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Successful Incorporation of Comprehensive Medication Management into PCMH and ACO Coordinated Care Models

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# **Objectives:**

- 1. Overview of Fairview Pharmacy Services MTM program
- 2. Discuss the role of pharmacy in a PCMH & ACO
- Understand Fairview Pharmacy Services current experience with MTM and the care team our PCMH and ACO.





Medication Management at Fairview....





### **Fairview Overview**

- Not-for-profit established in 1906
- Partner with the University of Minnesota since 1997
- Named a top 10 U.S. health system by Thomson Reuters (2009)
- 22,000+ employees
- 2,500 aligned physicians
  - Employed
  - Faculty
  - Independent
- 7 hospitals/medical centers
- 44 primary care clinics
- 55-plus specialty clinics
- 26 senior housing locations
- 30+ retail pharmacies







# History of Fairview MTM

- MTM program developed in 1997 in partnership with the University of Minnesota College of Pharmacy
  - Comprehensive MTM model
  - Cared for over 15,000 patients
  - Resolved over 78,000 drug therapy problems
- Fairview has 24 MTM pharmacists at 27 Twin Cities locations
  - In addition we have contracted network of pharmacists in Duluth, MN





# Medication Therapy Management

Built upon the philosophy and process of "pharmaceutical care practice"

# ESTABLISH A THERAPEUTIC RELATIONSHIP

#### **ASSESSMENT**

- •Ensure all drug therapy is indicated, effective, safe and convenient
- •Identify drug therapy problems

#### CARE PLAN

- •Resolve drug therapy problems
- •Establish therapeutic goals
- •Prevent drug therapy problems

#### **EVALUATION**

- •Record actual patient outcomes
- •Evaluate progress in meeting therapeutic goals
- •Reassess for new problems

# Continuous Follow-up

Working in collaboration with all members of the healthcare team





# Foundation of MTM

Built upon the philosophy and process of "pharmaceutical care practice"

# Pharmacists' responsibilities:

- To identify a patient's drug-related needs and commit to meet those needs
- To ensure that all of a patient's drug therapy is appropriately indicated, the most effective, the safest and the patient is compliant
- To work in collaboration with all members of a patient's care team





# Program Goals of MTM

- To reduce overall health care costs
- > To empower patients to take a more active role in their health.
- ➤ To improve the overall health and wellness of patients.

#### **Our Results:**

78,109 Drug Therapy Problems Resolved

(13,325 MTM Patients, Jan 1999 – Dec 2011)

- 86% of patients had <u>></u> 1 drug therapy problems
- 53% of patients had ≥ 3 drug therapy problems
- 32% of patients had ≥ 5 drug therapy problems





# Drug Therapy Problems

(13,325 MTM Patients, Jan 1999 – Dec 2011)

### 78,109 Drug Therapy Problems Resolved

Needs Additional Drug Therapy	27 %
Dosage Too Low	27 %
Noncompliance	16 %
Adverse Drug Reaction	9 %
Ineffective Drug	8 %
Dosage Too High	7 %
Unnecessary Drug Therapy	6 %





# Fairview MTM

### Collaborative Practice

Collaborative Practice Agreements (CPA's)

- Approved by Fairview quality committee
- In place for a Fairview credentialed MTM practitioner
- System wide CPA
- Can initiate, adjust, or discontinue multiple medications for 20 chronic conditions
- Can order lab work to monitor these medications and changes





# Our Proven Benefits

- Value on Investment
  - Reduction in overall health care costs
  - Range of 1.4:1 to 12:1 ROI
- Increased Clinical Outcomes
  - State of MN diabetes pilot increased from 16% to 36.5% meeting all goals in a 12 month period of time.
  - 59.7% asthma patients cared for by MTM pharmacists achieved the MN community measure for optimal asthma care vs. the state average of 16% in 2011
- Increased patient satisfaction
  - 97% of patients agreed or strongly agreed that their overall health and well-being has improved





Pharmacy's Role....





# Pharmacy is an integral part of becoming a PCMH & ACO

#### **Statistics**

- Improper medication use by patients has been estimated to cost the health system up to \$290 billion a year
- Drug expenditures comprise 15.5% of healthcare premium
- This represents the third most costly component of the nation's health spending behind hospital care (31%) and physician and clinical services (21%)







# Pharmacy is an integral part of becoming a PCMH & ACO

### Pharmacy optimization goals

- Health outcomes
- Patient experience
- Provider experience
- Financial outcomes



The main objective is to constantly develop and implement new pharmacy capabilities & services to support PCMH & ACO goals

- Partner with providers to expand panel size
- Special focus on complex and costly patients

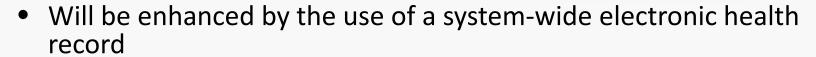




# Teamwork and Integration

Team based approach is necessary in order to create a successful PCMH & ACO

- Will occur between primary care, specialty, and hospitals.
- Integrated system will manage and coordinate patient care, financial risk with the cost of patient care, and measure that cost and report quality outcomes in a validated way



Pharmacy is a thread between all of these practice areas to ensure reduction of drug-related morbidity and mortality.





Our Journey at Fairview....





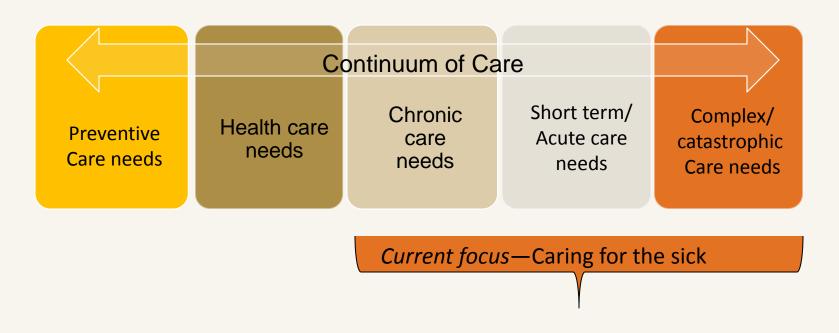
# Transforming to deliver value

**Creating value** and outcomes Change Care **Provider Patient** Consumer activation and **Value** consumer Realizing engagement Change Change economic return **Experience Payment** for new value Employer / Plan





# Improving the Health Requires Care Continuum



Future focus—Improving health, well-being for a lifetime

"Helping people enjoy life by improving their health"





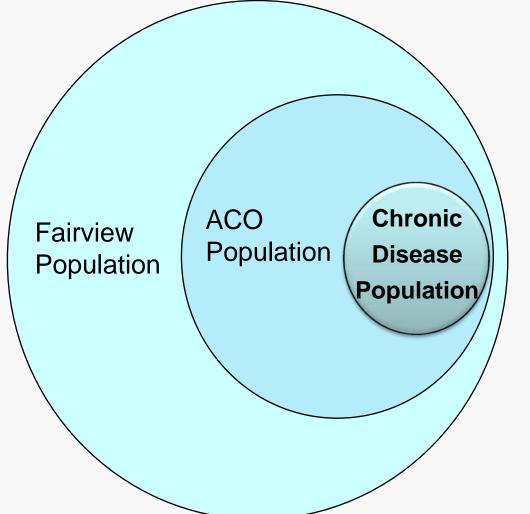
# Fairview's focus areas of strategy

- Patient Experience
  - Increase access
  - Enhanced communication with all members of the care team
  - Clear plan of care
- Population Management Approach/Increase Quality of Care
  - Care coordination
  - Appropriate Care Team referrals/access
  - Transitions of care
- Reduce Total Cost of Care
  - Avoid readmissions
  - Ensure right person, right role, right work





**Basic Population Strategy** 







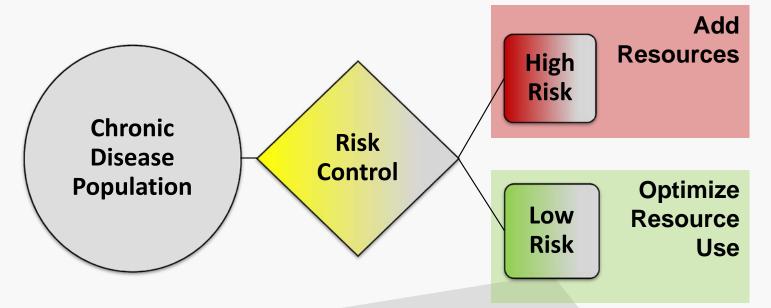
# Who is an appropriate MTM patient?

- Patients at high risk or have frequent ED/ hospitalizations
- Chronic disease states that are not at goal/in control
- Poly-provider patients
- Poly-pharmacy patients

- Patients with a recent change in their health/medication status- involving multiple medication changes
- Patients taking high risk medication classes
- Patient referred due to medication concerns/ questions





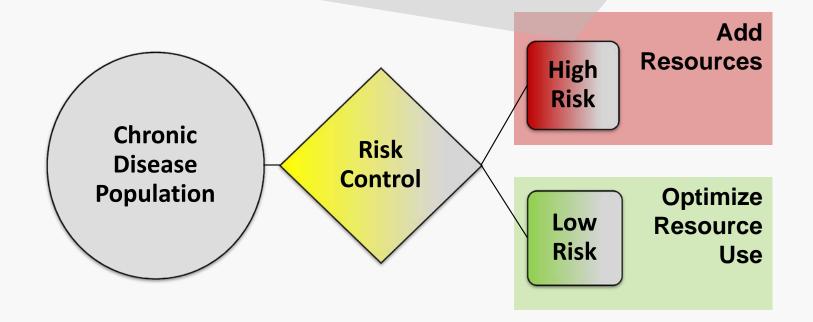


- •Can we substitute a MTM visit instead of one MD visit per year?
- Groups, Social Networking, selfserve coaching





- Care coordination
- Add MTM, CDE, RN visits
- Health coaching, social services,
  other interventions







# Health Management Model Example

Inc. intensity of care Inc. frequency of contact Remote physiological monitoring

Expanded team Specialty care

- MTM
- BHC

Care Coordination (specialty/primary care)

- RN/MSW
- Palliative care
- Hospice

Internet Social Media Peer Support Community **Public Health** 

Dx based care packages Panel tools (C3PO) Add'l team members Screening

- CDE
- Asthma Educator

Panel Management

Well

At Risk

**Self Monitoring** 

Health coaching

**Chronic Care** 

**Complex Chronic** Care

**Intensified Care** Coordination

**Complex Care** (high cost)

New care team and approach focused on unique needs

(clinical/social/

behavioral)



**Population Management** 



# FPS' current and future strategies support Fairview's aggressive ACO development.

- Chronic disease and wellness
- Contributions to clinic care model
- Transitions in care
- Continuum of care services





### **Chronic Disease and Wellness**

### MTM services as an integral member of the care team

- Working with FMG leadership to develop a "panel" of MTM patients
- Refining our staffing and delivery model to ensure MTM services are available where there is need
- Collaborative Agreements in place to provide medication management on over
  20 disease states
- Involvement in Population Health leadership team to guide direction of team clinician members

### Care Package development & participation

• Asthma, diabetes, migraine, CAD, COPD, CHF, depression, etc.





# Contributions to Clinic Care Model

### Direct involvement in clinic team

- C3PO's (care conferences)
- Huddles
- Clinical consults
- Clinic operations team

### Education

- Direct teaching
- Asthma education for nursing
- HTN, Lipid
- Protocol development

### **Innovation**

Virtual Care (web-cam) development





### Transitions in Care

- Inpatient and Outpatient Pharmacy Services working together to reduce readmissions through improved medication management, reconciliation, and patient education
- Risk stratifying the population and determining what interventions/resources are needed
  - Inpatient
  - Outpatient





### **Continuum of Care Services**

# Provide MTM services in specialty areas

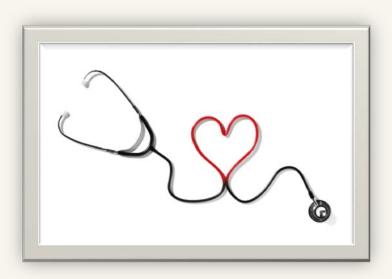
- Geriatric Services
- Advanced Therapies
- HIV
- Transplant/Chronic Kidney Disease
- Oncology





# Fairview as a Pioneer ACO

- Pioneer ACO has four quality domains
  - Patient Experience
  - Care Coordination/Patient Safety
  - Preventive Health
  - At-Risk Population







# Quality Measure Examples:

# Aim= Better care for the individual

### •CAHPS

- Timely care, communication, provider ratings, access to specialists, health education, shared decision making, health status
- All condition readmission
- Condition specific admissions
  - COPD, CHF
- Medication Reconciliation- after discharge
- Falls Risk Screening

### **Aim= Better health for Populations**

#### Preventative Health

 Flu, pneumovax, screenings for weight, tobacco, depression, colorectal, mammography

#### Clinical measures

- Blood pressure
- Diabetes (A1c, LDL, BP, tobacco, ASA)
- Vascular disease (LDL, ASA)
- HF (BB, LDL therapy, ACEI/ARB)





# In summary

- •Pharmacists have an important role in the PCMH and ACO teams.
- •Medication management needs have a comprehensive standardized approach to ensure consistent outcomes will be met.
- •There are many areas that MTM can impact the health of the population

As Pharmacists, we will need to integrate ourselves into the team by taking responsibility for a person's drug related needs and being held accountable for meeting those needs.



