Objectives

1. Identify the Institute of Medicine’s six aims of health care redesign.
2. Describe two areas where pharmacists can get involved in a patient-centered medical home.
3. List two requirements of an accountable care organization.

Agenda

- Describe patient-centered medical home (PCMH) criteria
- Illustrate pharmacist roles in PCMH
- Explain accountable care organization (ACO)
- Suggest pharmacist involvement in ACO
Some Problems

- Rising healthcare costs
- Fragmented, reactive payment structure
- Shortage of primary care physicians
- Poor patient satisfaction with healthcare
- Barriers between physician-physician and physician-patient care
- Lack of data exchange during transitions

Quest for Change

- In 2001 the Institute of Medicine (IOM) identified six aims to redesign healthcare
  - Safe
  - Timely
  - Effective
  - Equitable
  - Efficient
  - Patient centered

A Solution

- Patient Centered Medical Home (PCMH)
- A “home” that provides:
  - Whole person orientation (patient centric)
  - Physician-directed team approach
  - Coordinated and/or integrated care
  - Focus on quality and safety
  - Information technology
  - Enhanced access
  - Payment redesign

Joint Principles of PCMH available at:
www.acponline.org/running_practice/pcmh/understanding/guidelines_pcmh.pdf
Timeline for Redesign

**PCMH**
- 1967: AAP PCMH idea
- 2005: ACP Advanced Medical Home
- 2006: PCPCC forms
- **2007-08**: Joint Principles and Initial Standards
- 2010: Affordable Care Act
- **2012-14**: CMS Demo Project in 8 states

**MTM**
- 2003: Medicare Modernization Act
- 2004: MTM Consensus Definition and Core 1.0
- 2006: Part D/MTM starts
- **2007-08**: CPT codes and Core Elements 2.0
- 2010: CMS Expands MTM
- 2012: PCPCC Med Mgmt

PCMH Standards

- National Committee for Quality Assurance (NCQA)
  - Developed PCMH standards in 2008
  - Revised standards in 2011
- Blue Cross/Blue Shield of Michigan (BCBSM)
  - Physician Group Incentive Program (PGIP)
  - Developed PCMH standards in 2007
  - Over 700 offices designated in 2011

PCMH Standards

<table>
<thead>
<tr>
<th>NCQA</th>
<th>PGIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and Communication</td>
<td>Extended Access</td>
</tr>
<tr>
<td>Patient Tracking and Registry Functions</td>
<td>Patient Registry</td>
</tr>
<tr>
<td>Care Management</td>
<td>Individual Care Management</td>
</tr>
<tr>
<td>Patient Self-Management Support</td>
<td>Patient-Provider Partnership</td>
</tr>
<tr>
<td>Test Tracking</td>
<td>Test Results Tracking and Follow-Up</td>
</tr>
<tr>
<td>Referral Tracking</td>
<td>Coordination of Care Specialist Referral Process</td>
</tr>
<tr>
<td>Performance Reporting and Improvement</td>
<td>Performance Reporting</td>
</tr>
<tr>
<td>Advanced Electronic Communications</td>
<td>Patient Web Portal</td>
</tr>
<tr>
<td>Electronic Prescribing</td>
<td>Linkage to Community Services</td>
</tr>
</tbody>
</table>

Medication Management

- MTM Core Elements
  - Medication therapy review
  - Personal medication record
  - Medication-related action plan
  - Intervention and/or referral
  - Documentation and follow-up
- MTM provides a framework for pharmacists to fit into the PCMH model

MTM Core Elements 2.0 available at: www.pharmacist.com

Patient Centered Primary Care Collaborative (PCPCC)

- Recommends comprehensive medication management as a PCMH initiative
- Endorses Medication Resource Guide in 2010
- Medication outcomes include:
  - Assess medication-related needs
  - Identify medication-related problems
  - Develop care plan with goals
  - Follow-up evaluation for outcomes

Medication Management Resource Guide available at: www.pcpcc.net/medication-management

PCMH Pharmacist Activities

- Patient care services
  - Collaborative drug therapy management
  - Chronic disease management
- Pharmacist clinics
  - General: Pharmacotherapy
  - Specialty: Anticoagulation and osteoporosis
- Community collaboration
- Vaccination programs
- Transitions of care
- Medication reconciliation

Agenda

- Describe patient-centered medical home (PCMH) criteria
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- Explain accountable care organizations (ACO)
- Suggest pharmacist involvement in ACO

Accountable Care Organization

- Definition
  - Group of physicians, providers, and hospitals
  - Shared responsibility to coordinate and deliver services
  - Held accountable for quality and cost of care
- PCMH is the foundation
  - Partnership among physicians and others
  - Promotes evidence-based medicine and patient engagement

Joint Principles of ACO available at:
www.pcpcc.net/content/joint-principles-accountable-care-organizations

Goals and Structure

- Goals
  - Improve quality and efficiency of care provided
  - Demonstrate increased value
- Structure
  - Improve population health
  - Use validated clinical metrics for both acute and ambulatory care settings
  - Integrate information systems
  - Show transparent payment model

http://www.pcpcc.net/content/joint-principles-accountable-care-organizations
Payment Reform

- Payment moves from fee for service + incentives to “bundled payments” and shared savings
- Links provider reimbursement to quality metrics
- Recognizes contributions from community and educational resources
- Requires clinical integration in care provision across a delivery system
- CMS using pilots to assess value

http://www.pcpcc.net/content/joint-principles-accountable-care-organizations

CMS Demonstration Project

- Assess PCMH feasibility and multi-payer value
  - Uses care management: moderate and complex
- Must be PCMH designated during 2010-11
- Project runs from 2012-14
- Michigan has largest volume of 8 states
  - MiPCT: Michigan Primary Care Transformation
  - 477 offices; over 1700 physicians
  - 4 payers: Medicare, Medicaid, BCBSM, BCN

MiPCT Summary Document available at:
http://mipctdemo.wordpress.com/resources/mipct-documents-and-presentations/

Care Manager: Moderate Risk

- Pharmacists can receive reimbursement
- Major responsibilities include:
  - Assess patient and family needs for healthcare and education
  - Collaborate with provider for patient management
  - Empower patients and family
  - Implement evidence-based care
  - Transition follow-up

MiPCT Implementation Guide available at:
Pharmacist Care Managers

- Face to face and telephonic management
  - Intensify and optimize medication regimens
  - Assess barriers to medication adherence
  - Educate patients
  - Identify formulary alternatives
  - Enhance quality improvement in the office

MIPCT Implementation Guide available at:

Pharmacist Roles

- Direct patient care
  - Assess each medication for efficacy, safety and adherence
  - Develop a personal medication care plan with self management goals and medication management recommendations
  - Document and communicate the care plan to the patient and all health care providers


Pharmacist Roles (cont)

- Population health
  - Analytics and reporting
  - Medication usage and patterns
  - Medication safety programs
  - Education for staff and providers
  - Informatics
    - Enhance order entry and prescribing practices
    - Enhance decision support tools
Hospital Pharmacist Opportunities

- Direct patient care
  - Transitions of Care/Med Reconciliation
    - Review discharge medications for safety
    - Educate patients on new medications
  - Project Boost
    - 8P Tool: Problem meds and polypharmacy
  - Refer patients to other pharmacists
    - Pharmacist-managed clinics
    - Drug therapy management or consultation

National Patient Safety Goal 03.06.01 and Project BOOST available at: www.hospitalmedicine.org

More Opportunities

- Population health and outreach to offices
  - Antimicrobial stewardship
    - Evidence-based algorithms for skin infections, strep throat, STDs
  - Medication safety
    - Vaccine storage and administration
  - Staff and provider education
    - Newsletter articles and Internal webpage FAQs
    - Drug information and “Lunch and learns”


Making It Happen

- Understand the basics of PCMH and ACO
- Identify how pharmacists can get involved
- Now see it in action at Mercy Health Partners
Merck Health Partners (MHP)

- 3 campuses
  - Mercy, Hackley, Lakeshore
  - 458 licensed beds
- Current pharmacist involvement
  - Inpatient
  - Retail
  - Primary Care Network (PCN)
  - Clinics
  - PACE
  - Hospice

Overview

Past | Present | Future
The Past: Development of Pharmacist Involvement in the Primary Care Network

How Did We Become Involved?

- Billing changes for CMS
  - Provider based → Facility based
  - Spring 2005

- Funding source?
  - Facility based billing assumes offer of services similar to a facility (ie. social workers, dieticians, pharmacists)

Where Do The PCN Pharmacists Come From?

- Rotate through many MHP sites
  - Inpatient
  - Clinics
  - Primary Care Network (PCN)
  - PACE
  - Hospice
The Present: Our Current Practice In The Primary Care Network

Current Office Involvement

• 6 offices have a pharmacist on staff part-time
• 5 of 6 offices have the Patient Centered Medical Home (PCMH) designation
• 7 pharmacists trained to staff in the PCN

Pharmacist Function in the PCN

• Collaborative practice agreements (CPA)
  – Present in 4 of 6 offices
  – 2 offices are still recommendation based
• What do our CPAs allow?
  – Prescribing
  – Laboratory monitoring
Pharmacist Function in the PCN

- Polypharmacy
- Medication Reviews
- Chronic disease state management
  - Patient Education
  - Lifestyle Modifications
  - Medication Therapy
  - Self Management Principles with Goal Setting

Pharmacist Function in the PCN

- Diabetes
- Hypertension
- Hyperlipidemia
- Asthma/COPD
- Weight loss/Obesity
- Osteoporosis
- Smoking Cessation
- Disease states managed vary slightly by office

Pharmacist Function in the PCN

- Discharge counseling in select offices
  - Follows specific criteria
    - Patient > 65 years of age
    - On 5 or more medications
    - Patient taking high-risk medications
    - Many medication changes at discharge
    - Specific disease states (ie. CHF)
  - Beginning to tie into the Accountable Care Organization (ACO)
Other Pharmacist Functions in the PCN

- Drug Information Requests
- Pop-up Consults/Recommendations
- Patient Assistance Programs/ Medicare Part D
- Education/In-services for Office staff
- Participation in Group Patient Education Classes

The Future: What Changes Could be Expected?

Potential Expansion

- Conversion to an Electronic Medical Record for all the PCN sites
- Allow for an easier expansion into the Hackley campus affiliated physician practices
The MiPCT Impact

- Case Management with team approach to health care
- More sources for reimbursement
  - Face to Face and Telephonic

What are we already doing that fits with MiPCT’s goals?

- Assess patient and family needs for healthcare and education
- Collaborate with provider for patient management
- Empower patients and family
- Implement evidence-based care
- Transition follow-up

ACO – What are the thoughts?

Inpatient Pharmacist
Retail Pharmacist
ED Pharmacist
PCN Pharmacist
ACO – Inpatient/ED Pharmacists

- Increased Patient Education
- Discharge counseling for patients meeting same criteria as in PCN
  – Better Outcomes in Older Adults Through Safer Transitions (BOOST)
- Collaboration with inpatient unit-based/ED pharmacist to indicate patients needing additional follow-up in the PCN

ACO – Retail Pharmacies

- Compliance packaging with our affiliated retail pharmacies to aid in medication adherence for patients identified with a need
- Potential for MTM services and reimbursement

ACO – PCN Connection

- Receive referrals from inpatient or ED pharmacists for patients requiring additional follow-up
- Refer patients to retail pharmacies for MTM and/or compliance packaging services
- Regular meetings to help prevent hospital visits/admissions
Summary

• Current practice
  – Continued room for growth/expansion of current services
  – Beginning to standardize care with future practice in mind

• The Future
  – ACO
  – PCMH as the foundation

Questions?
ACO? PCMH? Ambulatory Care?

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