Optimizing Medication Use for Accountable Care Success

Executive Roundtable
April 13, 2021 | 10:30 am – 1:30 pm ET

Welcome & Introductions

Paul Grundy, MD, MPH, FACOEM, FACPM

President, GTMRx Institute; Chief Transformation Officer, Innovaccer

Eric Weaver, DHA, MHA

Executive Director, Institute for Advancing Health Value (*formerly ACLC)

Katherine H. Capps

Co-founder and Executive Director, GTMRx Institute

Team-Based Care: Value, payment & practice

Medical knowledge doubling every 73 days: Today it takes a team!

Role of physician = solving difficult diagnostic dilemmas

↓

Diagnosis

↓

Care Plan

Informed by laboratory data and clinical information at the point of care (enabled by Health IT); informs medication plan created collaboratively between clinical pharmacist & physician

What We know
1. Patients are going to be on medications
2. Being on medications is NOT the "value" we seek or measure
3. Having a better patient outcome as a result of medication optimization *is* the "value"

This requires interprofessional team division of labor based on:

- expertise in therapeutics
- skill sets, training and education
- an interprofessional team that trusts one another, and....
- a passion to get the medications right, for every patient

INSTITUTE FOR ADVANCING HEALTH VALUE
AT WESTERN GOVERNORS UNIVERSITY

GTMRx Institute™

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Agenda

10:30 – 10:35 **Welcome and Introductions**

10:35-11:00 **What Are Characteristics of an Accountable Care Relationship?**

11:00- 11:35 **ACO Panel – A Better Way to Manage Medications**

11:30 – 12:15 **Break Out Rooms & Discussion**

12:15 – 12:45 **Accountable Care in Action – Accountable Care Program Spotlight - Optimizing Medication Use**

1:00 – 1:30 **Getting the Medications Right: Creating Accountable Relationships Today and in the Future**

1:30 **Adjourn**

Ground Rules

- Please keep your camera on. We want to see your faces!

- Close any extra open browsers and windows in order to keep open bandwidth on your device.

- Let's all contribute in an open, frank and fruitful manner by submitting questions into the chat box.

- We are recording today's discussion so we can better report its outcome, with no attribution. Please don't let that hinder your participation; **no individual comments or identifying information will be publicly shared.**

- In the breakout room portion, you will be asked to discuss based on your group's topic, please stay on mute when not talking.

Troubleshooting

You may submit questions for the Q&A sections throughout the conferences via the chat feature.

Zoom Group Chat

To: Everyone ⌄

Type message here…

You can select who to message here.
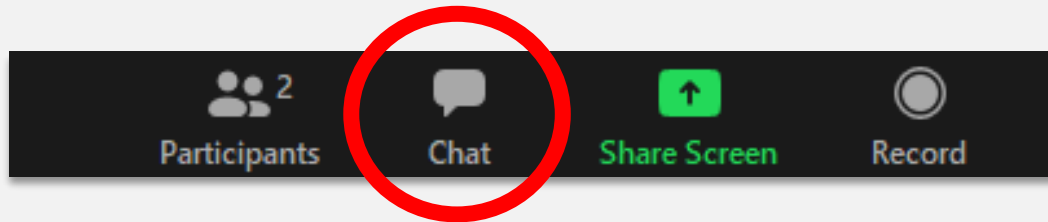
🔊 If you are having trouble hearing the audio, make sure you are connected via your computer speakers and your volume is turned up. If you would like to receive audio via your phone you can follow dial-in instructions as prompted by Zoom.
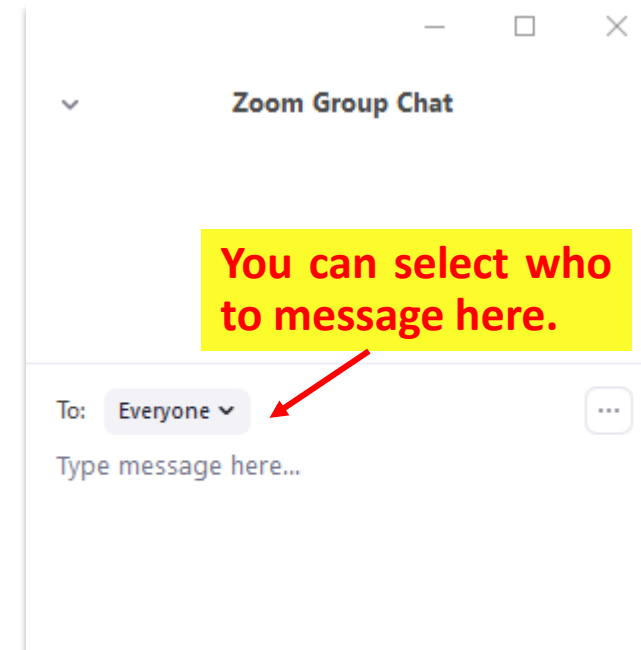
If you are having technical issues, please privately message **Débora Menieur Núñez**.

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Thank you to GTMRx's Funders

Founding Board

Executive Members

Strategic Partners

What Are Characteristics of an Accountable Care Relationship?

Sarah Fogler, PhD

Deputy Director, Patient Care Models Group, CMS Innovation Center

Pauline Lapin, MHS

Director of Seamless Care Models Group, CMS Innovation Center

CMS Innovation Center

Pauline Lapin
Director, Seamless Care Models Group, CMS Innovation Center

Sarah Fogler
Acting Director, Patient Care Models Group, CMS Innovation Center

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Vision: What's to Come Over the Next 10 Years

A HEALTH SYSTEM THAT ACHIEVES EQUITABLE OUTCOMES THROUGH HIGH QUALITY, AFFORDABLE, PERSON-CENTERED CARE

DRIVE ACCOUNTABLE CARE · **ADVANCE HEALTH EQUITY** · **SUPPORT INNOVATION** · **ADDRESS AFFORDABILITY** · **PARTNER TO ACHIEVE SYSTEM TRANSFORMATION**

Five Strategic Objectives

DRIVE ACCOUNTABLE CARE

Increase the number of people in a care relationship with accountability for quality and total cost of care.

ADVANCE HEALTH EQUITY

Embed health equity in every aspect of CMS Innovation Center models and increase focus on underserved populations.

SUPPORT INNOVATION

Leverage a range of supports that enable integrated, person-centered care such as actionable, practice-specific data, technology, dissemination of best practices, peer-to-peer learning collaboratives, and payment flexibilities.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Five Strategic Objectives

ADDRESS AFFORDABILITY

Pursue strategies to address health care prices, affordability, and reduce unnecessary or duplicative care.

PARTNER TO ACHIEVE SYSTEM TRANSFORMATION

Align priorities and policies across CMS and aggressively engage payers, purchasers, providers, states and beneficiaries to improve quality, to achieve equitable outcomes, and to reduce health care costs.

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CMS Innovation Center Strategy – Moving to Implementation

Stakeholder Engagement (last 3-6 months)
- White paper launch (October 2021)
- Listening sessions with beneficiaries, health equity experts, primary care, safety net, specialty providers, states, and payers (2021-22)
- 2021 LAN Summit (December 2021)
- LAN Health Equity Action Taskforce (Ongoing)

Stakeholder Engagement (next 6-24+ months)
- Outreach to communicate and share strategy via conferences, podcasts, and learning events
- Launching a stakeholder engagement strategy across the life cycle of models
- Sharing model test data with external researchers to contribute to learnings
- Leveraging existing and new mechanisms to enhance engagement with patients, providers, and payers and improve transparency in model design/implementation

2021 → 2022 → 2023-2029

Model Opportunities that Inform Strategy and Transformation
- <u>Advancing Health Equity</u>: Community Health Access and Rural Transformation Model
- <u>Accountable Care</u>: Initial cohorts for Primary Care First (PCF) and Global/Professional Direct Contracting (GPDC)
- <u>Accountable Care</u>: ESRD Treatment Choices Model
- <u>Addressing Affordability</u>: Part D Senior Savings Model

Examples of Model Opportunities that Advance Strategy and Inform Transformation
- ACO REACH model
- PCF Second Cohort
- Kidney Care Choices model
- Radiation Oncology model

Examples of Efforts to Address Cross-Model Issues
- Health equity data collection
- SDoH screening and referral
- Benchmarking
- Risk adjustment
- Provider performance data platforms

Model Types that Drive Transformation
- ACO model tests that create accountability for total cost of care and outcomes
- Advanced primary care model tests
- Specialty care model tests that supports integrated, whole-person care
- State accountable care model tests
- Model tests that engage safety net providers and others that have not historically participated in models

CMS Innovation Center Commitment to Engaging Beneficiaries and Patient Groups
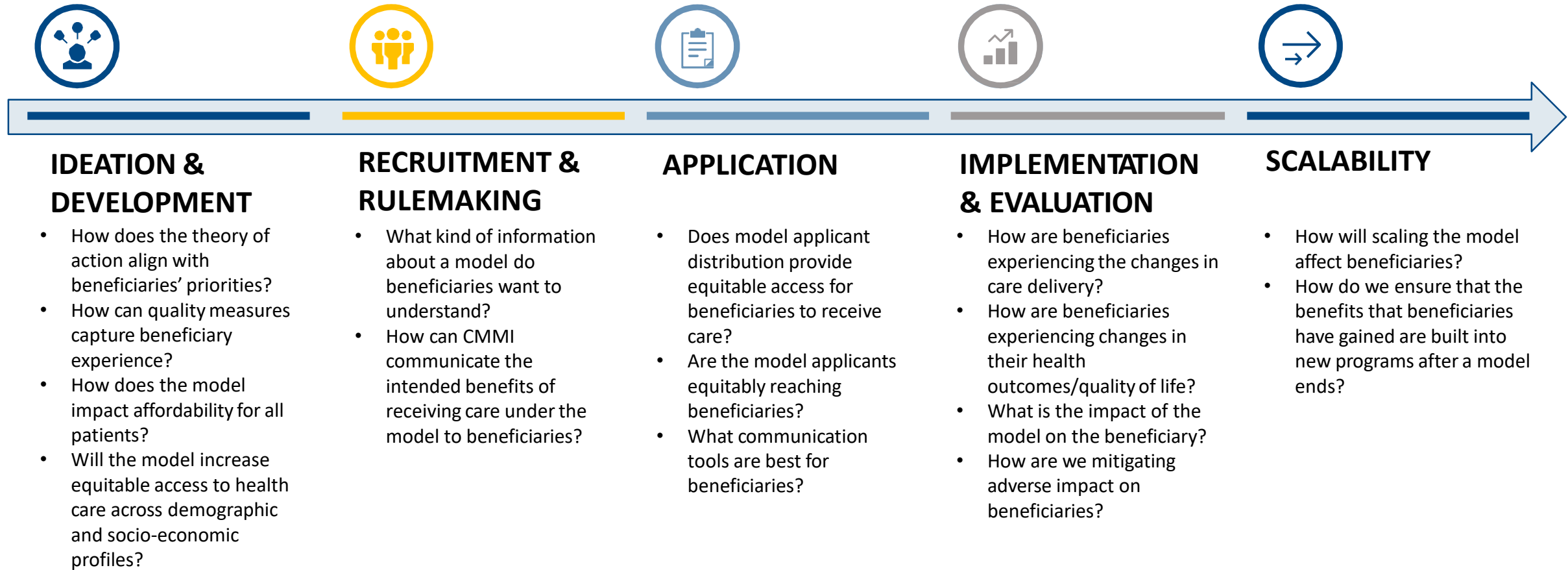
"The CMS Innovation Center will collaborate across the life cycle of models – from design to evaluation and potentially expansion – and in the implementation of each of the five objectives of the strategic refresh.

*In particular, **beneficiaries, patient groups**, **and providers** will see a **deeper partnership** with the CMS Innovation Center in which their needs and perspectives inform model development, evaluation, and the definition of success, and in which beneficiaries see improvements in quality of care and providers receive clear signals and a more transparent movement to value-based care."*

 - CMS Innovation Center White Paper, October 2021

Incorporating Stakeholder Perspectives Into CMMI Models

As CMMI places beneficiaries at the center of its strategic direction and decision-making, the Center is pursuing additional opportunities to incorporate stakeholder considerations at each phase of development and release.

IDEATION & DEVELOPMENT

- How does the theory of action align with beneficiaries' priorities?
- How can quality measures capture beneficiary experience?
- How does the model impact affordability for all patients?
- Will the model increase equitable access to health care across demographic and socio-economic profiles?

RECRUITMENT & RULEMAKING

- What kind of information about a model do beneficiaries want to understand?
- How can CMMI communicate the intended benefits of receiving care under the model to beneficiaries?

APPLICATION

- Does model applicant distribution provide equitable access for beneficiaries to receive care?
- Are the model applicants equitably reaching beneficiaries?
- What communication tools are best for beneficiaries?

IMPLEMENTATION & EVALUATION

- How are beneficiaries experiencing the changes in care delivery?
- How are beneficiaries experiencing changes in their health outcomes/quality of life?
- What is the impact of the model on the beneficiary?
- How are we mitigating adverse impact on beneficiaries?

SCALABILITY

- How will scaling the model affect beneficiaries?
- How do we ensure that the benefits that beneficiaries have gained are built into new programs after a model ends?

Ensure attributed beneficiaries in longitudinal care management have access to comprehensive medication management

Practice Guidance

- Comprehensive medication management (CMM) is a standard of care that ensures each medication is individually assessed to determine it is appropriate and safe

- Includes an individualized care plan with appropriate follow-up to determine patient outcomes

- Helps reduce the risk of medication-related adverse effects

- Important for patients with complex needs, experiencing transitions of care, or using high-risk medications

- Practices may consider identifying a CMM specialist within their practice or developing relationships with a specialist

Practice Challenges

- Identifying high-risk patients for comprehensive medication management

- Assessing the patient and evaluation of medication therapy

- Developing and initiating a plan

- Following-up and monitoring medications

- Patient education

Questions and Answers

ACO Panel – A Better Way to Manage Medications

Katherine Laurenzano, MD

Medical Director for Primary Care Monitoring and Oversight, Office of Primary Care, U.S. Department of Veterans Affairs

Erick Sokn, PharmD, MS

Pharmacy Director, Population Health – Cleveland Clinic

Amanda Brummel, PharmD, BCACP

Vice President of Clinical Ambulatory Pharmacy Services, MHealth Fairview

Break Out Rooms

Timing:
20 min in the breakout room
22 min of discussion in the main room from moderators

Group #1: Population Health [Part 1] — *Moderator:* Julie England, MD

Group #2: Population Health [Part 2] — *Moderator:* Gregory Downing, DO

Group #3: Social Determinants of Health — *Moderator:* Kathy Pham, Pharm.D.

Group #4: Data Driven Transformation — *Moderator:* Julia Skapik, MD

Group #5: Risk Management — *Moderator:* John McGlew, MA

Group #6: Network Expansion and Clinical Integration — *Moderator:* Curtis Haas, Pharm.D.

Group #7: Accountability and Relationship Management — *Moderator:* Julie Groppi, Pharm.D.

Ground Rules
- Be respectful.
- Please stick to the topic.
- Please no product promotion.
- Keep your camera on! We want to see your faces.
- Before you offer comments, please say your name/title/company. You have the option to either verbalize or type your comments. Please keep your comments down to less than 1 minute.
- Your moderator will gather some of the main points from this meeting and briefly discuss them in the main room.
- Stay on mute when not talking.

Break Out Rooms Discussion Summary

Led by Eric Weaver

Group #1: Population Health [Part 1] — *Moderator:* *Julie England, MD*

Group #2: Population Health [Part 2] — *Moderator:* *Gregory Downing, DO*

Group #3: Social Determinants of Health — *Moderator:* *Kathy Pham, Pharm.D.*

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Group #7: Accountability and Relationship Management — *Moderator:* *Julie Groppi, Pharm.D.*

Accountable Care in Action – Accountable Care Program Spotlight-Optimizing Medication Use

Katherine Czarnowski, PharmD, BCACP

Population Health Clinical Pharmacist, SoNE Health

Nicole Green, BSP

Director, Ambulatory Pharmacy, ThedaCare

Richard Bone, MD

Senior Medical Director of Population Health, Advocate Medical Group

Getting the Medications Right: Creating Accountable Relationships Today and in the Future

Melissa Murer Corrigan, RPh, CAE, FAPhA, FASHP

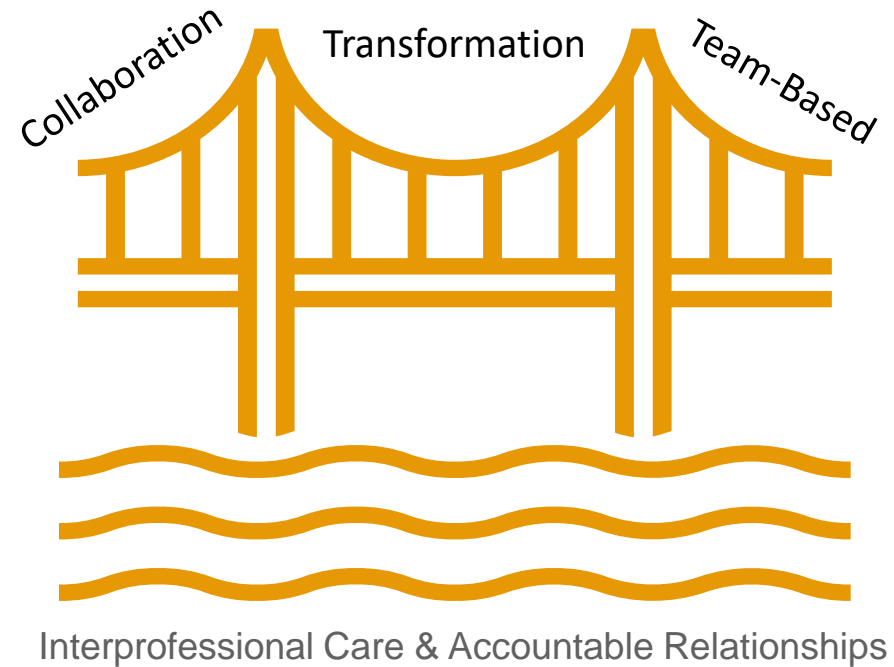Executive Director, AACP Transformation Center, American Association of Colleges of Pharmacy

Well-being Check!

Share how you are feeling today in ONE word

A more coordinated, systematic approach to medication use – saving lives and saving money

Collaboration   Transformation   Team-Based

Interprofessional Care & Accountable Relationships

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Deloitte Insights: "The Pharmacist of the Future"

> "[Reimagining the pharmacy business model] could be a win-win for all: for the pharmacist profession, payors, providers, and the public."

Opportunities for pharmacists to contribute to public and population health abound

Primary care

Pharmacists can supplement or extend primary care services in chronic condition management, prevention and wellness, diagnosing and treating minor acute illnesses, supporting mental health, and aging in place.

Specialty care

As therapies become more complex, pharmacists' pharmacotherapy expertise will be in even greater demand in specialty areas, such as oncology, cell and gene, and rare diseases.

Digital health

Pharmacists could provide access to point-in-care diagnostics, prescribe digital therapeutics, and help customers identify digital health tools for their needs. They might even help with setup and configuration of medical devices and health apps, as well as interpreting the data from these tools.

Population health analytics

Besides clinical activities, pharmacists can move into analytical roles to identify health improvement opportunities, develop algorithms for clinical decision support and population health analytics, and design programs that improve population health.

- Market Trends → Accelerated Innovation
  - Digital distributors and online delivery
  - Pressure to deliver value from payors and employers
  - State-level regulations of PBMs
  - Progress toward interoperability and data sharing

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The pharmacist of the future. Deloitte Insights. https://www2.deloitte.com/us/en/insights/industry/health-care/future-of-pharmacists.html

Deloitte Insights: "The Pharmacist of the Future"

Barriers to Transforming the Pharmacists' Role in Healthcare

Regulatory

- Pharmacists are not recognized as providers at the national level.

- Different agendas and priorities within different sectors of pharmacy (e.g., chain, independent, clinical) cause complication.

Operational and Technical

- Pharmacists often do not have access to patients' health records.

- Pharmacists are often unable to get paid through the medical benefit. Realtime adjudication and pharmacy systems that allow for submission of medical claims are needed.

Structural

- Current payment models are not built for pharmacists to be paid for clinical services.

- Disincentives exists for payors and providers to consider pharmacists as a component of care due to segregation between medical and pharmacy benefits.
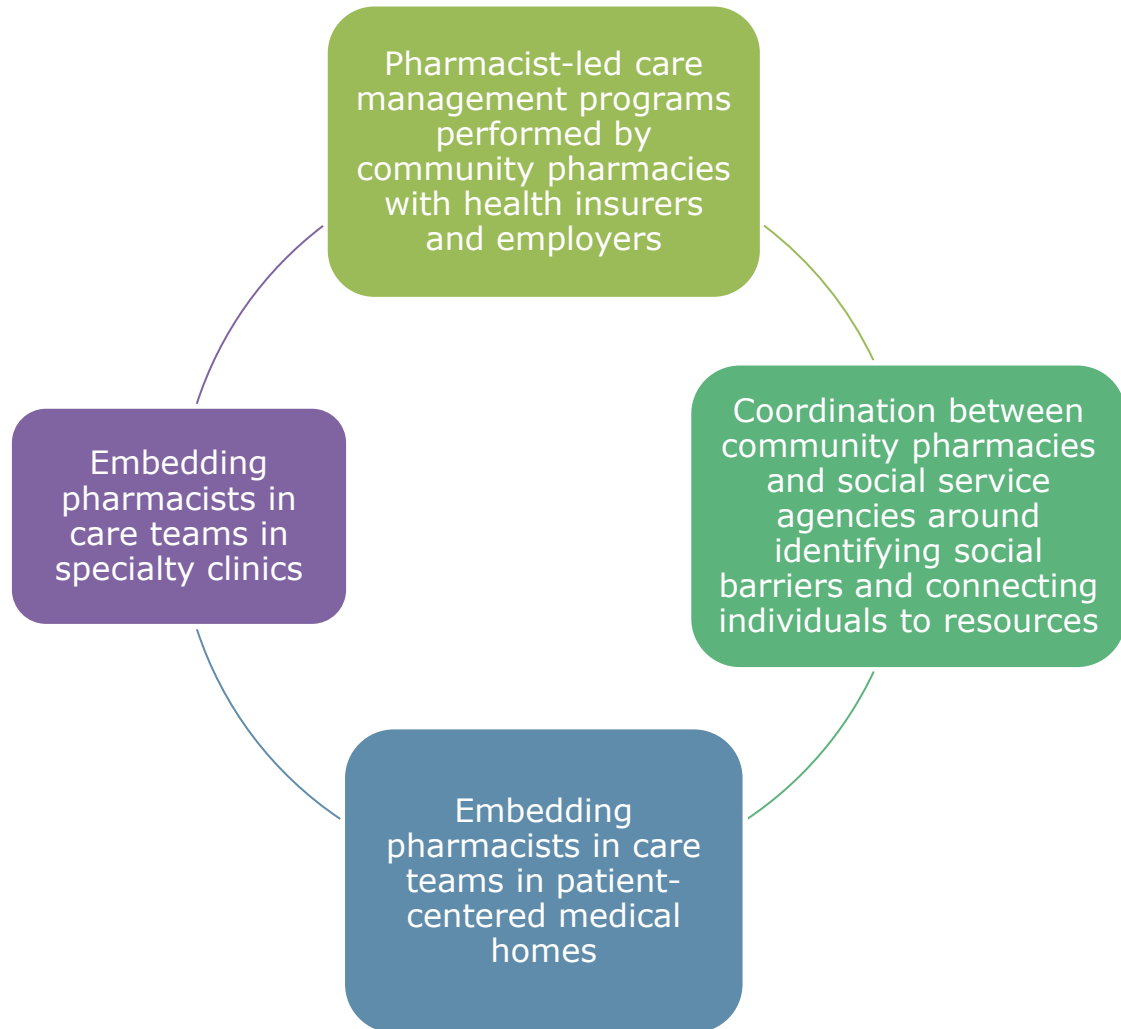
Value-Based Payment Models

- Detractors to this type of model include investments and lack of familiarity with how to incorporate pharmacists into care models.

- Employers and regional health plans without a PBM are most likely to see value in pharmacy services.
  - Direct contracting and value-based payment models are beginning to change incentives.

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Deloitte Insights: "The Pharmacist of the Future"

Innovative Models adopted Pre- and Post-pandemic

Pharmacist-led care management programs performed by community pharmacies with health insurers and employers

Embedding pharmacists in care teams in specialty clinics

Coordination between community pharmacies and social service agencies around identifying social barriers and connecting individuals to resources

Embedding pharmacists in care teams in patient-centered medical homes

Scaling Innovation

AACP's new Transformation Center will promote and disseminate innovations in pharmacy practice and education to further optimize patient care. 18

"Right now, the two most likely places for innovation to occur are independent community pharmacies and fully integrated delivery systems."

How do we think bigger?

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The pharmacist of the future. Deloitte Insights. https://www2.deloitte.com/us/en/insights/industry/health-care/future-of-pharmacists.html
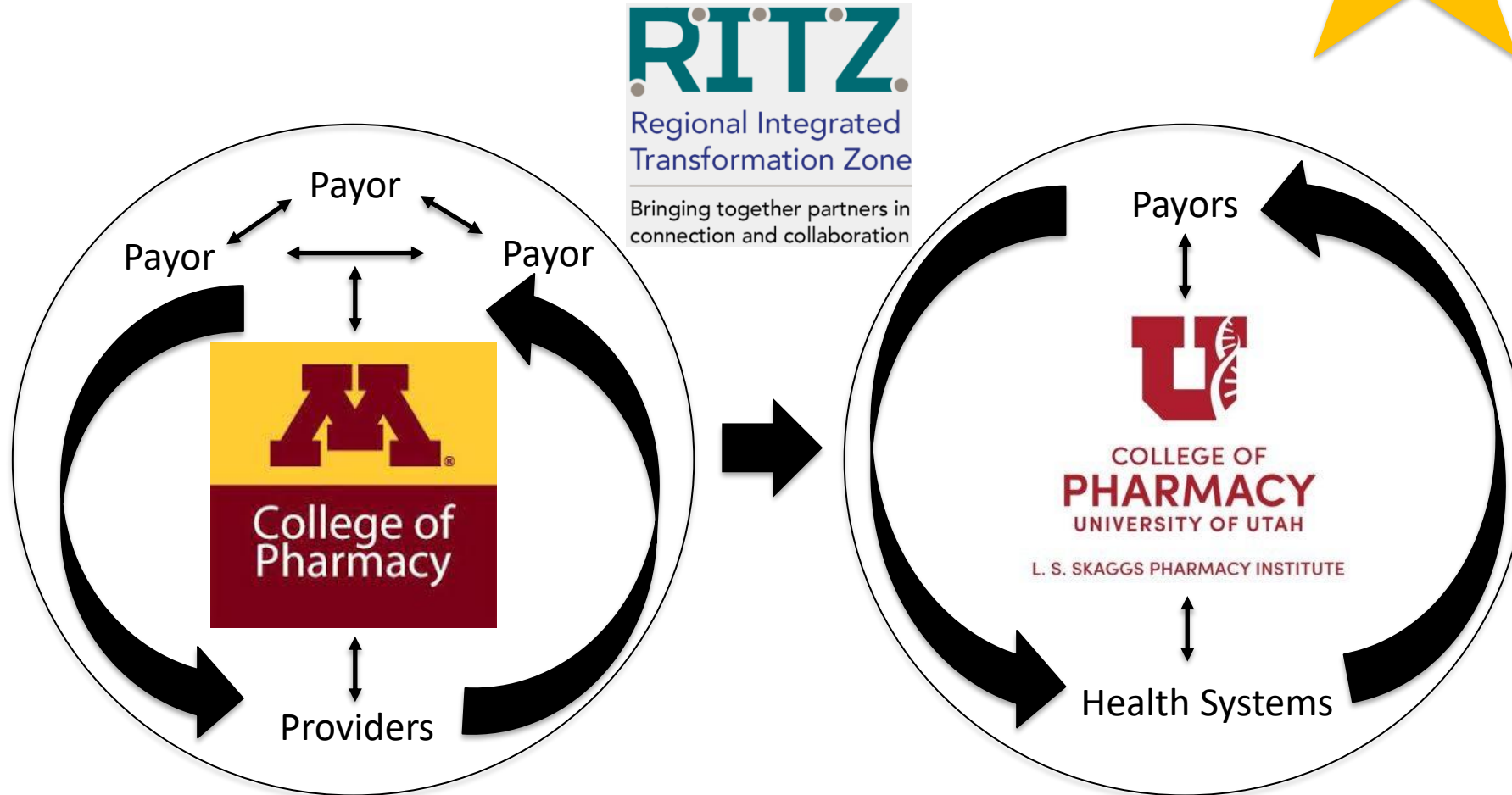
2022 ASHP Foundation Pharmacy Forecast

- Annual report providing insights into emerging trends and phenomena that have affected or could affect the practice of pharmacy and the health of patients across the health system.
- Application
  – Strategic planning
  – Inform decision makers
  – Provokes forward-thinking

2022 ASHP Foundation Pharmacy Forecast Themes & Trends

Delivering Value to Stakeholders

Impacting Access, Disparities, and Equity

Reimagining Health Systems for Agility and Resilience

Building the Foundation of the Pharmacy Enterprise: Assuring Workforce Capability

Pharmacy Preparedness for Change

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Colleges/Schools of Pharmacy: Converters of Transformation

ACT Pharmacy Collaborative

ACT (ACADEMIA-CPESN TRANSFORMATION) PHARMACY COLLABORATIVE

PURPOSE:

To establish successful partnerships between colleges/schools of pharmacy and CPESN, a community-based clinically integrated network. By participating in the Collaborative, we share our expertise and learn from the experts who have had success in building these partnerships within their states or regions.

ACT PHARMACY COLLABORATIVE GOAL

Support the transformation of community-based pharmacy practice from a product-based care model to a community-based pharmacy care delivery model.

ACT School/College Champions – 95

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https://www.actforpharmacy.com/overview

Hilltop Pharmacy – Pittsburgh, PA

- Small, family-owned single location independent pharmacy

- Part of the **Pennsylvania Pharmacists Care Network (PPCN)**, PA's **CPESN** network

  - Patient Services

    - Adherence packaging

    - Medication synchronization

    - Immunization

    - Blood pressure readings

    - Smoking cessation

    - Medication therapy management

    - Diabetes education classes

  - PPCN support

    - Demonstrates to payors how pharmacists deliver value to their members

    - Secures contract opportunities for payment to sustain patient care services

    - Supports pharmacies in their provision of care

From left to right: Natalie Klek (student pharmacist), Alex Rothey (PharmD), Trevor White (technician), and Nicole Beynon holding a donation for a local food bank.

Hilltop Pharmacy

"Patients may utilize pharmacy services due to their accessibility, which may result in identification and resolution of additional, unrelated drug therapy problems."

"Having a payment mechanism, like an enhanced service network contract, in place to cover the staff time needed to provide these patient care services is critical to ensuring the pharmacy can continue offering them to patients…"

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Race To Value Podcast

- "The Powerful Impact of the Pharmacy Profession on Value, Equity, and Public Health" - Oct. 18, 2021
  - Pharmacists mobilize around healthy equity to narrow disparity gaps and **provide value** to patients, payors, and providers
    - Counsel, educate, and connect around COVID-19 vaccinations and treatment in underserved/hesitant communities
    - Recognize and address SDOH, leading to improvement in chronic care management and medication adherence
      - » Integration of pharmacists into ACOs
    - Co-develop strategies via team-based multidisciplinary and community-based approaches
    - Improve diversity in the profession

Dr. Jacinda Abdul-Mutakabbir (Dr. JAM)
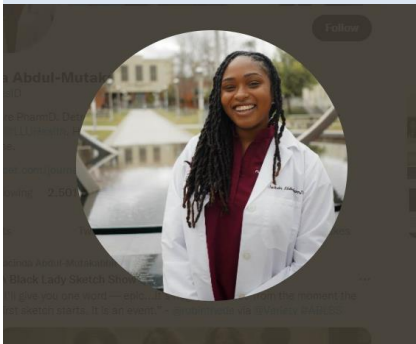
Call to Collaborate

What is one actionable takeaway from your time at this event?

How will you take steps toward this action tomorrow? What are some obstacles that you may need to address?

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Questions?

Melissa Murer Corrigan, Executive Director, AACP Transformation Center
- Email: mcorrigan@aacp.org

Nidhi Gandhi, Associate Director of Research Programs and Special Initiatives
- Email: ngandhi@aacp.org

Miranda Steinkopf, Academic Leadership and Education Fellow
- Email: msteinkopf@aacp.org

AACP

Adjourn

Thank you for joining us!
There will be an issue brief created based on today's discussions, so be on the lookout for future communications.

Please offer feedback on today's event here:
https://www.surveymonkey.com/r/GTMRxIAHV-ERT