Bridging the Gap:
A Managed Care – Payor Perspective

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Overview

- Pharmacy Industry: past, present, future
- Gaps in HealthCare delivery system in US
- Gaps in Pharmacy Profession
- Managed Care Pharmacists' responsibilities
- Bridging the gaps- how managed care /payors are facilitating the process

Overview of IEHP

- A local, not-for-profit, public health plan serving 800K residents of Riverside and San Bernardino counties through government sponsored programs including Medi-Cal, Cal MediConnect and Medicare Advantage Programs

- Membership:
  - Medi-Cal: 785,724
  - Healthy Kids: 1,108
  - Medicare (SNP): 11,982
  - Cal MediConnect: 5628

- Total: 804,442

Past, Present and Future

	Past	Present	Future
Primary Responsibilities	Primarily to dispense medications	Dispense medications, clinical services are common in hospital setting, some retail clinical services	Less dispensary functions; primarily consultation, clinical services, in both hospital and retail settings
Salary comparison	Retail > clinical	Clinical > retail	Clinical > retail
Credential/training needed	PharmD, prefer Board certification	Prefer Board certification	Board certification, new certification for retail MTM services?
Pharmacist workforce demand	Huge in retail	Huge in clinical , saturated in retail	Huge in pharmacists with special skill sets
Pharmacists' status	Better in selected hospital settings	Healthcare providers in hospital settings	Healthcare Providers in hospital settings and selected retails (with certified trainings)

Past, Present and Future (cont.)

	Past	Present	Future
Job type	Pharmacist at hospitals, retail primarily	Hospital, retail, LTC, specialty, home infusion, technology, consultant	Further specialization depending on board certification; more demand for clinical pharmacists
What do we call the pharmacist-run clinical services?	Pharmaceutical care	MTM	???

Gaps in Healthcare Delivery System in US

- High cost but not highest in overall health care quality
- Unnecessary tests and procedures
- Unnecessary medications
- Medication use not optimized
- Lack of universal electronic medical record system
- Payment system does not encourage appropriate use of healthcare resources

Solutions?

Yes!!! But no one solution can solve all problems

Gaps in Pharmacy Profession

Except in clinical setting, most pharmacists in other setting continue to focus on dispensing functions.

Lack of transition plan from volume driven (FFS type of business) to clinical services (involves workflow changes, staff training, pharmacists' mentality, understanding of pharmacists' duties in new era)

Today, lets focus on gaps in community pharmacy setting

Bridging the Gaps

- Pharmacists to take an active role in health care delivery system
- Depending on the setting (inpatient, outpatient, ACO, etc), we may be involved in selecting drugs for treatment, providing proper medication and consultation, providing drug utilization review, help optimize treatment
- There are many gaps in care happening, pharmacists are in the prime positions to bridge the gaps

Questions…!!!

- Retail claims are processed at POS, in theory, we should be able to prevent many inappropriate utilization, is this true?
- Eprescribing is helping Providers to practice medicine in a safer manner, and help eliminate administrative burden, true?
- Pharmacists are acting as gate keeper to ensure safe medicine is used and offering proper consultation, true?
- Provider status SB493 and MTM requirements will allow pharmacists to jump to the next level immediately, true?

Managed Care Pharmacists

- Design pharmacy benefit
- Manage Pharmacy Benefit
- Pharmacy utilization analysis
- Clinical review (P&T)
- Clinical programs (i.e. MTM, DUR)

IEHP Programs

- Clinical Programs – DUR reviews
- Drug Therapy Management Programs- 12 Programs
- Pain Management Program
- Pharmacy P4P Program

P4P

- Pharmacy P4P vs Physician or Hospital P4P
- Determine Pharmacy Quality Measurement & Initiatives that are applicable to community pharmacy setting
- Help transition community pharmacy to focus on clinical

EQuIPP

PQA – Pharmacy Quality Alliance

PQS- Pharmacy Quality Solutions

EQuIPP- Electronic Quality Improveme for Plans & Pharmacies

P4P Measurement

Measures
Proportion of Days Covered - 3 separate measures (HTN, Diabetes, and Statin)
Diabetes: Appropriate Treatment of HTN
Medication Therapy for persons with Asthma
Use of High-Risk Medications in the Elderly
Generic Rate

P4P Measurement

Measurement Title	Measurement Description
Proportion of Days Covered (PDC)	The percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement period. Report a rate for each of the following: • Beta-blocker (BB) • Renin Angiotensin System (RAS) Antagonists • Statin • Biguanide • Sulfonylurea • Thiazolidinedione • DiPeptidyl Peptidase (DPP)-IV Inhibitor • Diabetes Roll-up • Anti-retroviral (this measure has a threshold of 90% for at least 2 medications)
Diabetes: Appropriate Treatment of Hypertension	The percentage of patients who were dispensed a medication for diabetes and hypertension that are receiving and Medication or Medication or direct renin inhibitor medication.
Medication Therapy for Persons with Asthma	The percentage of patients with asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler over a 90-day period and who did not receive controller therapy during the same 90-day period. Two rates are reported. • Suboptimal Control. The percentage of patients with persistent asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period. • Absence of Controller Therapy. The percentage of patients with asthma during the measurement period who were dispensed more than 3 canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.
Use of High-Risk Medications in the Elderly (HRM)	The percentage of patients 65 years of age and older who received two or more prescription fills for a high-risk medication during the measurement period.

Results (5 months)

Measurements	IEHP Threshold	Medicare		Medi-Cal	
		Oct 2013	Feb 2014	Oct 2013	Feb 2014
ACE/ARB in Diabetes	85%	88.1%	88.4%	88.5%	88.6%
ACEI/ARB PDC	72%	77.4%	79.3%	73%	71.1% ∗
Asthma- Absence of Controller Therapy	30%	44.8%∗	37.5% ∗	34.7% ∗	33.6% ∗
Cholesterol PDC	68%	78.5%	78.8%	70.3%	68% ∗
Diabetes PDC	71%	79.9%	82.6%	73%	71.5% ∗
High-risk Medications	8%	11.8% ∗	10.2% ∗	9.8% ∗	8.8% ∗

Overall IEHP P4P Scorecard
Key: ∗ = Not Meeting Goal
<u>Areas of Opportunities:</u>

P4P Program

- Participation:
  - All Chains
  - 1/5 Independents

To do list for P4P participants

- EQuIPP access
- Internal workflow evaluation
- Proper DUR review
- Tools to help identify at risk patients (IEHP will soon provide intervention list)
- Medication consultation
- Tools to help you to increase productivity
- HRM drugs
- Help optimize treatments for patients
- Use tools like Med Sync to “create” time

Program Enhancement

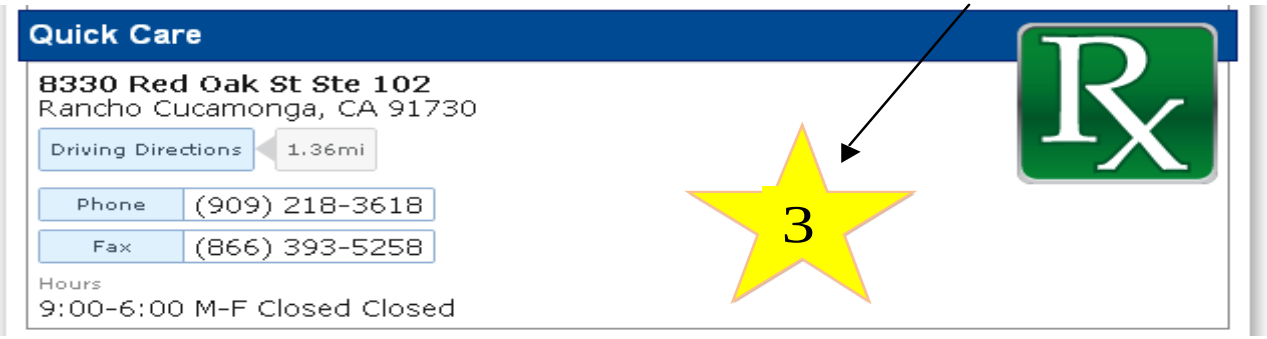
- Provider Score Card
- Member Provider Directory

Member Provider Directory

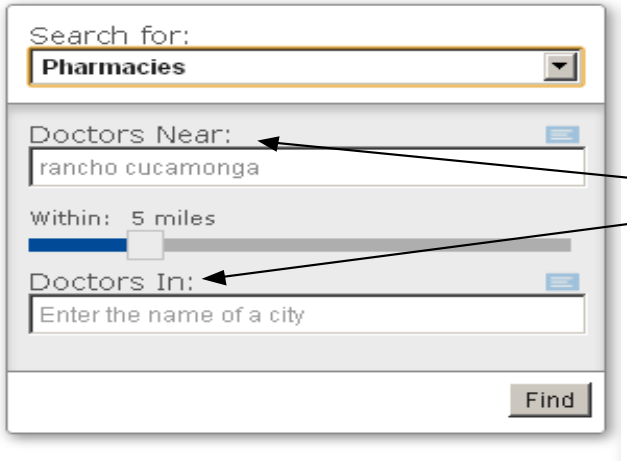
Star Rating in Provider Directory

https://ww3.iehp.org/en/members/find-a-doctor/?dev=full

This is the area where the P4P Star Rating would be placed. The rating will be inside the star.



Add filter based on P4P Star Rating, descending sequence.



Depending on the search selection, these should reflect the selected search description. For instance, if member selects pharmacy then "Doctors Near and Doctors In" should state "Pharmacies Near and Pharmacies In."

P4P Mission & Goal

- Disrupt current Pharmacy Services Delivery Model
- Help to craft next generation pharmacy model to include clinical services
- Evaluate the ROI of community pharmacist-delivered services
- Allow Payors to create a reasonable payment model for pharmacist-run outcome-based MTM services

Case Studies

- Tripp Logan- independent pharmacy owner in MO (Medhere Today)
- Network Adherence Rate: http://origin.library.constantcontact.com/download/get/file/1109644115231-33/MedHere+Today+Network+Trends+5142014.pdf

- Top network performers: http://origin.library.constantcontact.com/download/get/file/1109644115231-32/MHT_HighPerformers_913thru214.pdf

- High Risk Medications, Where to Begin? Kristen Komaiko, Pharm.D. PGY1 Community Pharmacy Resident L&S Pharmacy I am a PGY1 resident who is actively working on reducing high-risk medication use in the elderly at L&S Pharmacy. I started this project by looking at the list of high-risk meds and didn't know where to start; it was daunting, there were so many! Since it is an easy lateral switch, I decided to start simple with glyburide to glipizide to test the waters of the local physicians. Starting small was the key, one drug at a time. What I learned was that if you get a negative response from a physician for one patient, sending them a request for a second and a third patient and so on gets the physician thinking about high risk meds in the elderly every time he writes a script. I recently was successful in breaking through to a local physician for muscle relaxers that increase fall risk. For the first patient, the response from this physician was, "Denied"; the second patient was, "I have to see the patient face to face, do not substitute"; the third patient was a switch to a non-sedating muscle relaxer… SUCCESS! It took three patients to break-through; hopefully the end result is that the prescriber may keep high-risk medication in mind the next time he prescribes for an elderly patient. Although pharmacists don't want to pester our physician colleagues, we do have to make headway in this area since high risk meds filled at your store are counted against Medicare Star Ratings and decreasing their fill rates will improve your percentages. Happy hunting!

Questions to be answered…

- Can we help to increase awareness?
- How can we engage pharmacists to do outcome-based activities?
- Change how we deliver MTM?
- Chains or independents will perform better?
- What kind of P4P model will enhance “Quality” and generate “savings”? Which model is most effective and applicable to community setting?
- What can pharmacists at community setting do in the future? community-Ambulatory care model?

Future Opportunities

- Focus on building pharmacists' roles and capabilities in the healthcare delivery system
- Must demonstrate outcomes before asking for deep reimbursement (where are the resources? Where do we stand?)
- Numerous unanswered potential gaps. We are able to bridge the gaps
- Additional certification? Advanced training?
- Pharmacists' perception about clinical services/quality or outcome based services?

Discussion & Questions