



Integrating Primary and Pharmacy Care: What Works for Patients?

Tuesday, December 17, 2019 12:30-1:30 ET



Welcome & Updates

PCPCC is now PCC!

Become a member

Upcoming webinars

Speaker introductions

agenda



Today's Speakers



Maria Kobylinski
Geisinger Health



Heather Schultz
IngenioRx



Shannon Brownlee
Lown Institute



Moderator:

Julie Schilz
Mathematica



Geisinger's Ambulatory Pharmacy Program (MTDM)

Ambulatory Pharmacy Programs

MTDM Family Practice

Model: Comprehensive, high-value, high-touch, longitudinal disease management

Key components:

- Embedded in Family Practice and Internal Medicine sites
- Relatively standardized role across sites
- Collaborative Practice Agreement and referral process (proactive and reactive sources)
- Coordination/Transitions of Care
 - Clinicians, Care Team Partners, Pharmacy Platforms, etc
- Provider/Patient education source (proactive and reactive)
- Preventative health focus
- Patient care 'ownership' or 'high value touchpoints'

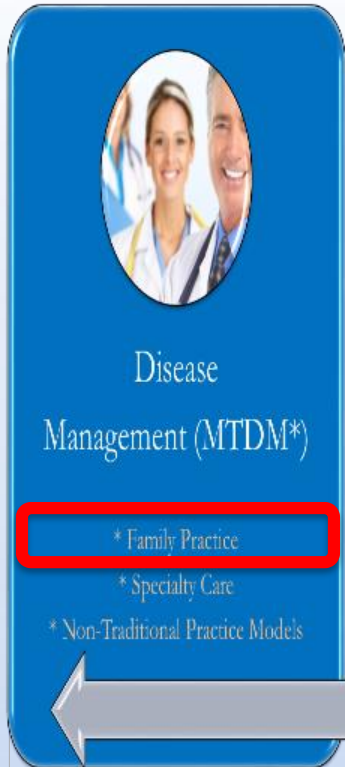
Current Targeted Populations:

- Anticoagulation
- Diabetes
- Hypertension
- Hyperlipidemia
- Hi-risk Osteoporosis
- Chronic Pain (specialized clinics)
- Asthma
- COPD
- Tobacco Cessation
- Heart Failure

Practice Model*:

- Pharmacy Tele-management 40%
- Office Visit Based 60%

**Goal to get to 20% / 80% by FY21*



Disease Management (MTDM*)

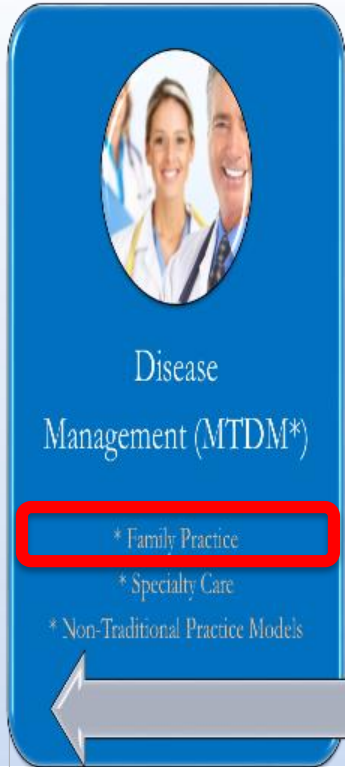
* Family Practice

* Specialty Care

* Non-Traditional Practice Models

Ambulatory Pharmacy Programs

MTDM Family Practice



By the numbers.....

Operational Statistics:

- Patient encounters per month 24,000
- New Referrals per month 1,550

Staffing:

- Pharmacists 54
- Sites 43

Clinic/Staff Expectations

- Patient panel size 500-750 / 1.0 FTE (condition-based)
4000-6000 / 1.0 FTE (risk score based)

Financial Model:

- Billable Visit Revenue (E/M codes, insulin pump billing, AWVs, etc)
- Return on Investment (E.g. physician access improvement, clinical outcomes, quality metrics, total cost of care reduction, etc)

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MTDM Family Practice

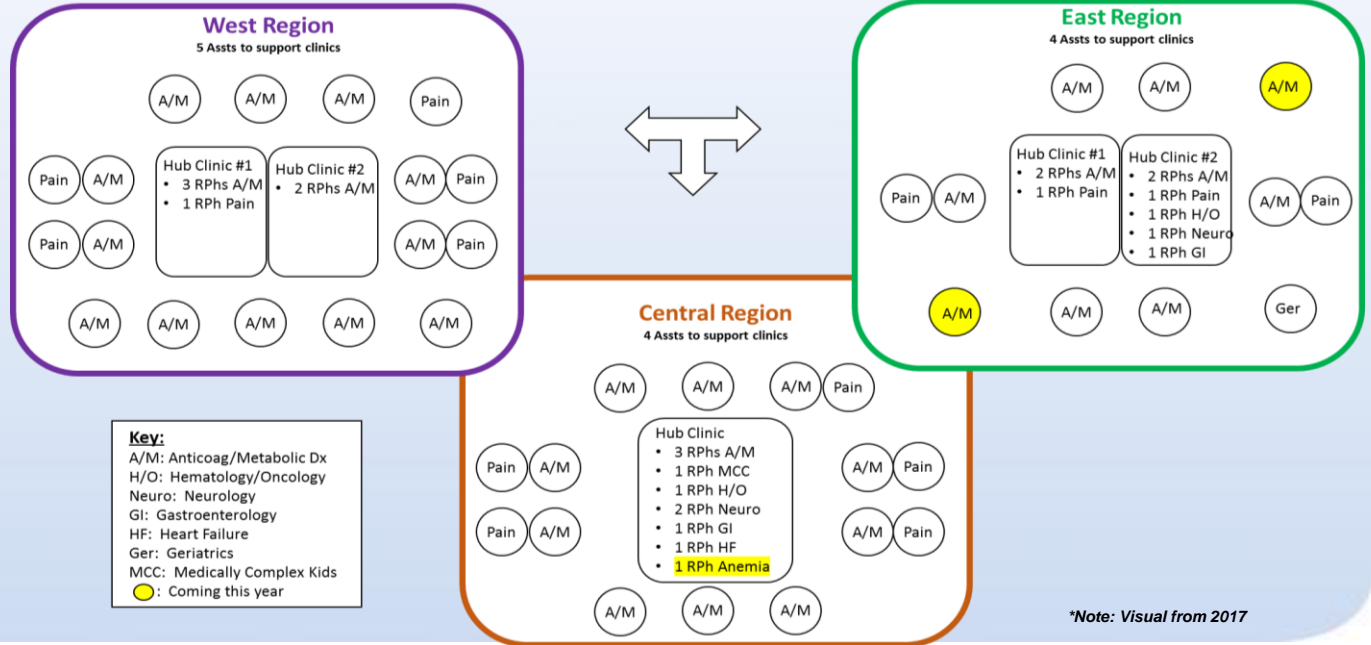
Example of Regional Structure*

Disease Management (MTDM*)

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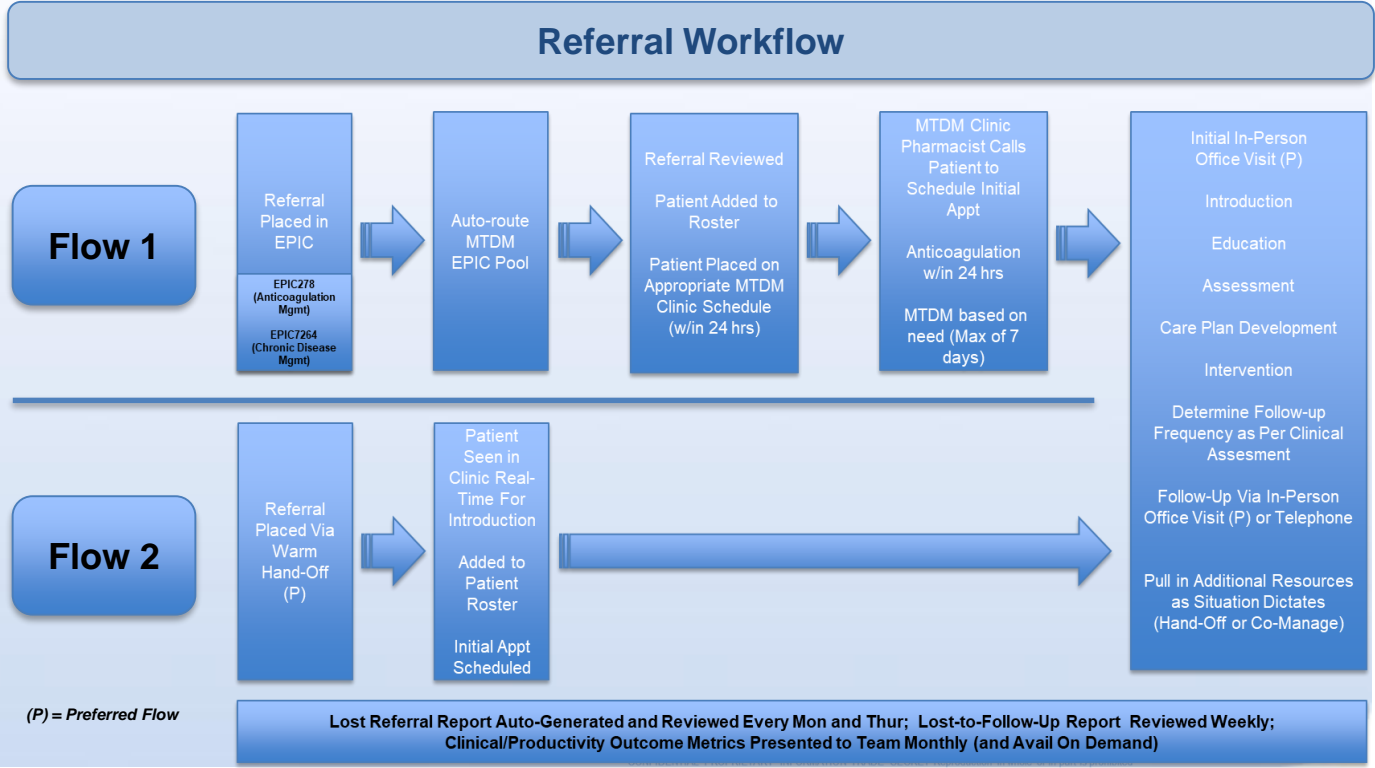


Ambulatory Pharmacy Programs

MTDM Family Practice

Disease Management (MTDM*)

- * Family Practice
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Ambulatory Pharmacy Programs

MTDM Family Practice

MTDM Clinic Scheduling Template

Disease Management (MTDM*)

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Current State

10/30/40 Model

- 10 min POC INR
- 30 min Chronic Disease F/U
- 40 min Chronic Disease New
- 40 min AWV (+ address care gaps)

↓

- No POC INR 'double books'
- 90 minutes per day of schedule blocks
- Option available for 20 min POC INR if New or Peri-op visit
- Option available for 40 min Chronic Disease F/U x 1 if complicated

↓

90 minute schedule block options

Decision point A (choose ONE option from below)

60 min: 1200pm-100pm (lunch)

OR

60 min split: 930am-10am (AM) and 12pm-1230pm (lunch)

AND

Decision point B (Acute Slot*) (choose ONE option from below)

30 min: 200pm-230pm (mid afternoon)

OR

30 min: 4pm-430pm (end of day)

OR

15/30/45 Model

- 15 min POC INR
- 30 min Chronic Disease F/U
- 45 min Chronic Disease New
- 45 min AWV (+ address care gaps)

↓

- POC INR 'double books' if needed
- 60 minutes per day of schedule blocks (rest of cushion built into longer appt slots)
- Option available for 45 min Chronic Disease F/U x 1 if complicated

↓

60 minute schedule block options

Lunch Break

30 min: 12pm-1230pm

AND

Decision point A (ACUTE Slot*) (choose ONE option from below)

30 min: 200pm-230pm (mid afternoon)

OR

30 min: 4pm-430pm (end of day)

FY21 Tentative

ALL CLINICS

↓

10/40 Model

- 10 min POC INR
- 40 min All Chronic Disease (QUALITY**)
- 40 min AWV (QUALITY**)

**** If so, must deliver on the QUALITY ****

↓

- No POC INR 'double books'
- 60 minutes per day of schedule blocks
- Option available for 20 min POC INR if New or Peri-op visit

↓

60 minute schedule block options

Lunch Break

30 min: 12pm-1230pm

AND

Decision point A (Acute Slot*) (choose ONE option from below)

30 min: 200pm-230pm (mid afternoon)

OR

30 min: 4pm-430pm (end of day)

Model depends on patient mix (% anticoag to % chronic dx)

Schedule blocks for meetings and to make telephone calls

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MTDM Family Practice

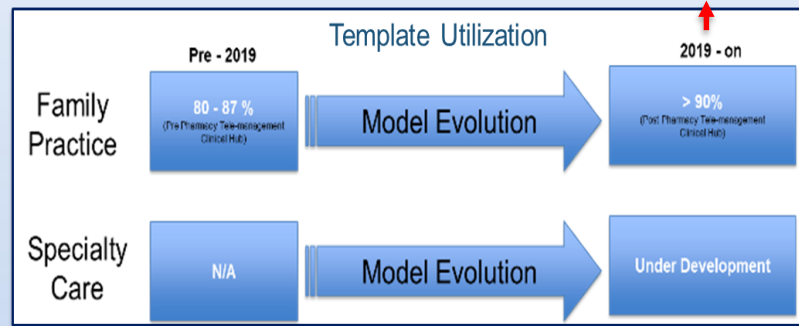
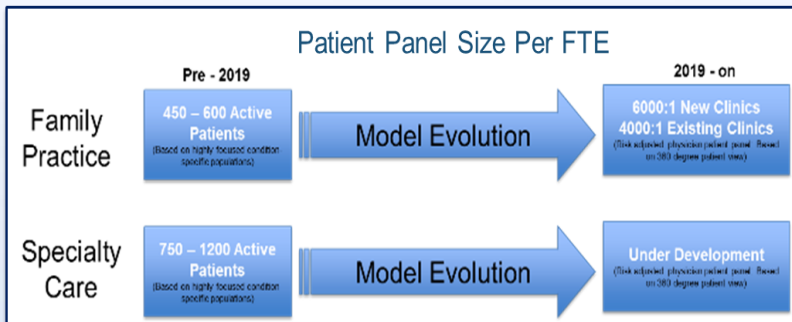
MTDM Clinic Panel Size and Template Utilization Goals

Disease Management (MTDM*)

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Ambulatory Pharmacy Programs

MTDM Family Practice

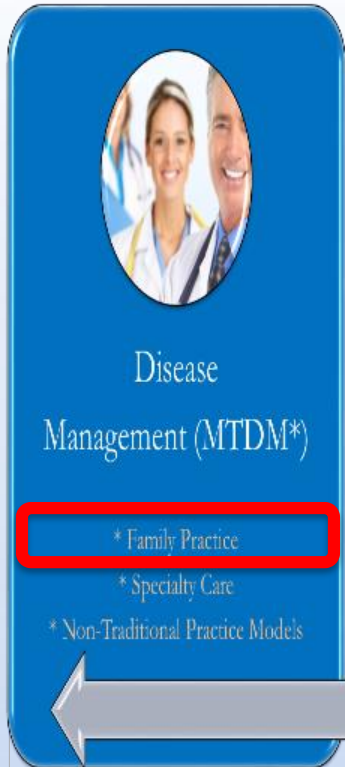
MTDM Financial Model: Mixed Revenue + ROI/Cost Savings

Revenue Opportunities

- Revenue generation
 - Fee For Service
 - Anticoagulation mgmt. code (93793)
 - E/M or 'Incident to' (99211)
 - Facility Fee (HOP sites)
 - Nursing Home Contracts (negotiated)
 - Insulin Pump Contracts (negotiated)
 - AWV (G0438/0439)
 - CGM placement (95249)
 - Smoking Cessation (99406/99407)

Return on Investment/Cost Savings Opportunities

- Examples: ED utilization, Hospital admissions/readmissions, quality metrics, reduction in medication errors, physician access, physician satisfaction and reduction in turnover, patient satisfaction, condition/medication specific savings, Caresite retail/mail order capture, Specialty capture, 340B opportunities



Disease
Management (MTDM*)

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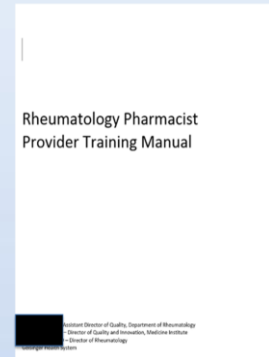
Ambulatory Pharmacy Programs

MTDM Family Practice

MTDM Initial Competency

- Comprehensive training process
 - High priority placed on hands-on patient care experience
 - Supplement with didactics, assigned readings, reference materials, and CE offerings
 - Training checklist
 - Assigned mentor
 - Lean on clinical partners to help develop
- Have a reliable credentialing process in place
 - Competency and/or certification exam(s)
 - Proof of licensure; CE requirements

Example of Training Manual / Checklist



Rheumatology Pharmacist Training		Completed	Not Completed
1. History of practice and current status, including:			
2. Mission statement			
3. Practice location			
4. Practice hours			
5. Practice services			
6. Practice staff			
7. Practice equipment			
8. Practice accreditation			
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MTDM Maintenance of Clinical Competency

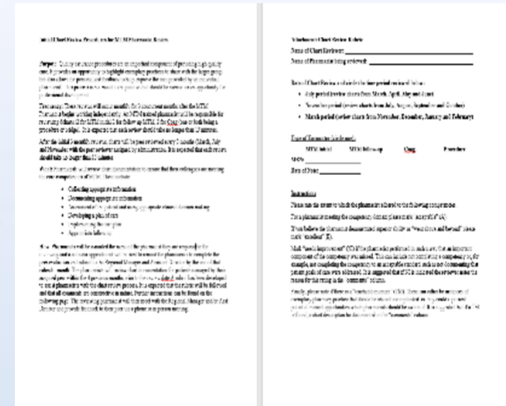
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- Annual competency assessments
 - Updated annually and as treatment guidelines change
- QA/QI process
 - Peer reviews
 - Outcome assessments
- Real-time clinical outcome data available to staff
 - Reviewed at monthly staff mtgs
 - Available on demand for staff
- Provide staff with tools they need to succeed
 - Pharmacy CE days and retreats
 - Funding for external CE conferences/courses
 - Readily available clinical resources and treatment protocols (based on 'best practice')
 - Collaborative Practice Agreement
- Promote / support Board Certification, pursuit of advanced degree, and/or career advancement
- Set expectations high



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MTDM Family Practice

Resource Optimization Efforts: Telepharmacy Support

Anticoagulation Telemanagement:

- Decant 3500-5000 anticoagulation mgmt. calls from MTDM Family Practice Sites
- Goal: Growth in office visit volume at MTDM clinic sites due to improved access



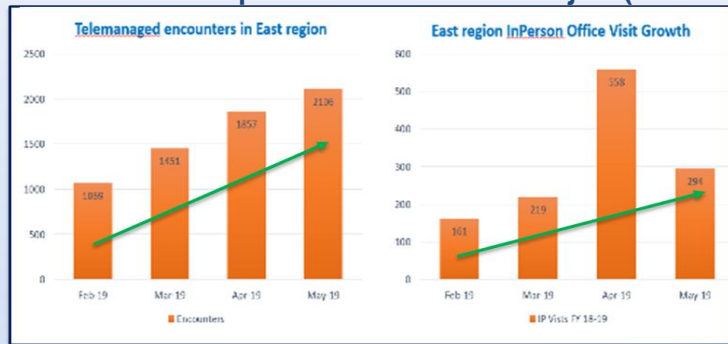
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Example from 1st Phase of Project (East Region):




As Anticoag calls were onboarded for East Region, significant office visit growth occurred. Data collection for Central/West Region underway

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MTDM Family Practice

Outcome Tracking: Data/Metric Evolution



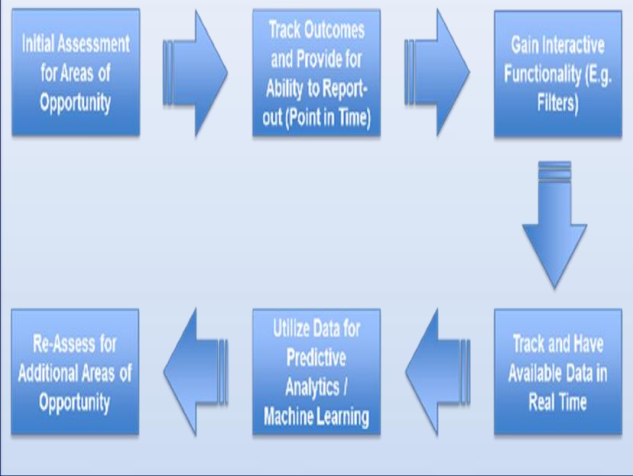
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Evolution of Data Needs / Capabilities in Parallel with Practice Model Maturation

(Level of Complexity Rises at Each Step)



Evolution of Outcome Metrics Needed as Practice Model Matures

(Level of Complexity Rises at Each Step BUT NEED to make the progression)



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Outcome Tracking: Operational Metric Trending

FY20											
Billable visit trends			Referral trends						Refill Call Center		
Month	Total in person visits	Change from 2018-19	Month	MTDM	Coag	Total		Month	Anticoag encounters		
Jul-19	10,228	↑	Jul-19	1,528	496	2,024	25%	Jul-19	2,758		
Aug-19	9,950	↑	Aug-19	1,611	646	2,257	29%	Aug-19	3,324		
Sep-19	9,993	↑	Sep-19	1,477	996	2,473	40%	Sep-19	3,698		
Oct-19			Oct-19					Oct-19			
Nov-19			Nov-19					Nov-19			
Dec-19			Dec-19					Dec-19			
Jan-20			Jan-20					Jan-20			
Feb-20			Feb-20					Feb-20			
Mar-20			Mar-20					Mar-20			
Apr-20			Apr-20					Apr-20			
May-20			May-20					May-20			
Jun-20			Jun-20					Jun-20			

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MTDM Family Practice

Outcome Tracking: Clinic/Staff Productivity Monthly

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Clinic location	In person completed visits	Phone completed visits	Total completed appts
Bellefonte	235	248	483
Berwick	456	256	712
Bloomsburg RR	355	307	662
Dallas	298	270	568
Frackville	300	231	531
Grays Woods	105	227	332
Hazleton	181	151	332
Holy Spirit Camp Hill	118	528	646
Holy Spirit Dillsburg	66	271	337
Holy Spirit Mech	96	255	351
Holy Spirit Prog Ave	60	189	249
Juniata	110	295	405
Kingston	196	172	368
Kistler	629	495	1,124
Kulpmont	268	239	507
Lewisburg	285	418	703
Lewistown	788	1,087	1,875
Lockhaven	300	373	673
Lycoming	319	319	638
Milton	256	360	616
Mo. Valley	234	432	666
Mt. Pleasant	691	468	1,159
Mt. Pocono	283	185	468
Mtn Top	241	109	350
Nicholson	38	-	38
Orwigsburg	152	188	340
Pittston	314	175	489
Pottsville	230	176	406
Scen Park	379	670	1,049
Selingsgrove CPSL	217	410	627
SWB	160	130	290
Tunkhannock	289	250	539
Refill Call Center	-	3,698	3,698

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Outcome Tracking: Patient Satisfaction (Press Ganey)




Disease Management (MTDM*)

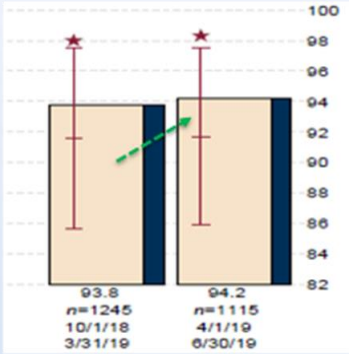
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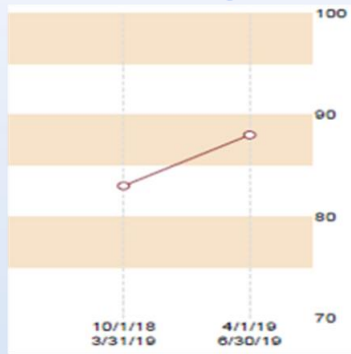
* Non-Traditional Practice Models



Quarterly Mean Trend Analysis



Quarterly Percentile Rank Trend Analysis



Quarterly Overall Mean/Rank by Section


Section	Overall Mean Scores	Current Percentile Rank
Overall Facility Rating	94.2	88
Access	92.8	81
Moving Through Your Visit	91.7	82
Nurse/Assistant	91.1	84
Care Provider	90.0	88
Personal Issues	89.9	86
Overall Assessment	85.4	82

PHARMACIST		very poor	poor	fair	good	very good
		1	2	3	4	5
1.	Explanations the pharmacist gave you about your problem or condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Concern the pharmacist showed for your questions or worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Pharmacist's efforts to include you in decisions about your care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Information the pharmacist gave you about medications (if any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Pharmacist's discussion of any proposed treatment (options, risks, benefits, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Your confidence in this pharmacist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Likelihood of your recommending this pharmacist to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):						

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Outcome Tracking: Clinical and Operational Metrics (Example: BH)




Disease Management (MTDM*)

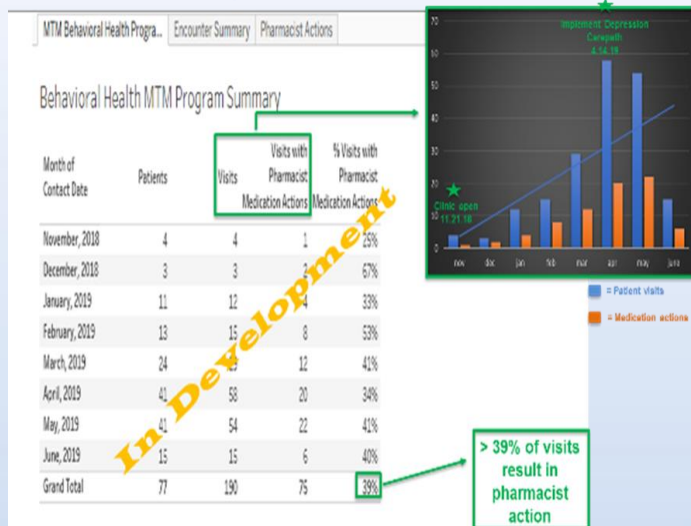
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Operational



Clinical

Since Depression pathway implementation 4.17.19

- After Medication Initiation,
 - Seen for follow-up within 2 weeks: 50%
 - Seen for follow-up within 4 weeks: 64%
- Average starting PHQ: 13 → Average PHQ at 6 weeks: 7



- Patients now in remission (PHQ/GAD<4): 14 (22%)

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Outcome Tracking: Clinical Metrics (Example: DM)

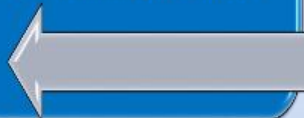


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Bundle Rates

Bundle Name	measure_description_short	Overall Rate	Followed...	
			Yes	No
Diabetes	BP In Goal	80.2%	80.2%	
	Eye Exam in last year	67.0%	67.0%	
	Foot exam in last year	75.5%	75.5%	
	HbA1c in Goal	30.1%	30.1%	
	Influenza Vaccine	65.1%	65.1%	
	Nephropathy monitoring completed in last year	93.1%	93.1%	
	Patient on Moderate/High Intensity Statin	81.7%	81.7%	
	Pneumococcal Vaccine	82.9%	82.9%	

Patient Counts

Bundle Name	Total Patients	Patients Followed	% Followed	Insulin Pump	IP w/ MTM	% IP Followed
Diabetes	1,544	1,544	100.0%	112	112	100.0%

Quality Metrics and A1C
Improvement for Baseline A1C>9

A1c Impact

Followed By Clinic	Total Patients	Patients w/ A1c Data	Avg. Baseline A1C	Avg. Most Recent A1C	Avg. A1c Change
	141	141	11.0	8.3	2.7
	47	47	10.4	8.2	2.2
	53	53	10.5	8.8	1.7
	46	46	10.4	8.0	2.4
	46	46	10.7	8.8	1.9
	3	3	9.6	8.5	1.1
	41	41	11.3	8.7	2.6
	24	24	10.4	8.3	2.1
	1	1	12.1	7.4	4.7
	41	41	10.6	8.7	1.9
	45	45	10.0	8.1	1.9
	25	25	10.7	8.4	2.2
	6	6	11.2	9.9	1.4
	52	52	10.6	8.4	2.2
	22	22	10.4	8.8	1.5
	47	47	10.6	8.5	2.1
	60	60	10.5	8.0	2.5
	37	37	10.6	7.8	2.8
	30	30	10.3	8.2	2.1
	35	35	10.7	8.3	2.3
	109	109	10.9	8.4	2.4
	69	69	11.2	9.0	2.2
	10	10	11.0	7.8	3.1
	44	44	11.1	8.1	2.9
	4	4	11.1	8.3	2.9
	27	27	10.5	8.3	2.2
	27	27	10.8	8.8	2.0
	18	18	10.3	8.0	2.3
	9	9	10.2	8.4	1.8
	19	19	10.3	8.6	1.7
	34	34	10.9	8.6	2.4
	30	30	10.8	8.4	2.5
	59	59	10.7	7.7	2.9
	67	67	10.5	9.0	1.5
	1	1	14.2	9.9	4.3
	162	162	10.7	8.4	2.3
	53	53	10.7	8.0	2.7
Grand Total	1,544	1,544	10.7	8.4	2.3

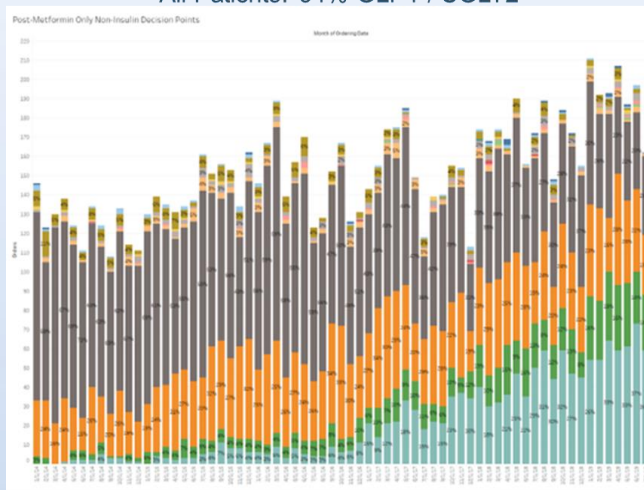
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MTDM Family Practice

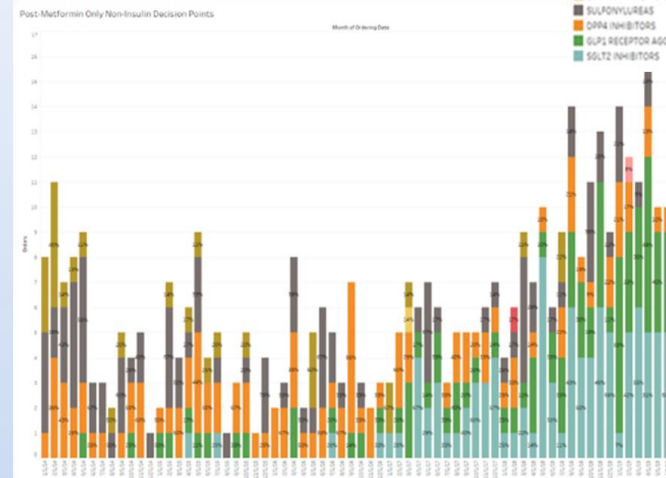
Outcome Tracking: Clinical Metrics (Example: DM)

Example of Data on Impact on 2nd Line Diabetes Prescribing

All Patients: 54% GLP1 / SGLT2



MTDM Managed: 90% GLP1 / SGLT2



- Refined Medication Type
- ALPHA-GLUCOSIDASE
 - BILE ACID SEQUESTR.
 - MEGLITINIDE ANALO.
 - METFORMIN WITH S.
 - METFORMIN WITH TZ.
 - TZD
 - TZD WITH SULFONYL.
 - SGLT2 WITH DPP4
 - SGLT2 WITH METFOR.
 - GLP1 RECEPTOR AGG.
 - DPP4 WITH METFOR.
 - SULFONYLUREAS
 - DPP4 INHIBITORS
 - GLP1 RECEPTOR AGG.
 - SGLT2 INHIBITORS

Disease Management (MTDM*)

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Ambulatory Pharmacy Programs

MTDM Family Practice

Outcome Tracking: Clinical Metrics (Example: Pain Mgmt)

Current MTM Population Leaderboard-Medication Statistics

Mtm Clinic	Patients	Avg. Months Since Baseline	Age 65 Plus	Baseline Opioids	Current Opioids	Opioid Change from Baseline	Avg. Baseline Morphine Equivalence	Avg. Current Morphine Equivalence	Morphine Equivalence Change from Baseline	Baseline Opioids Benzos	Opioid Benzos	Opioid Benzos Change from Baseline	Baseline Opioid Gaba	Opioid Gaba	Opioid Gaba Change from Baseline
	170	16	47	88	75	-14.8%	69	40	-41.6%	15	3	-80.0%	27	32	18.5%
	124	13	23	60	39	-35.0%	88	56	-37.0%	14	7	-50.0%	20	12	-40.0%
	98	15	20	46	49	6.5%	69	61	-11.7%	11	6	-45.5%	17	15	-11.8%
	89	15	12	50	44	-12.0%	69	37	-46.5%	5	1	-80.0%	15	12	-20.0%
	79	13	20	42	36	-14.3%	79	62	-20.6%	7	7	0.0%	13	8	-38.5%
	68	11	13	27	24	-11.1%	79	77	-3.3%	4	2	-50.0%	10	10	0.0%
	63	15	16	21	25	19.0%	70	49	-29.3%	3	2	-33.3%	7	7	0.0%
	59	15	14	34	34	0.0%	93	51	-44.7%	5	3	-40.0%	11	9	-18.2%
	58	12	7	30	23	-23.3%	74	56	-23.7%	4	1	-75.0%	10	6	-40.0%
	52	12	10	26	14	-46.2%	32	25	-22.6%	6	2	-66.7%	9	3	-88.9%
	47	14	9	38	33	-13.2%	185	86	-53.4%	10	4	-60.0%	7	7	0.0%
	46	15	6	20	14	-30.0%	67	42	-37.4%	8	5	-37.5%	7	4	-42.9%
	40	16	5	18	19	5.6%	66	48	-26.7%	3	4	33.3%	6	6	0.0%
	36	15	6	25	16	-36.0%	86	58	-32.2%	3	2	-33.3%	10	4	-60.0%
	7	13	2	5	3	-40.0%	76	48	-37.2%	1	0	-100.0%	2	1	-50.0%
Grand Total	1,036	14	210	530	448	-15.5%	82	53	-34.8%	99	49	-50.5%	171	134	-21.6%

Disease Management (MTDM*)

* Family Practice

* Specialty Care

* Non-Traditional Practice Models

Geisinger

Ambulatory Pharmacy Programs

MTDM Family Practice

Outcome Tracking: Clinical Metrics (Example: Pain Mgmt)

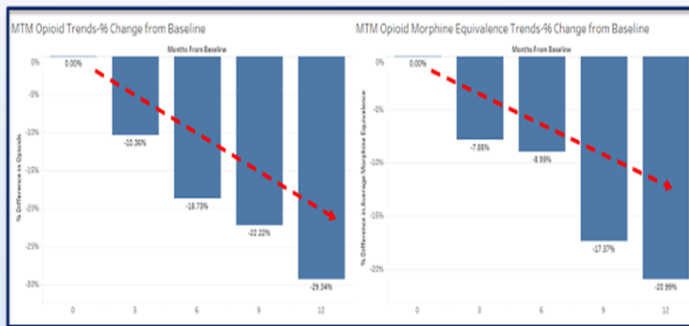


Disease
Management (MTDM*)

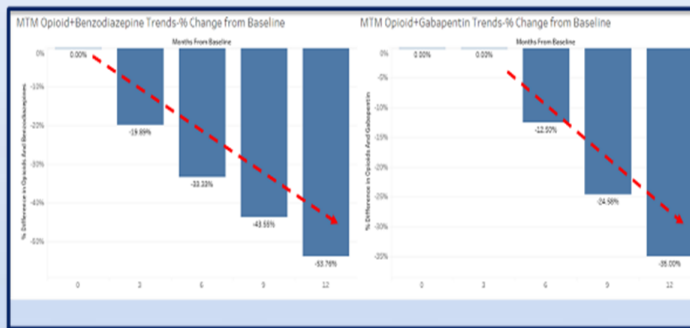
* Family Practice

* Specialty Care

* Non-Traditional Practice Models



- Average 29% reduction in patients on opioids at 12 months
- Average 21% reduction in morphine MEQs at 12 months



- Average 54% reduction in patients on opioid/benzo combination at 12 months
- Average 35% reduction in patients on opioid/gaba combination at 12 months



Promoting
Pharmacy
Collaboration:
Discovery to
Action

Heather Schultz, PharmD.
Director, Clinical & Specialty
Pharmacy



Role of the pharmacist in reducing healthcare costs: Current insights

“The role of the pharmacist has evolved substantially in recent decades. The traditional activities of the profession primarily focused on the dispensing and supply of medications...Nowadays, pharmacists also ensure the **rational and cost-effective use of medicines**, **promote healthy living**, and **improve clinical outcomes** by actively engaging in direct patient care and collaborating with many healthcare disciplines.”

Promoting pharmacy engagement



Moving from discovery to action

Evaluate government and alignment



Establish the role of pharmacist and pharmacy strategy in defining, operationalizing and evaluating best practices

Moving from discovery to action

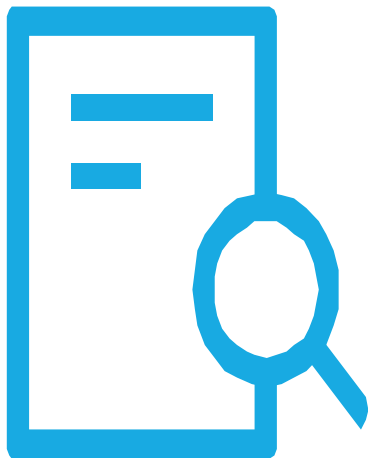
Clinically integrated pharmacist support



**Align pharmacist
support with team-
based care**

Moving from discovery to action

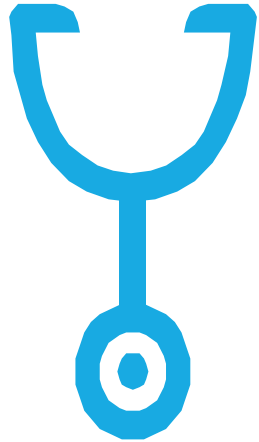
Information sharing and process improvement



Review clinical workflows and processes that impact patient and provider experience

Moving from discovery to action

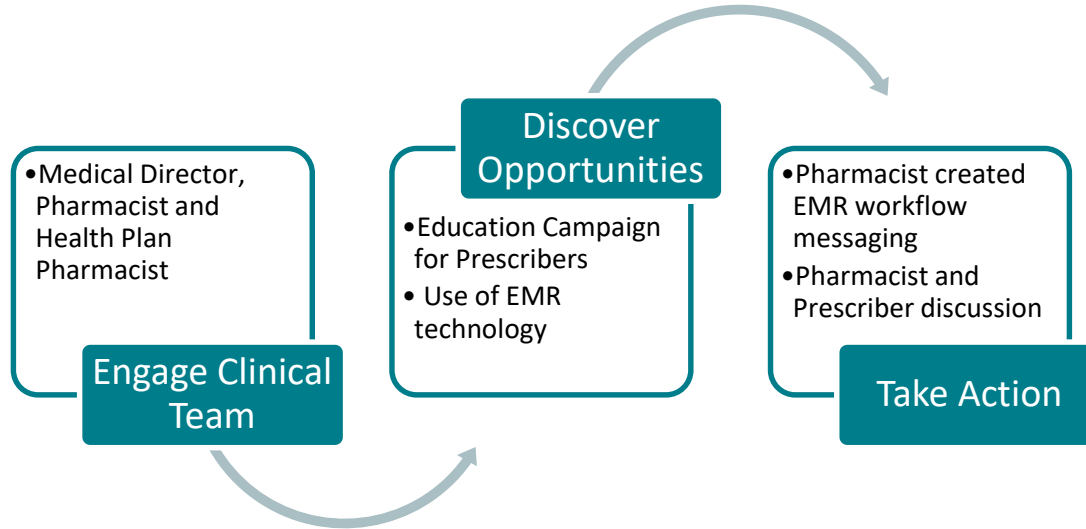
Align strategies with standards of care



**Evaluate for best practices
and outcomes**

Pharmacy engagement

Direct collaboration cost savings example



A man with dark hair and glasses, wearing a white lab coat over a light blue shirt and a teal tie, is looking down at a tablet computer he is holding with both hands. The background consists of dark, diagonal stripes. The text 'ingenioRx' is overlaid in white, with a stylized 'i' and 'n' logo below the 'o'. A small 'SM' trademark symbol is located to the right of the 'Rx' part of the text.

ingenioSMRx

The Epidemic of Medication Overload

Shannon Brownlee

Senior Vice President, Lown Institute

Lecturer, Department of Health Policy

George Washington School of Public Health

Bold ideas for a just and caring system for health



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Medication Overload: the use of multiple medications that pose a greater risk of harm than benefit



5 million older adults sought medical attention for ADEs in 2018



42% of older adults take 5 or more prescription medications



There was a 200% increase in polypharmacy over 20 years



750 hospitalizations every day due to ADEs in older adults



\$62 billion in unnecessary hospitalizations over 10 years



150,000 premature deaths in next 10 years due to ADEs



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Project Overview

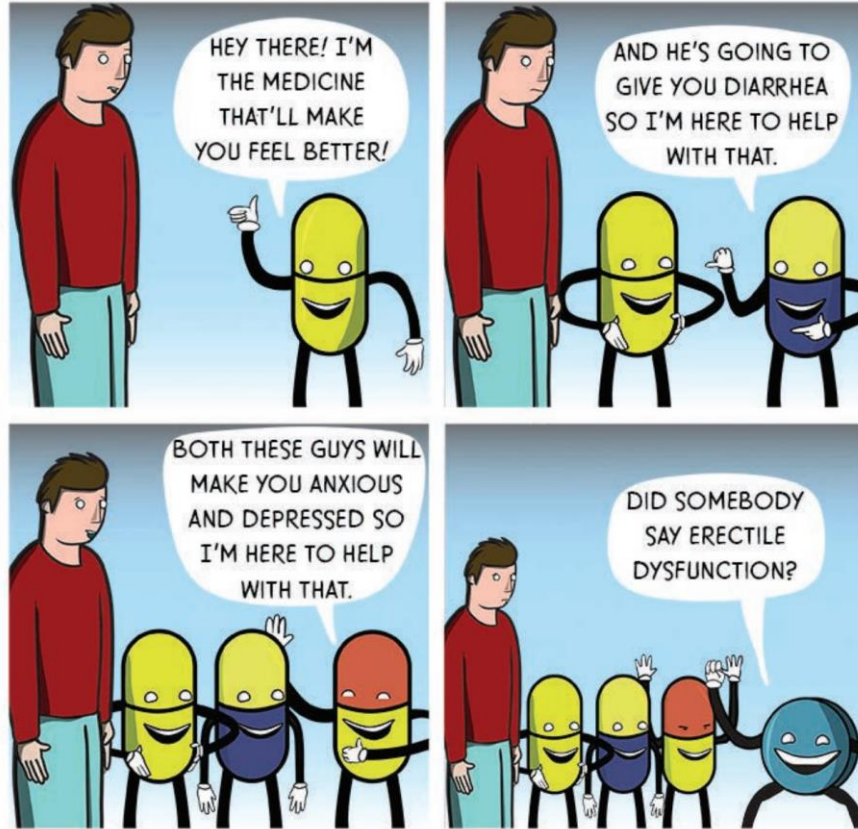
- ▶ Lown released “**Medication Overload: How the drive to prescribe is harming older Americans**” report in April 2019
- ▶ Working group of 22 experts in medication use and polypharmacy
- ▶ “**Eliminating Medication Overload: A national action plan**”



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Drivers of Medication Overload

1. Culture of Prescribing
2. Information & Knowledge Gaps
3. Fragmentation of Care



Source: www.goneintorapture.com



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5 Categories of Recommendations for Stopping Medication Overload

1. Implement Prescription Checkups
2. Raise awareness about medication overload
3. Improve information at the point of care
4. Educate and train health professionals
5. Reduce industry influence



Prescription Checkup: a medication review that makes **relieving medication overload** its primary focus and uses a **shared decision making process**

4 Steps:

1. Inventory
2. Inquiry
3. Intervention
4. Follow-Up



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What can you do to take action now?

For Clinicians:

- ▶ **Learn about the risks** of medication overload
- ▶ **Participate in continuing education** programs about careful prescribing and deprescribing
- ▶ **Make deprescribing guidelines available** at the point of care
- ▶ **Lobby your clinical membership organizations** or specialty societies to update clinical practice guidelines with appropriate targets for older patients
- ▶ **Become a “pharma free” clinician**



What can you do to take action now?

For Policymakers:

- ▶ **Support a public awareness campaign** about medication overload
- ▶ **Support patient-directed awareness** plans for specific medications
- ▶ **Create a Medicare reimbursement** code for prescription checkups
- ▶ **Fund convenings** of clinician specialty groups to identify changes needed to clinical practice guidelines.
- ▶ **Address key issues with adverse drug event reporting**
- ▶ **Restrict/regulate direct-to-consumer drug advertising**
- ▶ **Close the Physician Sunshine Act loophole for drug samples**



What can you do to take action now?

For Health Facilities:

- ▶ **Implement prescription checkups** for patients taking multiple medications
- ▶ **Launch an educational campaign** for clinicians to raise awareness of medication overload
- ▶ **Make deprescribing guidelines** available to clinicians
- ▶ **Become a “pharma free” institution**

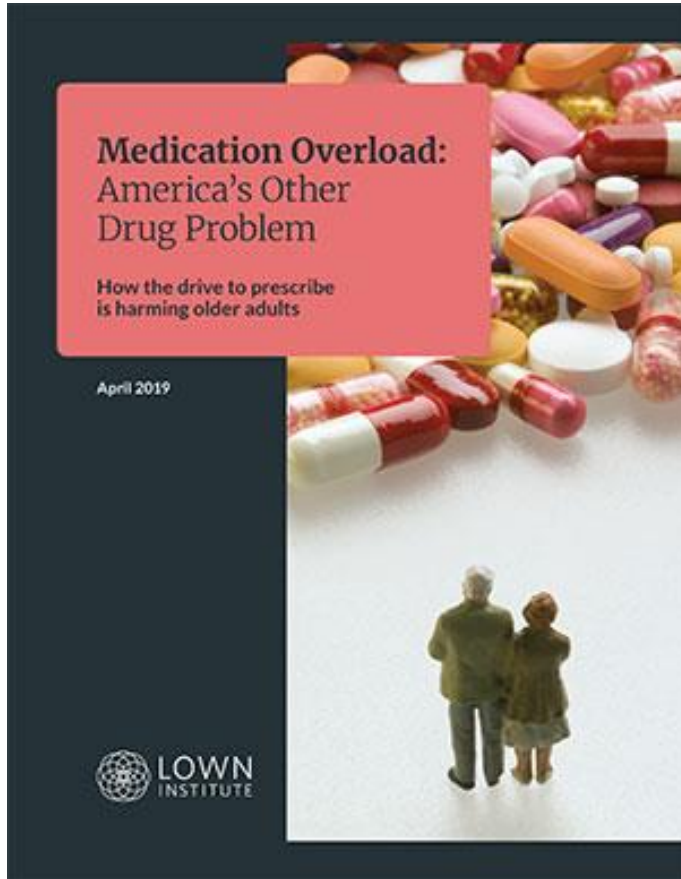


What can you do to take action now?

For Health Care Organizations:

- ▶ **Launch related continuing education programs**
- ▶ **Implement a “Deprescribing Champions” program**
- ▶ **Launch an educational campaign** for clinicians to raise awareness
- ▶ **Make deprescribing guidelines available** to clinicians
- ▶ **Incorporate training on careful prescribing and deprescribing into school curricula**
- ▶ **Pilot a polypharmacy/deprescribing concentration** for clinicians specializing in geriatric care





For more information about the Lown Institute's medication overload work and to **download our current report and future action plan** (to be released Jan 2020) go to:

www.lowninstitute.org/pills

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Questions?



Questions for the panel



Maria Kobylinski
Geisinger Health



Heather Schultz
IngenioRx



Shannon Brownlee
Lown Institute



Moderator:

Julie Schilz
Mathematica



Thank you!