

What is the Opportunity?

Re-Engineering Your Pharmacy Practice Bootcamp
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Disclosure

David Pope, PharmD, CDE is Chief of Innovation at Creative Pharmacist. The conflict of interest has been resolved by peer review of the slide content.

Learning Objectives

Upon successful completion of this activity, pharmacists should be able to:

- 1. Discuss new collaboration opportunities between prescribers and pharmacies.*
- 2. Describe components of a re-engineered practice.*

Acronyms

Simplify + Improve Efficiency

Overwhelmed

verb re·en·gi·neer \(\,rē-,en-jə-'nir\



ReEngineer

verb re·en·gi·neer \(\,rē-,en-jə-'nir\

- to reorganize the operations of (an organization) so as to improve efficiency

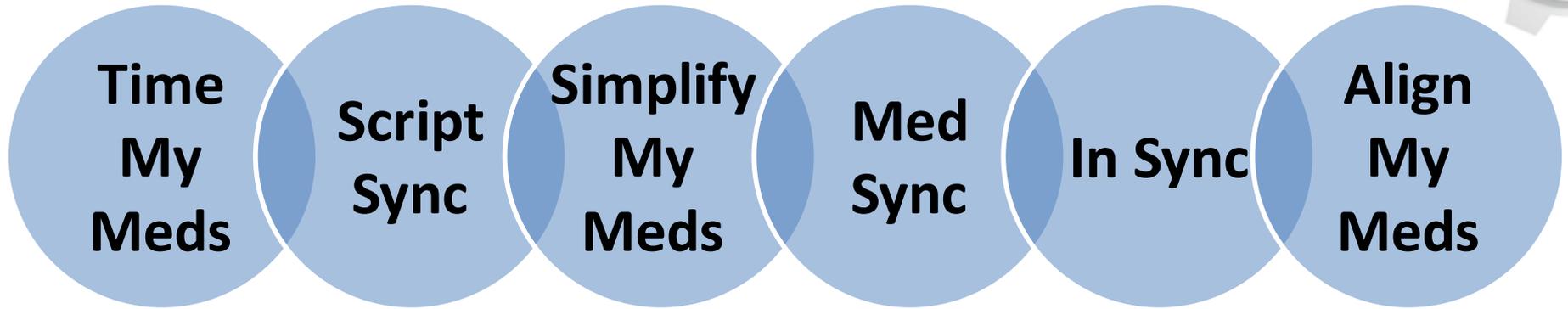


ReEngineer

verb re·en·gi·neer \(\,)rē-, en-jə-'nir\

- *ReEngineering your practice doesn't mean redesigning your original design. It's bringing you back to what you were intended to do.*

The Many Names of Medication Synchronization



Med Sync and The Appointment-Based Model

- Medication Adherence Program (MAP)
 - Aligning medications to similar fill dates
 - Review of medications
 - Patient encouraged to pick up prescriptions on a particular date (no specific time)
- Appointment-Based Model (ABM)
 - Leverages the alignment of medications to make a definitive impact on the outcome of chronic care patients
 - Involves engagement with patient in the counseling booth
 - Patient arrives at a specific date *and* time

Appointment-Based Model

“The basic tenets of an ABM are: (1) holistic care of the patient; (2) regularly scheduled visits to the pharmacy by the patient; (3) communication with the patient in advance of the scheduled visit to proactively assess needs related to medications and health conditions; and (4) pharmacist-patient engagement on a regular basis to address these needs.”

-Rebecca Chater, RPh, MPH, FAPhA

<http://www.pharmacytimes.com/publications/directions-in-pharmacy/2015/march2015/improving-quality-care-the-appointment-based-model>



Active Learning

- Which of the following areas of healthcare are based upon an appointment-based model?
 - a) Medicine
 - b) Dentistry
 - c) Psychiatry
 - d) Physical Therapy
 - e) All of the above

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Pharmacy is the only healthcare sector that hasn't adopted a true appointment-based model.

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Each of these healthcare sectors still balance both volume and quality.

Background on the Appointment-Based Model

- 86% of healthcare is driven by chronic care patients
 - Only 50% of chronic care medications are taken properly
- Studies show a MAP improves adherence
 - NCPA study: Patients enrolled in the program had 2.5 times greater odds of adherence as controls during the evaluation period.
 - Patients enrolled in ABMS are 21% less likely to discontinue drug therapy than patients not enrolled.
- Studies show a MAP improves fill rates
 - NASPA Study: Average person filled 2 more refills per year per medication

<http://ncpa.co/uploads/Arkansas-Report-Final.pdf>

Maximize Your Impact

- How can you take your MAP to the next level to *improve outcomes and develop new revenue streams*?
- How can you leverage your impact on patient care in P4P programs?



Value-Based Care is Here

“Our first goal is for 30% of all Medicare provider payments to be in alternative payment models that are tied to how well providers care for their patients, instead of how much care they provide – and to do it by 2016. Our goal would then be to get to 50% by 2018.”

“Our second goal is for virtually all Medicare fee-for-service payments to be tied to quality and value; at least 85% in 2016 and 90% in 2018.”

-Sylvia Mathews Burwell, HHS Secretary

<http://www.hhs.gov/blog/2015/01/26/progress-towards-better-care-smarter-spending-healthier-people.html>

Value-Based Care is Here

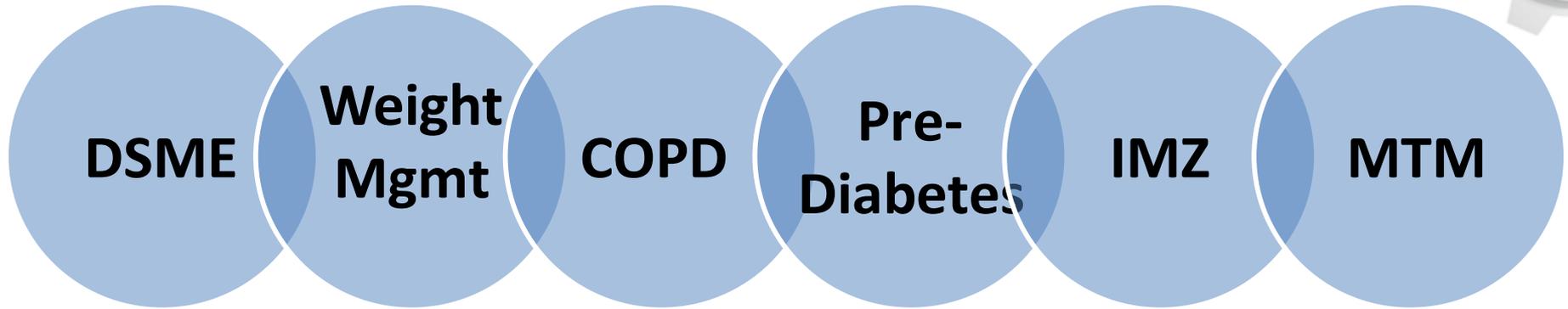


- North Carolina pharmacies in the CCNC solution are now being paid for value-based care
- CCNC patient admission rates are consistently 40-50% lower than non-CCNC Medicaid patients
- Transitional care management patients are 20% less likely to return to the hospital
- CCNC has delivered the state of North Carolina a 4-year savings of nearly \$1 Billion

Patient Care Services

- Patient care services must be *individualized*.
 - Only 50% of chronic care medications are taken properly
- Patient care services must be *dosed according to need*.
 - Should every patient receive all services, including patient monitoring?
 - i.e. 28 y.o. well-controlled HTN patient vs 64 y.o. uncontrolled HTN patient
- Patient care services must be *documented appropriately*.
 - “If you didn’t document it, you didn’t do it.”

Patient Care Services



Patient care services will depend on the patient, payer, and pharmacist!

Is the patient eligible for patient care services through their insurance provider or payer?

Do you (or your pharmacy) have the requirements for a particular patient care service?

Transitions of Care

HOSPITAL READMISSIONS



Costs the Healthcare System
\$25 BILLION ANNUALLY

40% ARE
AVOIDABLE

1 in 5 Elderly Patients Are
Readmitted Within 30 Days

1 in 3

Patients Don't Fill Discharge
Medications As Prescribed

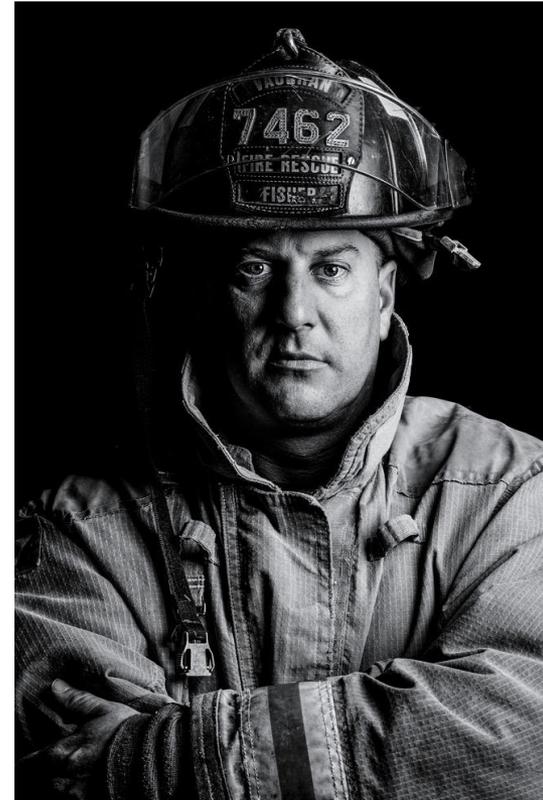


Transitions of Care

Diabetes Self-Management Education	12 sessions of 18 patients x \$400 per patient= \$86,400
Weight Loss Management	4 sessions of 20 patients x \$120 per patient= \$9,600
Monthly Educational Classes	1 new diabetes patient/mo (\$375/mo)= \$29,250
Comprehensive Immunization Reviews	5 shingles/2 pneumonia/wk= \$59,800
Adherence Management	500 synced patients= \$397,110
Heart Disease Management	6 new patients/yr= \$22,050 (Year 1)
Transitions of Care	5-10 new patients per day (TBD)

Example: John M.

- 57 y.o. retired firefighter
- Diabetes, HTN
- 2 recent hospitalizations due to a mild heart attack



“Art is never finished, only abandoned.”

-Leonardo Da Vinci



Questions?

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