Pharmacists in Accountable Care Organizations (ACOs)

Nancy England  
Senior Pharmacist  
ACO/Clinical Program Manager  
Blue Shield of California

Denis Ishisaka  
Senior Pharmacist  
ACO/Clinical Program Manager  
Blue Shield of California
Reducing trend through integration

ACO - an integrated network delivery model that provides **coordinated care** and services resulting in **improved quality outcomes** and **reduced healthcare costs**

aligned incentives: each partner contributes to cost savings and is at financial risk for any variance from targeted cost reduction goals

**network integrated delivery model**

- Blue Shield of CA
- Medical Group
- Hospital

- integrated processes
- clinical best practices
- data integration
- metrics and reporting

**driving change through accountability, transparency and aligned incentives**
Implementing a Pharmacist-Led Medication Management Pilot to Improve Care Transitions

Rachel Root, PharmD, MS†, Pamela Phelan, PharmD, FASHP, Amanda Brunner, PharmD, and Craig Eise, PharmD, MBA
Oregon Health & Science University, Fairview Pharmacy Services, LLC, and Fairview Ridge Hospital

*At the time of writing Rachel Root was a PGY2 Pharmacy Administration Resident at University of Minnesota Medical Center. Rachel Root at root@umn.edu.

Key Words: Transition, medication management

Pharmacists Belong In Accountable Care Organizations And Integrated Care Teams

By Marie Smith, David W. Bates, and Thomas S. Bodenheimer

ABSTRACT Effective health care workforce development requires the adoption of team-based care delivery models, in which participating professionals practice at the full extent of their training in pursuit of care quality and cost goals. The proliferation of such new models as medical homes, accountable care organizations, and community-based care teams is creating new opportunities for pharmacists to assume roles and responsibilities commensurate with their capabilities. Some challenges to including pharmacists in team-based care delivery models, including the lack of payment mechanisms that explicitly provide for pharmacist services, have yet to be fully addressed by policy makers and others. Nevertheless, evolving models and strategies reveal a variety of ways to draw on pharmacists’ expertise in such critical areas as medication management for high-risk patients. As Affordable Care Act provisions are implemented, health care workforce projections need to consider the growing number of pharmacists expected to play an increasing role in delivering primary care services.

Approximately thirty million newly insured people will soon gain access to medical care under provisions of the Affordable Care Act, placing increasing demands on the current primary care workforce. Most common, emerging care delivery and payment models—such as medical homes, accountable care organizations (ACOs), medical neighborhoods, and community-based care teams—will create new team-based responsibilities for pharmacists to fill.

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The Hickory Project: Controlling Healthcare Costs and Improving Outcomes for Diabetes Using the Asheville Project Model

Tzipporah B. Weinstock, MD, MPH, Robert L. Rovner, MD, MPH, MBA, Vadim M. Ash, MD, FHM, Howard Y. Chang, MD, FHM, MPH, PhD, Scott E. Suchman, MD, MBA, MA, Chuck D. Billingsley, MD, MPH, Jason S. Asadi, MD, MBA, and others

Clinical Information Management Systems, LLC, Jacksonville, Florida

The Hickory Project is an initiative of the Centers for Medicare and Medicaid Services (CMS)’s Medicare Program to improve care quality and reduce costs in a Medicare Advantage Model of Care (MA-MOC) demonstration project. The Hickory Project is a 3-year demonstration project involving 10 medical homes, 10 commercial insurers, and 10 networks of providers to test the benefits of group-based care management aimed at improving health and reducing health care costs for Medicare and Medicaid beneficiaries with diabetes.

CMS created the Hickory Project because it is important to CMS to reduce health care costs for Medicare beneficiaries:

The Hickory Project aims to improve health care quality, patient outcomes, and utilization patterns among Medicare- and Medicaid-eligible beneficiaries.

CMS would like to test the hypothesis that group-based care management can improve health and reduce costs for Medicare beneficiaries with diabetes.

The Hickory Project is testing the following hypotheses:

The Hickory Project will measure the following outcomes:

- Increased patient participation in diabetes self-management education
- Increased patient satisfaction with diabetes management
- Increased patient management of diabetes
- Increased patient use of preventive services
- Increased use of evidence-based medications
- Decreased hospitalization and emergency department use
- Decreased number of diabetes-related complications
- Decreased cost of diabetes care

The Hickory Project will also measure utilization of Medicare services.

The Hickory Project is designed to test whether group-based care management can reduce health care costs and improve outcomes.

The objective of this project was to design and pilot a pharmacist-led process to address medication management issues in high-risk patients.
Pharmacists as part of the Care Team

✓ Community Pharmacist MTM

✓ Advanced Practice Pharmacist (APP)

✓ Alternate APP Models
Blue Shield Community Pharmacist MTM

• Utilization of community pharmacy provider network
  – Addresses potential drug therapy issues
    • Duplicative therapy
    • Cost effective alternatives
  – Addresses potential gaps in care
    • High risk patient not on evidence based therapy
Blue Shield Community Pharmacist MTM – Results

**Type of Drug Therapy Problems Identified**
- Suboptimal drug therapy: 43%
- Non-adherence: 39%
- Cost-effective alternative: 17%
- Drug interaction: 1%

**Result of Pharmacist Intervention**
- Prevented hospital admission: 6%
- Adherence support: 38%
- Prevented an additional prescription order: 50%
- Prevented a physician visit: 6%
Blue Shield Community Pharmacist MTM

• Challenges:
  – Underestimated need to communicate with the frontline physicians to act on interventions
  – Commercial patient population difficult to reach Monday - Friday during regular business hours to schedule an onsite visit
Advanced Practice Pharmacist

- **Advanced Practice Pharmacists** provide
  - **Collaborative Drug Therapy Management** in collaboration with physician and other care team members

- **Why do we need APP?**
- 66% of readmissions are for drug misadventures
- Literature shows that APP services
  - Reduce utilization (hospitalization, ED)
  - Minimize adverse drug events
  - Reduce medical & drug costs
  - Improve quality of care and access
Blue Shield Advanced Practice Pharmacist Consulting Services

• Gaps
  – Most medical groups do not have pharmacists!
  – Those groups that want pharmacists are not sure what to do with them...

• Filling the Gap
  – Provides consultant to develop an APP program for groups that are believers
  – Includes template workflows, protocols
  – Engages the physicians
  – Mentors and coaches pharmacist hired by group
  – Establishes standard BSC focus areas addressing hypertension, diabetes and narcotic use with quality metrics
### Advanced Practice Pharmacist - Results

<table>
<thead>
<tr>
<th>Intervention Types</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Stopped</td>
<td>38%</td>
</tr>
<tr>
<td>Adjust dose/frequency</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
<tr>
<td>Labs</td>
<td>6%</td>
</tr>
<tr>
<td>GAP in care</td>
<td>5%</td>
</tr>
<tr>
<td>Therapeutic interchange</td>
<td>5%</td>
</tr>
<tr>
<td>Drug info provided to patient</td>
<td>5%</td>
</tr>
<tr>
<td>Schedule new apt</td>
<td>5%</td>
</tr>
<tr>
<td>Drug-Drug Interaction</td>
<td>4%</td>
</tr>
<tr>
<td>Prevent/manage ADE</td>
<td>3%</td>
</tr>
<tr>
<td>Vaccines</td>
<td>3%</td>
</tr>
<tr>
<td>Alternate drug formulation</td>
<td>2%</td>
</tr>
<tr>
<td>High Risk Meds</td>
<td>2%</td>
</tr>
<tr>
<td>Duplicate therapy</td>
<td>2%</td>
</tr>
<tr>
<td>Drug-Disease Interaction</td>
<td>2%</td>
</tr>
<tr>
<td>High cost to low cost alternative</td>
<td>1%</td>
</tr>
<tr>
<td>Untreated diagnosis</td>
<td>1%</td>
</tr>
<tr>
<td>Drug not indicated</td>
<td>0%</td>
</tr>
<tr>
<td>Renal dose adjustment</td>
<td>0%</td>
</tr>
</tbody>
</table>
Advanced Practice Pharmacist Considerations

• Need executive steering committee to maintain support
• Find a pharmacist that meets the state board APP certification requirements
• Focus the APP to meet the need of the group
• Suggested target populations to consider:
  – High risk/hospital discharge patient
  – Poly-pharmacy patient
  – High risk medication use
  – Chronic diseases
Alternate APP Models

• Virtual APP services
• Utilizing students and residents through partnerships with schools of pharmacy