Date: Monday, October 14, 2013  
Time: 4:00 p.m. – 5:30 p.m.  
Location: The Walt Disney World Swan and Dolphin Resort, Southern Hemisphere Salon 4-5  
Title: Innovative Systems: Emerging Models of Care  
Sponsored by Merck  
ACPE # 207-000-13-117-L04-P · 0.15 CEUs  
ACPE # 207-000-13-117-L04-T  

Activity Type: Knowledge-based  
Speaker:  
Joe Moose, PharmD, Moose Pharmacy  
Jonathan Marquess, PharmD, CDE, CPT, President/CEO, The Institute for Wellness and Education  
Barry Bunting, American HealthCare  
Steve Simenson, RPh, Managing Partner, Goodrich Pharmacy  
Ashley Abode, PharmD, Clinical Service Coordinator, Realo Discount Drugs  

Pharmacist and Pharmacy Technician Learning Objectives:  
Upon completion of this activity, participants will be able to:  
1. Discuss the impact of healthcare reform on models of care.  
2. Identify two new care models and define a role for the community pharmacy in each model.  
3. Discuss methods to deliver value to patients.  

Disclosures:  
Joe Moose declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.  
Jonathan Marquess declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.  
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Ashley Abode declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.  
Steve Simenson declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.  
NCPA’s education staff declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.  

NCPA is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program is accredited by NCPA for 0.15 CEUs (1.5 contact hours) of continuing education credit.
Innovative Payment Systems-
Emerging Models of Care

Barry Bunting, PharmD, DSNAV
V.P. Clinical Services
American Health Care, Inc.

Disclosure
Barry Bunting declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

Learning Objectives
1. Discuss the impact of healthcare reform on models of care.
2. Identify two new care models and define a role for the community pharmacy in each model.
3. Discuss methods to deliver value to patients.
MODEL: Improved Asheville Model

- Pharmacist owned company
- Replicating the Asheville Model nationally (community based, pharmacist-driven, chronic disease management program)
- Contracts with employers/self-insured health plans
- Pay pharmacists for care management sessions (fee-for-service, $50-$75/30 minute session)
Why Would Employers Pay Pharmacists?

- The results that matter most to employer/business are $$$: “Does the program save more than it costs?”
- Secondary interest: “Does the program improve health?”
- It does!!
- And we have proof!!

Published Data

10 Employer/3 Year Study
8,137 patients
(pending publication)

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants (2077)</td>
<td>$4,204 (26%)</td>
<td>$4,204 (26%)</td>
<td>$4,204 (26%)</td>
</tr>
<tr>
<td>Non-Participant Control Group (2021)</td>
<td>$7,526 (27%)</td>
<td>$7,526 (27%)</td>
<td>$7,526 (27%)</td>
</tr>
</tbody>
</table>

Average Annual Program Savings on Participants: ($2,026 patients over 3 yrs)
$3,028/participant/year

Average Annual Increase on Non-Program Patients: (2,451 patients over 3 yrs)
$1,152/participant/year

Net Savings: $2,872,661.90
HYPERLIPIDEMIA

Participants vs. Non-Participants over 3-year Plan Cost

<table>
<thead>
<tr>
<th>Year</th>
<th>Participants</th>
<th>Non-Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>↓ 14.42% [569]</td>
<td>↑ 16.28% [580]</td>
</tr>
<tr>
<td>Year 2</td>
<td>↓ 35.19% [80]</td>
<td>↓ 3.34% [449]</td>
</tr>
<tr>
<td>Year 3</td>
<td>↓ 5.18% [22]</td>
<td>↑ 15.50% [298]</td>
</tr>
</tbody>
</table>

Hyperlipidemia Program 3-Year ROI = 3.16:1

HYPERTENSION

Participants vs. Non-Participants over 3-year Plan Cost

<table>
<thead>
<tr>
<th>Year</th>
<th>Participants</th>
<th>Non-Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>↓ 10.18% [664]</td>
<td>↑ 3.87% [683]</td>
</tr>
<tr>
<td>Year 2</td>
<td>↓ 35.84% [119]</td>
<td>↓ 8.75% [514]</td>
</tr>
<tr>
<td>Year 3</td>
<td>↓ 43.11% [50]</td>
<td>↓ 0.16% [381]</td>
</tr>
</tbody>
</table>

Hypertension Program 3-Year ROI = 3.36:1

PROGRAM SAVINGS

<table>
<thead>
<tr>
<th>Year</th>
<th>Participants</th>
<th>Non-Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>↓ 6.80% [92]</td>
<td>↓ 5.13% [449]</td>
</tr>
<tr>
<td>Year 2</td>
<td>↓ 6.90% [92]</td>
<td>↓ 5.13% [22]</td>
</tr>
<tr>
<td>Year 3</td>
<td>↓ 6.90% [92]</td>
<td>↓ 5.13% [22]</td>
</tr>
</tbody>
</table>

Hyperlipidemia Program 3-Year ROI = 3.16:1

Clinical Improvement

Average HbA1c

- Baseline: 6 Months
- 12 - 23 Months

Average LDL

- Baseline: 6 Months
- 12 - 23 Months

Average Systolic Blood Pressure

- Baseline: 12 Months
- 24+ Months

Opportunities/Challenges

- Just scratching the surface of the need
- Some employers ARE willing to pay for what you do, BUT it can be difficult to find them
- If “we” build it will you come?
Innovative Payment Systems
Emerging Models of Care

Joe Moose, PharmD
Moose Pharmacy

Disclosures

Joe Moose declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

Shift from VOLUME driven to VALUE driven
Value = Health Outcomes Achieved per Dollar Spent

- Physician referral or Patient self-enroll
- Patient gets office/hospital or home visit MTM
- Pharmacists verify prescriptions and packaging & meds are delivered to pt.
- Technicians bill all medications and fill adherence package every 28 days
- PharmD does Med Rec & Technician requests refills for all medications for patient
- Individual monitoring for adherence, problems, and changes in therapy

Ashley Branham, PharmD
The Face of Success

Questions?
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T: 704-784-9613
joe@moosepharmacy.com
“Innovative Models...Emerging Models of Care ... Collaboration and Team based care”

Steve Simenson, RPh
Minnesota Community Pharmacist
APhA President

Disclosure

Steve Simenson declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

Vision: Pharmacists, who improve patient health outcomes and provide value and cost savings, will be recognized...
Value network for expanded roles must be:

- **Specific:** What services do pharmacists provide?
- **Predictable:** Can we consistently provide the needed level of service?
- **Measurable:** How will the public or payers measure our value and outcomes?

Activities needed to be undertaken:
- State Scope of Practice Changes
- Outreach to Medicine
- Provider Status

Shifting Risk

- Purchasers of healthcare are pushing risk down to providers
  - Accountable Care Organizations
  - Global Payment
  - Capitated Payment
  - Shared Risk/Savings Contracting
- Where does a profession supported largely by product-based reimbursement fit within these models based on accountability for outcomes? Where is the value—product, service, hybrid?
Pharmacists today...

“Capable providers in an incapable System”

Preparing for the Health Care System of the Future

- Consistency in patient care process, terminology
- Patient-centeredness/patient engagement
- How to function on a health care team
- Collaborative relationships with physicians
- Accountability for patient outcomes
- Population management
- Managing risk
- Quality metrics
- Care delivery using different modes
- Advocacy

Improving Patient Health and System Effectiveness through Pharmacists’ Patient Care Services

- **Principle I**: Improve Patient **Access** to Pharmacists’ Patient Care Services

- **Principle II**: Improve Health Care **Quality** by Recognizing Pharmacists’ Patient Care Services

- **Principle III**: Control Health Care **Costs and** Improve **Efficiencies** Using Pharmacists’ Patient Care Services
Pharmacists’ Patient Care Services: A Smart Spend that Pays

- People on complex medications benefit from pharmacists’ services.
- Evidence = pharmacists involved lowers costs; quality/safety improve.
- Most public and private payment systems don’t recognize/value those services.
- If spending and outcomes are to be optimized, benefits and health care systems must include pharmacists services in collaboration with other providers.
- Patients should have access to pharmacists’ services in federal (Medicare), state (Medicaid) and private insurance programs.
- It’s a smart spend that pays.

Our Intent

- If we are successful, consumers will be well served by pharmacists’ quality team-based patient care services, and our services will be valued and covered.

Students Role in Patient Care

- Preparation ... pre-appointment
  - Check most recent labs with known medications - Look at kidney (Scr & GFR), liver function (AST/ALT), electrolytes, lipids, A1c, TSH/T4
  - Check health care provider goals and plan
  - Check visit compliance
  - Prepare bulk of PMR and substantiate with patient at visit
Community Pharmacy Resident Role in Patient Care
• Staff Community Pharmacy
• Year long Clinical Services Project
• Supervise Pharmacy Students
• Co-ordinate Community Outreach
• Build H C Provider Relationships
• Provide Clinical Services

“OFFER don’t ASK”
• What to do you have to offer that is valuable?
• Why would others want to collaborate?
• What would be good for the patient?

Business Model
• Sustainable
• Scalable
• Needs Determined by Environment
• Build Capacity, Develop Resources
• Economically & Professionally Rewarding
Leverage Opportunities

• Star Ratings.....shared pay for performance
• Gaps in Provider Skills....Clinic Contracting
• New HCP’s....Clinic Contracting Team Member
• Health System/Clinic Needs...MDH Measures
• Specific Population Needs...Immunizations
• MTM PartD, State, Private Payors

Obtain and Master Tools

• Technology
• Collaborative Practice
• Electronic Health Records
• Develop Relationships
• Language
  – Medical Home
  – ACO
  – Star Ratings

Have Confidence in your Sell!!!
What role can you play in leveraging Pharmacists patient care services to improve care and lower costs?

- Practice demonstrating pharmacists’ value within evolving health care delivery systems
- Education of HCP’s pharmacists and student pharmacists
- Adopt Tools that improve/support quality patient care delivery and health outcomes
- Advocacy of pharmacists’ expanding patient care role

What questions do you have for me?
Transition of Care Partnerships

Ashley Abode, PharmD
Clinical Service Coordinator
Realo Discount Drugs

Disclosure
Ashley Abode declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

Learning Objectives
- Discuss transition of care
- Define Accountable Care Organizations (ACOs)
- Describe Realo’s current model
- Address challenges
Transition of Care

- Doctor to Doctor
- Hospital to Home
- Home to Hospital

Pharmacist's Role?

Medication Reconciliation

Creating a Circle of Care

Patient

Hospital/Health Care Provider

Pharmacy

Examples of Transition of Care Partnerships

- Medicaid
- Transition to Enteral Feeding Tube
- Home Health
- Discharge Planners
- ACOs
- Behavioral Health
Accountable Care Organizations
ACOs

Why Partner with ACOs:

- ACOs (Accountable Care Organizations)
  - Groups of doctors, hospitals and other health care providers who come together voluntarily to give coordinated high quality care to Medicare patients they serve
    - Receive financial incentive to reduce costs to Medicare

  Funding for pharmacy partnership
  
  http://innovation.cms.gov/initiatives/aco/

Advance-Payment ACO Model

- Receive upfront and monthly payments
  - Advance on the shared savings expected
- Utilize funds to invest in their care coordination infrastructure

http://innovation.cms.gov/initiatives/Advance-Payment-ACO-Model/
Getting Connected

- Launch these services in your community
  - Medication Therapy Management
  - Refill Compliance Program
  - Medication Reconciliation Program
- Establish key connections
- Find a way to stand out
  - i.e. adherence packaging, medication synchronization, etc.

Goal of Partnership

- Improve patient outcomes
  - Reduce readmissions
  - Improve adherence/compliance
- Demonstrate value
- Establish payment schedules
  - Start with Referrals

The Pitch

- Showcase available services
  - Availability of adherence data
  - Specialty packaging
  - Medication Synchronization
  - Refill Compliance Program
  - Pharmacist home visits
  - Patient follow-up calls
- Share in a common interest
  - Patient Outcomes
Our Model

- Direct partnership with Care Coordinators
  - Receive up-to-date medication lists
    - After every transition of care

Criteria for Enrollment

- High risk patients
  - Frequent hospital stays and ER Visits
  - Patients with vision problems, memory deficits, adherence concerns

Potential Payment Options

- Hourly rate
  - X hours per week
    - Pharmacist in clinic
    - Pharmacist off site chart review
- Fee for service
  - Set fee for pharmacist home visit
  - Fee for monthly follow-up calls
Expected Challenges

- Cannot be considered a “preferred” pharmacy
  - Patient's right to choose
  - Getting paid for services provided

What I've Learned

- Start with your patient-base
- Get out in the community
- Never stop trying
Innovative Systems – Emerging Models of Care

Jonathan G. Marquess, PharmD, CDE, CPT
Multiple Pharmacy Owner, and
President, The Institute for Wellness and Education

Disclosure

Jonathan Marquess declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

Pharmacist and Technician Learning Objectives:

1. Discuss the impact of healthcare reform on models of care.
2. Identify two new care models and define a role for the community pharmacy in each model.
3. Discuss methods to deliver value to patients.
Program Faculty

- Dr. Jonathan Marquess is the President of The Institute for Wellness and Education, a Disease Management Company. He is owner and diabetes educator at two AADE recognized Diabetes Education Centers in Atlanta. In addition, Dr. Marquess, and his Pharmacist wife, Pam, are the owners of eight community Pharmacies in Georgia. Before assuming his current position, Dr. Marquess was a Clinical Professor of Pharmacy Practice at Mercer University School of Pharmacy in Atlanta.

Our Education Sites:

**East Marietta Drugs (EMD)**
- ADA recognized May 2004
- AADE recognized in 2007
- Independent in Community 50+ years
- Professional Pharmacy & Compounding Center
- One Stop Diabetes Shop
  - Blood glucose meters, testing supplies, insulin pump and sensor supplies
  - Diabetic footwear
  - Diabetes education!

**Woodstock Pharmacy (WP)**
- Additional site to EMD – ADA recognized November 2005 (AADE Accredited 2008)
- Independent in Historic Downtown Woodstock 40+ years
- Professional Pharmacy & Compounding Center
- One Stop Diabetes Shop
We Have an Epidemic of Diabetes!!

Why Diabetes???

Diabetes IS Serious Business

- Only 55% of people with diabetes remain on therapy after 12 months
- There are significant knowledge deficits in 50-80% of individuals with diabetes
- Each $1 spent on outpatient diabetes education saves $2-3 in hospitalization costs
- Diabetes costs $174 billion/year*
  ~10% from medications and supplies

APhA Foundation Statistics  *ADA March 2012
Do you think there is a **NEED** to provide Diabetes Management??

Why Diabetes Education at Your Pharmacy?

- Professional Pharmacy ("Provider")
  - Solid reputation in community
  - Excellent access to patients
  - Data shows we make a difference

- Diabetes Center = One Stop Diabetes Shop
  - Insulin teaching
  - Meter training
  - Diabetes testing and insulin pump supplies
  - Diabetic footwear and foot care
  - *Why not add Diabetes Education?*

Pharmacy $$$$$$$

- Medications
  - Diabetes (2-3)Meds + BG strips $3200/yr
  - Lipids $800/yr
  - Hypertension $900/yr
  - Misc $600/yr

- OTC products
  - Colds, moisturizers, dental, fungus, shaving, beauty, other personal care, etc $800/yr

**Total:** $6300.00/yr

Add 150 new diabetic patients = 1 MILLION Dollars in Volume (approx.)
Why Diabetes Outside your Pharmacy

Care Management
General Information

• Began in February 2006
• Two programs
  – Diabetes Self-Management Program
  – Cardiovascular Self-Management Program
• 211 patients enrolled (As of January 2013)

Patient Demographics

• As of January 2013
  – Total: 211 patients
    – Cardiovascular: 100 patients
    – Diabetes: 34 patients
    – Cardiovascular and Diabetes: 77 patients
### Patient Demographics

<table>
<thead>
<tr>
<th>Cardiovascular Program</th>
<th>Diabetes Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled &lt; 1 year: 40 patients</td>
<td>Enrolled &lt; 1 year: 18 patients</td>
</tr>
<tr>
<td>Enrolled ≥ 1 year: 30 patients</td>
<td>Enrolled ≥ 1 year: 15 patients</td>
</tr>
<tr>
<td>Enrolled ≥ 2 years: 24 patients</td>
<td>Enrolled ≥ 2 years: 12 patients</td>
</tr>
<tr>
<td>Enrolled ≥ 3 years: 78 patients</td>
<td>Enrolled ≥ 3 years: 40 patients</td>
</tr>
</tbody>
</table>

### Claims Data Analyzed

- Data collected through Gilsbar, Inc.
- Date range: Claims submitted in 2012
- Includes
  - Dollar amount in claims for patients enrolled in diabetes program vs. those not enrolled in diabetes program
  - Dollar amount in claims for patients enrolled in diabetes program separated by the years patients were enrolled in program

### Total Claims for Diabetic Patients 2012

- **In Program:** $804,297
- **Not in Program:** $886,205

```
<table>
<thead>
<tr>
<th>Amount in Claims</th>
<th>In Program</th>
<th>Not in Program</th>
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</thead>
<tbody>
<tr>
<td>$750,000</td>
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<tr>
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<tr>
<td>$850,000</td>
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<td>$900,000</td>
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</table>
```
Total Claims for Diabetic Patients 2012

Average Cost Per Patient

- In Program: $7,249
- Not in Program: $8,307

Total Predicted Cost Savings

- Cardiovascular: $1,250 per patient x 144 patients = $180,000
- Diabetes: $1,258 per patient x 111 patients = $139,638
- Total cost savings for 2012: $319,638

Average Claims for Diabetic Patients 2012

Average Cost Per Patient

- 2012: $7,249
- 2011: $11,882
- 2010: $4,671
- 2009: $4,221
- 2008 and back: $8,047
Care Management Enrollment

- Patient Identified through Human Resources
- Patient Enrolls in Program
- Pharmacist Communicates with Primary Care Physician Regarding Patient Visit
- Pharmacist Meets with Patient

Goals for Participants

<table>
<thead>
<tr>
<th>Cardiovascular Program</th>
<th>Diabetes Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Blood Pressure: &lt; 140/90 mm Hg or &lt; 130/80 mm Hg in patients with diabetes or chronic kidney disease</td>
<td></td>
</tr>
<tr>
<td>- Lipid Management:</td>
<td></td>
</tr>
<tr>
<td>- Total Cholesterol: &lt; 200 mg/dL</td>
<td></td>
</tr>
<tr>
<td>- LDL: &lt; 100 mg/dL (&lt; 130 if no risk factor)</td>
<td></td>
</tr>
<tr>
<td>- Triglycerides: &lt; 150 mg/dL</td>
<td></td>
</tr>
<tr>
<td>- HbA1c: &gt; 40 mg/dL men, &gt; 50 mg/dL women</td>
<td></td>
</tr>
<tr>
<td>- Smoking Cessation (if applicable)</td>
<td></td>
</tr>
<tr>
<td>- Weight Loss (if applicable)</td>
<td></td>
</tr>
<tr>
<td>- Nutrition Management</td>
<td></td>
</tr>
<tr>
<td>- Medication Therapy Management</td>
<td></td>
</tr>
</tbody>
</table>

- A1C: < 7%
- Fasting Glucose: 70-130 mg/dL
- Post Prandial Glucose: < 180 mg/dL
- Smoking Cessation (if applicable)
- Weight Loss (if applicable)
- Nutrition Management
- Medication Therapy Management

Diabetic Data Pool:
Glucose Control (A1C)

- Start of Year Average: 7.07
- End of Year Average: 6.94
- A1C Improvement: -0.13
Blood Pressure

- Nationally, 46% of patients with hypertension are meeting their goals of <140/<90 mmHg
- 97% of the wellness program patients with hypertension have blood pressures of <140/<90
- Blood pressure control reduces the risk of heart disease or stroke among people with diabetes by 33% - 50%, and the risk of eye, kidney, and nerve diseases by approximately 33%.

Overall Data Pool: Cholesterol

- Goal total cholesterol is <200
  - Overall average total cholesterol for the program is 171
  - 80% of all patients are at or below goal
- Goal LDL cholesterol is <100
  - Overall average LDL cholesterol for the program is 96.1
  - 60% of all patients are at or below goal
- Goal HDL cholesterol is >40
  - Overall average HDL cholesterol for the program is 50.9
  - 80% of all patients are at or above goal
- Goal triglycerides are <150
  - Overall average triglycerides are 137.9
  - 69% of all patients are at or below goal
Cholesterol

- According to the CDC, only 32% of patients with high cholesterol are controlled
- 60% of the wellness program patients with high cholesterol have LDL cholesterol < 100
- Improved control of LDL cholesterol can reduce cardiovascular complications by 20% to 50%

Overall Data Pool: Weight

Success Stories
Patient Quotes

• “You (the pharmacist) have saved my life. I am so grateful for all the help you have given me.”
• “This program helps me to stay on top of my health and reminds me that I need to continue to eat right and exercise”
• “It (the program) has been a huge help”
• “I have learned a lot about how to eat right and keep my sugar under control”

Summary

• Patients enrolled in diabetes self-management program spent less in claims than those not enrolled in the diabetes in the program
• Patients enrolled in cardiovascular self-management program spent less in claims than those not enrolled in the diabetes in the program
• Patients enrolled in disease management programs on average at goal for:
  – LDL Cholesterol
  – Total Cholesterol
  – A1c
• Patients on the program are very satisfied with the program

In Closing ...

• Why Diabetes Education at Your Pharmacy (Outside)?
  • We are in the business of helping patients with diabetes with ALL of their special needs
    – Injection training
    – Nutrition coaching
    – BG Meter training and tracking
    – Diabetic Footwear and Foot Care
    – Diabetes Self-Management Education!
• We offer an alternative to traditional DSME
• THIS IS WHAT PHARMACIST CARE AND DISEASE STATE MANAGEMENT ARE ALL ABOUT!
Learn More About Diabetes and Diabetes Education

- Join professional organizations
  - American Diabetes Association (ADA)
  - American Association of Diabetes Educators (AADE)
  - Juvenile Diabetes Foundation (JDF)
- Read Journals
  - Diabetes Care (ADA)
  - Diabetes Forecast (ADA)
  - The Diabetes Educator (AADE)
- Continuing Education in Diabetes

Discussion

Comments? Questions?

WIE

For More Information:
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jonathan.marquess@instituteforwellness.org
Follow Us on Twitter !!!

SugarDetective1

Thank You !!!