

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

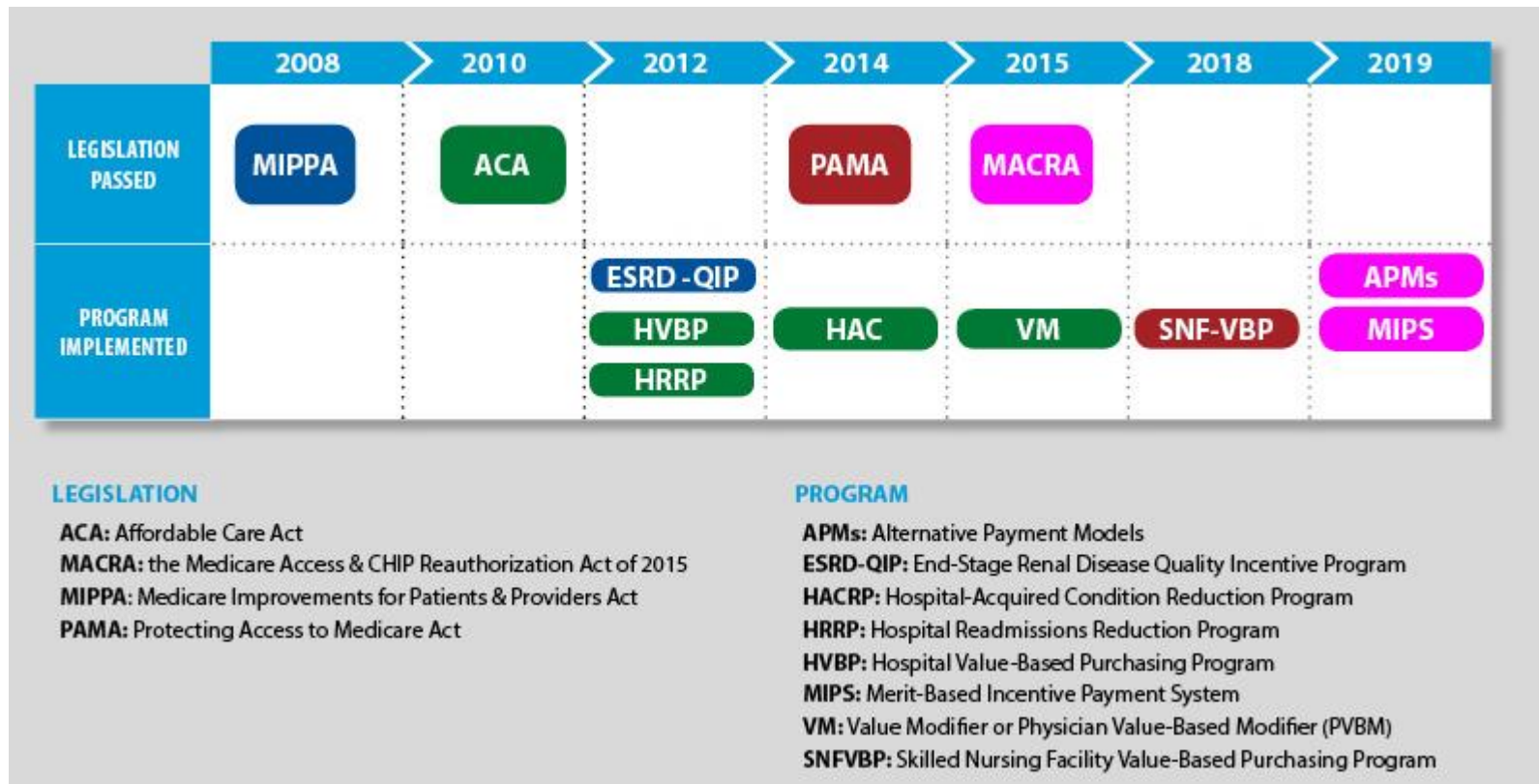
Identify emerging trends in value-based care that are geared towards provider organizations

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



Value Based Payments

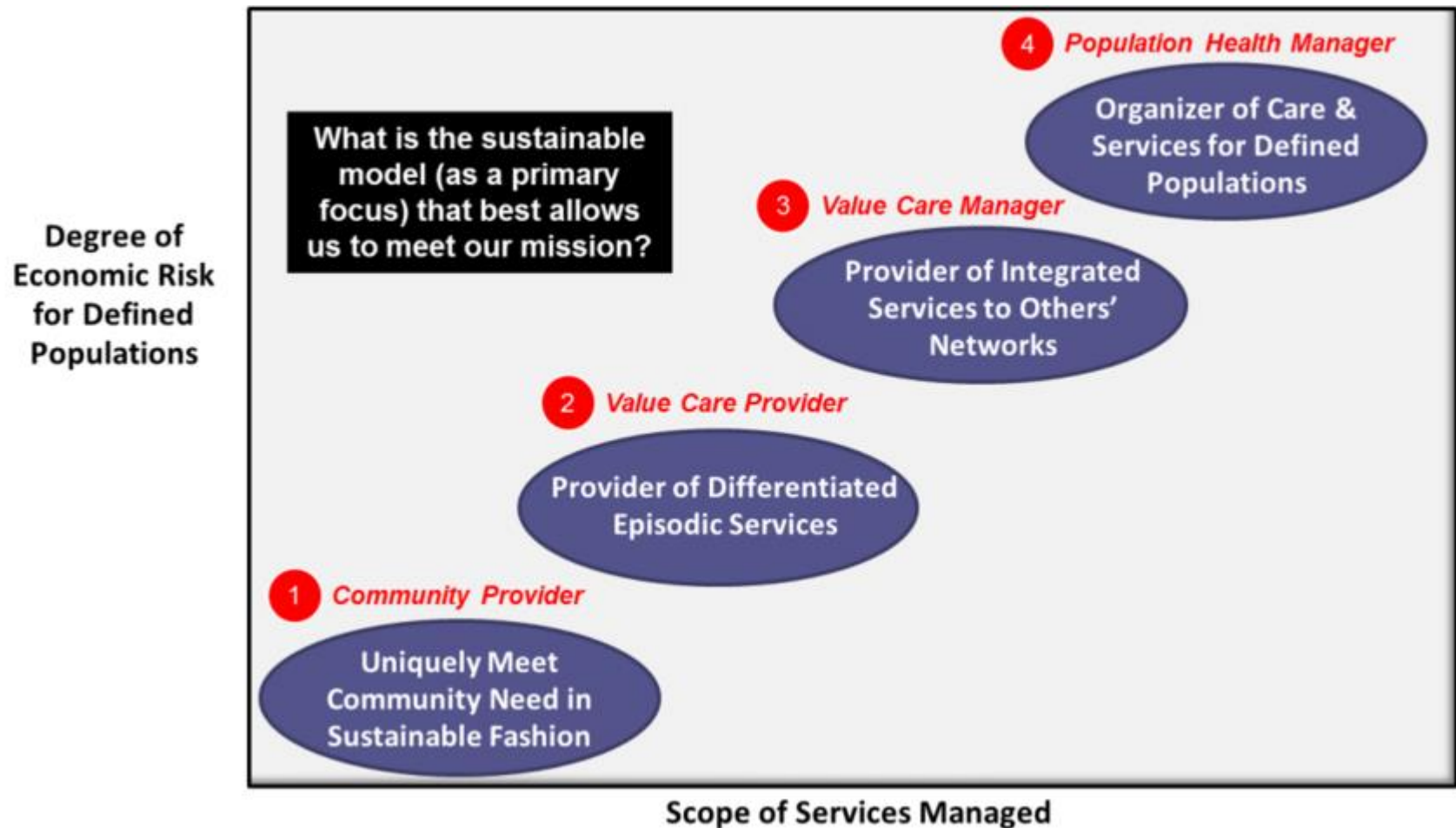
Value-based care differs from a fee-for-service or capitated approach, in which providers are paid based on the amount of healthcare services they deliver. The “value” in value-based healthcare is derived from measuring health outcomes against the cost of delivering the outcomes

Value-Based Health Care Benefits



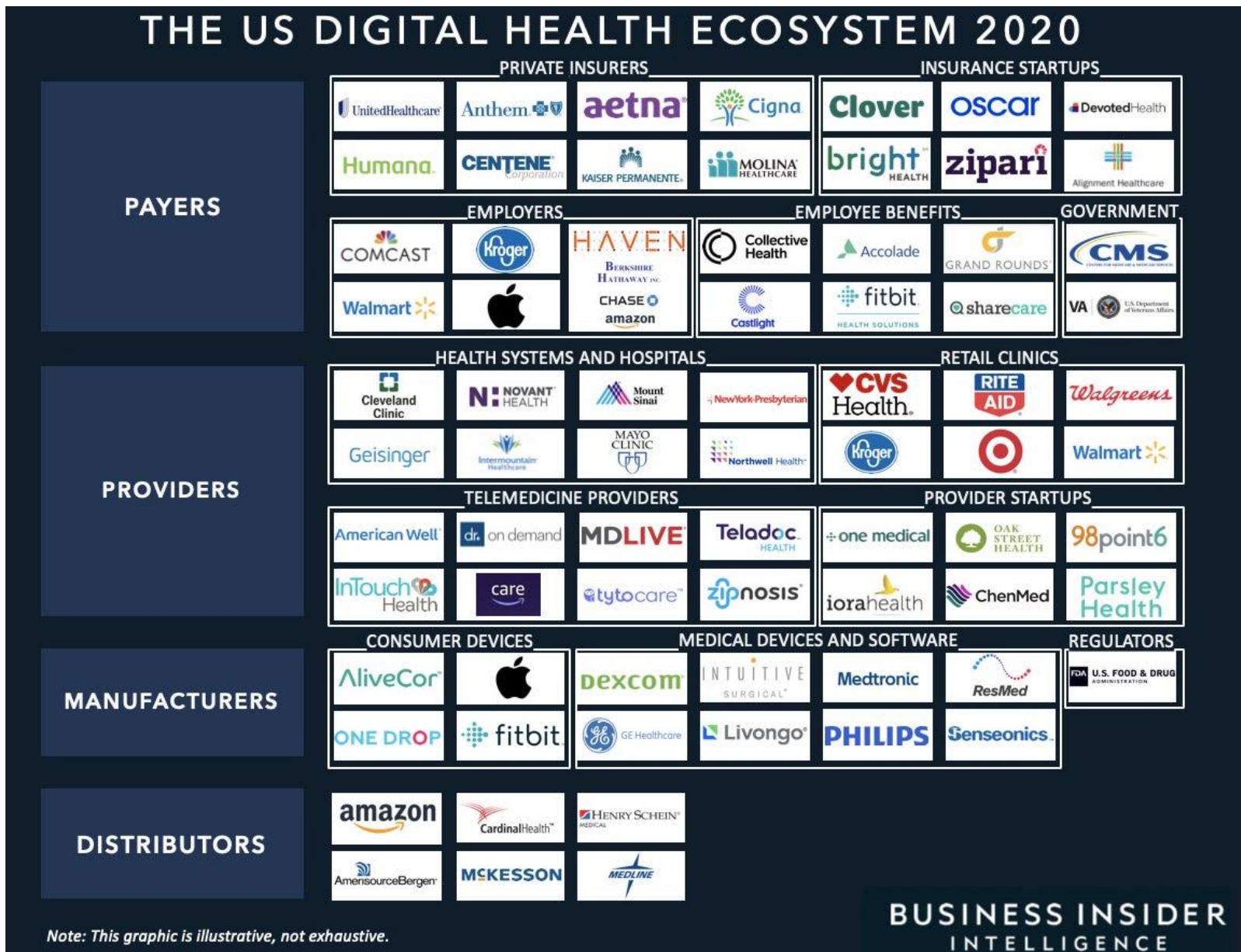
Allows payers to increase efficiency by bundling payments that cover the patient's full care cycle, or for chronic conditions

What Is The Impact of Risk On Delivery Models?



Engler, Eric & Jones, Stephen & Ven, Andrew. (2013). Organizing Healthcare For Changing Markets: The Case of Ascension Health. Journal of Organization Design. 2. 3. 10.7146/jod.15539.

Changes in the Health Ecosystem 2020



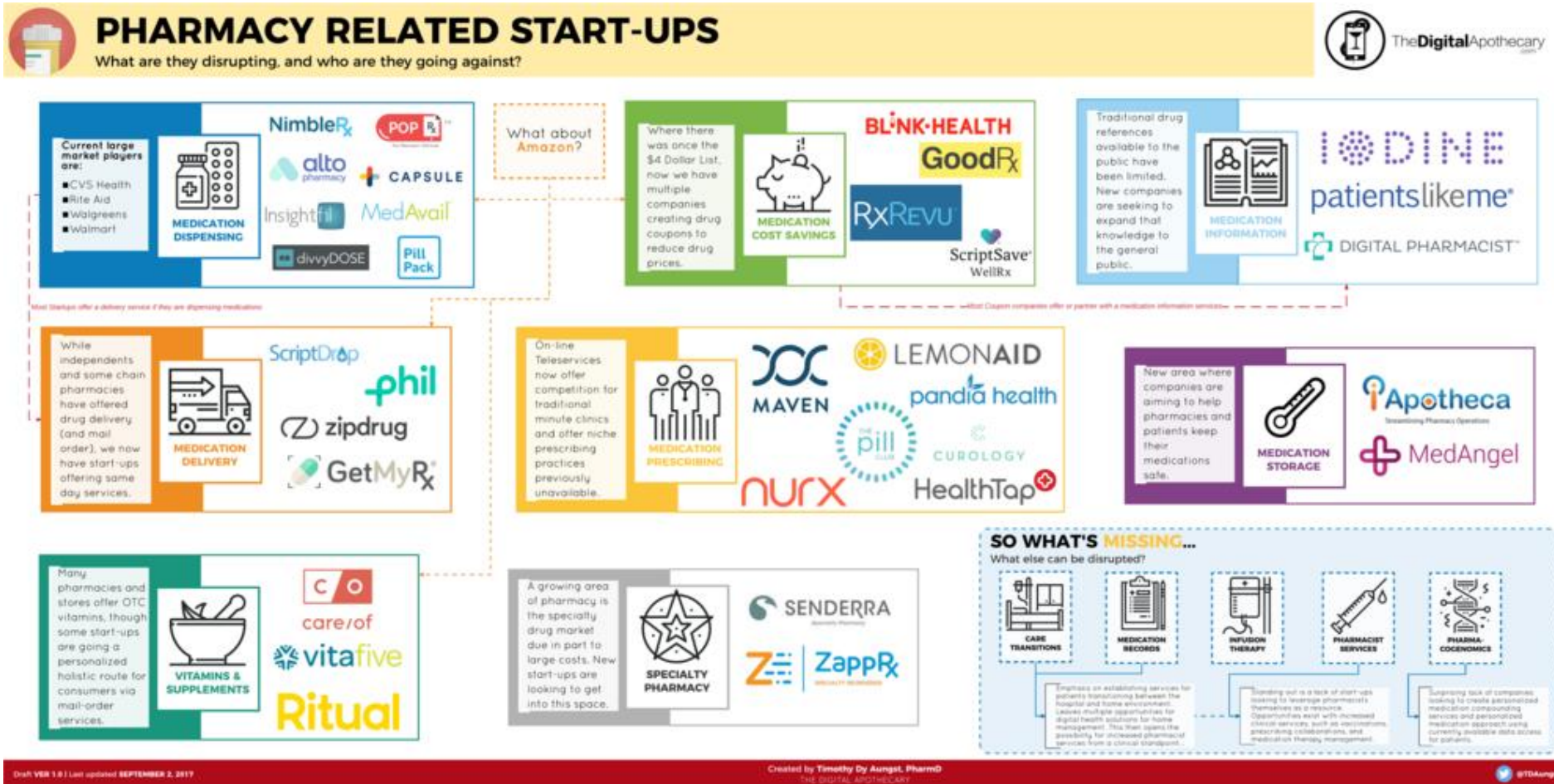
Emerging Trends in Value Based Care - Macro

- 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 AWWs 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



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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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

Measures used to determine MIPS Quality Score

Incentivizing Efficiency: Efficiency Performance Metric (EPM) Score

	EPM	Scoring
New	Ambulatory Care Sensitive Condition Admissions (ACSC)/K (PQIs)	3 EPM Points
New	Preventable ED Visits/K	3 EPM Points

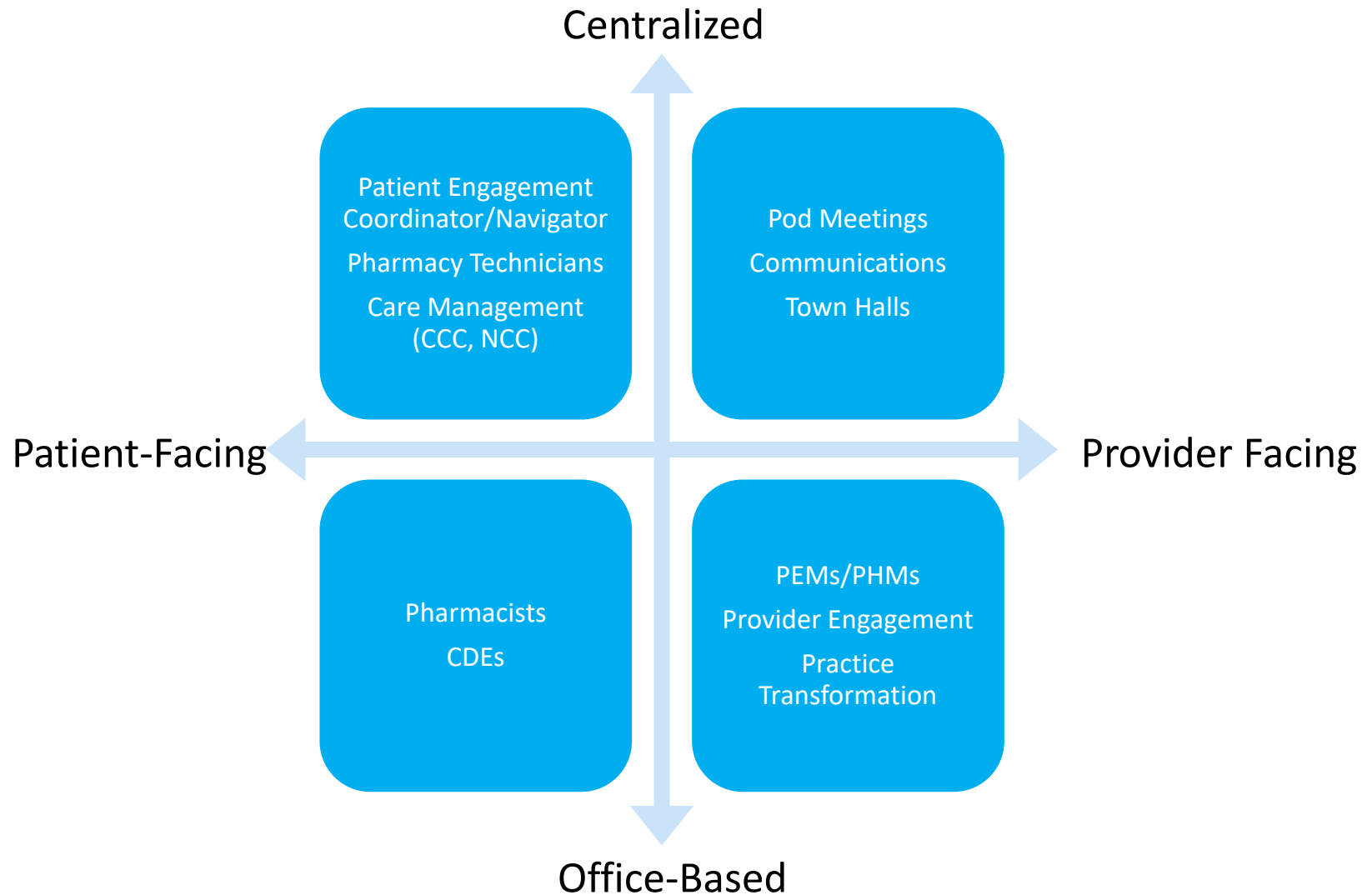
► Retrospective Approach

- 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

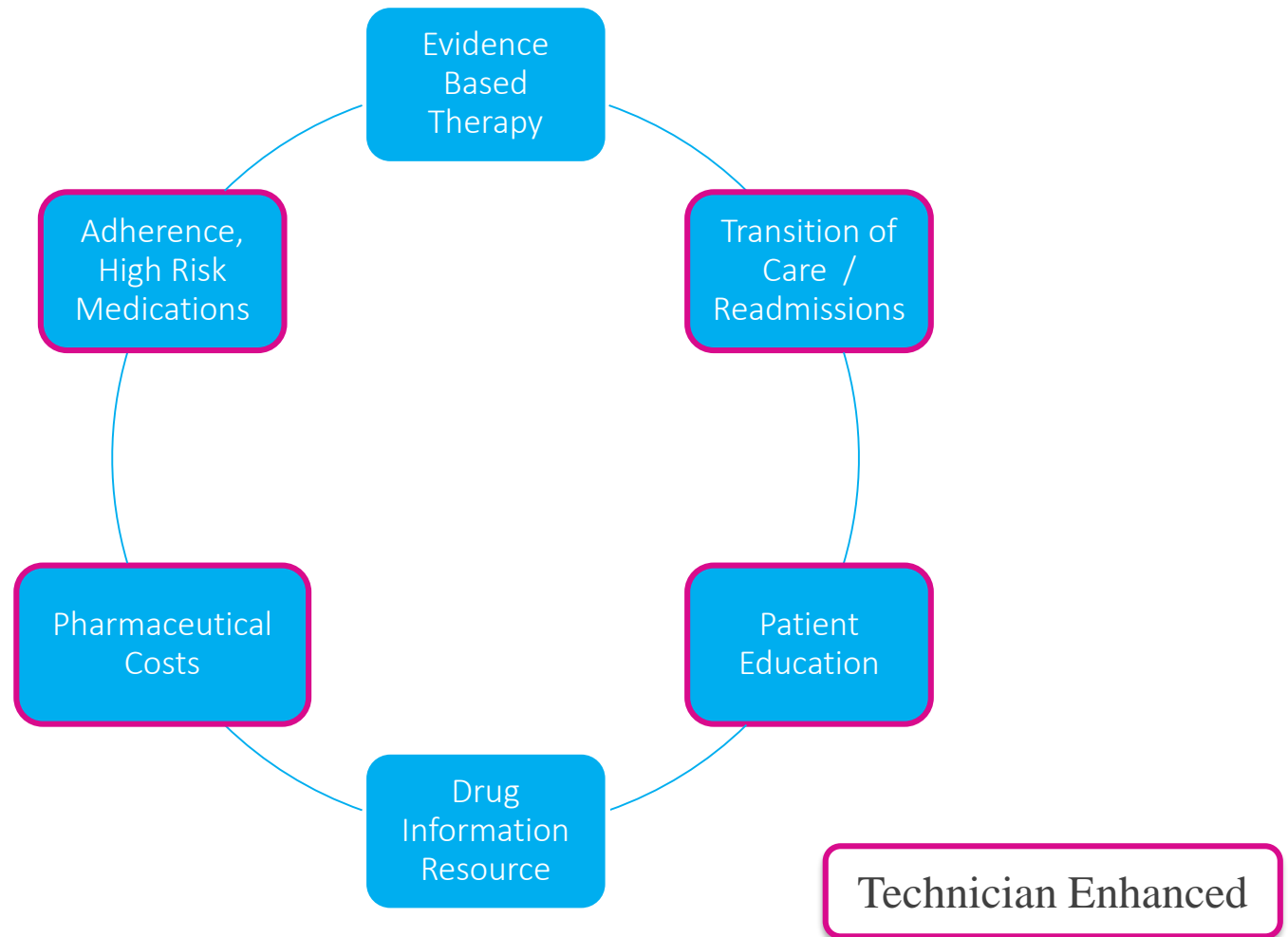


Population Health Pharmacy Services Vision

- ▶ 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.

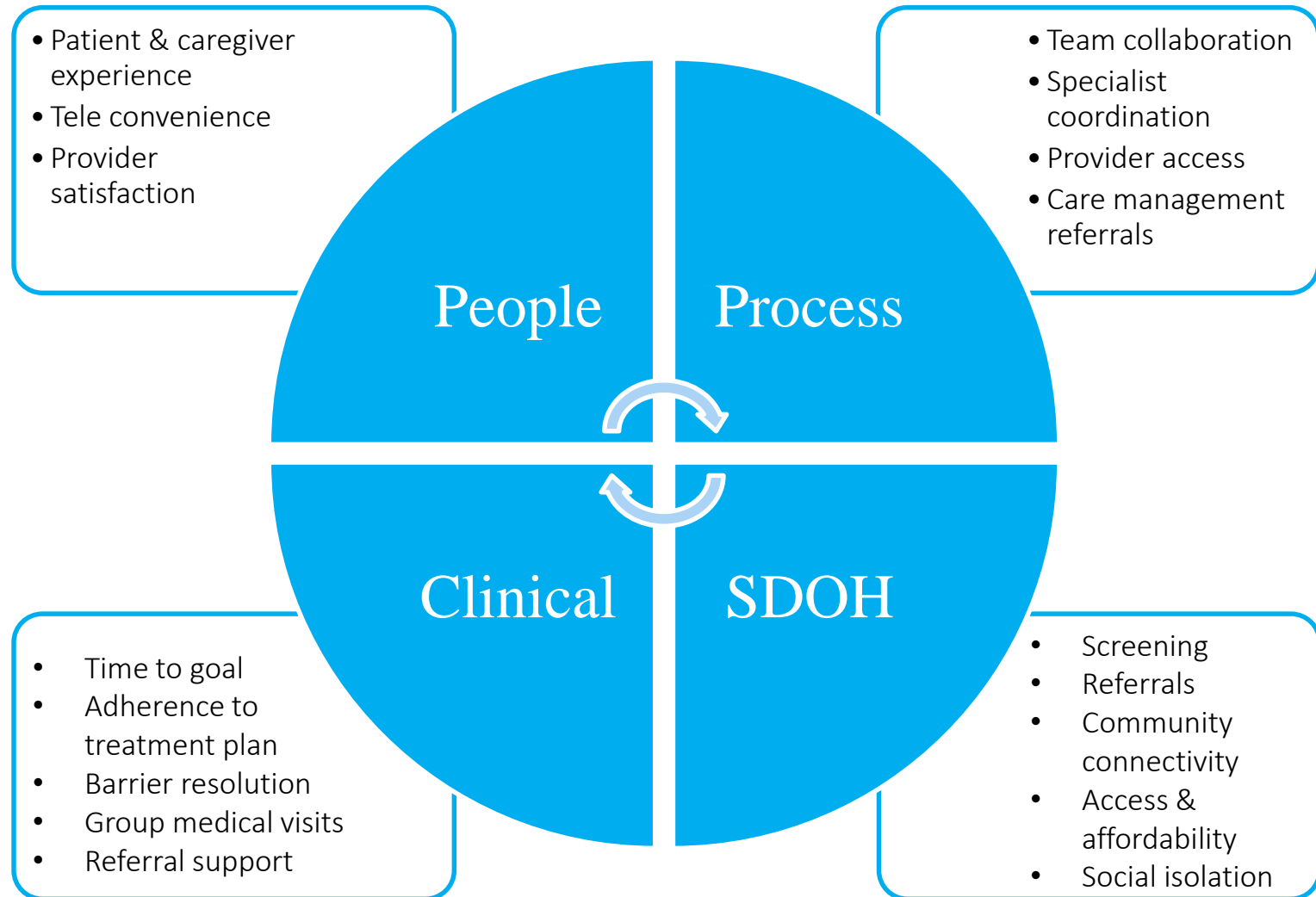


Value-Based Care: Leveraging Pharmacy

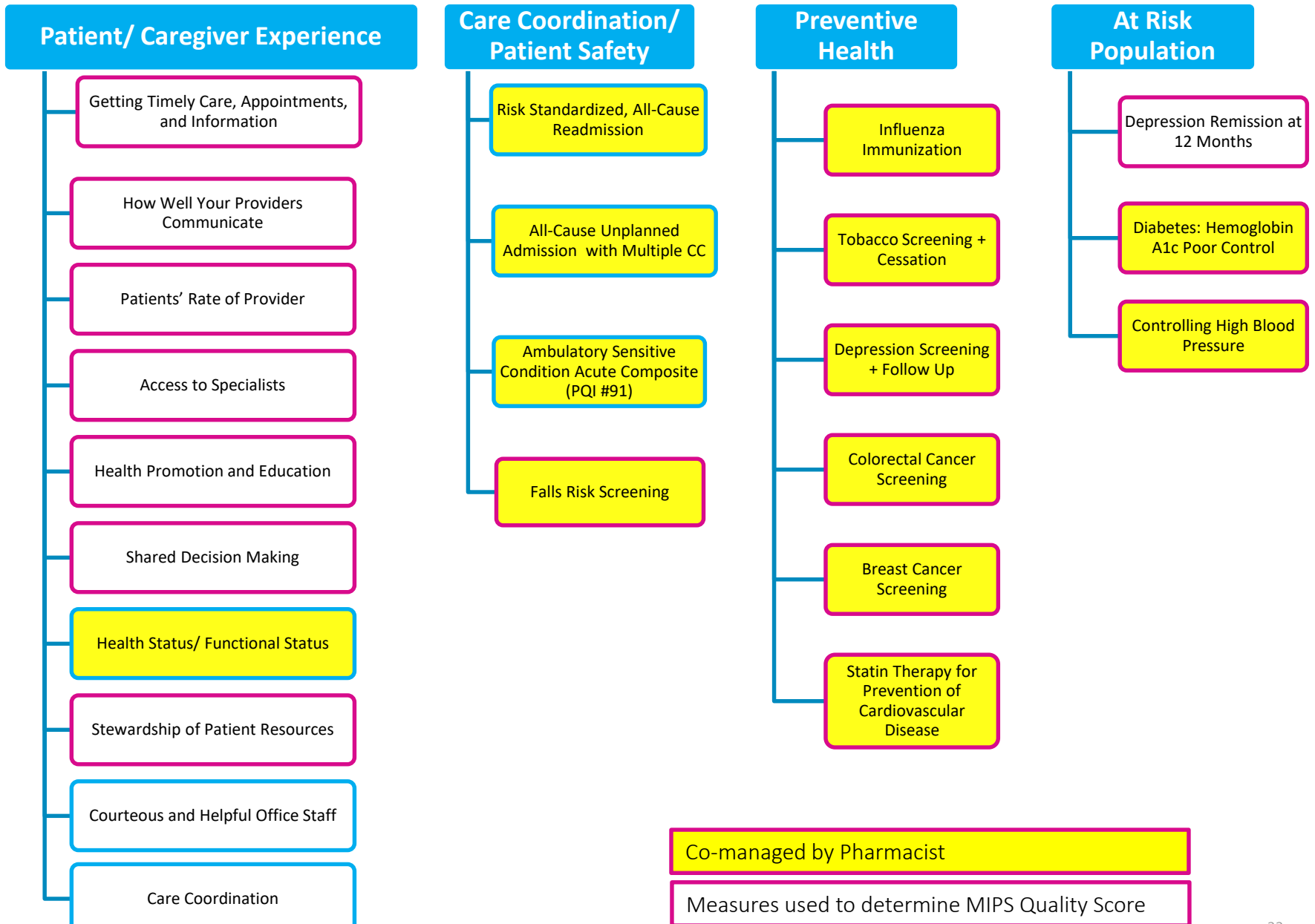
Priorities	Clinical Quality	+	Satisfaction & Operational Efficiency	+	Cost / Utilization
Ambulatory Clinical Pharmacists Delivered Support	<ul style="list-style-type: none">✓ Medicare Annual Wellness Visits*✓ Medication and Disease Mgmt✓ Medication Reconciliation✓ Medication Adherence		<ul style="list-style-type: none">✓ Partnerships / Community Based Orgs✓ Care Management Collaboration✓ Patient Engagement✓ Specialist coordination		<ul style="list-style-type: none">✓ Preventable PQI✓ Post discharge COPD/Asthma patients✓ Readmissions✓ Lower Cost Therapeutic Alternative

*AWV = Annual Wellness Visit

Domain of Impact



2019 MSSP ACO Measure Domains



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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