Emerging Trends in Value-Based Care and the Pharmacist’s Role

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Objectives

1. Define Value Based Care

2. Describe the role of pharmacists and technicians in a value-based care environment

3. Identify emerging trends in value-based care that are geared towards provider organizations
What is Value?

Value Based (Health)Care is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes.
CMS Value Based Programs

CMS’s move towards paying providers based on the quality, rather than the quantity of care they give patients versus total billable services.

<table>
<thead>
<tr>
<th>Legislation Passed</th>
<th>Program Implemented</th>
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<td>MIPPA</td>
<td>ESRD-QIP</td>
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<tr>
<td>ACA</td>
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<td>MACRA</td>
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<td>MIPPA</td>
<td>VM</td>
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<td>PAMA</td>
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<tr>
<td>MACRA</td>
<td>APMs</td>
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<td>MIPS</td>
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**Legislation**
- ACA: Affordable Care Act
- MIPPA: Medicare Improvements for Patients & Providers Act
- PAMA: Protecting Access to Medicare Act

**Program**
- APMs: Alternative Payment Models
- ESRD-QIP: End-Stage Renal Disease Quality Incentive Program
- HACRP: Hospital-Acquired Condition Reduction Program
- HRRP: Hospital Readmissions Reduction Program
- HVBP: Hospital Value-Based Purchasing Program
- MIPS: Merit-Based Incentive Payment System
- VM: Value Modifier or Physician Value-Based Modifier (PVBM)
- SNF-VBP: Skilled Nursing Facility Value-Based Purchasing Program
Value Based Payments

Value-based care differs from a fee-for-service or capitated approach, in which providers are paid based on the amount of healthcare services they deliver. The “value” in value-based healthcare is derived from measuring health outcomes against the cost of delivering the outcomes.

Value-Based Health Care Benefits

**PATIENTS**
- Lower Costs & better outcomes

**PROVIDERS**
- Higher Patient Satisfaction Rates & Better Care Efficiencies

**PAYERS**
- Stronger Cost Controls & Reduced Risks

**SUPPLIERS**
- Alignment of Prices with Patient Outcomes

**SOCIETY**
- Reduced Healthcare Spending & Better Overall Health

Allows payers to increase efficiency by bundling payments that cover the patient’s full care cycle, or for chronic conditions.
What Is The Impact of Risk On Delivery Models?

Changes in the Health Ecosystem 2020

The US Digital Health Ecosystem 2020

- **Payers**
  - Private Insurers
  - Insurance Startups
  - Employers
  - Employee Benefits
  - Government
  - Health Systems and Hospitals
  - Retail Clinics
  - Telemedicine Providers
  - Provider Startups
  - Consumer Devices
  - Medical Devices and Software
  - Regulators

Note: This graphic is illustrative, not exhaustive.
Emerging Trends in Value Based Care - Macro

- Patient Centered Medical Homes (PCMH) place the primary care physician at the driver and coordinator of medical services with specialists.
- Personalized, customized healthcare and hyper-convenience is better than incentives to create a stickiness for patient’s self management and investment in their health.
- Mixed FFS and VBC models emerge in decisions. Health systems are interested in turning to telehealth, however are on hold until they are paid for services, but are trialing models with employees. Heavily dependent on state rules.
- Employers are including digital tools into their benefits package to improve health and decrease costs.
- Employers are contracting directly with providers for pricing and quality arrangements.
- Medicaid risk arrangements are emerging in markets, NY included.
- Niche digital and AI will continue to enter to provide solutions for target disease state, livongo, wellcare
- Startup alternative provider delivery models are contracting directly with insurers – Cityblock, OneMedical, ChenMed
Emerging Trends in Value Based Care - Micro

- Payers-providers launched patient visits at homes with care team members for home-bound, high risk patients, post-discharge visits and more!
- Virtual high utilization rounds with payer-providers, including pharmacy
- Shared services for technician outreach for adherence
- Medicare AWVs with pharmacists
- Pharmacists provided telehealth visits, centralized care (including behavioral health trained)
- Dose titration, management AI assisted algorithms for non-pharmacist!

→ The main goal is: modifying patient behaviors, medication management, HEDIS Star Successes
→ Where pharmacists are lacking: cost savings and navigating the dreaded donut hole, site of service optimization and utilization management of medical benefit
Pharmacy Related Start-Ups

What are they disrupting, and who are they going against?

Where there was once the $4 Dollar List, now we have multiple companies creating drug coupons to reduce drug prices.

Traditional drug references available to the public have been limited. New companies are seeking to expand knowledge to the general public.

New area where companies are aiming to help pharmacies and patients keep their medications safe.

What else can be disrupted?

Express or establishing services for pharmacies can cause multiple opportunities for pharmacies.

Surging lack of competition is a key for start-ups looking to manage pharmaceutical products.

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Mount Sinai Health Partners, Population Health
Overall Goals for MSHP Population Health

- Higher Quality/Lower Cost of Care
- Effective management of high cost high need patients
- Focus on Prevention/Annual Wellness Visits/Coding Specificity
- Broaden Care Teams and Delivery Models
- Promote efficiency through outlier identification and variance reduction
- Provide information at point of care
- Alignment of various quality programs (MIPS, CIN, ACO, VBP, PCI)
- Engagement of Specialists to promote success
Challenges Faced to Achieve Goals

▶ 50% of patient attribution in VBCs lies with voluntary physicians
  – >70 different EMRs
  – Geographic distribution
  – Lack of hospital and specialty assets across network

▶ Varying levels of ancillary support
  – Union-related limitations
  – Variable staffing models

▶ Balancing RVU compensation models with Value Based Care

▶ Large patient population requiring risk stratification for optimal efficiency and impact of care management

▶ Unique Manhattan Market competition
  – Payor Benefit Design
## Supporting Clinical Performance

| Improving quality at the point of care | • Optimize clinical decision support (EMR) or pop health tool for non-EMR practices  
• Claims ingestion to provide Patient 360s with coding, care and pharmacy gaps  
• Annual Wellness Visits address quality measures proactively |
| Reaching out to patients who have fallen through the cracks | • Centralized communication technology: Interactive Voice Response (IVR), Text Message Alerts  
• Medication Adherence tools for clinical pharmacists overseeing coordination staff  
• Mychart and Bulk Orders  
• Outreach to those with no PCP visit in past 12 months prioritized by CDQI and quality opportunity |
| Incentivizing performance | • Alignment of primary care measures for CIN QPM and PCI program  
• ~ $2.5 million distributed in incentive dollars  
• Leverage CIN quality reporting for MIPS |
| Getting credit for the quality of care delivered | • Scaled supplemental EHR payor submissions  
• Automatic CPTII codes in EMRs  
• Prospective clinical data collection from voluntary providers |
### 2019 MSSP ACO Measure Domains

#### Patient/ Caregiver Experience
- Getting Timely Care, Appointments, and Information
- How Well Your Providers Communicate
- Patients’ Rate of Provider Access to Specialists
- Health Promotion and Education
- Shared Decision Making
- Health Status/ Functional Status
- Stewardship of Patient Resources
- Courteous and Helpful Office Staff
- Care Coordination

#### Care Coordination/ Patient Safety
- Risk Standardized, All-Cause Readmission
- All-Cause Unplanned Admission with Multiple CC
- Ambulatory Sensitive Condition Acute Composite (PQI #91)
- Falls Risk Screening

#### Preventive Health
- Influenza Immunization
- Tobacco Screening + Cessation
- Depression Screening + Follow Up
- Colorectal Cancer Screening
- Breast Cancer Screening
- Statin Therapy for Prevention of Cardiovascular Disease

#### At Risk Population
- Depression Remission at 12 Months
- Diabetes: Hemoglobin A1c Poor Control
- Controlling High Blood Pressure

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*Measures used to determine MIPS Quality Score*
Incentivizing Efficiency: Efficiency Performance Metric (EPM) Score

<table>
<thead>
<tr>
<th>EPM</th>
<th>Scoring</th>
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<tbody>
<tr>
<td>Ambulatory Care Sensitive Condition Admissions (ACSC)/K (PQIs)</td>
<td>3 EPM Points</td>
</tr>
<tr>
<td>Preventable ED Visits/K</td>
<td>3 EPM Points</td>
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**Retrospective Approach**
- Outlier Identification and strategies for improvement
  - POD
  - Practice
  - Provider
  - Patient (CM)
- Disease management models focused on patients with history of preventable admissions (PQIs) and Preventable ED
  - CHF
  - COPD
  - Asthma
  - DM
  - HTN

**Prospective Approach**
- Leveraging community paramedicine program for ED/Admission diversion
- Aligned care Management with practices groups “Practice Pods”
- Lumeris AI powered risk score for unplanned admissions
- Disease management standardization
- Increased urgent care diversion
It takes a village

Centralized

Patient-Facing

Office-Based

Provider Facing

Patient Engagement Coordinator/Navigator
Pharmacy Technicians
Care Management (CCC, NCC)

Pod Meetings
Communications
Town Halls

Pharmacists
CDEs

PEMs/PHMs
Provider Engagement
Practice Transformation
Population Health Pharmacy Services Vision

- Leading population health managers **deploy** pharmacists across primary care, geriatrics, pediatric, and specialty care practices

- At MSHP we positioned pharmacists as expertise in medication management in primary care to manage **patient’s chronic diseases and lower total cost of care**

- Investment in practice-embedded pharmacists will accelerate our ability to improve care delivery

- Pharmacist should be added to practices that have 1) large concentration of patients with uncontrolled chronic disease and associated complications, 2) PCP access constraints, and 3) a large Medicare/Medicaid patient mix

- Future investments should expand to specialty service-lines and centralized support for practices with lower volumes of high-risk populations
Responsibility of Pharmacists in Ambulatory Care

Pharmacists support team based care by managing the drug-disease related goals for patients. With the support of analytics and population insights, pharmacists are able to hotspot and optimize therapeutic goals and related issues.
Value-Based Care: Leveraging Pharmacy

**Priorities**

- Ambulatory Clinical Pharmacists Delivered Support
  - Medicare Annual Wellness Visits*
  - Medication and Disease Mgmt
  - Medication Reconciliation
  - Medication Adherence

**Clinical Quality**

- Partnerships / Community Based Orgs
- Care Management Collaboration
- Patient Engagement
- Specialist coordination

**Satisfaction & Operational Efficiency**

- Preventable PQI
- Post discharge COPD/Asthma patients
- Readmissions
- Lower Cost Therapeutic Alternative

*AWV = Annual Wellness Visit

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Domain of Impact

People
- Patient & caregiver experience
- Tele convenience
- Provider satisfaction

Process
- Team collaboration
- Specialist coordination
- Provider access
- Care management referrals

Clinical
- Time to goal
- Adherence to treatment plan
- Barrier resolution
- Group medical visits
- Referral support

SDOH
- Screening
- Referrals
- Community connectivity
- Access & affordability
- Social isolation
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**Co-managed by Pharmacist**
Measures used to determine MIPS Quality Score
Develop Pharmacist Referrals “Clinic Within a Clinic”

▶ Referrals to pharmacists:
  – Uncontrolled chronic diseases
    • HTN, DM, HF, Asthma, COPD, Depression, Behavioral Health
    • Post Discharge
    • High utilizers
  – Polypharmacy
  – Med Reconciliation
  – Medication Adherence
  – Navigation support for Rx
  – Medicare Annual Wellness Visits

▶ Total cost of care (PMPM) impact on populations managed:
  – Lower cost medication, site of service optimization
  – ED and inpatient visits (preventable and non-preventable)
  – Readmissions rates
  – Medication adherence metrics (challenging with ACO consent)
Summary

- Infrastructure for success requires thoughtful build out and mass customization
- While the PCP is at the center, specialist engagement is critical will be critical
- Pharmacists need to be nimble and consider changes to our delivery systems and reimbursement models for providers
- Data Analytics/Clinical Informatics/Decision Support foundational to success
- Data is never perfect but must be leveraged to drive change
- Variance Reduction to drive quality and efficiency
- Strategic Partnerships to Build Value
- Pharmacists as integral part of the Care Team brings significant value
Learning Objectives

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