

Beyond the Prescription: Building Strategic Partnerships with Ambulatory Care Pharmacists Across the Healthcare Ecosystem



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Chief Medical Officer

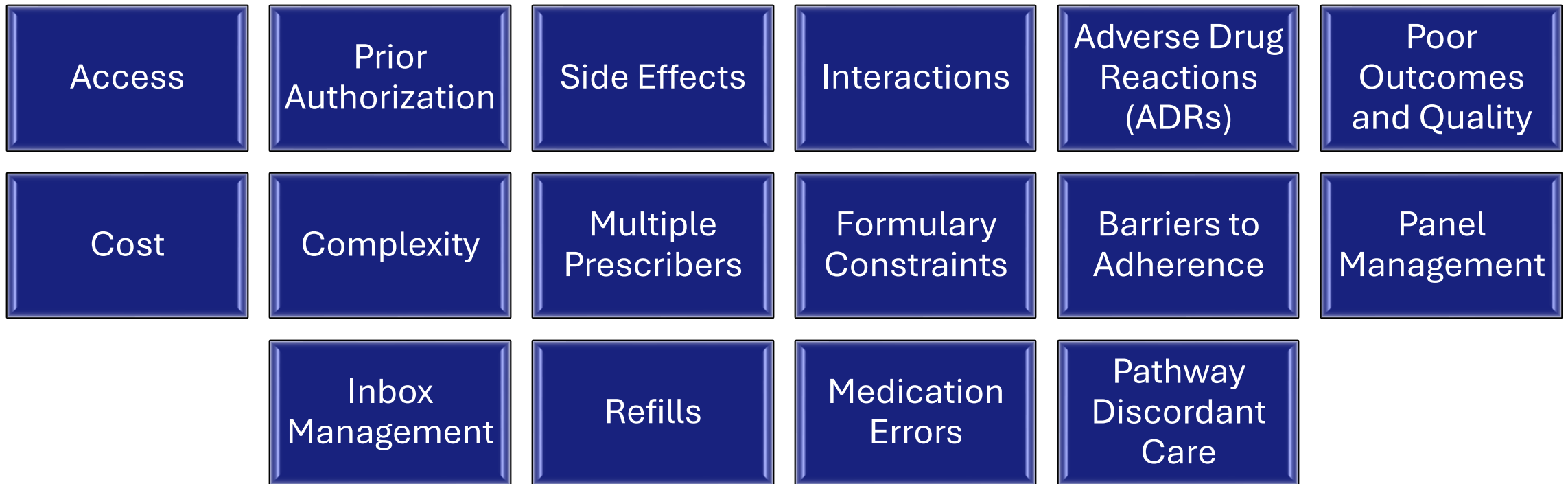
Objectives



- 1 Differentiate the priorities of key stakeholders and tailor communication strategies to effectively tell the story of ambulatory care pharmacy's value.
- 2 Identify high-value opportunities for ambulatory care pharmacists to improve patient outcomes, provider and patient experience, and health care value as members of the interdisciplinary care team.
- 3 Develop a compelling value proposition for ambulatory care pharmacy services that resonates with physicians, healthcare executives, administrators, and payer organizations.
- 4 Formulate strategies for building collaborative partnerships with clinical, operational, and payer stakeholders to advance pharmacist-led initiatives.
- 5 Evaluate clinical, operational, and financial measures to demonstrate the impact of ambulatory care pharmacy services.



Understanding the Pharmacy Adjacent Pain Points to Construct a Value Proposition



Identifying the Stakeholders

Patients

Physicians

Advanced Practice Providers

Interdisciplinary Care Team Members

Practice Administration

IPA/ACO Administration

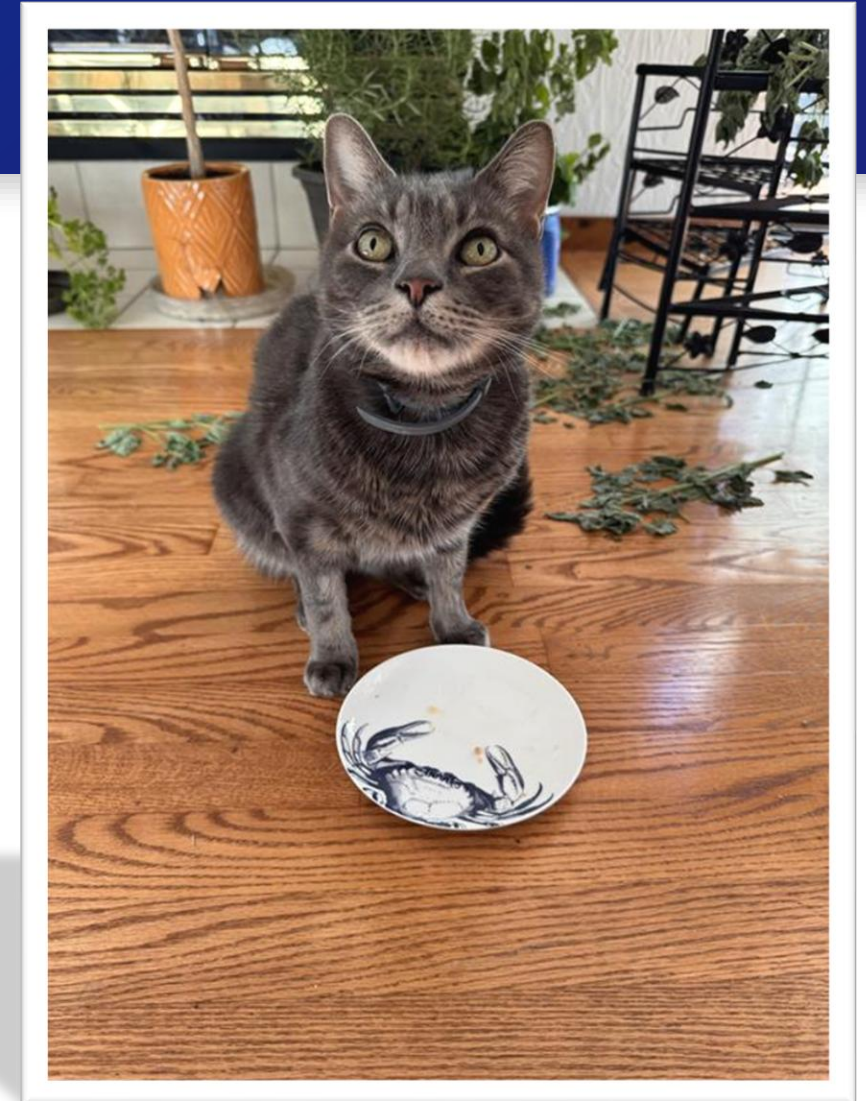
Health System Administration

Insurance Companies

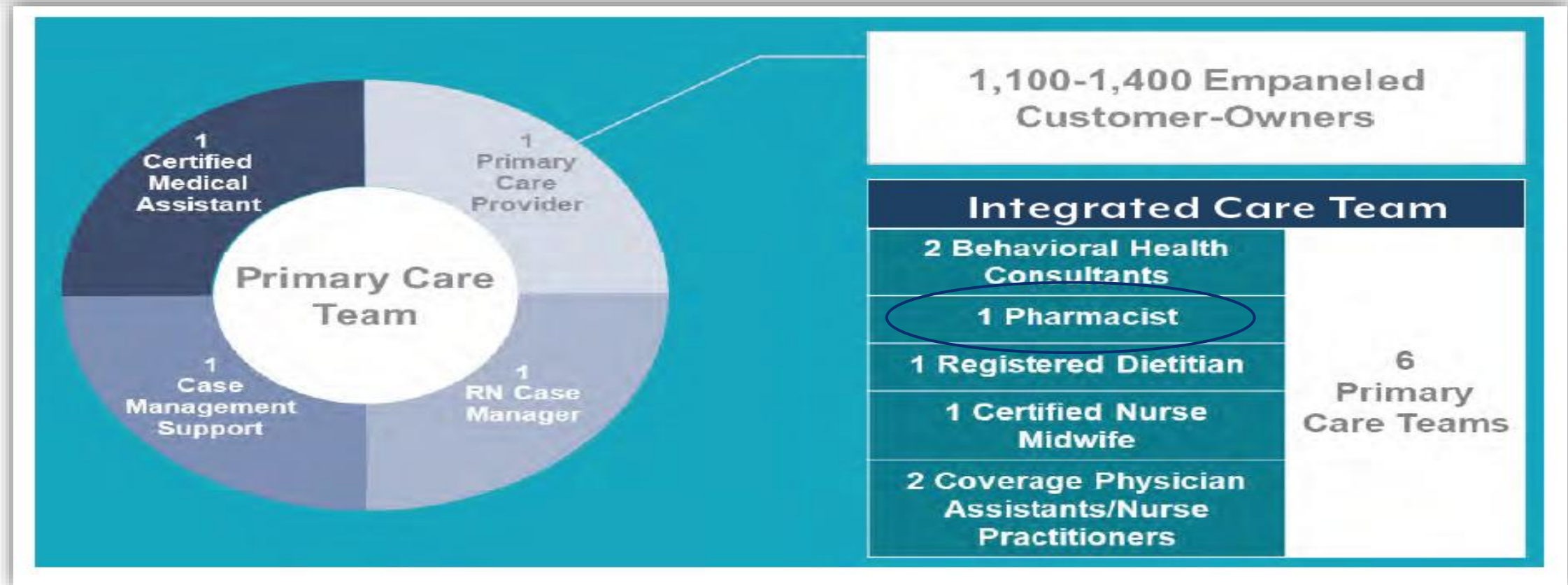
Government

Background

Listening to Your “Customer”



Building an Integrated Care Team in Primary Care



Source: Southcentral Foundation's Nuka System of Care Integrated Care Teams Playbook

Providing Full Scope of Services

Optimize

Optimize the
Collaborative
Practice
Agreement

Develop

Develop Clear
Clinical
Pathways for
Physicians,
Advanced
Practice
Providers
(APPs), and
Pharmacists

Build

Build Order
Sets and
Templates

Perform

Perform
Integrated
Care Team
Briefings at
the Start of
the Day

Review

Review
Empaneled
Patients for
Opportunities

Building Clinical Pathways vs Clinical Guidelines

Clinical Guidelines

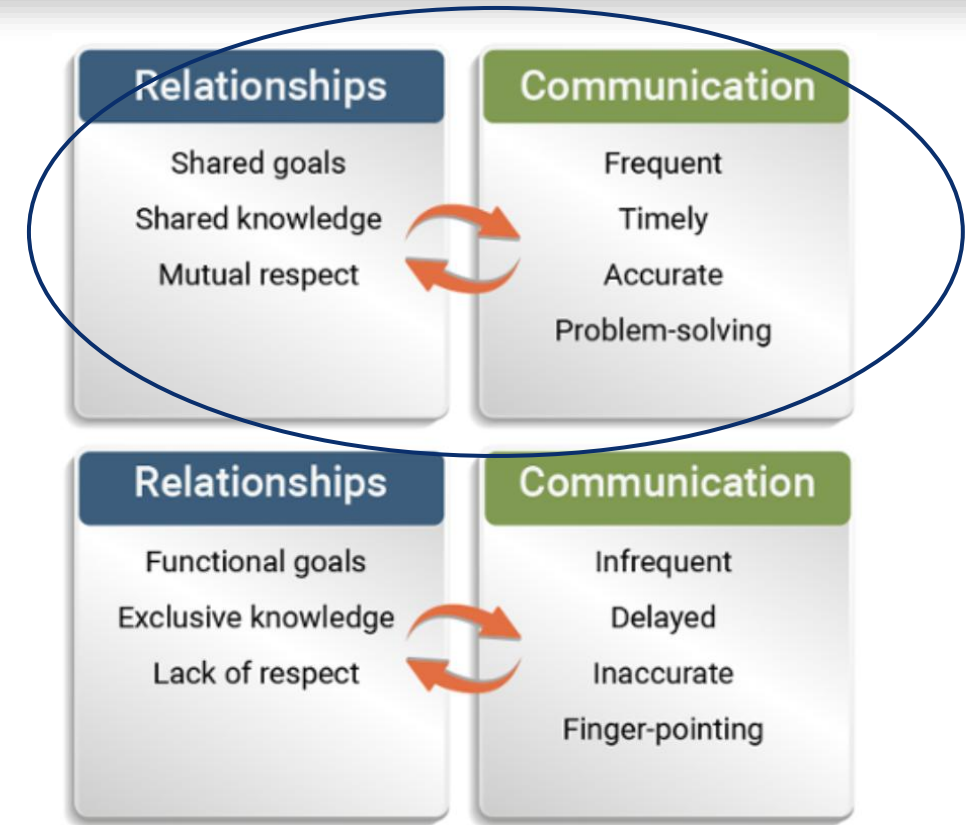
- Current scientific evidence that guides clinical decision-making in areas of diagnosis and treatment
- Improve quality of care by promoting standardized set of evidence-based options that achieve the best benefit vs risk and are cost-effective
- Some contain decision algorithms

Clinical Pathway

- A clear description of the objectives and key components of care, based on evidence and patients' expectations
- Facilitation of communication among practitioners as well as with patients
- Coordination of care through a sequence of activities with the ability to incorporate multidisciplinary care
- Continued monitoring of the pathway including patient satisfaction with processes and outcomes
- Appropriate resource allocation for the pathway to function
- The electronic medical record is the most commonly cited tool for "facilitation of communication," but a classification system for a common "language" between diverse specialists

Clinical Pathways: The Journey is as Important at the Destination

- Align on a Shared Goal
- Level Set on Evidence-Based Best Practice
- Share Knowledge Across Teams
- Address Barriers Collaboratively
- Understand Resources
- Build a Foundation of Safety and Trust



Source: Relational Coordination Collaborative

The Value of Pharmacists in Specialty Models of Care



DERMATOLOGY



RHEUMATOLOGY



ONCOLOGY



PULMOLOGY



CARDIOLOGY



NEUROLOGY

Better Outcomes with
Pathway Concordant
Care



OBESITY
MEDICINE



PSYCHIATRY

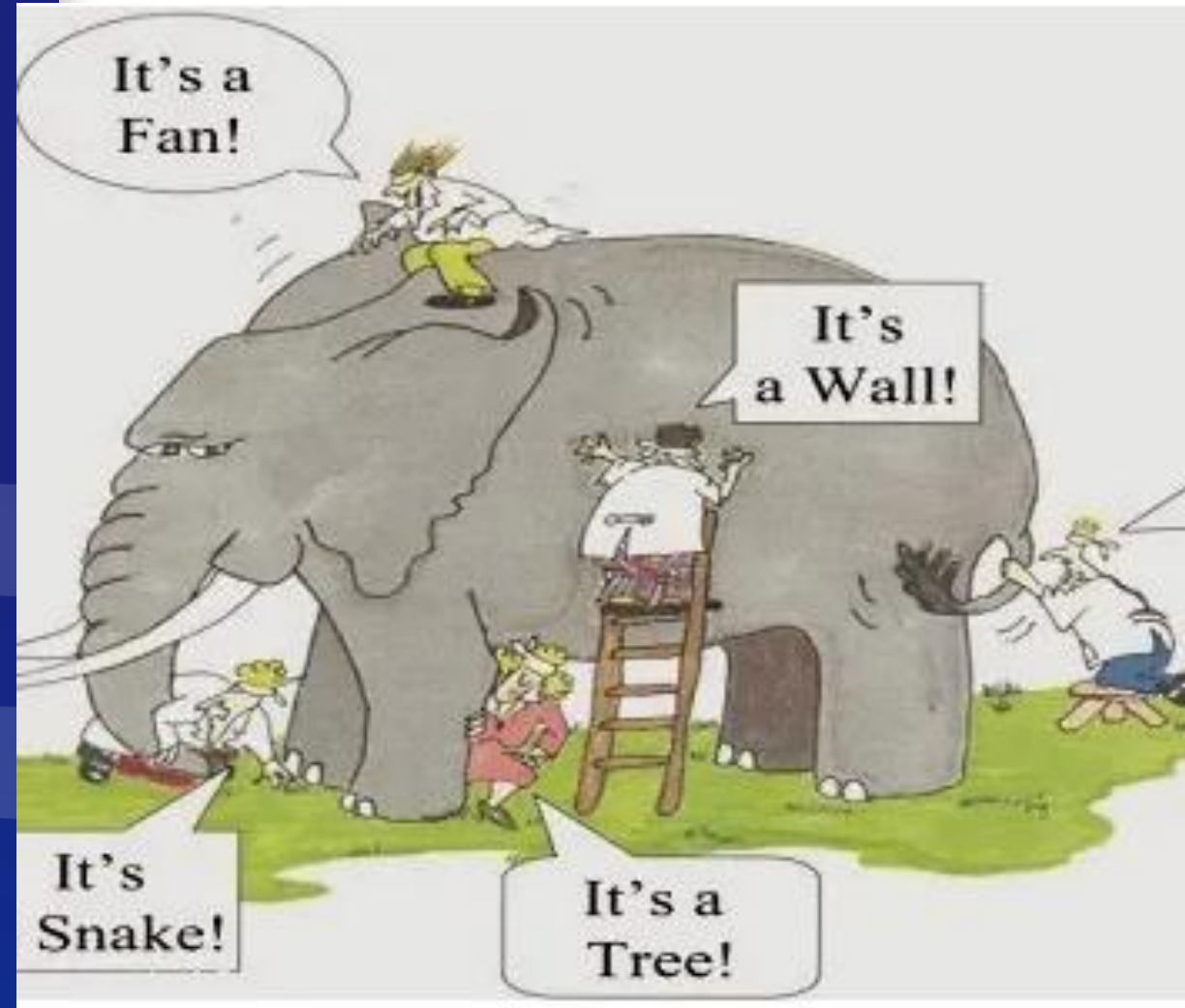
High-Cost Medications
and Complications

The Value Equation

$$\text{Value} = \frac{\text{Outcomes} + \text{Experience}}{\text{Cost}}$$

Measuring Value

- Are we measuring what we want to know?
- Can we measure it?
- Is there a proxy measure?
- Does it require multiple metrics to construct?



Outcome Measures



Quality Measures

HEDIS
CQM
State Specific
UDS (FQHCs)



Patient Reported Outcome Measures (PROMs)

PHQ
GAD-7
PROMIS-29



Utilization Measures

Primary Care
Specialty Care
Emergency Department
Inpatient Admissions

What are HEDIS Measures?

- Healthcare Effectiveness Data and Information Set
- Managed by the National Committee for Quality Assurance (NCQA)

3 Key Domains

- Effectiveness of care
- Access/availability of care
- Experience of care (CAHPS) utilization and risk-adjusted utilization

Over 90 Standardized Measures

Quality is Measured the Same Coast-to-Coast by Providers, Payers, TPAs, etc.

How NCQA Selects HEDIS Measures?

Scientific Evidence & Clinical Standards

- Measures are rooted in clinical evidence to ensure they effectively assess care quality.

Stakeholder Input

- NCQA gathers input from experts in health measurement, health plans, employers, and government agencies with a public comment period.

Relevance and Impact

- Selection focuses on areas with high potential for performance improvement, such as chronic condition management, behavioral health, and screening/prevention.

Review of Existing Measures

- NCQA regularly audits its measures, allowing for revisions or retirements based on evolving evidence or changes in care delivery
-

NCQA Health Plan Ratings

By
Company

By State

By Line of
Business

Home / HEDIS / Health Plan Ratings

HEDIS

HEDIS Measures and Technical Resources

Health Plan Ratings

Using HEDIS Measures

Data Submission

Measurement Certification Programs

Results and Research

HEDIS Users Group

Digital Quality Hub

Health Plan Ratings

NCQA's Health Plan Report Cards list commercial, Medicare, Medicaid and Exchange health plans. Commercial, Medicare and Medicaid plans are rated based on their combined HEDIS® and CAHPS® scores and NCQA Accreditation status. NCQA evaluates health plans on the quality of care patients receive, how happy patients are with their care and health plans' efforts to keep improving.

Current Report Cards

NCQA's Health Plan Ratings

Note: Years of data used are detailed in the measure list and methodology for each applicable Ratings year.

Save

Email

Print

Share

Search for health plan by name

Search

Select a state

New Hampshire

Search

Refine Filters

NAME ↑	RATING ⓘ ↑	HEALTH PLAN ACCREDITATION ↑	PLAN TYPE ↑	STATE	ADDITIONAL PROGRAMS	SAVE
AmeriHealth Caritas New Hampshire, Inc. also known as AmeriHealth Caritas of New Hampshire, Inc.	★★★★★	Accredited	Medicaid HMO	NH	Health Outcomes Accreditation	

High-Impact HEDIS Measures for Pharmacists

Prevention

- Immunizations
- Tobacco Use: Screening and Cessation (CQM)

Chronic Disease Management

- Diabetes
- Hypertension
- Hyperlipidemia
- Asthma
- COPD
- Opioid Use Disorder
- Metabolic Monitoring in Serious Mental Illness

Utilization

- Follow Up After Hospitalization
- Readmissions
- Polypharmacy

Generating Value Measure Specifications

HEDIS® Tip Sheet Effectiveness of Care Measure



Blood Pressure Control for Patients With Diabetes

Health Net® wants to help your practice increase HEDIS® rates. This tip sheet outlines key details of the Blood Pressure Control for Patients With Diabetes (BPD) measure, its codes and guidance for documentation.

Measure	The percentage of members ages 18-75 with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year, as defined by the following criteria: - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. - At least two outpatient visits, observation visits, phone visits, e-visits or virtual check-ins, emergency department (ED) visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service with a diagnosis of diabetes. Visit type need not be the same for the two encounters.
Exclusions	Members who meet any of the following criteria are excluded from the measure: - Did not have a diagnosis of diabetes in any setting during the measurement year or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes. - In hospice or using hospice services any time during the measurement year. - Died any time during the measurement year. - Received palliative care any time during the measurement year. - Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an Institutional SNP (I-SNP) or living long-term in an institution. - Members ages 66 and older (for all product lines) with frailty and advanced illness.

Healthcare Effectiveness Data and Information Set (HEDIS). National Committee for Quality Assurance (NCQA). HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022.

(continued)



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Controlling High Blood Pressure (CBP)

Effectiveness of Care HEDIS® Measure

Measure description

Percentage of patients with hypertension whose blood pressure was adequately controlled.

Measure population (denominator)

Patients 18-85 years of age with a diagnosis of hypertension on at least two different dates of service between January 1 of the year prior and June 30 of the measurement year.

Measure compliance (numerator)

The final blood pressure reading of the measurement year is adequately controlled (≤ 139/89 mm Hg).

Note: The BP reading must occur on or after the date of the second diagnosis of hypertension.

Exclusions

- Nonacute inpatient admission during the measurement year
- End stage renal disease, dialysis, nephrectomy or kidney transplant any time during the patient's history
- Pregnancy diagnosis during the measurement year
- Are age 81 or older with frailty (for additional definition information, see the Advanced Illness and Frailty Guide)
- Are age 66-80 with advanced illness and frailty (for additional definition information, see the Advanced Illness and Frailty Guide)

Did you know?

- Hypertension (high blood pressure) increases the risk of heart disease and stroke, which are the leading causes of death in the United States.
- Controlling high blood pressure is important in preventing heart attacks, stroke and kidney disease.
- Approximately one in four adults with hypertension have their condition under control.
- Lifestyle changes such as diet, exercise, smoking cessation and stress reduction can significantly impact blood pressure.

continued

Generating Value

Health System/Practice Ratings and Recognition Programs

https://www.medicare.gov/care-compare/?providerType=Physician

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NAME OR KEYWORD (optional)
Enter a specialty, provider name, or group.

https://www.hospitalafetygrade.org

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Health Care Providers & Practices

Patient-Centered Medical Home (PCMH) Recognition

NCQA PCMH Content Expert Certification (CCE)

Government PCMH Recognition Programs

Patient-Centered Specialty Practice (PCSP) Recognition

Oncology Medical Home Recognition

Patient-Centered Connected Care Recognition

ACO Accreditation

Heart/Stroke Recognition Program (HSRP)

Diabetes Recognition Program (DRP)

Impact Beyond Medication Adherence in Diabetes

GSD: Glycemic Status Assessment for Patients with Diabetes

- Check a Hemoglobin A1C
- Provide a CGM for the Glucose Management Indicator

BPD: Blood Pressure Control in Patients with Diabetes

- Check a Blood Pressure
- Provide Remote Patient Monitoring BP Cuff

SPD: Patients with Diabetes Receiving Statins

- Check a Lipid Panel

KED: Patients with Diabetes-Kidney Health

- Order an eGFR and Urine Albumin-Creatinine Ratio

EED: Patients with Diabetes-Eye Exams

- Perform an Office-Based DRE with a Camera and Ophthalmology or Optometry Overread
- Referral to Ophthalmology or Optometry

Measuring Patient Experience

Clinical Organizations

Net Promoter Score (NPS)

Clinician and Group Consumer Assessment of
Health Care Providers and Systems (CG-CAHPS)

Hospital CAHPS (HCAHPS)

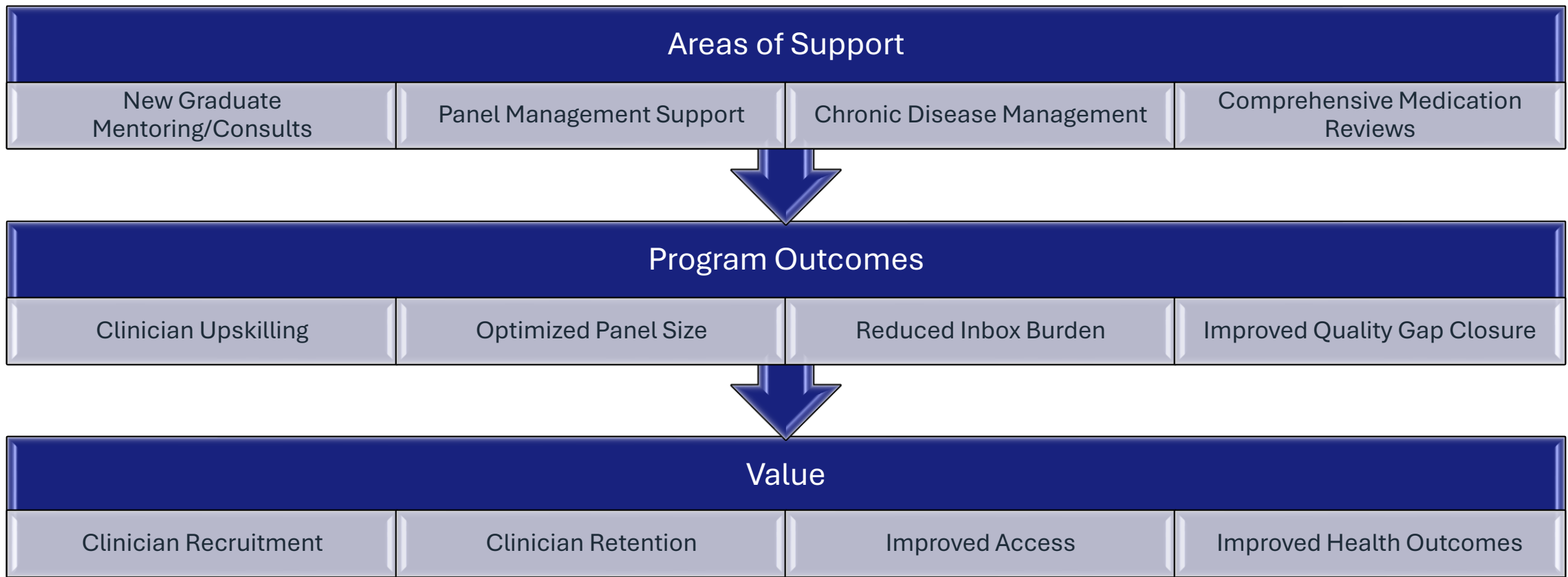
Press-Ganey Surveys

Payer Organizations

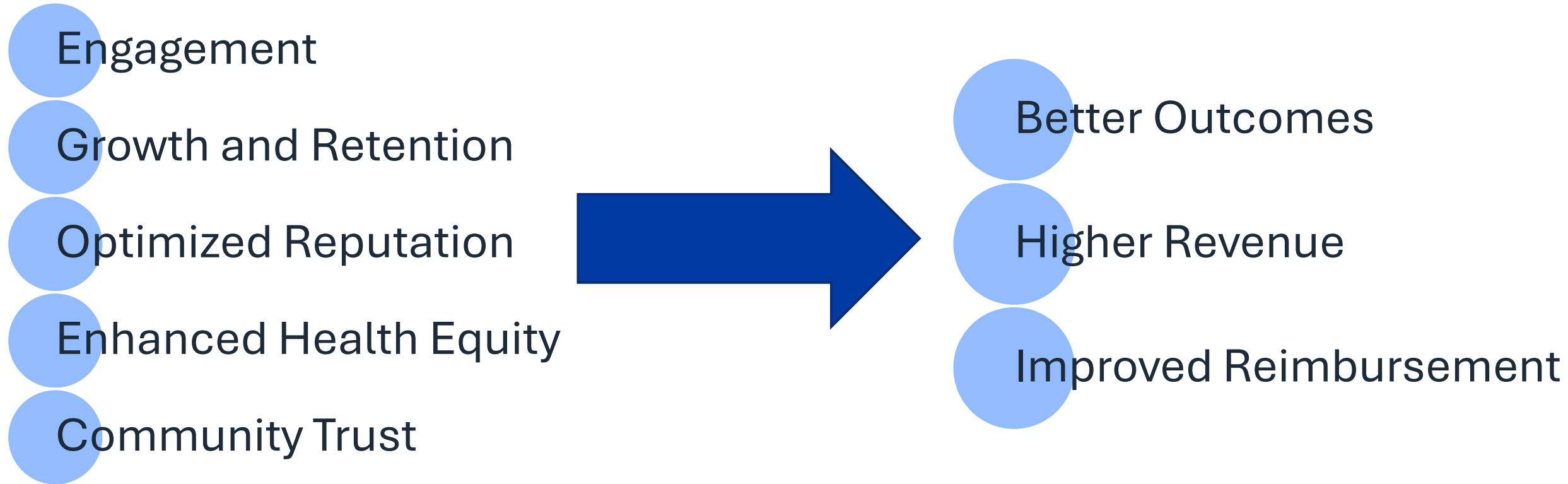
Net Promoter Score (NPS)

CAHPS

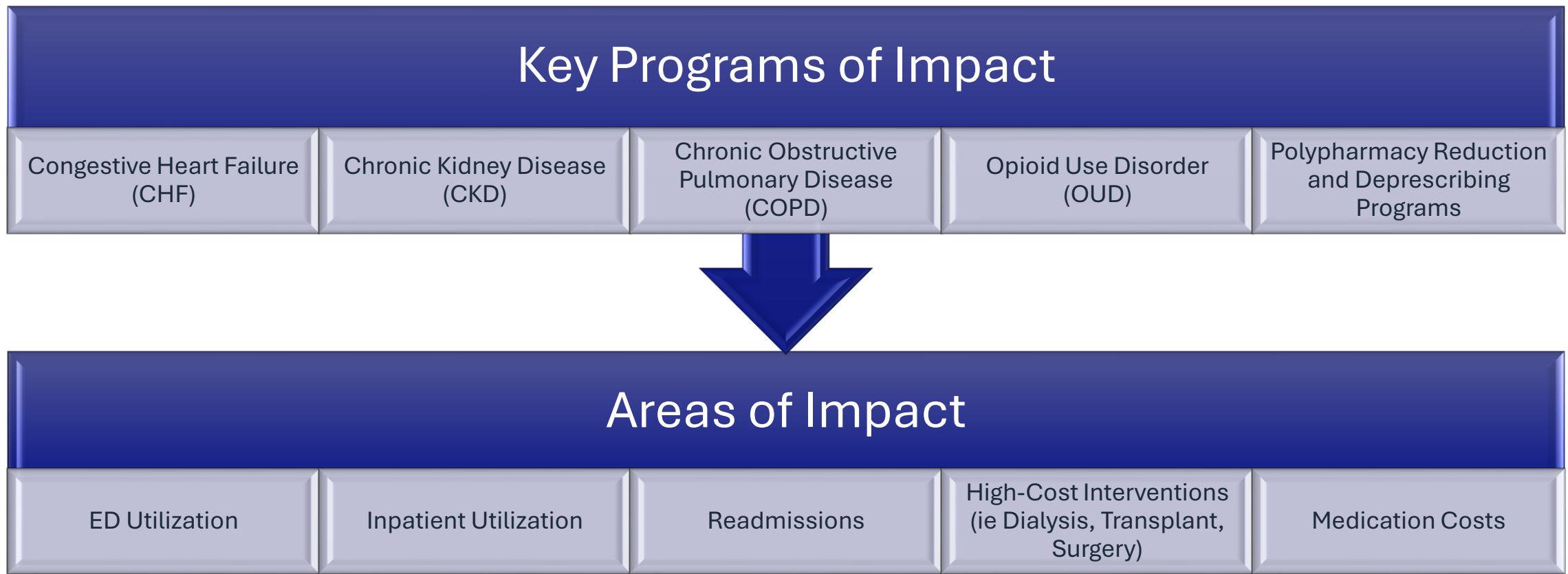
The Value of Pharmacists for Care Team Experience



The Value of Patient/Member Experience for Organizations



Building Programs to Impact Utilization and Cost



Chronic Kidney Disease (CKD) Management Program

Quality

- eGFR and uACR Completed (KED)
- HbA1C at Goal (GSD)
- Blood Pressure at Goal (CBP)
- Immunizations

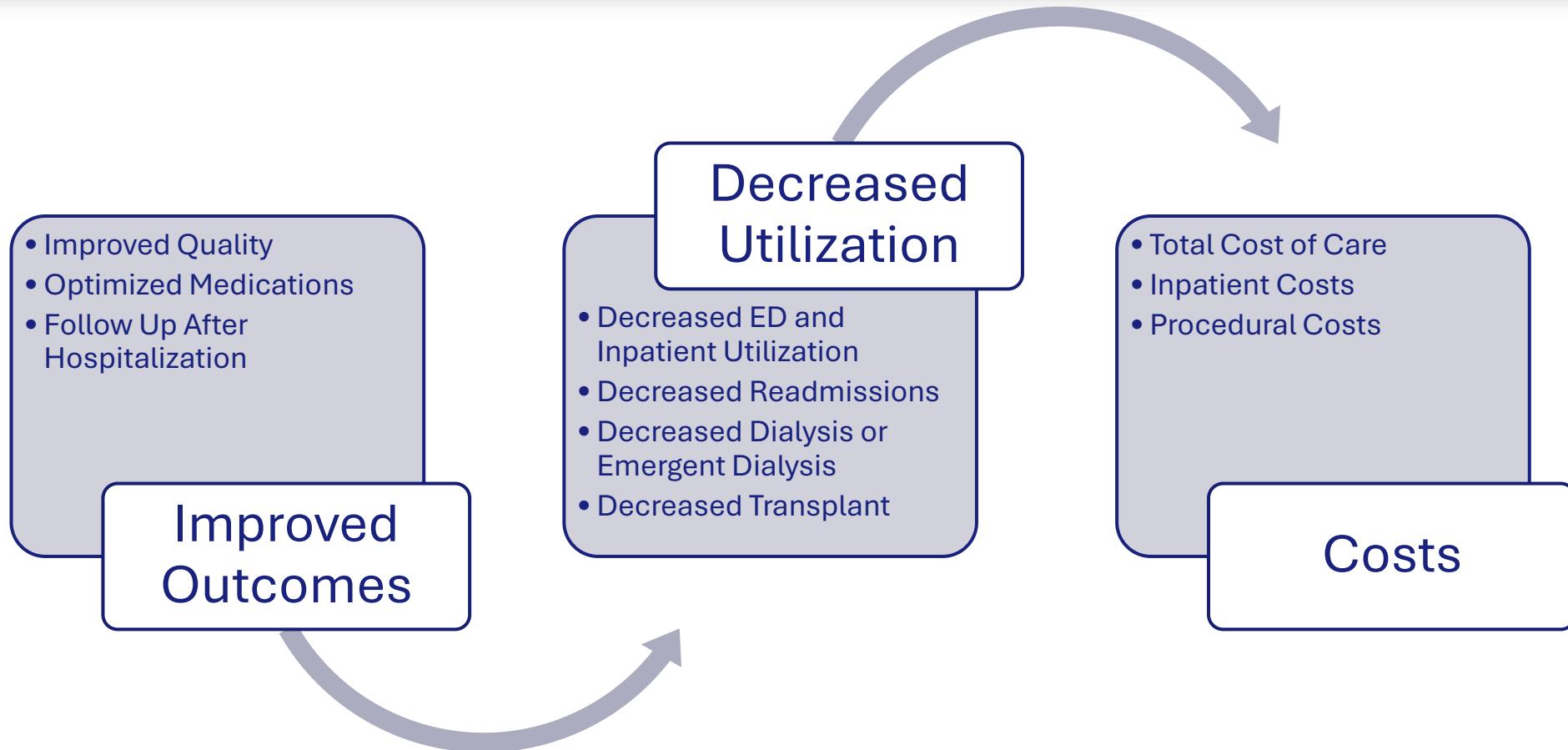
Medications

- ACE Inhibitor/ARB
- SGLT2 Inhibitor
- Statin Therapy
- Comprehensive Medication Review
- Medication Dose Adjustments

Member Education and Self-Management

- Blood Pressure Monitoring
- Diabetes Management
- Dietary Considerations
- Avoidance of Nephrotoxic Agents
- When to Seek Care

CKD Program Outcomes



Transitions of Care Program

High Risk Patient Characteristics

- Advanced Age
- Polypharmacy
- Caregiver Dependent
- Recent Changes

High Risk Medications

- Antithrombotic Agents
- Opioids
- Insulin
- Diuretics

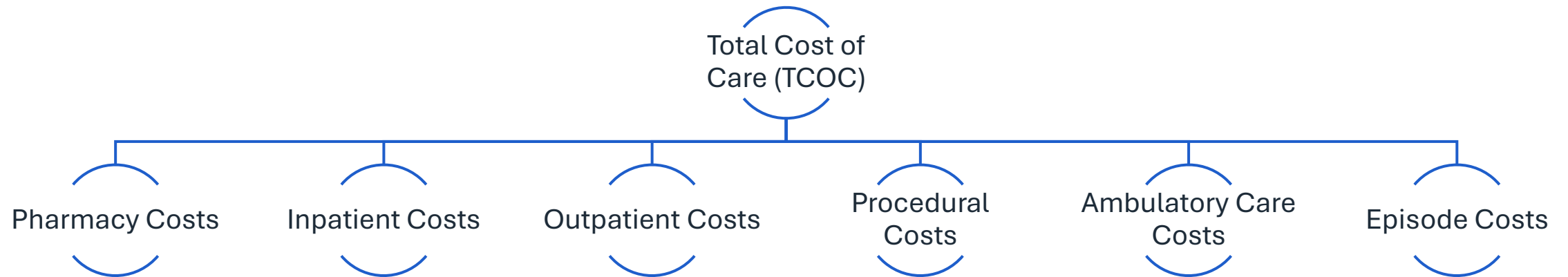
Main Causes

- Adverse Drug Reactions
- Transition Errors
- Prescribing Problems
- Patient Issues in Filling or Misunderstanding Instructions

21% of Readmissions Related to Medications, 69% of These Were Potentially Preventable

“Risk factors for medication-related short-term readmissions in adults-a scoping review” Schonenberger et al. BMC Health Serv Res 2023

Cost Measures: Payer



Year over year costs and savings are foundational to managing Medical Expense Trend (MET)

Cost Measures: Practice/Health System

Labor Costs

Recruitment
and Turnover
Costs

Supply Chain
Costs

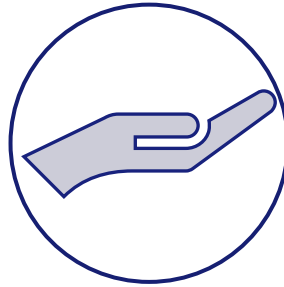
Throughput-
Related
Revenue Loss

Generating Revenue for Your Practice or System



Direct Revenue Generation

- Chronic Care Management
- Tobacco Cessation
- Comprehensive Medication Reviews



Practice Revenue Enablement

- Transitional Care Management
- Enhanced Care Visits
- Prior Authorization Optimization
- Increase Capacity for New Patients
- Panel Expansion

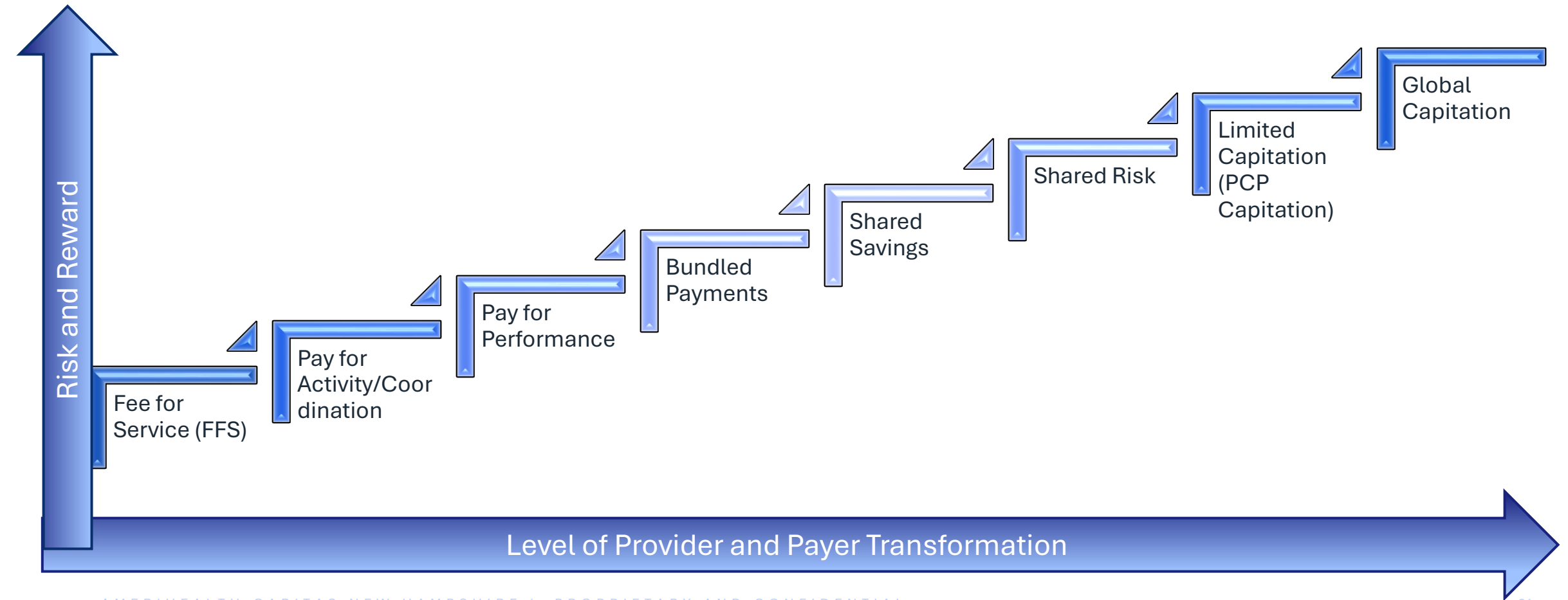


Quality Incentives and Risk Revenue

- Closing Quality Gaps in Care
- Increase Value-Based Contract Incentives
- Improve Risk Adjustment Documentation Capture



Value-Based Care Continuum



Developing a Value Proposition



WHO ARE YOU
REQUESTING
RESOURCES FROM?



WHO ARE YOUR
STAKEHOLDERS?



WHAT ARE THEIR
PAIN POINTS?



WHAT ARE THEIR
VALUE NEEDS?



WHAT CAN YOU
BUILD TO MEET THE
NEEDS?



HOW DO YOU
MEASURE SUCCESS?

Demonstrating YOUR Value

Clinical
Expertise

Attention to
Detail

Process and
Outcome
Driven

Evidence-
Based
Approach

Collaborative

Trusted

Community-
Based

Embedded in
the Team

Questions?

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