Achieving Quality in ACOs: Are They Ready to Maximize the Value of Pharmaceuticals in Patient Care?

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Speakers

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How to Ask a Question

To Submit Questions

Submit questions and comments via the Questions section in the Control Panel.
How to Ask a Question

Twitter

• Message @npcnow using #npcwebinar
• We also encourage you to tweet during the webinar using #npcwebinar
Discussion Topics

• **Overview of the collaboration**
  Robert W. Dubois

• **Pharmaceutical framework**
  Jerry Penso

• **Readiness self-assessment**
  Kimberly Westrich

• **Lessons from the field**
  Marv Feldman
New Payment Approaches Can Shift the Dialogue

BEFORE

ACO OPPORTUNITY

COST

QUALITY
AMGA-Premier-NPC Collaboration: The Role of Pharmaceuticals in ACOs

Goal: develop and implement a framework for considering the role of pharmaceuticals in helping ACOs succeed

- Meet financial targets
- Meet quality benchmarks
Framework Development Process

- Literature Review
- Survey
- Working Group Meeting

Logos of various healthcare organizations are shown, including Marshfield Clinic, University of Utah Health Care, Baystate Medical Center, Geisinger Health System, Billings Clinic, Fairview Health Services, and SHARP.
Condition – Level Questions

1. Is the condition chronic or acute?
2. Are there quality measures for this condition likely to be impacted by pharmaceutical use?
3. How large a role do pharmaceuticals play in treating the condition?
## Two Condition Examples

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition Type: Chronic or Hospital</th>
<th>Rx Focus: Inpatient or Outpatient</th>
<th>Quality Benchmarks</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive Heart Failure</td>
<td>Chronic, Hospital</td>
<td>Outpatient</td>
<td>Receiving Rx therapy; % of patients requiring re-hospitalization</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Impact on re-hospitalization</td>
</tr>
<tr>
<td>Rheumatoid Arthritis</td>
<td>Chronic</td>
<td>Outpatient</td>
<td>Receiving Rx therapy; Functional Status</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
# Population View

<table>
<thead>
<tr>
<th>Population</th>
<th>Intervention</th>
<th>Quality Measures Impacted by Pharmaceuticals</th>
<th>Cost Offsets from Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Risk</strong></td>
<td>Prevention</td>
<td>Receiving vaccines</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Moderate Risk</strong></td>
<td>Address individual conditions; Assess drug-drug/drug-condition interactions</td>
<td>See condition grid for individual condition measures; Medication reconciliation</td>
<td>See condition grid for individual condition offsets</td>
</tr>
<tr>
<td><strong>High Risk</strong></td>
<td>Polypharmacy</td>
<td>Medication reconciliation</td>
<td>TBD</td>
</tr>
</tbody>
</table>
Framework Recommendation #1

- Proactively consider medications an essential part of the full spectrum of condition management, and not just an expense or care silo.
Framework Recommendation #2

• The role, impact, and characteristics of medication therapy management will vary by condition, and a “one size fits all” approach will not yield optimal clinical or economic outcomes.
Framework Recommendation #3

• Composite risk can be used to identify patients who are candidates for medication management strategies to watch for drug-drug, drug-disease, or poly-pharmacy concerns.
Framework Recommendation #4

• In each circumstance where there are condition-specific incentives to achieve economic savings, there should also be a quality metric to detect underuse.
Assess Readiness/Identify Gaps

- Develop Framework
- Assess Readiness
- Identify Gaps
- Develop Toolkit
ACO Readiness Assessment

• Formularies synchronized across sites of care?
• Ability to transmit prescriptions electronically to pharmacies?
• Providers access patient data electronically?
• Providers alerted by gaps in recommended preventative care?
• Ability to capture full episode of care costs?
• Medication reconciliation performed?
Respondent Profile

N=46 Respondents

- 50% Chief Pharmacy Officer/Pharmacy Director
- 50% Chief Medical Officer/Medical Director

Type of Organization

<table>
<thead>
<tr>
<th>Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated delivery system</td>
<td>37%</td>
</tr>
<tr>
<td>Hospital system-based ACO</td>
<td>19.6%</td>
</tr>
<tr>
<td>Physician practice-based ACO</td>
<td>30.4%</td>
</tr>
<tr>
<td>Other</td>
<td>13%</td>
</tr>
</tbody>
</table>

# of Physicians

<table>
<thead>
<tr>
<th>Range</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50</td>
<td>8.7%</td>
</tr>
<tr>
<td>50-100</td>
<td>6.5%</td>
</tr>
<tr>
<td>100-300</td>
<td>28.3%</td>
</tr>
<tr>
<td>300-1000</td>
<td>32.6%</td>
</tr>
<tr>
<td>&gt;1000</td>
<td>23.9%</td>
</tr>
</tbody>
</table>
What ACOs Are Doing Well

Transmit Rx Electronically

70%

% of Respondents Indicating Practice is Currently in Use

N=46
What ACOs Are Sort Of Doing Well

- Can identify potential drug-drug, drug-disease and/or poly-pharmacy: 43%
- Visit summaries list Rx, Potential AEs, and Clear Directions for Use: 41%
- View Rx + Medical Data in One System: 54%
- Formularies Encourage Generics when Appropriate: 50%

% of Respondents Indicating Practice is Currently in Use

N=46
Where ACOs Have Room for Improvement

Quality/Financial Metrics

- Quantify Cost Offsets of Rx: 7%
- Quality Metrics Balance Financial Incentives for a Diversity of Conditions: 22%

% of Respondents Indicating Practice is Currently in Use

N=46
Care Protocols

- Protocols Share Potential Rx-Rx, Rx-Disease and/or PolyRx with Care Team: 13%
- Protocols to Avoid Duplicate Meds, PolyRx and AEs: 17%
- Formularies Synchronized Across Sites of Care: 35%

% of Respondents Indicating Practice is Currently in Use

N=46
Where ACOs Have Room for Improvement

Provider Engagement

- Clinical Pharmacists Involved in Direct Patient Care: 22%
- Notify MDs when Rx Prescribed: 20%
- Notify MDs When Rx is Filled: 9%
- Alert MDs for Gaps in Preventive Care: 28%

% of Respondents Indicating Practice is Currently in Use
Where ACOs Have Room for Improvement

Patient Engagement

- Patients Educated about Therapeutic Alternatives: 11%
- EMR Includes PROs: 15%
- Registries Track Patients and Rx Use: 22%

% of Respondents Indicating Practice is Currently in Use

N=46
Project Phases

1. Develop Framework
2. Assess Readiness
3. Identify Gaps
4. Develop Toolkit
Journal of Managed Care Pharmacy – ACO Case Study Series

- ACO Readiness Assessment article kicks off JMCP’s ACO series on pharmacy & ACOs
- February article will describe pharmacy-related services for 3 specific ACOs
- AMGA-Premier-NPC Collaboration is developing lessons from the field for submission to this series
Lessons from the Field: Role of the Pharmacist in the ACO environment

• Critical Team Members
  – Expanded role in advising prescribers of relative effectiveness and value of drug treatment options in an ACO.

• Management and Outcomes
  – Accept greater responsibility for the ongoing management of medication therapy and outcomes measurement.

• Care Connectivity
  – Ensuring efficient and consistent pharmacotherapy as patients move across the health care continuum is critical to help ACOs achieve quality benchmarks and financial targets.
All ACOs must ensure that their members properly use drug therapy to gain their ROI

- 32 million Americans take 3+ medications daily.
- Nearly 75% of Americans report not always taking their medications as prescribed.
- Almost 30% of Americans stop taking their medicine before it runs out.
- ~50% of patients with high blood pressure take their prescribed doses of drugs.

*Clearly the dollars are being spent but the value is not being realized*

Source: PhRMA; National Council on Patient Information and Education; WSJ reporting.
How can an ACO set the stage to gain the full value from its medication investment?

• Communication
  – Establish effective communication amongst all prescribers to ensure consistent drug selection and remove redundancy.

• Outcomes
  – Incorporate economic analysis that includes the downstream impact of drug therapy made possible by averting other treatments.

• Consistency
  – Remove the formulary disparities that exist between ambulatory and acute care settings.
What are a few common drug use situations that cost ACOs needless dollars?

- Use of more expensive pharmacologic stress test drugs because the current reimbursement is better for the more expensive products. The delta between inpatient and ambulatory testing.

- Patients remain on IV therapy longer than clinically needed because they cannot be placed outside of the acute care environment. An old work-around due to capacity challenges.

- Drugs dispensed in full month increments on initial fill that are then discontinued due to patient’s inability to tolerate the new therapy. Smaller “test therapy” or “starter supplies” could help.
Several indications that ACOs are taking the expanded role of pharmacists seriously...

- ACOs are investing in **Emergency Department** pharmacists to ensure proper reconciliation at that point in the care process for high risk patients recognizing that this step increases efficiency through the down stream inpatient admission.

- Pharmacists actively participating in the **discharge counseling** process to ensure patients understand how to take their medications thus averting needless 30-day readmissions.

- Enhanced **medication reconciliation** efforts to better coordinate care transitions, mitigate unnecessary acute care episodes.
# Impacting readmission rate for pneumonia through optimal drug management

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<tr>
<td>Moderate Risk</td>
<td>Complete course of antibiotic therapy; Use spacers for aerosolized drugs; Proper IV to PO Streamlining</td>
<td>Reduced hospital readmissions</td>
<td>Minimal drug costs if used properly with significant gains when decreasing readmission</td>
</tr>
</tbody>
</table>
Project Phases

Develop Framework

Assess Readiness

Identify Gaps

Develop Toolkit
An **ACCOUNTABLE CARE ORGANIZATION (ACO)** is a group of health care providers who work to deliver coordinated care and are collectively accountable for the cost and quality of care.

**ACOs HAVE THE POTENTIAL TO** improve the quality of care and lower costs.

To show success, **ACOs MUST REPORT ON** specific quality measures.

**MORE THAN 1/2 of the measures are** impacted by medication use.

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Infographic **Is Available** For Your Use

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...**BUT,**

are ACOs ready to use medications in achieving those goals?

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**Key indicators of ACO capabilities show** the answer is **YES AND NO.**

**Yes, many ACOs can:**
- 70% Send Rx electronically
- 54% Merge medical & Rx data into one database
- 50% Promote appropriate use of generics

**But many ACOs aren’t:**
- 7% Calculating cost offsets of medications
- 9% Notifying a physician when a prescription is filled
- 17% Using protocols to avoid medication duplication or polypharmacy
- 22% Using quality metrics for a diversity of conditions
It's QUESTION TIME!!
Q&A Panel

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Thank You

• The webinar will be archived and posted on NPC’s website in coming days.

• For further information, contact:
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  – Kimberly Westrich, Director, Health Services Research, NPC, kwestrich@npcnow.org
  – Dr. Jerry Penso, Chief Medical and Quality Officer, AMGA, JPenso@amga.org
  – Marv Feldman, Senior Director, Medication Management & Managing Principal, Pharmacy Consulting, Premier, Inc., Marv_Feldman@PremierInc.com