for-service/Self-pay by patients

Community Care of North Carolina

- Focus on improved quality, utilization and cost effectiveness of chronic illness care
- 15 Networks with more than 3500 Primary Care Physicians (1000 medical homes) and over 950,000 enrollees

L. Allen Dobson ,Jr. MD FAAFP Former Assistant Secretary NC Department of Health & Human Services

Community Care of North Carolina

In 2009 Each Network Now Has:

- Part- time paid Medical Director- role is oversight of quality efforts, meets with practices and serves on State Clinical Committee
- Clinical Coordinator- oversees the overall network operations
- Care Managers- small practices share/large practices may have their own assigned
- All networks have a PharmD to assist with medication management of high cost patients (MTM)

L. Allen Dobson ,Jr. MD FAAFP Former Assistant Secretary NC Department of Health &Human Services

North Carolina Clinical Results

Asthma

- 40% decrease in hospital admission rate
- 16% lower ED rate
- 93% received appropriate maintenance medications

Diabetes

- 15% increase in quality measures

Pilots now include the addition of the Aged, Blind, and Disabled and Medicare (646 waiver) pending!

Source: CC_NC 2007 Asthma Disease Management Program Summary

North Carolina Medicaid State Fiscal Year 2004 Savings

Category of Service	Estimated Savings from Benchmark
Inpatient	\$142,085,680
Outpatient	\$51,865,028
Emergency Room	\$25,944,553
Primary Care, Specialist	\$45,498,709
Pharmacy	\$(15,526,996)
Other	\$(5,065,238)
Totals	\$244,801,735

The Minnesota MTM experience

- Patients Targeted

- *1 of 12 Chronic Conditions in Adults 18-64 and*
- *2 or more health care claims (related to those conditions) in the last 12 months*

- 285 MTM patients and 252 comparison group – all BCBS Minnesota health plan members

- Fairview Health System clinics and MTM pharmacists
- 6.4 medical conditions and 7.9 drug therapies per MTM patient

Isetts, et al. *J Am Pharm Assoc.* 2008;48(2):203-211)

Minnesota MTM Process of Care Overview

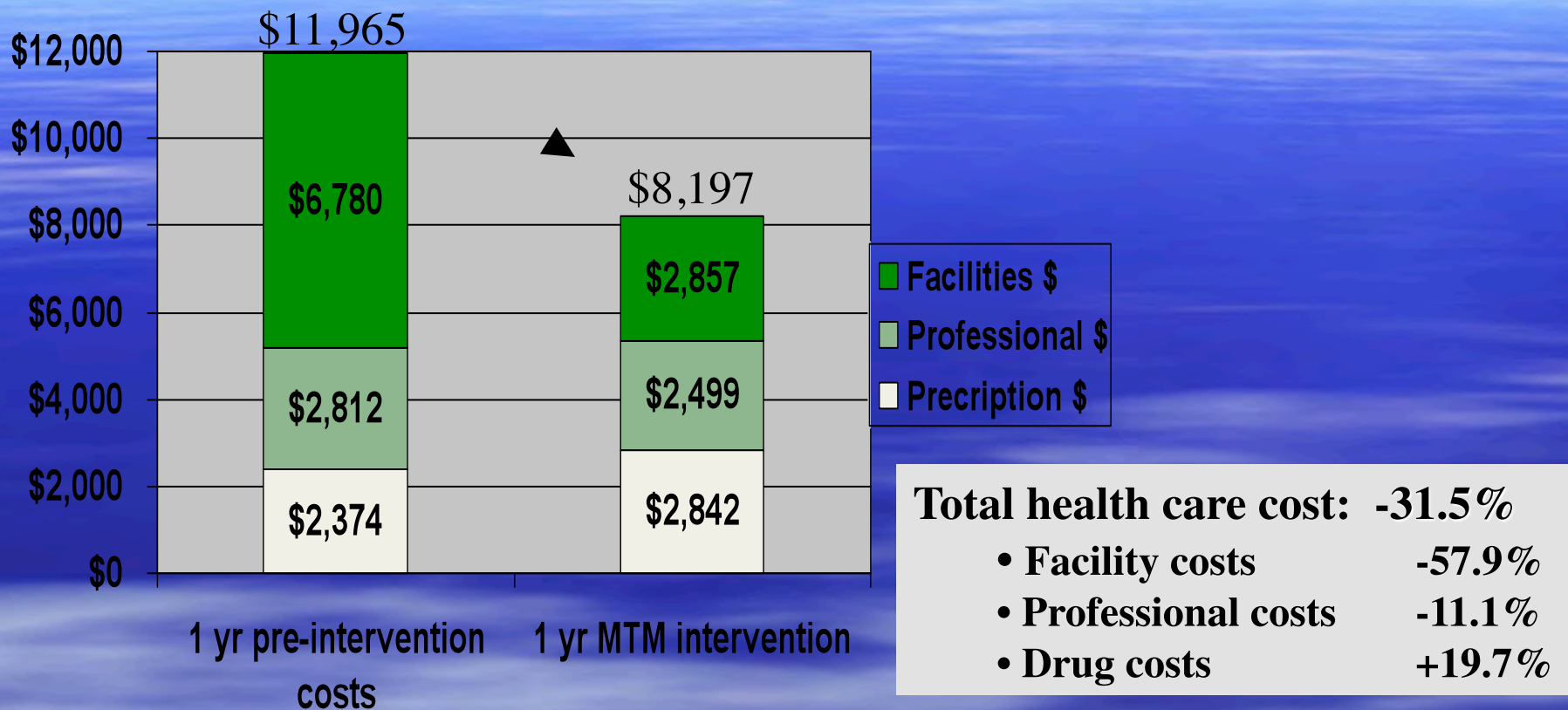
- Patient-centered with a clinical pharmacist
- Consistent and systematic process that:
 - Assessed all of the patient's drug-related needs
 - Identified drug therapy problems
 - Established therapeutic goals
 - Designed a medication therapy care plan
 - Conducted follow-up visits to evaluate progress
 - Communicated information to the patient's physician or provider
- Linked Medication use to clinical outcome improvement

The Minnesota Experience: 637 Drug Therapy Problems Identified

Indication	Needs Additional Drug Therapy	34 %
	Unnecessary Drug Therapy	6%
Effectiveness	Ineffective Drug	12%
	Dosage Too Low	20%
Safety	Adverse Drug Reaction	14%
	Dosage Too High	4%
Compliance	Noncompliance	<u>10%</u>
		100%

Source: Isetts, et al. *J Am Pharm Assoc.* 2008;48(2):203-211

Economic Outcomes of Minnesota MTM: Target the Disease, Then Optimize the Drug Therapy



MTM services provided a 12:1 ROI

Clinical Outcomes of Minnesota MTM Services:

- Clinical Results Improved!
 - Goals of therapy improved from baseline 76% to 90% after MTM
 - 2.2 drug therapy problems per patient identified and resolved – 78% resolved without MD
 - HEDIS Hypertension criteria achieved in 71% of MTM patients versus 59% comparison group
 - HEDIS Cholesterol criteria achieved in 52% of MTM patients versus 30% comparison group

Isetts, et al. *J Am Pharm Assoc.* 2008;48(2):203-211)

Economic Outcomes of MTM Services Summary: The Minnesota Experience

- **Total health care cost reduced by 31.5%** post MTM from **\$11,965 to \$8,197** (drug costs slightly increased with 12% increase in Rx claims)
- MTM services delivered and documented by Assurance Pharmaceutical Care System™ generated **12:1 ROI**

Source: Isetts, et al. *J Am Pharm Assoc.* 2008;48(2):203-211

PQA Mission Statement Addresses Medication Use Across Healthcare Settings

“Improve the quality of medication use across healthcare settings through a collaborative processes in which key stakeholders agree on a strategy for measuring and reporting performance information related to medications”

PQA Cluster Group Goal

- Define the quality measurement framework to support measurement and reporting of the services delivered in medication management as defined through discussions with the Patient Centered Primary Care Collaborative (PCPCC)

Discussion