

A woman with curly hair, wearing a white lab coat, is engaged in a conversation with a patient. The patient is seen from the back, wearing a blue shirt. In the background, another person in a blue shirt is working at a computer. The scene is brightly lit, suggesting a modern pharmacy or clinic environment.

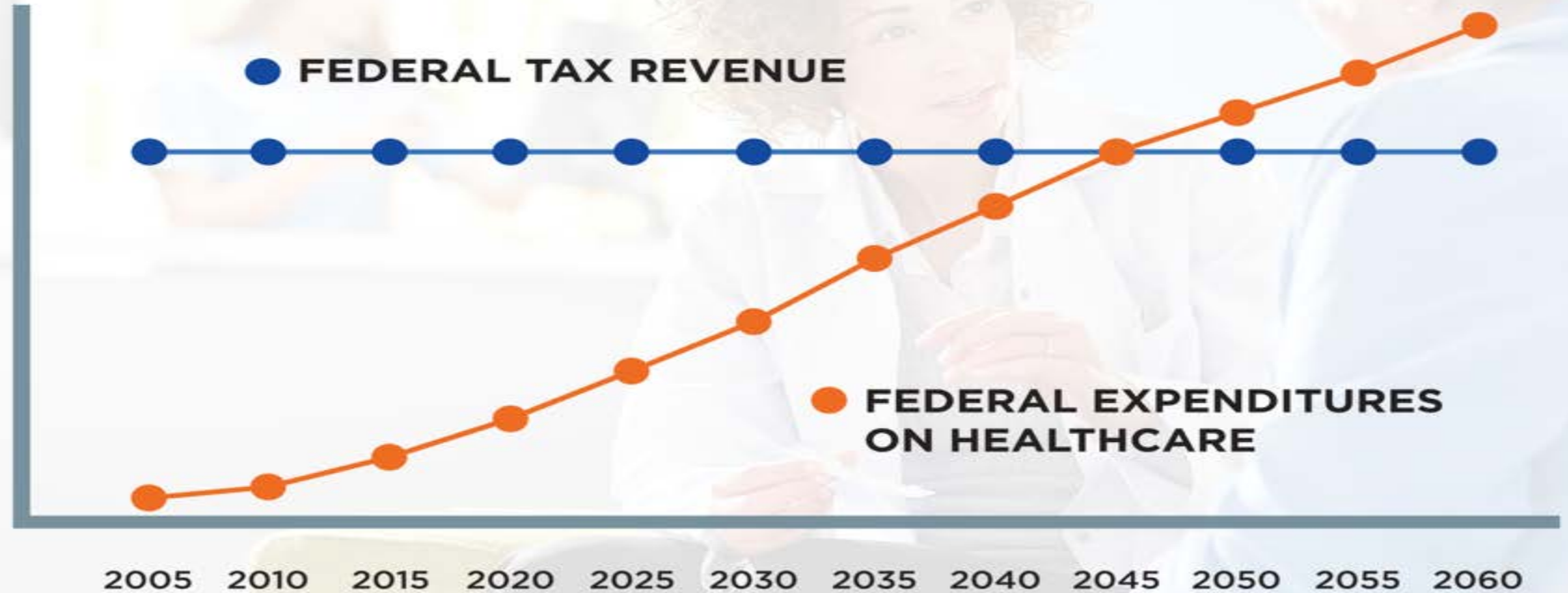
# **Optimizing the Medical Neighborhood: Transforming Care Coordination through the Community Pharmacy Enhanced Services Network**



Joe Moose, PharmD  
2017 Annual Convention of AR  
Pharmacist Association  
June 9, 2017



# We're Going Broke Because of Healthcare





A woman with curly hair, wearing a white lab coat over a grey sweater, is sitting and talking to an older man with white hair. They are in a clinical or office setting. In the background, another person is visible, and there are some charts or papers on the wall. The entire image has a blue tint.

# Here Comes Payment Reform





# Actually, it is already here!

**“Our first goal is for 30% of all Medicare provider payments to be in alternative payment models** that are tied to how well providers care for their patients, instead of how much care they provide – and to do it **by 2016**. Our goal would then be to **get to 50% by 2018**.

**Shared Savings, Bundled Payments, Medical Home/ACO**

**Our second goal is for virtually all Medicare fee-for-service payments to be tied to quality and value; at least 85% in 2016 and 90% in 2018.”**

**Readmissions Penalties, Value-Based Purchasing, Incentive Payments**

Sylvia Mathews Burwell, Former HHS Secretary



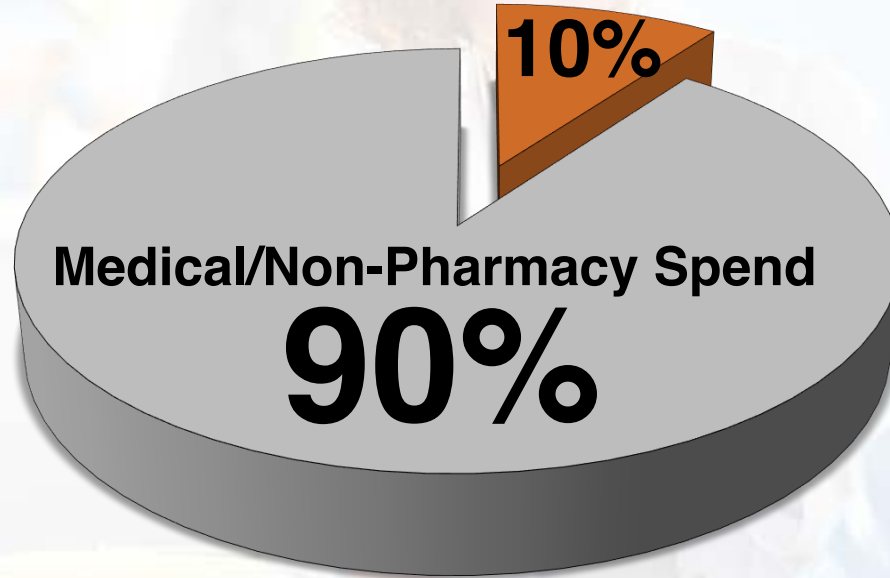
A woman with curly hair, wearing a white lab coat over a grey sweater, is seated and engaged in a conversation with an older man with white hair wearing a blue button-down shirt. The woman is holding a small white object in her hand. In the background, another person is visible, slightly out of focus. The entire image has a blue tint.

# **Strategic Considerations for Community-Based Pharmacy Networks**



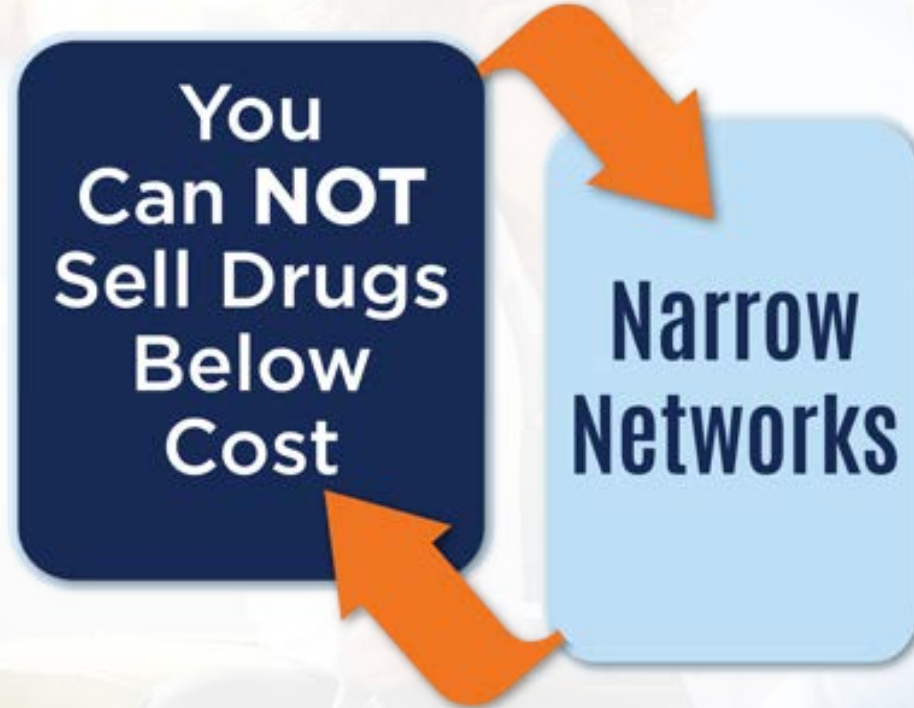
# Healthcare in America

## Medication/Pharmacy Spend





# Threats to Community Pharmacy







# What is the Essence of Payment Reform?

*(Hint: Population Health Management)*



# What Does the Medical Neighborhood Look Like?





## Fee for Service



## Population Health Management



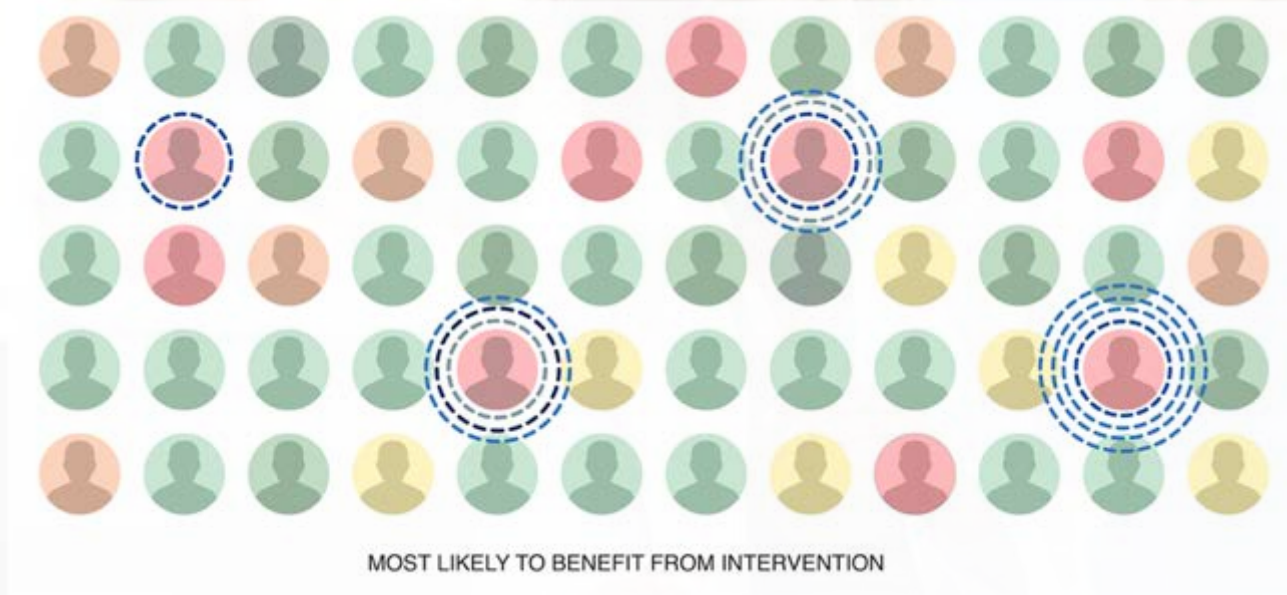


# It's not about who is in my office today, It's about who isn't in my office



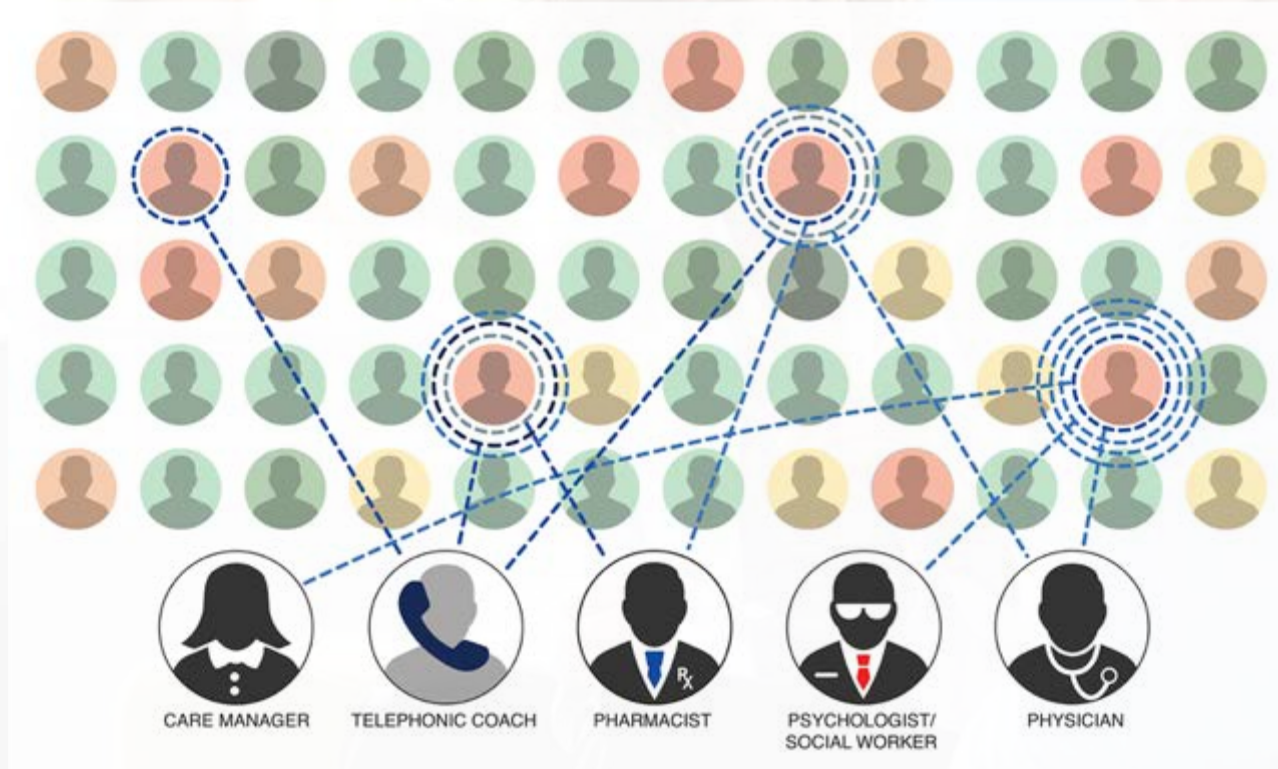


# In a World of Limited Resources...





# Who Needs Medication Optimization?





# One Size Doesn't Fit All Patients





A woman with curly hair, wearing a white lab coat over a grey sweater, is sitting and talking to an older man with white hair. They are in a pharmacy or clinic setting. In the background, another person is visible, and there are shelves with various items. The entire image has a blue overlay.

# **Why Community Pharmacy Enhanced Services Networks?**



# Medication Chaos Reigns

*(Problems are Opportunities)*





# You are Accessible



**3.5 PRIMARY CARE  
VISITS/YEAR**



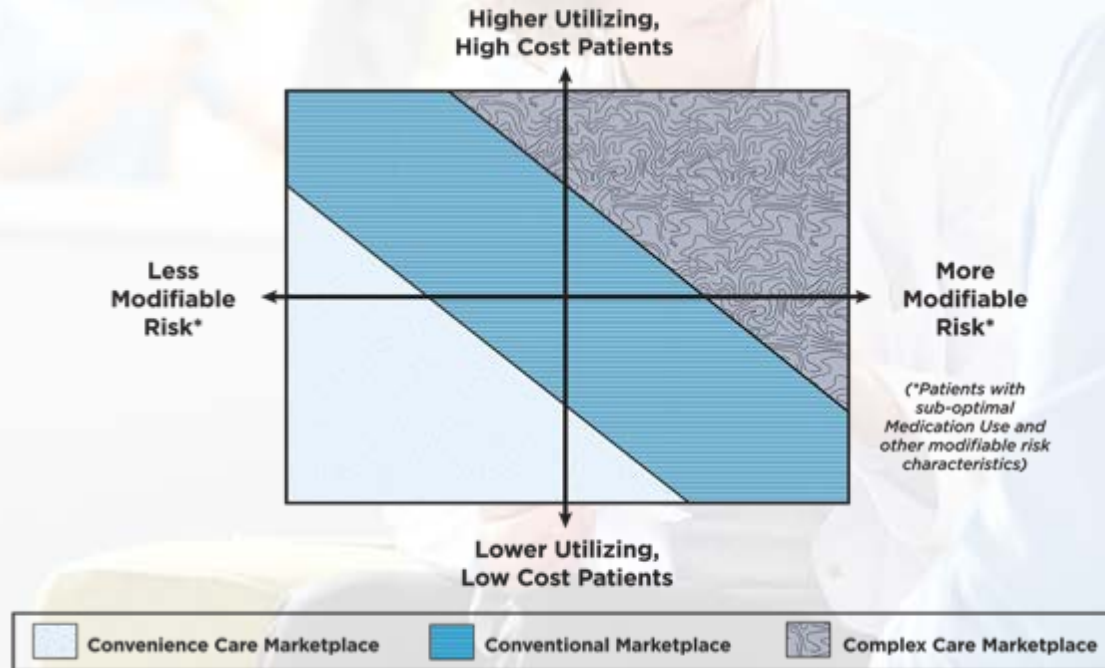
**35 PHARMACY  
VISITS/YEAR**

0 5 10 15 20 25 30 35



# Importance of Targeting and Channeling Patients to High Performing Pharmacies

## A Bifurcating Marketplace for Pharmacy-Site Products and Services Delivery





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# How Can Community Pharmacy Leverage Its Value?



# CPESN Network Structure





# Types of Enhanced Services

**Medication Synchronization**

**Adherence Packaging**

**Home Delivery**

**Home Visits**

**Point-of-Care Testing**

**Collection of Vital Signs**

**Nutritional Counseling**

**Smoking Cessation**

**Compounding**

**Long-Acting Injections**

**24-Hour Emergency Services**

**Multi-Lingual Capabilities**



# Matchmaking





# Community Pharmacy Enhanced Services Networks

## CPESN NC Sites



### Core CPESN Services

- Ability to integrate with and augment Managed Care coordination and care management infrastructures
- Establish an ongoing professional relationship with the patient
- Provide in depth review of patient education regimens to identify opportunities to optimize therapy
- Work with providers and other health care professionals to resolve any concerns with the patient's medications
- Contribute to development of a patient-centered care plan
- Provide care coordination and additional motoring between provider office visits for patients, especially those who are non-adherent to medications and/or are medically complex
- Engage in clear, clinically-relevant communication with the provider and care team

### Core CPESN Services

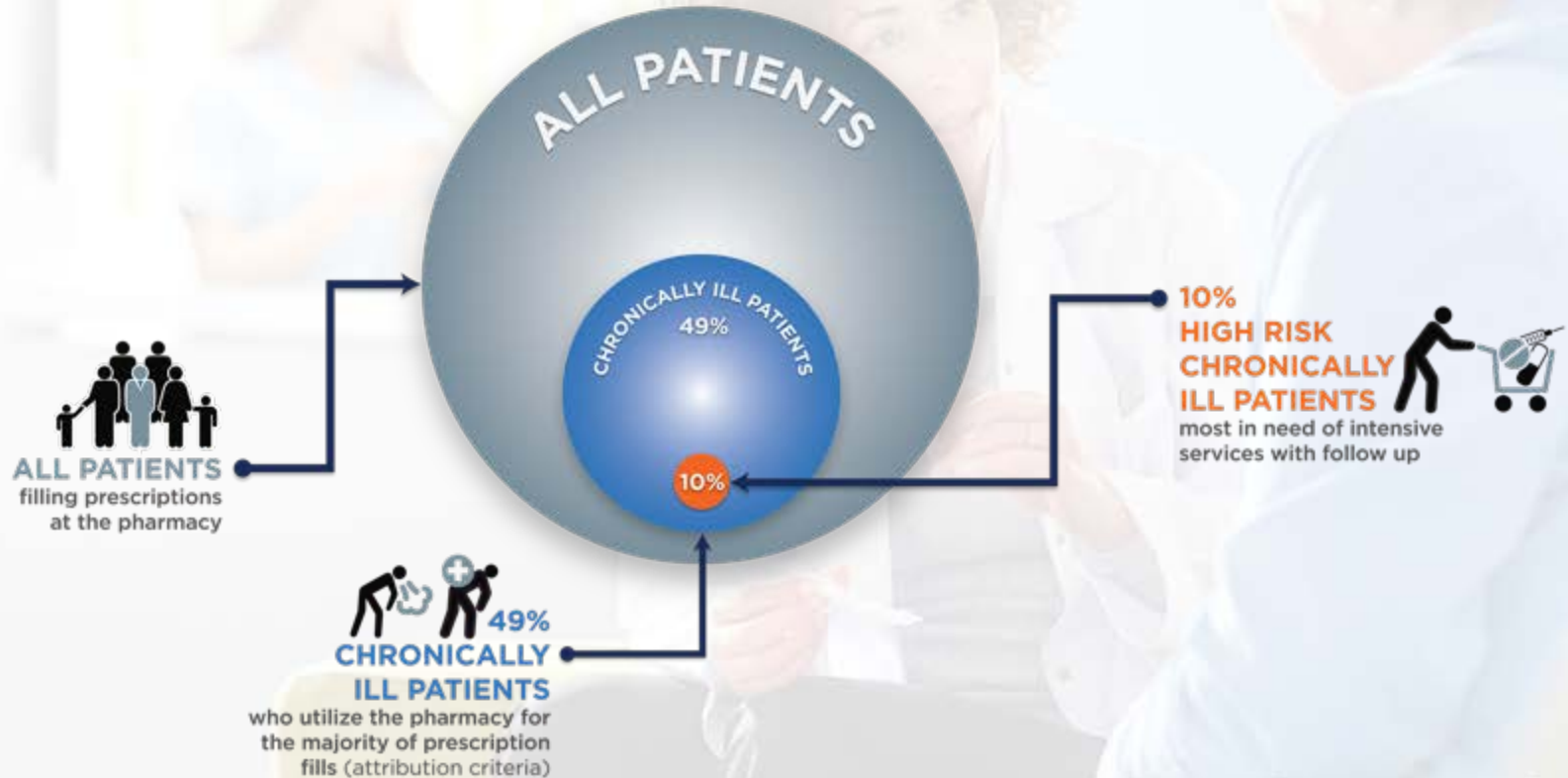
Provide a minimum set of enhanced services including, but not limited to:

- Medication reconciliation
- Clinical Medication Synchronization
- Adherence Packaging
- Immunizations
- Complete Medication Reviews with Chronic Care Management





# CPESN Model



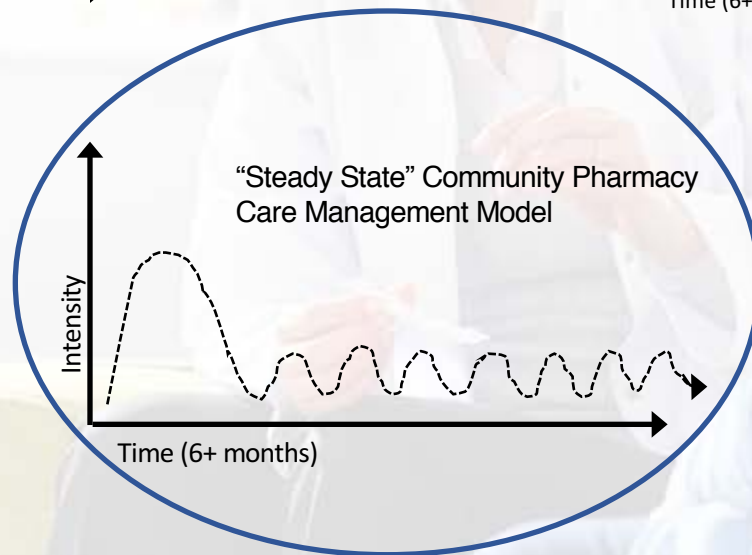
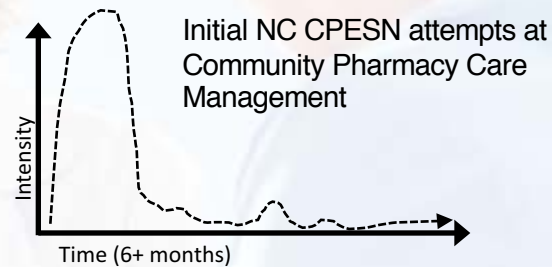
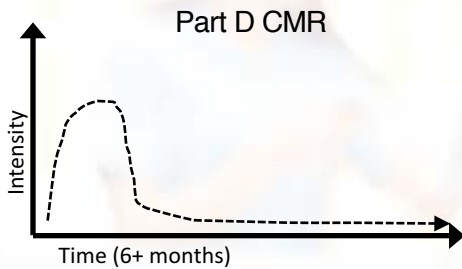


# Community Pharmacy Care Management

- Community Pharmacy Care Management – Services provided locally by a community pharmacy in close coordination with other care team members, including other care managers that focus on optimal drug use.
- The objective of Community Pharmacy Care Management is to procure, update and re-enforce a team-based, patient-centered pharmacy care plan over time. This service line is longitudinal and coordinated with the rest of the care team.



# Transformational Change in Frequency & Nature of Clinical Patient Interactions





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# What do Payers Want?



# NC CPESN/CMMI Performance Measurement

*(Shared Accountability for Global Outcomes)*

Performance Measures	Possible Points
Risk-adjusted total cost of care	3
Risk-adjusted inpatient hospitalizations	2
Risk-adjusted emergency department visits	2
Adherence to antihypertensive medications*	1
Adherence to statin medications*	1
Adherence to diabetes medications*	1
Patients adherent to multiple chronic medications	1
<b>TOTAL POINTS</b>	<b>11</b>

\*Medicare STAR measures



# Alternative Payment Model

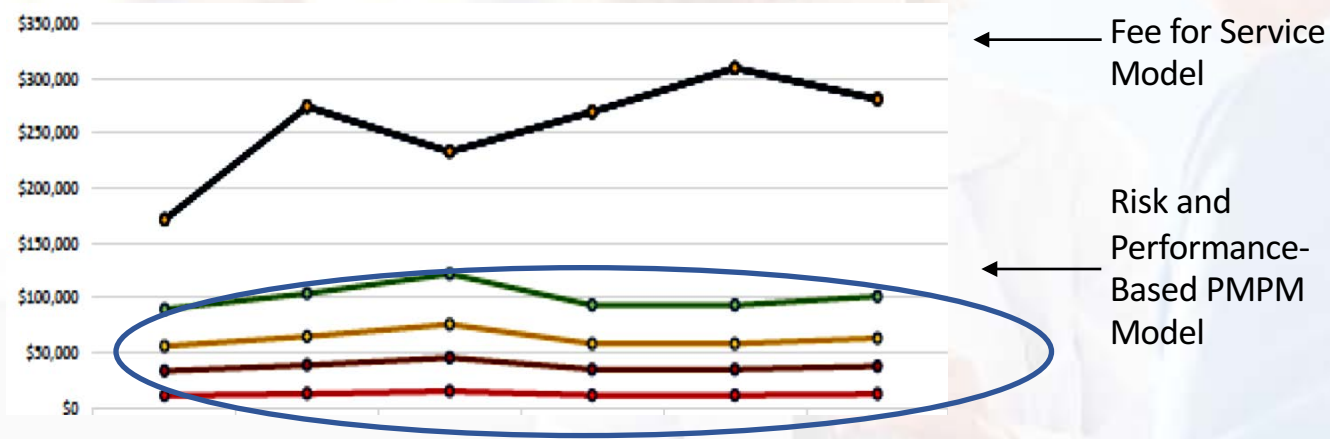
Patient Risk Score	Pharmacy's Most Recent Performance Score			
	Above Average (8-11 Points)	Average (6-7 Points)	Below Average (4-5 Points)	Review for Network Inclusion (0-3 Points)
≥ 85	\$\$\$\$ PMPM	\$\$\$\$ PMPM	\$\$\$ PMPM	\$ PMPM
75-84	\$\$\$\$ PMPM	\$\$\$ PMPM	\$ PMPM	\$ PMPM
60-74	\$\$\$ PMPM	\$ PMPM	\$ PMPM	\$ PMPM
50-59	\$ PMPM	\$ PMPM	\$ PMPM	\$ PMPM
< 50	\$ PMPM	\$ PMPM	\$ PMPM	\$ PMPM

PMPM payments based on patient risk AND pharmacy performance  
(payment rate based off of current Medicare Chronic Care Management codes)



# Benefits of Alternative Payment Model

- Payment model is budget predictable; able to throttle costs

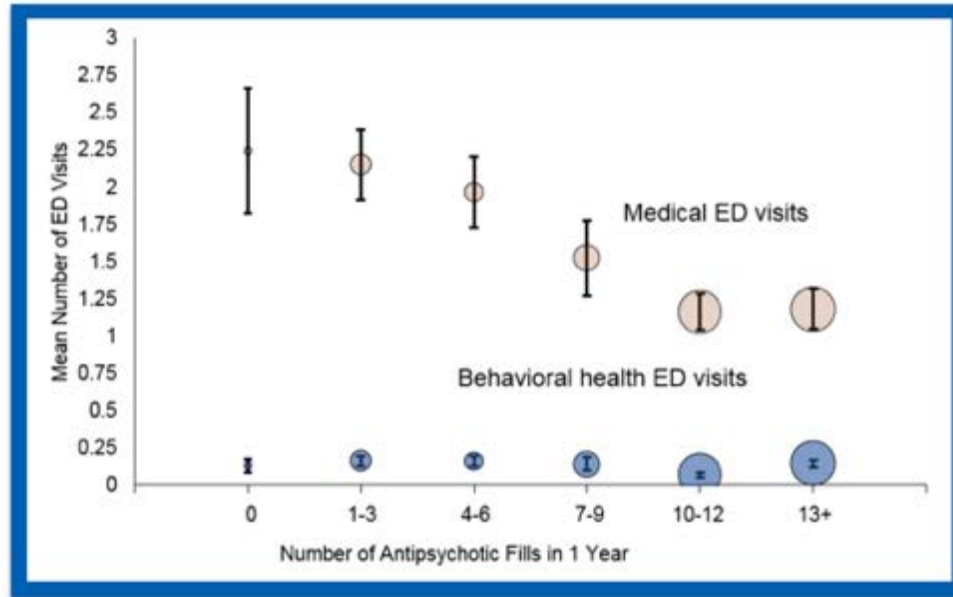


- Value-based payment allows for measure alignment with other care team members
- eCare Plans with a purpose
  - Clinical documentation
  - Care coordination
  - Network quality assurance



# Patients with Schizophrenia Who are Poorly Adherent are More Likely to be Super-Utilizers of the ED

**Figure 1. Average Annual Rates of Emergency Department Visits for CCNC Patients with Schizophrenia, by Medication Adherence Category, 2015**

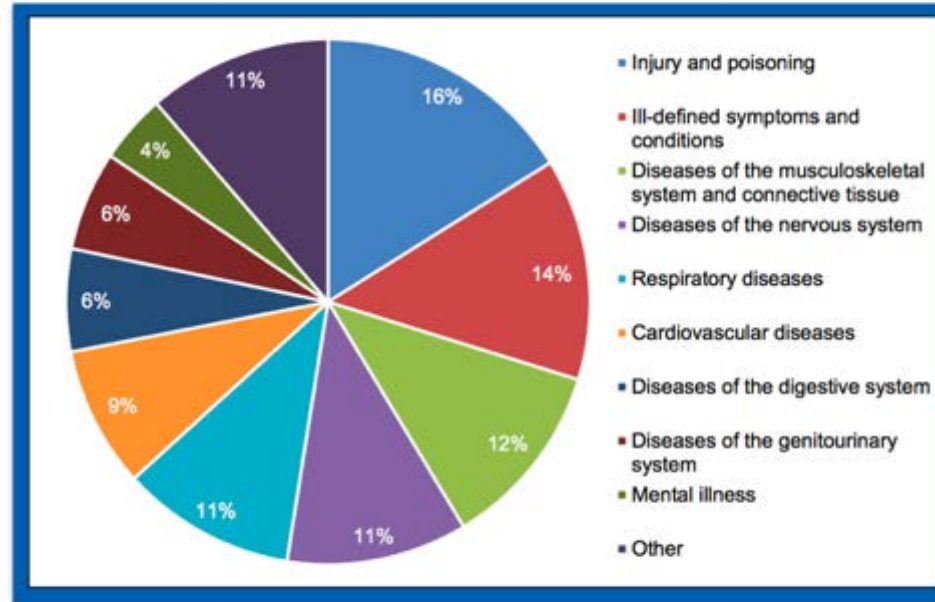


\*Note: Error bars represent confidence intervals. The size of bubbles corresponds to sample size in each adherence category.



# Patients with Schizophrenia Who are Poorly Adherent Need the rest of this new headline!

**Figure 3. Leading Causes of Emergency Department Visits Among CCNC Patients with Schizophrenia During 2015**



The primary diagnosis for each ED visit was categorized according to the clinical classification developed Agency for Healthcare Research and Quality



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# Where is the CPESN Movement Today?



**May**

- Light blue
- Medium blue
- Dark blue
- Very dark blue
- Grey

-  CPESN Launched
-  Contact Not Established
-  Contact Established
-  Phase 1 - Determining Interest
-  Phase 2 - Develop Network Framework
-  Phase 3 - Preparing to Launch



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# What makes CPESN Networks Different?

- Community-based pharmacies that focus on high risk patients in a chronic care model
- Patient targeting
- Panel management
  - Patients instead of prescriptions
- Accountability on global outcomes and quality
  - Shared metrics with the rest of the care team

- Local care team integration and care coordination
- Change packages and network support to enable practice transformation
  - Workflow changes related to panel management, care team integration, and weaving together clinical components with enhanced services
- Approach to HIT
  - Pharmacist eCare Plans



# The Opportunity

*(In Economic Terms to the Medical Benefit)*

Average Complex Patients Touched ~10,000

Average Total Cost of Care for those Patients ~\$25,000

Average “Impactability” ~\$1,100/month

Aggregate Year 1 Savings Opportunity \$66M  
*(for patients with CIPAs/CMRs if deploying CPCM with Medical Home Care Manager)*



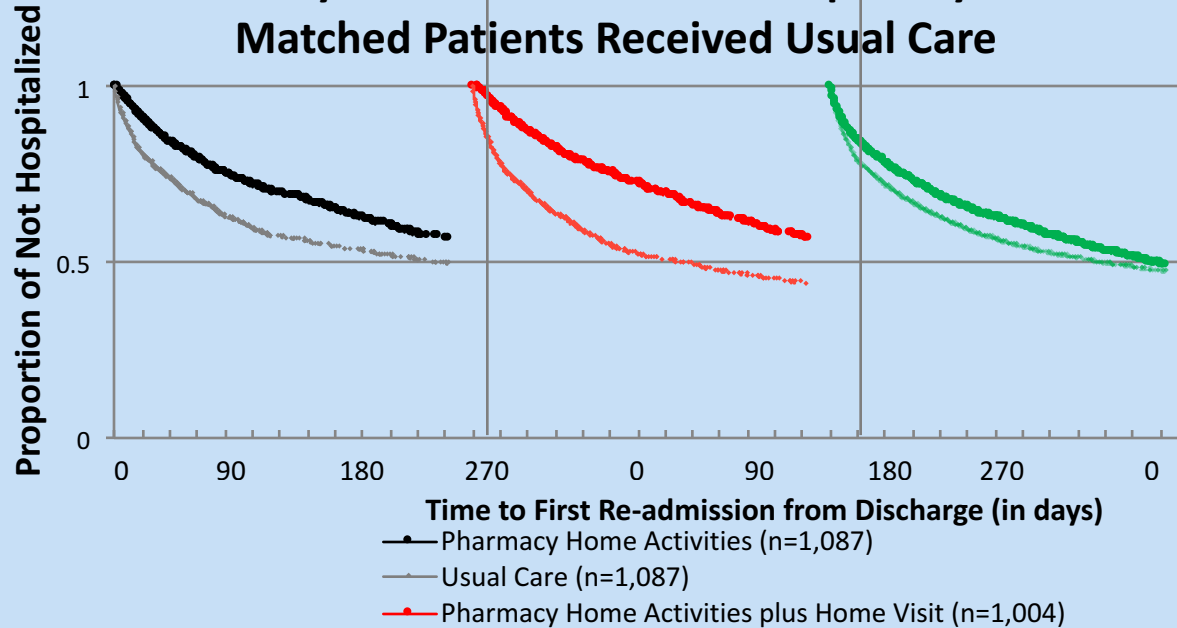
# The Opportunity

*(In Economic Terms to the Pharmacy)*

Average Rx's per Referred Patient	10 Rx's per month
Average Profit per Rx	~\$10
Average Profit per Patient	~\$1200/year
Average Patient Referrals	~ 200 patients/year
Total Annual Net Profit	\$240K

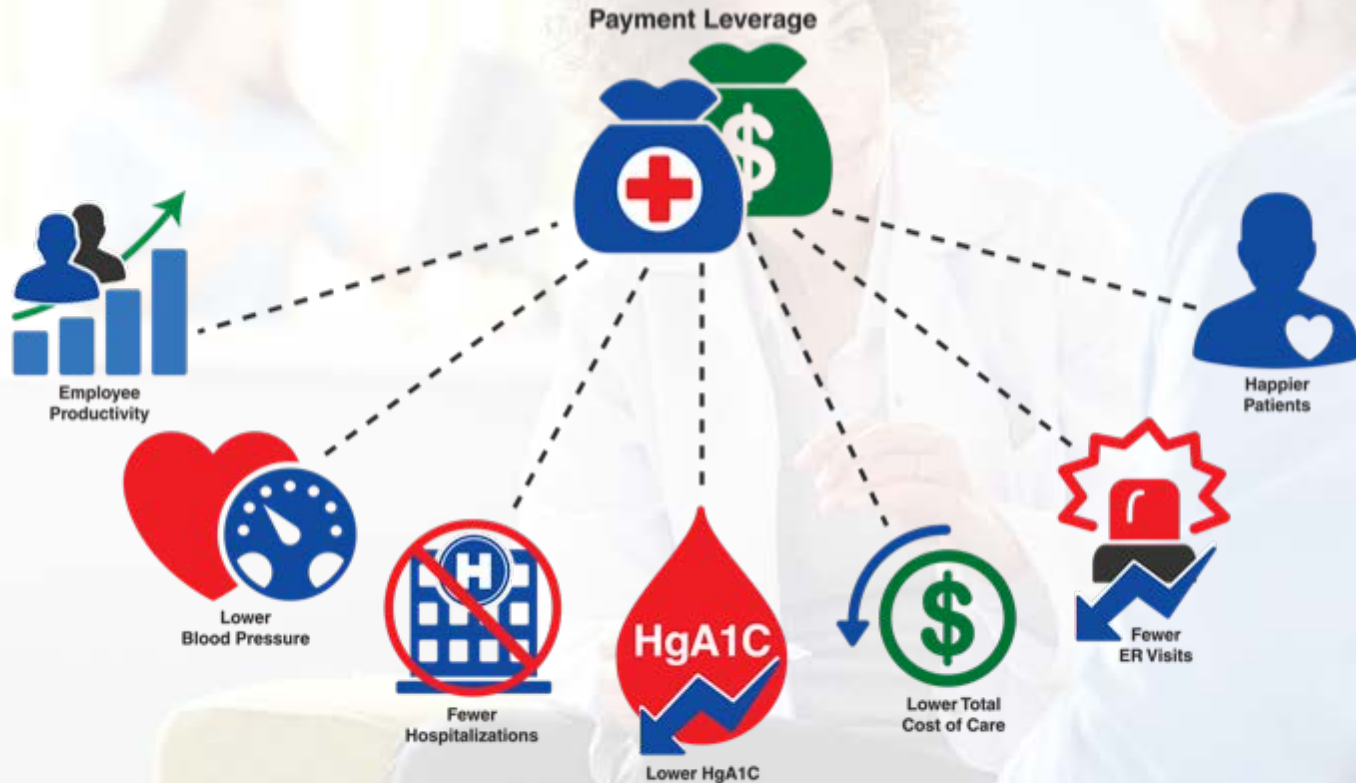


# Comparison of Time to First Re-admission Between Transitional Care Patients Receiving Pharmacy Home Activities and Propensity Score Matched Patients Received Usual Care



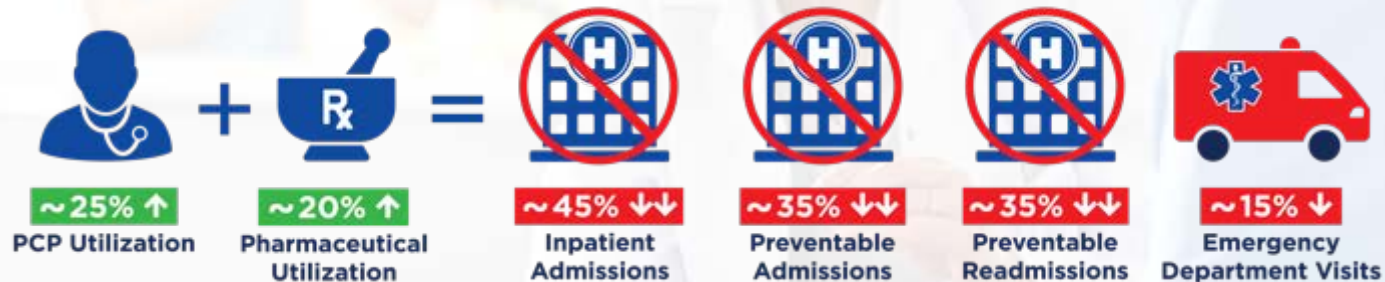


# Your New Leverage Base





# 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*



A woman with curly hair, wearing a white lab coat over a grey sweater, is sitting and talking to an older man with white hair wearing a blue button-down shirt. They are in a room that looks like a clinic or office. In the background, another person is blurred. The entire image has a blue tint.

**Better get in the game... or you will be  
left out of the game**



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# Thank You

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