Community Pharmacies:
Leveraging Access & Data to Impact Health Care Quality and Value
Today’s Health Care Decisions are DATA DRIVEN

Pharmacy CANNOT be Excluded from the EQUATION
Leveraging Access Data

**GOALS**
- Explain how pharmacy quality is defined in today’s health care system and Identify key strategies for improving patient care that also positively impacts other health care stakeholders.
- Describe barriers and benefits of direct to payer engagement through clinically integrated pharmacy provider networks.

**OBJECTIVES (Pharmacist & Technician)**
- Explain how pharmacy quality is defined in the healthcare system
- Identify key strategies in improving patient care that also positively impact other healthcare stakeholders
- Describe barriers and benefits of direct to payer engagement through clinically integrated pharmacy provider networks.
Disclosures: Tripp Logan, PharmD

Tripp Logan, PharmD does not have (nor does any immediate family member have) actual or potential conflict of interest, within the last twelve months, a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity, or any affiliation with an organization whose philosophy could potentially bias this presentation.

Affiliations:

NCPA Innovation Center Board Member; CPESN USA National Luminary; Partner, MedHere Today Consulting; Partner, ESPhA; Vice President, Logan & Seiler Inc. (L&S Pharmacy / Medical Arts Pharmacy)
Tripp Logan, PharmD

COMMUNITY PHARMACIST / PHARMACY OWNER
• 2nd generation multi-pharmacy owner - Southeast Missouri
• Strong focus on appropriate medication use
• Quality focused pharmacy practices
• Residency program, care coordination, disease state management, diabetes support group, medication use monitoring, MTM, compliance packaging, TOC, etc.

SERVICE ORGANIZATIONS
• Pharmacy Quality Alliance (PQA) Board Liaison
• NCPA Innovation Center Board Member
• CPESN USA National Luminary
• CPESN Missouri Lead Luminary
• Local Department of Health Board of Directors

PHARMACY QUALITY CONSULTANT / PARTNER
MedHere Today is a healthcare quality and performance consulting firm created to help healthcare stakeholders expand and grow their quality and value based initiatives by leveraging community pharmacy.
The Evolution of Pharmacy Practice

PHARMACY 1
Patient needs a prescription

VOLUME Focused Pharmacy

PHARMACY 2
Patient needs a pharmacist

VALUE Focused Pharmacy

- Health Systems
- Health Plans
- Grants
- P4P Programs
- Shared Risk
- Chronic Care

PROFITABILITY SCALE
Adherence Data
Adherence Monitoring: 2011

Increase in ADDITIONAL program-driven Rx volume:

100 × 29 = 2900

Number of patients enrolled in program
Additional Rxs per patient annually

All Rxs ARE NOT Created Equal
All Rxs **ARE NOT** Created Equal

**Fill vs Claim**

- 340B
- Generic
- Standard DIR
- Low Margin
- No DIR
Rx Fill vs Rx Claim

Rx → Pharmacy

1 → PBM

1 → Patient

2 ← Other
(Cash/Coupon/340b/Etc)

2 ← Patient
Lessons Learned

1. Prescription volume can be significantly increased with adherence monitoring
2. Enhanced patient engagement results in increases in adherence metrics
3. Prescription volume incentives are often positively perceived by pharmacies
4. Adherence monitoring has many financial and patient care benefits to the pharmacy
Medication Safety Data
High Risk Medication in the Elderly

High Risk Medication in the Elderly

Dear Dr.,

[Redacted], the pharmacy benefit manager for your patient, recently reviewed your patient’s prescription and medical claims and identified the following potential clinical concern:

Patient: [Redacted]  DOB: [Redacted]

Drugs Involved: ALPRAZOLAM 0.5 MG TABLET

After reviewing your patient’s utilization of their anxiolytics or sedative agents, we are concerned that they may be taking the medication more often than how it was originally prescribed. Overtreatment of the prescribed dosing regimen may lead to supratherapeutic effects and an increased risk of adverse events (e.g., drowsiness, fatigue, impaired cognition).


If more than one prescriber is involved, we will notify the other prescriber(s) as well.

Please contact the patient’s pharmacy directly to make any therapy changes based upon your professional judgment.
High Risk Medication in the Elderly

Dear [Name],

[Redacted information]

The pharmacy benefit manager for your patient, recently reviewed your patient’s prescription and medical claims and identified the following potential clinical concern:

Patient: [Redacted information]

DOB: [Redacted information]

Drugs Involved: ALPRAZOLAM 0.5 MG TABLET

After reviewing your patient’s utilization of their anxiolytics or sedative agents, we are concerned that they may be taking the medication more often than how it was originally prescribed. Overutilization of the

“The Patient was examined by me (face-to-face). My professional judgement is as written. Too bad your computer can’t see the patient.”


If more than one prescriber is involved, we will notify the other prescriber(s) as well.

Please contact the patient’s pharmacy directly to make any therapy changes based upon your professional judgment.
High Risk Medication in the Elderly

Q3-Q4 2015 High Risk Medication Rxs: Claims vs Cash

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>TP HRI Rx</th>
<th>Cash PMRx</th>
<th>Total Rx</th>
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<tbody>
<tr>
<td>A</td>
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High Risk Medication in the Elderly
High Risk Medication in the Elderly

Do HRM metric improvements positively reflect better patient outcomes?
Opioids

Pharmacy 1

Pharmacy 2
Opioids

Pharmacy 1

Pharmacy 2

Controlled Substance – ALL Claims

Controlled Substance – CASH Claims

Controlled Substance – ALL Claims

Controlled Substance – CASH Claims

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Opioids

Pharmacy 1
Cash Prescriptions

Pharmacy 2
Cash Prescriptions
OptumRx Opioid Risk Management Program Leads to Better Outcomes for Patients and Clients

Date Posted: August 22, 2017

New program significantly reduces inappropriate consumption, dispensing and prescribing of prescription opioids

Opioid Risk Management Program launching nationwide after initial success

CHICAGO (Aug. 22, 2017) – OptumRx today announced the initial results of its Opioid Risk Management program, which is reducing opioid consumption and prescribing and will be rolled out nationwide to build on its early success.

The Opioid Risk Management program identifies the most significant points in the prescribing, dispensing and consuming process for intervention and education to reduce inappropriate use and increase alignment with Centers of Disease Control (CDC) guidelines. The program also places maximum fill limits on opioid therapy, whether the patient is new to opioids or a chronic user.

Since launching the program with more than 400 clients on July 1, these point-of-service interventions have delivered the following improvements:

- 82 percent decrease in prescriptions above the CDC guideline recommended dose of 50mg morphine equivalent dose (MED) per day for first-fill acute prescriptions;
- 65 percent decrease in prescriptions for first-fill acute opioid treatment written above the maximum 7-day supply;
- 68 percent decrease in prescriptions for current chronic opioid utilizers issues for >90mg MED; and
- 14 percent reduction in average dose across all opioid prescriptions.

“OptumRx’s program is showing early but meaningful potential to begin curbing the opioid epidemic in America,” said Dr. Sumit Dutta, chief medical officer of OptumRx. “We expect these improvements to continue as the program gains momentum and we implement with more clients.”

In the first 90 days since the program began on September 1, 2017, the company observed a nearly 60 percent reduction in the average days supply for patients receiving an opioid prescription for the first time, from 18.6 days supply per prescription claim before the launch of the program, to 7.5 days supply per claim after the start of the program.

In addition, the program’s utilization management protocols ensured:

- Nearly 96 percent of patients prescribed an opioid for the first time started with a 7-day supply or less.
- Approximately 87% of patients prescribed opioids for the first time who were prescribed a long-acting opioid as initial therapy were redirected to safer, short-acting formulations.

"In just the first 90 days of the program, we have demonstrated our ability to help our plans address the national opioid epidemic by promoting greater compliance with CDC guidelines and significantly reducing excessive and inappropriate opioid prescribing," said Snezana Mahon, PharmD, vice president clinical product development for Express Scripts. "Further, our Neuroscience Therapeutic Resource Center pharmacists are making a difference when it comes to getting patients on a path toward safer use of opioid medications through the hundreds of hours of conversations they are having with patients about opioid risks and safe disposal."

As part of the Advanced Opioid Management program, Express Scripts Therapeutic Resource Center® (TRC) pharmacists provide proactive counseling on safe opioid use during calls with first-time opioid patients that last an average of 20-30 minutes in the comfort and privacy of the patient’s own home. To date, the program has also sent thousands of educational letters and safe disposal bags to patients who received an opioid prescription, and thousands of alerts to prescribers when a patient has accumulated an unsafe amount of opioid medication.

To support this goal, CVS Caremark will roll out an enhanced opioid utilization management approach for all commercial, health plan, employer and Medicaid clients as of February 1, 2018 unless the client chooses to opt out. This program will include:
- Limiting to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to therapy;
- Limiting the daily dosage of opioids dispensed based on the strength of the opioid; and requiring the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

In the first 90 days since the program began on September 1, 2017, the company observed a nearly 60 percent reduction in opioid prescriptions on the last day of therapy for this group of patients.In addition, in a recent survey of customers of the Express Scripts program, 98 percent of customers reported that they were satisfied with their opioid prescription options. As part of the program, pharmacists provide proactive counseling on safe opioid use during calls with first-time opioid patients that last an average of 20-30 minutes in the comfort and privacy of the patient’s own home. To date, the program also has sent thousands of educational letters and safe disposal bags to patients who received an opioid prescription, and thousands of alerts to prescribers when a patient has accumulated an unsafe amount of opioid medication.

Do opioid metric improvements positively reflect better patient outcomes?

Lessons Learned

1. Claims based metrics don’t always tell the whole story
2. History may be telling us something with the opioid epidemic
3. Strategies need to be developed to fill these measurement gaps
4. There are opportunities to improve the way pharmacies are being measured
# Pharmacy Intervention Strategies

<table>
<thead>
<tr>
<th>Claims Based</th>
<th>Patient Based</th>
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<tbody>
<tr>
<td>Fill reminders</td>
<td>Copay assistance</td>
</tr>
<tr>
<td>Med sync</td>
<td>Medication access</td>
</tr>
<tr>
<td>Fill gaps in care</td>
<td>Transition of care</td>
</tr>
<tr>
<td>Medication safety</td>
<td>Health literacy/social</td>
</tr>
<tr>
<td>CMR</td>
<td>Care coordination</td>
</tr>
<tr>
<td>Packaging</td>
<td>Transportation</td>
</tr>
<tr>
<td>Days supply</td>
<td>Education</td>
</tr>
<tr>
<td>DIR reduction</td>
<td>Empathy</td>
</tr>
</tbody>
</table>
There is more value in hitting the measure's star rebate level, than a focus on the medical cost reduction

-Medicare Part D Plan Executive, August 2017
Direct & Indirect Remuneration (DIR) Data
It’s Not Just About Star Ratings

The reality of what is coming...

...or what may already be here...

Single = ACE-I Prescribed and Taken

Home Run = BP < 140/90

Grand Slam = Patient Hospitalization Avoided

Slide compliments of:
Troy Trygstad troy@t2email.com & Joe Moose joe@moosepharmacy.com
High Quality Pharmacy Providers

Medicare Part D Health Plan

High Risk / Chronically ill Medicare Member

Patient Attribution

High Quality Pharmacy Provider
High Quality Pharmacy Providers

Higher DIR Fees

High Risk / Chronically ill Medicare Member

Patient Attribution

High Quality Pharmacy Provider
What High Quality Pharmacy Providers See

Mary
- High Blood Pressure
- Diabetes
- High Cholesterol
- Non-adherent to meds & care plan

Sue
- Depression
- Parkinsons
- Fall Risk
- Low Health Literacy

Dorothy
- Diabetes
- Amputee
- High Blood Pressure
- COPD
- Smoker

Stan
- Alzheimers/Dementia
- Diabetes
- High Blood Pressure
- Low Health Literacy
- Fall Risk

Fred
- High Blood Pressure
- Previous MI
- Non-adherent to meds & care plan
What High Quality Pharmacy Providers Feel

Plan A
DIR Fee
$5/Rx

Plan B
DIR Fee
$12/Rx

Plan C
DIR Fee
$20/Rx

Plan D
DIR Fee
$3/Rx

Plan E
DIR Fee
$0/Rx

Presentation to CMS Q2-2016
What is a DIR fee?

**DIR is any form of price concession**, received either by the Part D sponsor or by an intermediary contracting organization (a Pharmacy Benefits Manager, or PBM, for instance) with which the sponsor has contracted, from any source (including manufacturers, pharmacies, enrollees, or any other person or entity) **that serves to decrease the costs incurred under the Part D plan by the Part D sponsor, either directly or indirectly.** Thus, DIR includes discounts, chargebacks, rebates, cash discounts, free goods contingent on a purchase agreement, up-front payments, coupons, goods in kind, free or reduced-price services, grants, legal judgment amounts, settlement amounts from lawsuits or other legal action, and other price concessions or similar benefits.*

*Final Medicare Part D DIR Reporting Requirements for 2015; Centers for Medicare & Medicaid Services memorandum; May 31, 2016*
What is a DIR fee?

DIR is any form of price concession,

that serves to decrease the costs incurred under the Part D plan by the Part D sponsor, either directly or indirectly.

Shouldn’t the goal be to decrease the costs incurred under the Medicare Program and to Medicare Members?

*Final Medicare Part D DIR Reporting Requirements for 2015; Centers for Medicare & Medicaid Services memorandum; May 31, 2016
Outcomes Data & Pharmacy Networks
Clinically Integrated Network of Providers

1. Begins as Providers Striving to DO MORE Together

2. Federal Trade Commission Barriers to Collaboration (ANTI-TRUST)

3. FTC Exemption for Clinically Integrated Network (CIN) Creation

Family Practice Providers in North Carolina Prove CIN Savings

4. NC Pharmacy Providers Partner with Family Practice CIN

5. CMS Innovation Center Grant & National Expansion of Concept
Patient Access

3.5 PRIMARY CARE VISITS/YEAR

35 PHARMACY VISITS/YEAR
Benefits of Providing Medication Use Support Integrated with Primary Care

A 2010 performance analysis of Community Care of North Carolina primary care practices with integrated community-based pharmacy supports
What is an Enhanced Pharmacy Service?

According to the Community Pharmacy Enhanced Service Pharmacy Network* (CPESN), an Enhanced Pharmacy Service is a service that:

“...transcends conventional outpatient pharmacy contract obligations.”*

Network Minimum Service Sets Like:

- Comprehensive Medication Reviews
- Medication Synchronization Program
  - Immunization Screening
  - Medication Reconciliation
- Personal Medication Record

*https://www.cpesn.com/
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Opportunities are LOCAL

*https://www.cpesn.com/
Who are the Market Disruptors?

• Frustrated Employers
• Clinically Integrated Networks of Providers
• Patient Engagement Technology Vendors
• Healthcare Cost Transparency Advocates
• *Patients With a Voice!*
Thank You!!

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