Successful Incorporation of Comprehensive Medication Management into PCMH and ACO Coordinated Care Models

July 26th, 2012
Objectives:

1. Overview of Fairview Pharmacy Services MTM program
2. Discuss the role of pharmacy in a PCMH & ACO
3. Understand Fairview Pharmacy Services current experience with MTM and the care team our PCMH and ACO.
Medication Management at Fairview....
Fairview Overview

- Not-for-profit established in 1906
- Partner with the University of Minnesota since 1997
- Named a top 10 U.S. health system by Thomson Reuters (2009)
- 22,000+ employees
- 2,500 aligned physicians
  - Employed
  - Faculty
  - Independent
- 7 hospitals/medical centers
- 44 primary care clinics
- 55-plus specialty clinics
- 26 senior housing locations
- 30+ retail pharmacies
History of Fairview MTM

• MTM program developed in 1997 in partnership with the University of Minnesota College of Pharmacy
  – Comprehensive MTM model
  – Cared for over 15,000 patients
  – Resolved over 78,000 drug therapy problems

• Fairview has 24 MTM pharmacists at 27 Twin Cities locations
  – In addition we have contracted network of pharmacists in Duluth, MN
Medication Therapy Management

Built upon the philosophy and process of "pharmaceutical care practice"

Establish a Therapeutic Relationship

ASSESSMENT
• Ensure all drug therapy is indicated, effective, safe and convenient
• Identify drug therapy problems

CARE PLAN
• Resolve drug therapy problems
• Establish therapeutic goals
• Prevent drug therapy problems

EVALUATION
• Record actual patient outcomes
• Evaluate progress in meeting therapeutic goals
• Reassess for new problems

Continuous Follow-up

Working in collaboration with all members of the healthcare team
Foundation of MTM

*Built upon the philosophy and process of “pharmaceutical care practice”*

Pharmacists’ responsibilities:

– To identify a patient’s drug-related needs and commit to meet those needs

– To ensure that all of a patient’s drug therapy is appropriately indicated, the most effective, the safest and the patient is compliant

– To work in collaboration with all members of a patient’s care team
Program Goals of MTM

- To reduce overall health care costs
- To empower patients to take a more active role in their health.
- To improve the overall health and wellness of patients.

Our Results:

78,109 Drug Therapy Problems Resolved

(13,325 MTM Patients, Jan 1999– Dec 2011)

- 86% of patients had ≥ 1 drug therapy problems
- 53% of patients had ≥ 3 drug therapy problems
- 32% of patients had ≥ 5 drug therapy problems
Drug Therapy Problems

(13,325 MTM Patients, Jan 1999 – Dec 2011)

78,109 Drug Therapy Problems Resolved

- Needs Additional Drug Therapy: 27%
- Dosage Too Low: 27%
- Noncompliance: 16%
- Adverse Drug Reaction: 9%
- Ineffective Drug: 8%
- Dosage Too High: 7%
- Unnecessary Drug Therapy: 6%
Collaborative Practice Agreements (CPA’s)

- Approved by Fairview quality committee
- In place for a Fairview credentialed MTM practitioner
- System wide CPA
- Can initiate, adjust, or discontinue multiple medications for 20 chronic conditions
- Can order lab work to monitor these medications and changes
Our Proven Benefits

– Value on Investment
  ▪ Reduction in overall health care costs
  ▪ Range of 1.4:1 to 12:1 ROI

– Increased Clinical Outcomes
  ▪ State of MN diabetes pilot increased from 16% to 36.5% meeting all goals in a 12 month period of time.
  ▪ 59.7% asthma patients cared for by MTM pharmacists achieved the MN community measure for optimal asthma care vs. the state average of 16% in 2011

– Increased patient satisfaction
  ▪ 97% of patients agreed or strongly agreed that their overall health and well-being has improved
Pharmacy’s Role....
Statistics

- Improper medication use by patients has been estimated to cost the health system up to $290 billion a year
- Drug expenditures comprise 15.5% of healthcare premium
- This represents the third most costly component of the nation’s health spending behind hospital care (31%) and physician and clinical services (21%)

Pharmacy is an integral part of becoming a PCMH & ACO
Pharmacy optimization goals

- Health outcomes
- Patient experience
- Provider experience
- Financial outcomes

The *main* objective is to constantly develop and implement new pharmacy capabilities & services to support PCMH & ACO goals

- Partner with providers to expand panel size
- Special focus on complex and costly patients
Teamwork and Integration

Team based approach is necessary in order to create a successful PCMH & ACO

- Will occur between primary care, specialty, and hospitals.
- Integrated system will manage and coordinate patient care, financial risk with the cost of patient care, and measure that cost and report quality outcomes in a validated way.
- Will be enhanced by the use of a system-wide electronic health record.

Pharmacy is a thread between all of these practice areas to ensure reduction of drug-related morbidity and mortality.
Our Journey at Fairview....
Transforming to deliver value

Creating value and outcomes

Patient activation and consumer engagement

Value

Change Care

Change Experience

Change Payment

Consumer

Provider

Employer / Plan

Realizing economic return for new value

Patient activation and consumer engagement
Improving the Health Requires Care Continuum

Current focus—Caring for the sick

Future focus—Improving health, well-being for a lifetime

“Helping people enjoy life by improving their health”
Fairview’s focus areas of strategy

- Patient Experience
  - Increase access
  - Enhanced communication with all members of the care team
  - Clear plan of care
- Population Management Approach/Increase Quality of Care
  - Care coordination
  - Appropriate Care Team referrals/access
  - Transitions of care
- Reduce Total Cost of Care
  - Avoid readmissions
  - Ensure right person, right role, right work
Basic Population Strategy

- Fairview Population
- ACO Population
- Chronic Disease Population
Who is an appropriate MTM patient?

- Patients at high risk or have frequent ED/hospitalizations
- Chronic disease states that are not at goal/in control
- Poly-provider patients
- Poly-pharmacy patients

- Patients with a recent change in their health/medication status - involving multiple medication changes
- Patients taking high risk medication classes
- Patient referred due to medication concerns/questions
• Can we substitute a MTM visit instead of one MD visit per year?
• Groups, Social Networking, self-serve coaching
• Care coordination
• Add MTM, CDE, RN visits
• Health coaching, social services, other interventions
Health Management Model Example

- Panel Management
  - Screening
  - Self Monitoring
  - Health coaching
  - Internet
  - Social Media
  - Peer Support
  - Community
  - Public Health

- Dx based care packages
  - Panel tools (C3PO)
  - Add’l team members
    - CDE
    - Asthma Educator

- Care Coordination (specialty/primary care)
  - RN/MSW
  - Palliative care
  - Hospice

- Inc. intensity of care
- Inc. frequency of contact
- Remote physiological monitoring
- Expanded team
  - Specialty care
  - MTM
  - BHC

- New care team and approach focused on unique needs (clinical/social/behavioral)

Well | At Risk | Chronic Care | Complex Chronic Care | Intensified Care Coordination | Complex Care (high cost)
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FPS’ current and future strategies support Fairview’s aggressive ACO development.

- Chronic disease and wellness
- Contributions to clinic care model
- Transitions in care
- Continuum of care services
Chronic Disease and Wellness

MTM services as an integral member of the care team

• Working with FMG leadership to develop a “panel” of MTM patients

• Refining our staffing and delivery model to ensure MTM services are available where there is need

• Collaborative Agreements in place to provide medication management on over 20 disease states

• Involvement in Population Health leadership team to guide direction of team clinician members

Care Package development & participation

• Asthma, diabetes, migraine, CAD, COPD, CHF, depression, etc.
Contributions to Clinic Care Model

Direct involvement in clinic team

- C3PO’s (care conferences)
- Huddles
- Clinical consultations
- Clinic operations team

Education

- Direct teaching
  - Asthma education for nursing
  - HTN, Lipid
- Protocol development

Innovation

- Virtual Care (web-cam) development
Transitions in Care

• Inpatient and Outpatient Pharmacy Services working together to reduce readmissions through improved medication management, reconciliation, and patient education

• Risk stratifying the population and determining what interventions/resources are needed
  – Inpatient
  – Outpatient
Provide MTM services in specialty areas

- Geriatric Services
- Advanced Therapies
- HIV
- Transplant/Chronic Kidney Disease
- Oncology
Fairview as a Pioneer ACO

- Pioneer ACO has four quality domains
  - Patient Experience
  - Care Coordination/Patient Safety
  - Preventive Health
  - At-Risk Population
Quality Measure Examples:

Aim= Better care for the individual

- **CAHPS**
  - Timely care, communication, provider ratings, access to specialists, health education, shared decision making, health status
- All condition readmission
- Condition specific admissions
  - COPD, CHF
- Medication Reconciliation- after discharge
- Falls Risk Screening

Aim= Better health for Populations

- **Preventative Health**
  - Flu, pneumovax, screenings for weight, tobacco, depression, colorectal, mammography
- **Clinical measures**
  - Blood pressure
  - Diabetes (A1c, LDL, BP, tobacco, ASA)
  - Vascular disease (LDL, ASA)
  - HF (BB, LDL therapy, ACEI/ARB)

http://www.cms.gov/MLNGenInfo
In summary

- Pharmacists have an important role in the PCMH and ACO teams.
- Medication management needs have a comprehensive standardized approach to ensure consistent outcomes will be met.
- There are many areas that MTM can impact the health of the population

As Pharmacists, we will need to integrate ourselves into the team by taking responsibility for a person’s drug related needs and being held accountable for meeting those needs.