



Lessons for Community Pharmacy from the USC / AltaMed CMMI Healthcare Innovation Award (Round 1)

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Learning Objectives

- Describe the steps taken to integrate a clinical pharmacy program into a safety net FQHC designed to maximize value while reducing costs
- List successes and lessons learned from the USC / AltaMed CMMI program applicable to the community pharmacy environment



What you will hear...

- Overview of the USC / AltaMed Healthcare Innovation Award (HCIA) program from CMMI
- Rolling results from the HCIA program
- Community pharmacy practice applications

\$12 USC / AltaMed CMMI Project: Specific Aims

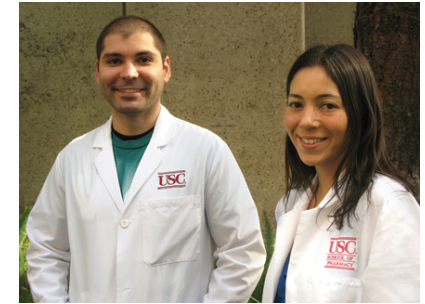


10 teams

Pharmacist + Resident +
Clinical Pharmacy Technician



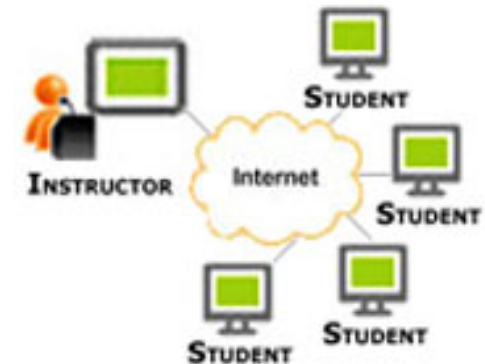
Telehealth clinical
pharmacy



Resident and
technician training
for expansion

OUTCOME MEASURES

- ✓ Healthcare Quality
- ✓ Safety
- ✓ Total Cost / ROI
- ✓ Patient & provider satisfaction
- ✓ Patient access



Web-based pharmacist training
and credentialing

**UNIVERSITY OF
SOUTHERN CALIFORNIA**

National Conference on Best
Practices and Collaborations to
Improve Medication Safety and
Healthcare Quality

Feb 20-21, 2014

USC Patient Targeting and Management Strategy



High cost patients



Frequent and recent acute care utilizers



48 EHR-embedded triggers to detect high risk patients



MD referrals



Comprehensive Medication Management

Treatment Goal Reached?

No

Yes

Clinical pharmacy tech "check-ins" every 2 months

Unstable



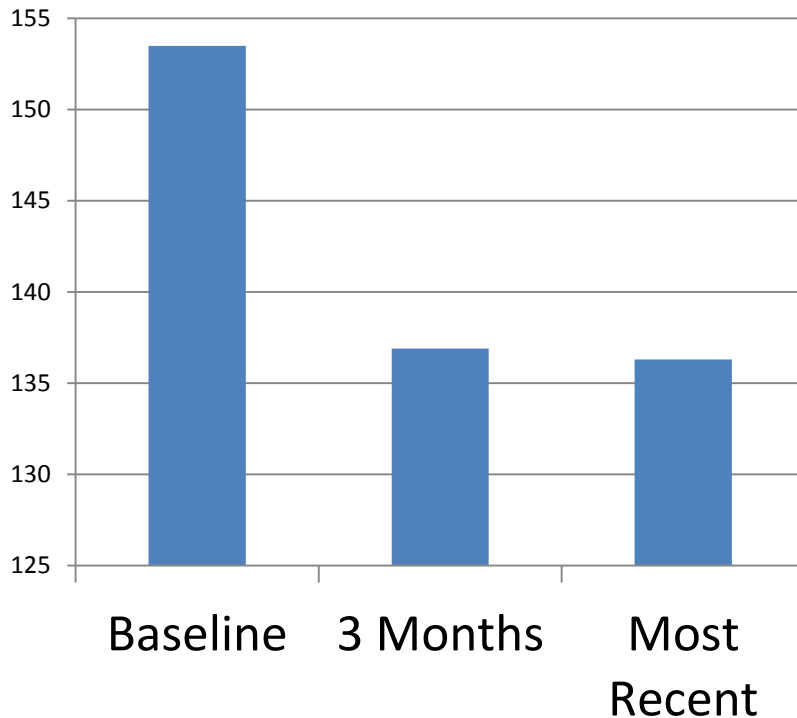
- Overview of the USC / AltaMed Healthcare Innovation Award (HCIA) program from CMMI
- Rolling results from the HCIA program

Outcome: Recruit high risk patients

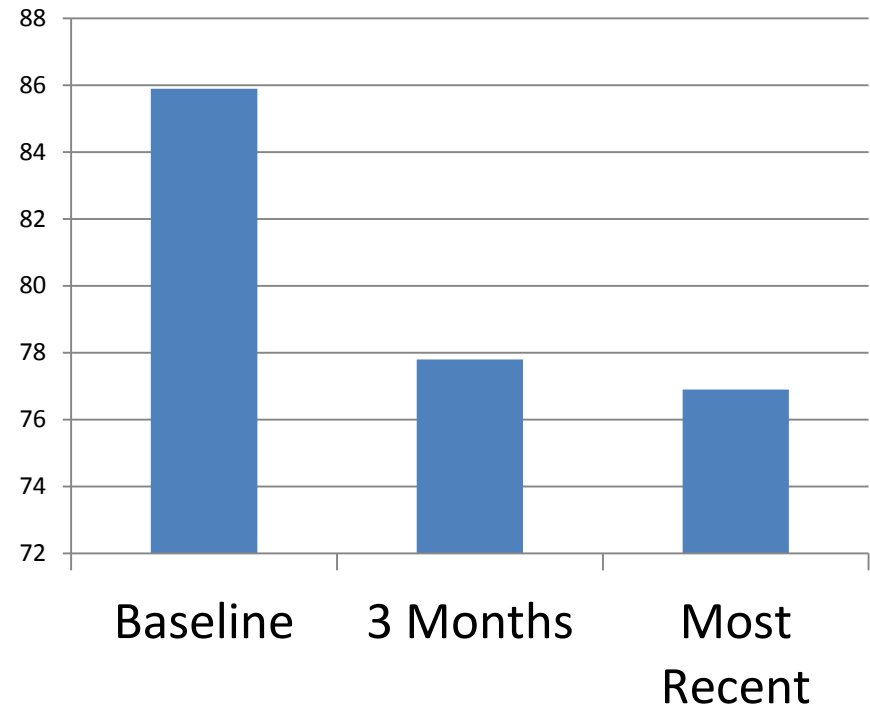
- Enrolled 6,000 patients since Oct 2012
 - Predominantly Hispanic, non-elderly women
- 3/4^{ths} have hypertension, 36% uncontrolled
- 2/3^{rds} have diabetes, 60% uncontrolled
- High rates of hospitalizations

Outcome: Improvement in Clinical Markers

Systolic Blood Pressure



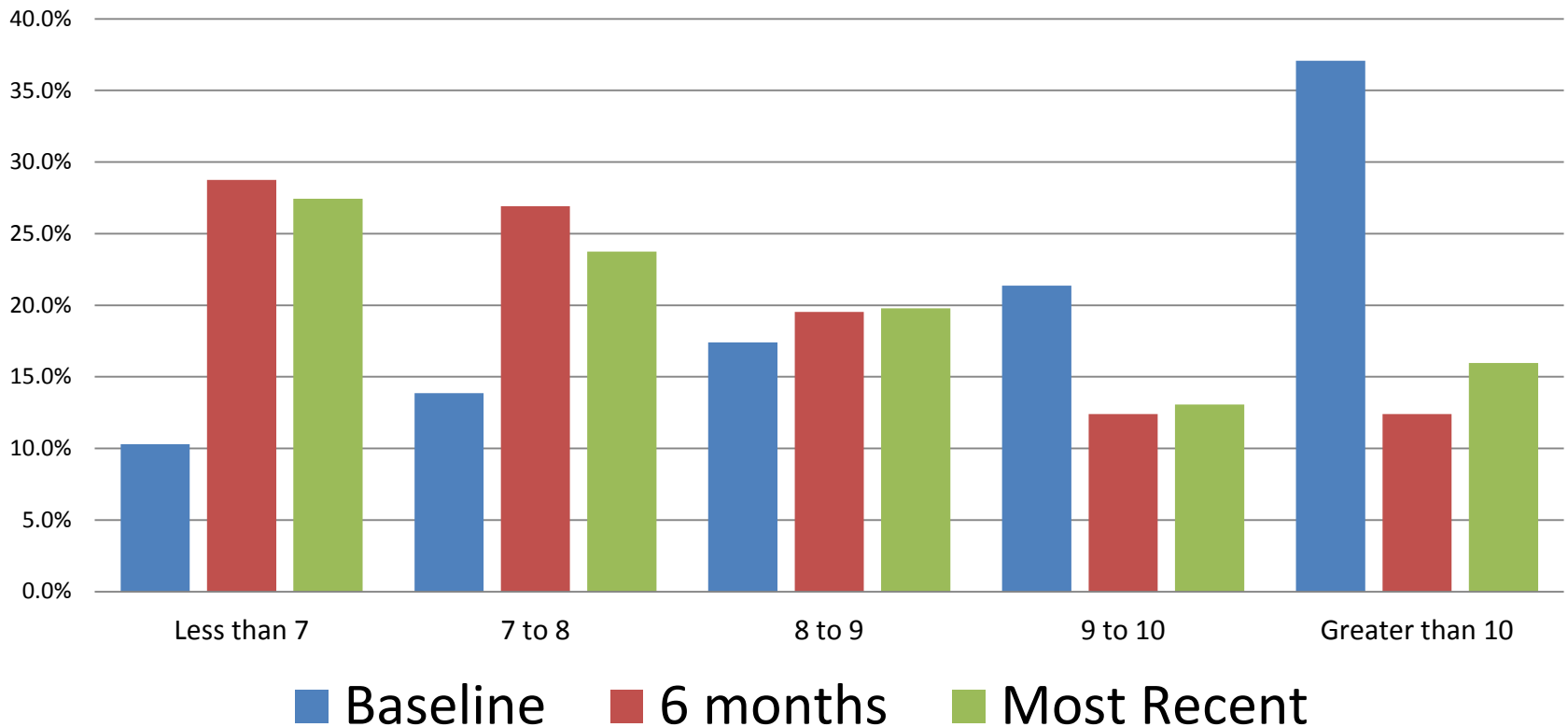
Diastolic Blood Pressure



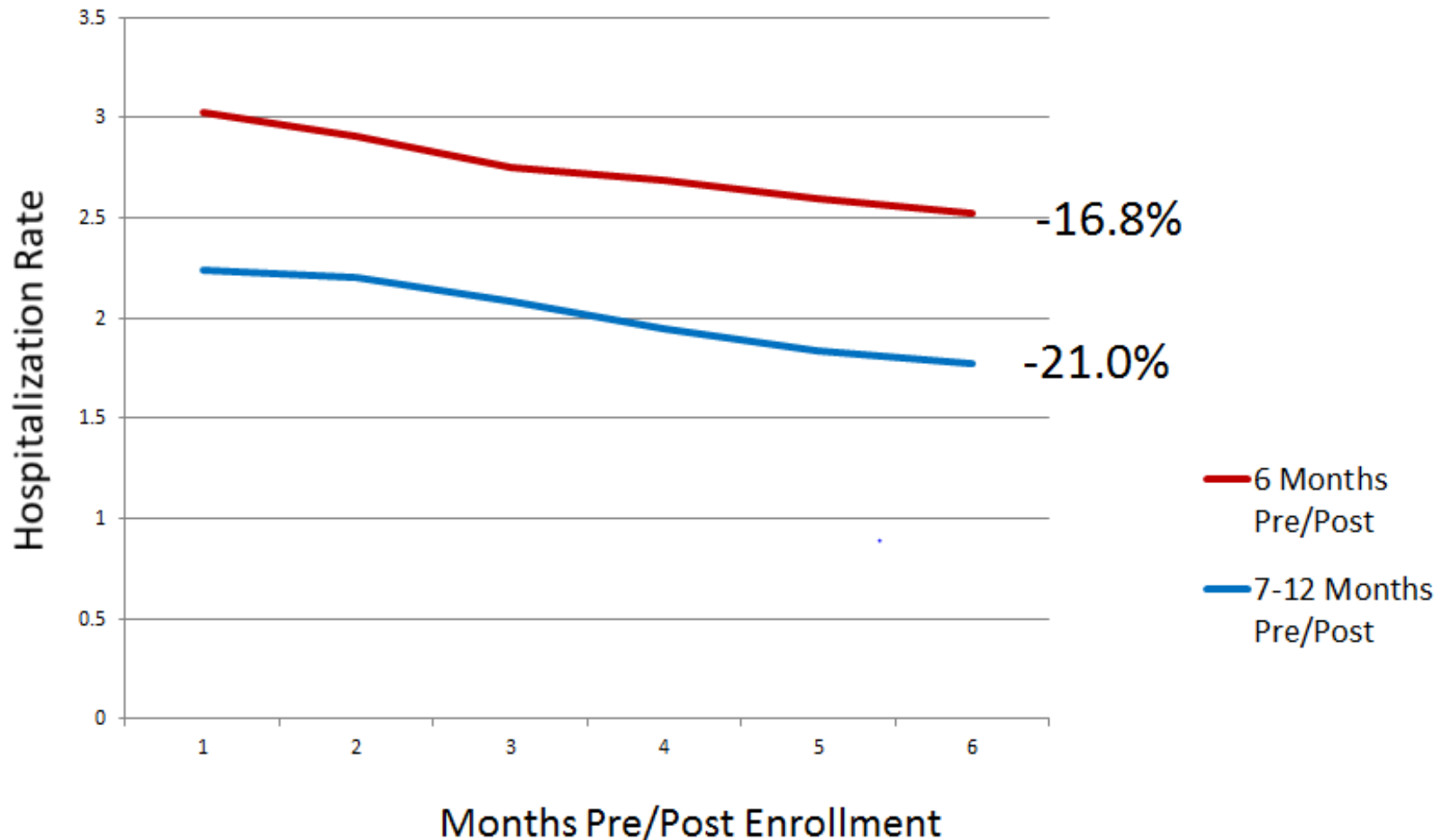
* Among those with uncontrolled hypertension at baseline

Outcome: Improvement in Clinical Markers

A1C Levels



Outcome: Hospitalizations are declining



Control Group Selection



Propensity scoring to match CPS enrollees (treatments) to similar patients receiving care at non-treatment clinics (controls) in three steps:

- Wave 1 treatment patients
- PACE treatment patients from Wave 2
- Non-PACE treatment patients from Wave 2

Covariates used to model the propensity score:

- Demographics
- Health status
- Utilization
- Other

Summary of Difference-in-Differences Results (Treatment – Control)

Clinical results

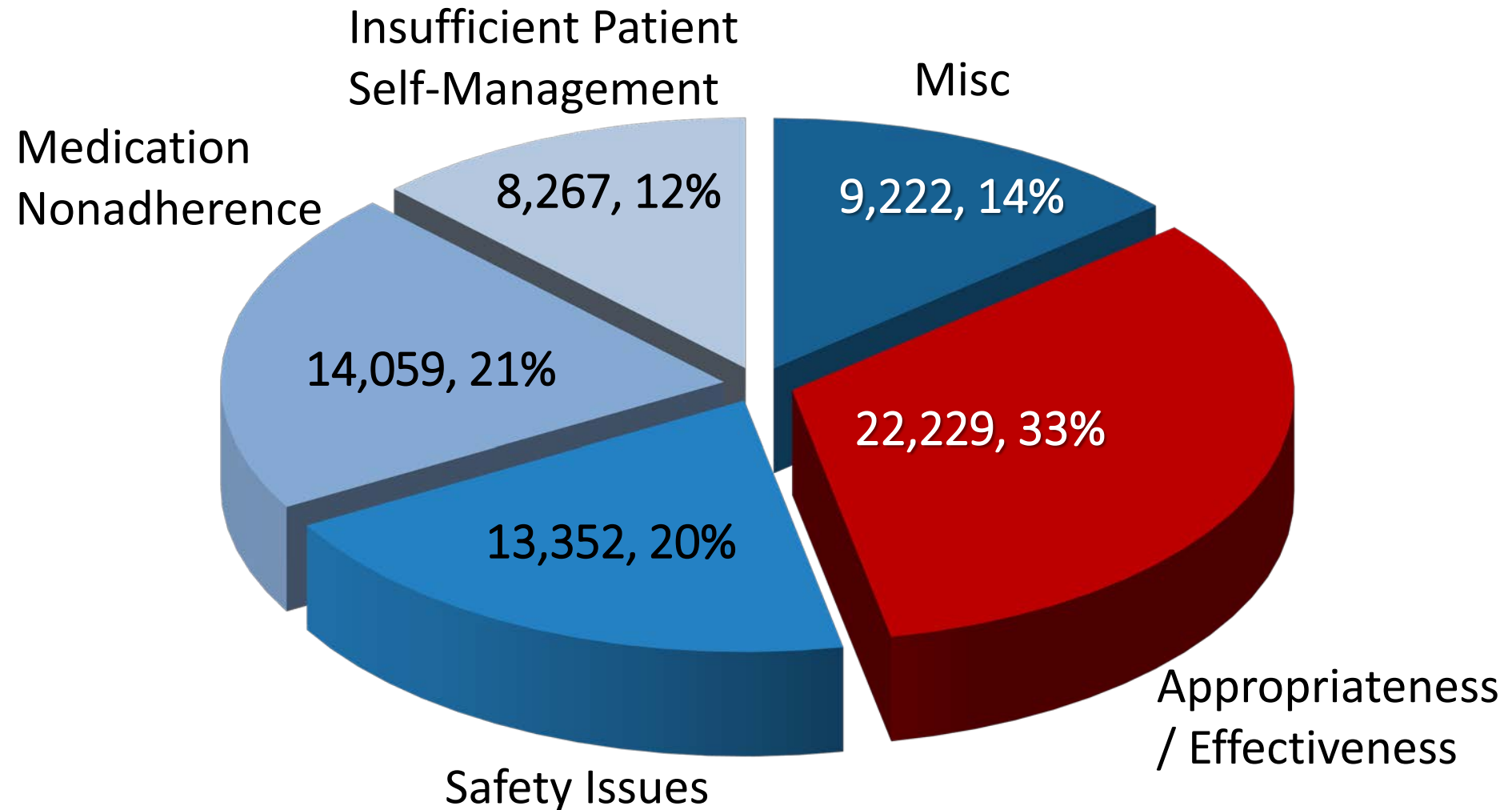
HbA1C average change in 6 months, uncontrolled at baseline	-11%
BP % under control in 6 months, uncontrolled at baseline	-9.3%

Utilization results (Probit Analysis)

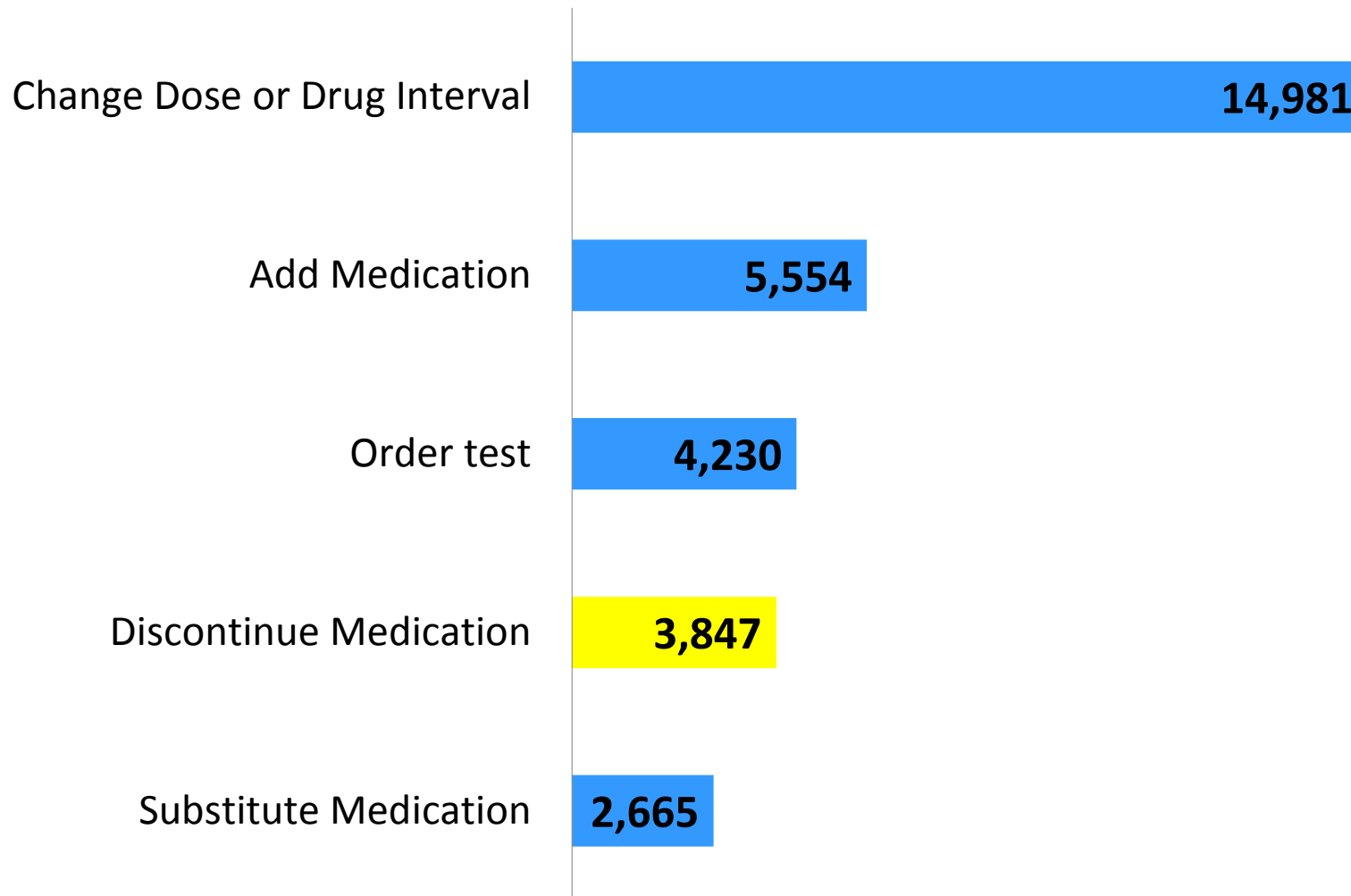
Readmissions per year per patient (6 month panel)	-16%
Readmissions per year per patient primarily attributed to medications (6 month panel)	-33%

Medication-Related Problems Identified Through CMMI Clinical Pharmacy Program

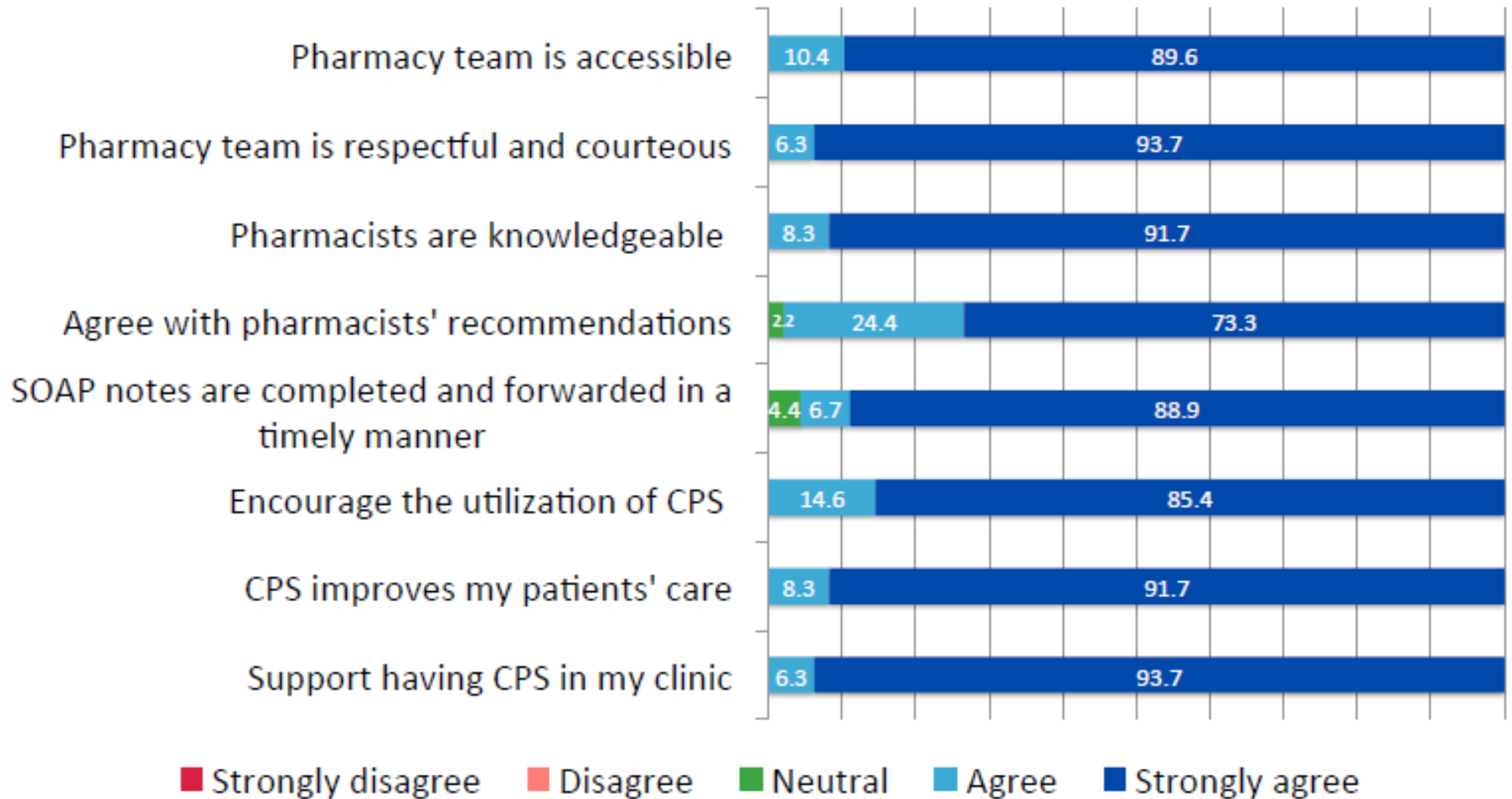
67,169 problems among 5,775 patients (Avg 11.6 per patient)



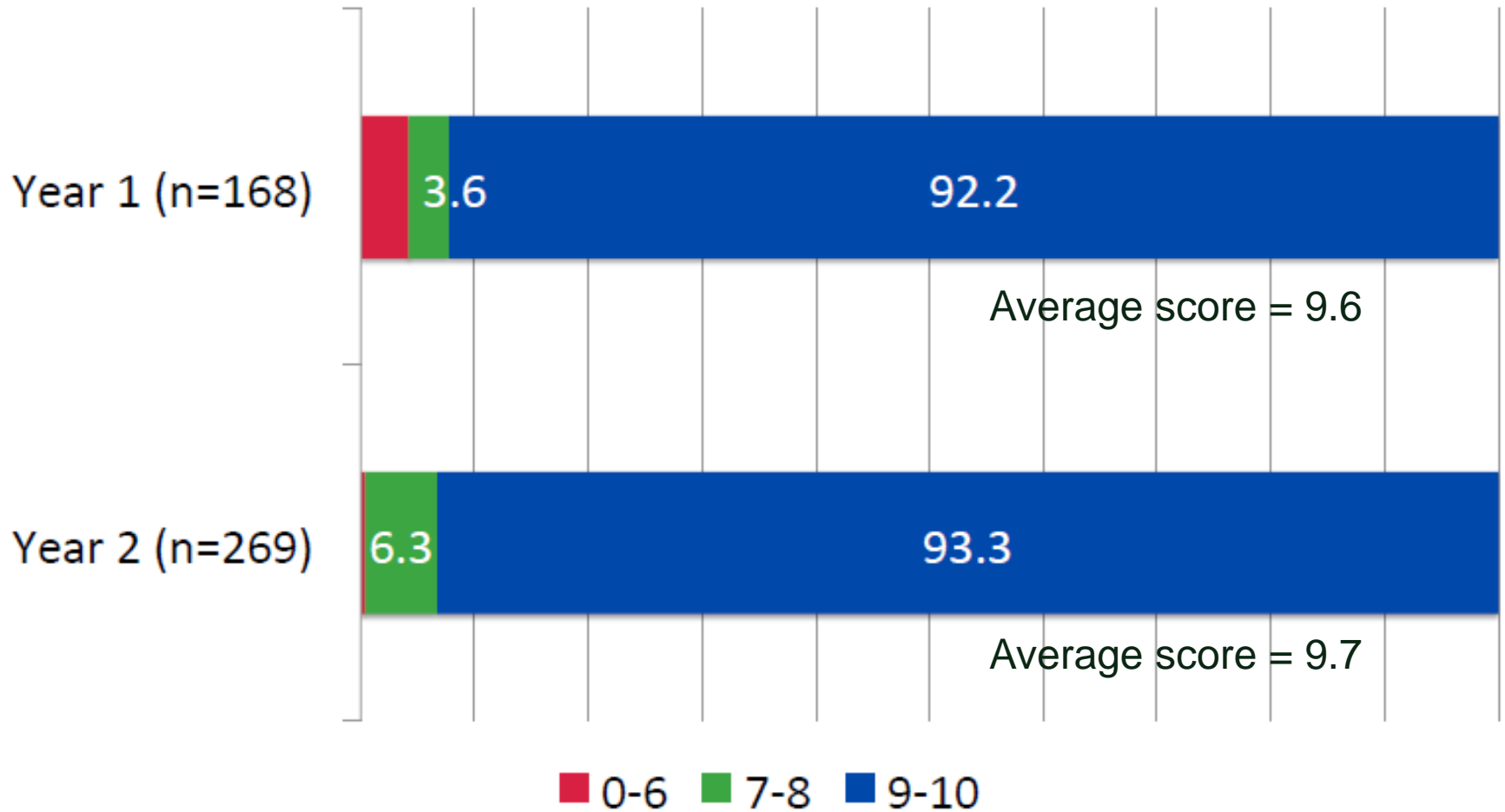
Top Actions Taken by Pharmacists to Resolve Medication-Related Problems (excluding education)



Physician Satisfaction



Patient Satisfaction



Value Proposition- Comprehensive Medication Management

CMM provided by pharmacists for high-risk patients:

- *Lowers total healthcare costs (↓hospitalizations / readmits)*
- *Improves healthcare quality measures (Pay for performance)*
- *Improves medication safety (priority for CMS, others)*
- *Improves provider access (PCMH measure, video telehealth) and satisfaction (less staff turnover)*
- *Improves patient satisfaction (retention)*
- **SAVES LIVES**



- Overview of the USC / AltaMed Healthcare Innovation Award (HCIA) program from CMMI
- Rolling results from the HCIA program
- **Community pharmacy practice applications**

Community Pharmacy Practice Applications

- 1- Secure support from senior medical leadership
- 2- Align program with partnering organization's financial incentives and enroll highest-risk patients for comprehensive medication management
 - *Lower readmissions (hospitals, full-risk entities)*
 - *Performance linked to payments (pay for performance, valued-based)*
 - *340B program*
 - * *Consider pre-program gap analysis*
- 3- Develop clinical pharmacy collaborative practice agreements that integrate into existing workflows

Community Pharmacy Practice Applications (cont.)

- 4- Access to reliable data (clinical decisions, quality improvement monitoring / program evaluation)
- 5- Host frequent team + leadership calls / meetings
- 6- Maximize role of pharmacy technicians
 - a. Baseline elements of medication review
 - b. Medication adherence tools (pill boxes, charts, etc.)
 - c. Solicit patient enrollment
 - d. Perform appointment support functions (scheduling, labs, etc.)
 - e. Manage Patient Assistance Program (PAP)
 - f. Reinforce education
 - g. Follow-up check-ins after patients reach goals

Patient Engagement / Retention Keys

	Engagement	Retention
Daily availability for walk-ins / “warm hand-offs”	✓	✓
PCP endorsement to targeted / enrolled patients	✓	✓
Match team member language skills	✓	✓
Clinical pharmacy technicians	✓	✓
Engage family and caregivers	✓	✓
Consider selective home visits	✓	✓
Extended hours / weekend availability	✓	✓
Flyers / media explaining program in lay terms	✓	
Consider peer-led group appointments	✓	
Continuity of pharmacist / tech provider		✓