

Incentivizing What Matters: Transforming Payment Models to Improve Health Outcomes

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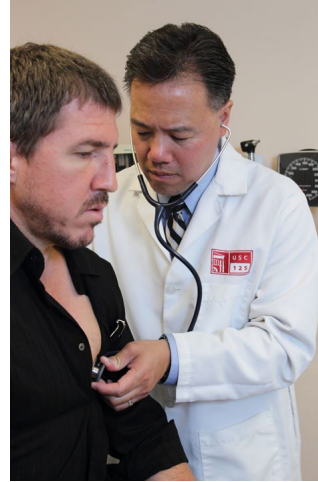
Outline

- Background and USC CMMI Healthcare Innovation Award
- California Right Meds Collaborative
 - Impact
 - Sustainability and scalability
 - Value proposition
- Next steps

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Example of my patients...



MEDICATIONS MATTER

Adverse effects from medications are estimated to be the

4th leading cause of DEATH in the U.S.¹

\$528.4 BILLION

of avoidable spending annually is due to MISUSE or suboptimal use of medications².



75% of hospital readmissions among seniors in the U.S. are avoidable, primarily through better use of medications³.



1/2 of the prescription medications taken every year in the US are used improperly⁴.

WHY?



WHAT

can I do next
to start benefitting from CMM?

Healthcare professionals:

For more information, go to:

to include a one-stop-shop for CMM resources

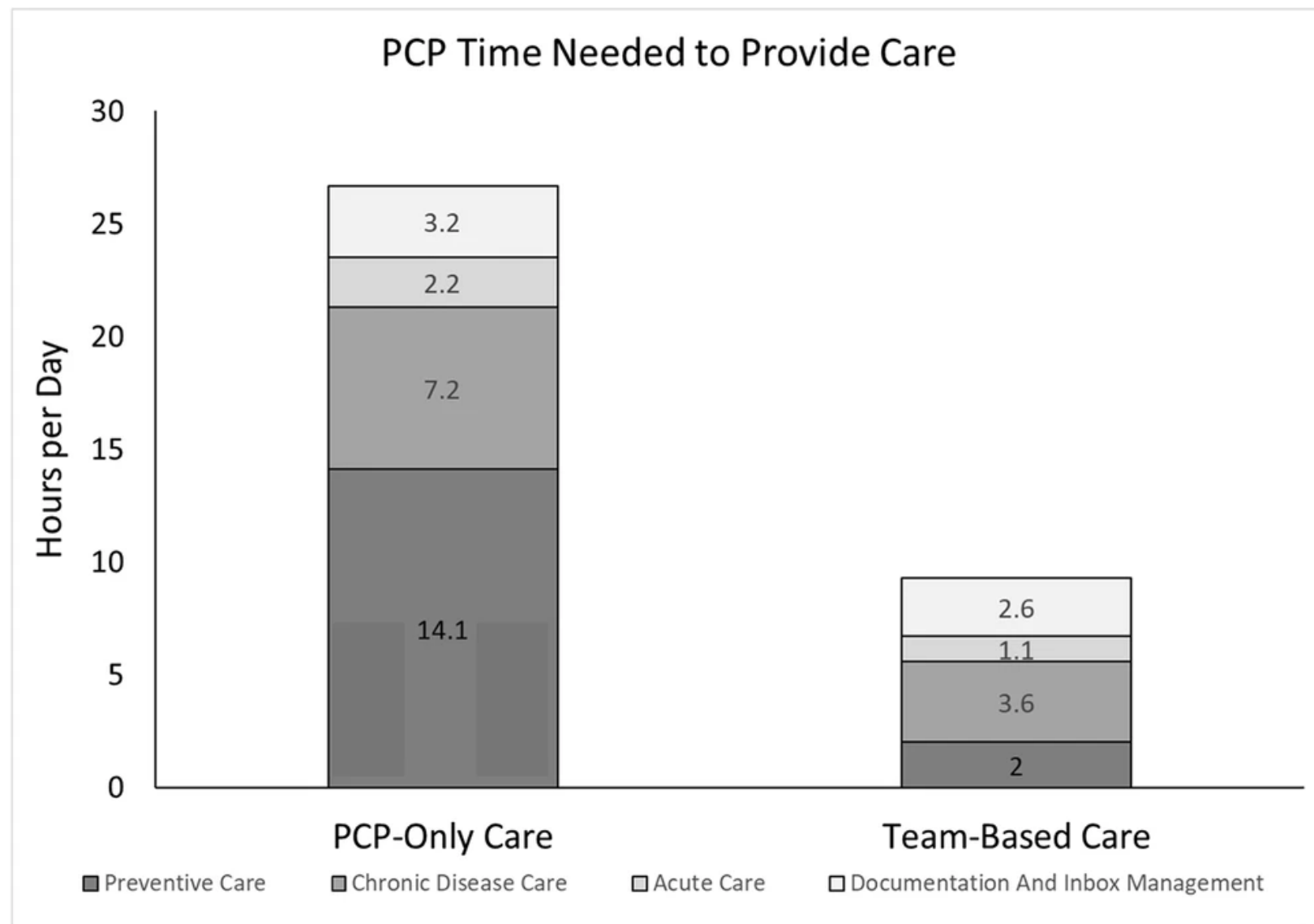
<http://calrightmeds.org/>

High-Risk Patients:

Talk to your physician and ask for CMM



**USC School
of Pharmacy**



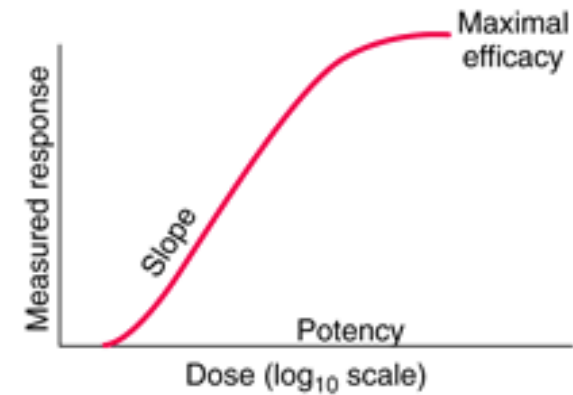
The result of auto-refilling medications: 92 bottles of medications, 56 unopened, \$48,000 wasted



Comprehensive Medication Management: Standard of Care for Optimizing Medication Therapy

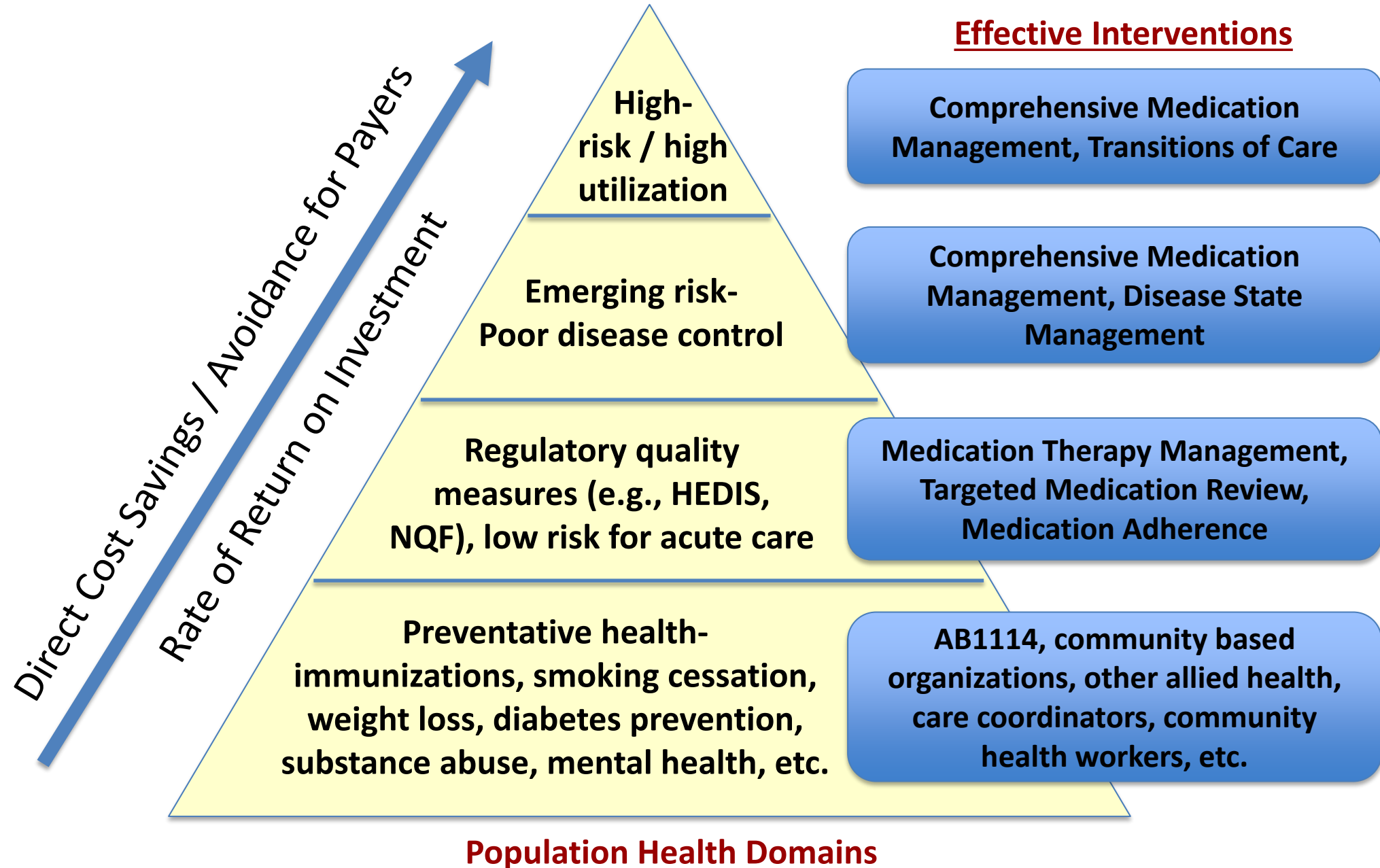


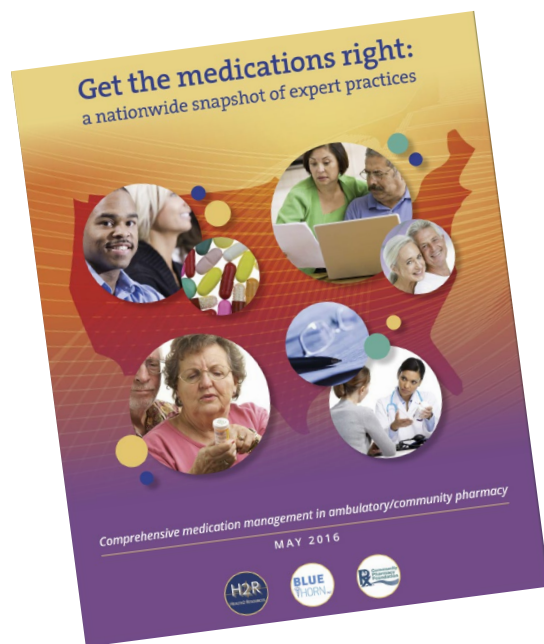
Right choice



Comorbidities and other medications

Advanced Practice Pharmacy and Population Health





Using the Pharmacists' Patient Care Process to Manage High Blood Pressure:

A Resource Guide for Pharmacists




A PROGRAM GUIDE FOR PUBLIC HEALTH




Partnering with Pharmacists in the Prevention and Control of Chronic Diseases

National Center for Chronic Disease Prevention and Health Promotion





Right Care Initiative



University of California

Pharmacist on the Care Team

Patient Safety and Savings Brief

CHOIR

Berkeley School of Public Health

The role of the pharmacist has evolved beyond dispensing medication into active participation in disease management and prevention. By including pharmacists on the care team, published evidence and health system experience consistently demonstrate that mortality is reduced, disease outcomes improve, healthcare costs are reduced for high-risk patients, hospital readmission rates are reduced and patients are more satisfied with their healthcare. This evidence has been demonstrated in a broad range of conditions including cardiovascular diseases, diabetes management, asthma/COPD, oncology, and psychiatry¹.

A Need for Improved Medication Management

The cost of illness and death resulting from nonoptimized medication therapy reached \$528.4 billion, equivalent to 16% of total U.S. health care expenditure, in 2016². A pharmacist on the care team can help to optimize medication therapy outcomes and reduce cost.

Recognition of Pharmacists on the Clinical Care Team

The California Department of Public Health, U.S. Surgeon General, CDC, and Agency for Healthcare Research and Quality (AHRQ) all support the value of pharmacist on the care team interventions for proven improved quality of care and high return on investment^{1,3,4}.

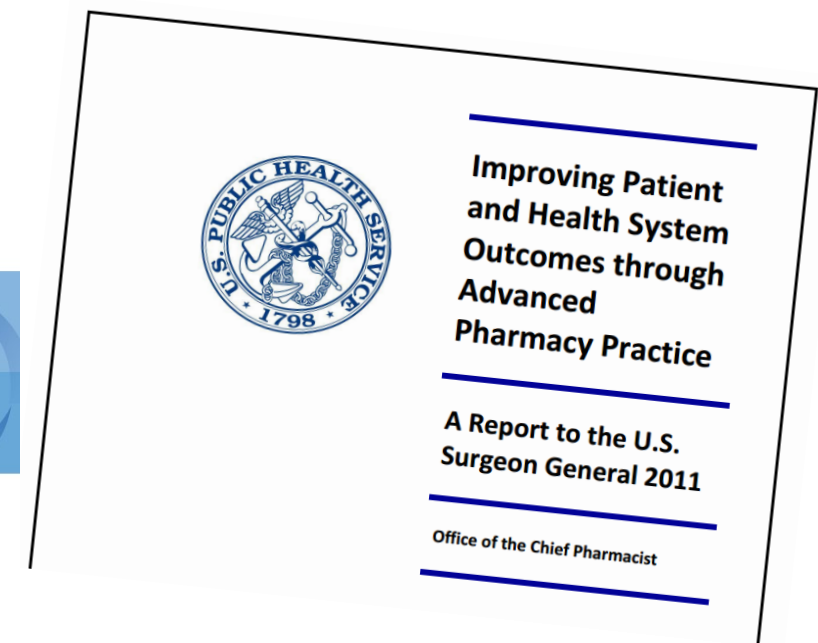
Five Recent Studies Bolster Evidence for Clinical and Economic Benefits of Adding Pharmacist on the Care Team

Pharmacists Working in Los Angeles Barbershops Improved Hypertension (HTN) Control (Cedars-Sinai, California, 2018)⁵

In a 2018 published NIH-funded study, a much larger percentage of patients who had their medications managed by a pharmacist in their barbershop achieved HTN control compared to those for whom the

Mortality Rate Declined Dramatically for Recently Hospitalized Coronary Artery Disease Patients (Kaiser Permanente, Colorado, 2007)⁸

CAD patients receiving comprehensive cardiac care from a collaborative practice of pharmacists and nurses soon after hospital discharge were 89% less likely to die as compared to patients not enrolled in the program.



<http://16bvl028dn7zhgp35k7rz5c-wpengine.netdna-ssl.com/wp-content/uploads/2016/10/GetTheMedicationsRight.v22final-5.20.pdf>

<http://www.pcpcc.net/files/medmanagepub.pdf>

<https://rightcare.berkeley.edu/wp-content/uploads/2018/05/RCI-Pharmacist-on-Care-Team-Brief-5.25.18-1PM-FINAL.pdf>

<http://www.usphs.gov/corpslinks/pharmacy/comms/pdf/2011advancedpharmacypracticereporttotheussg.pdf>

<https://www.cdc.gov/dhdp/pubs/docs/pharmacist-resource-guide.pdf>

\$12 Million USC / AltaMed Center for Medicare and Medicaid Innovation Healthcare Innovation Award: Specific Aims



10 teams
Pharmacist + Resident +
Clinical Pharmacy Technician

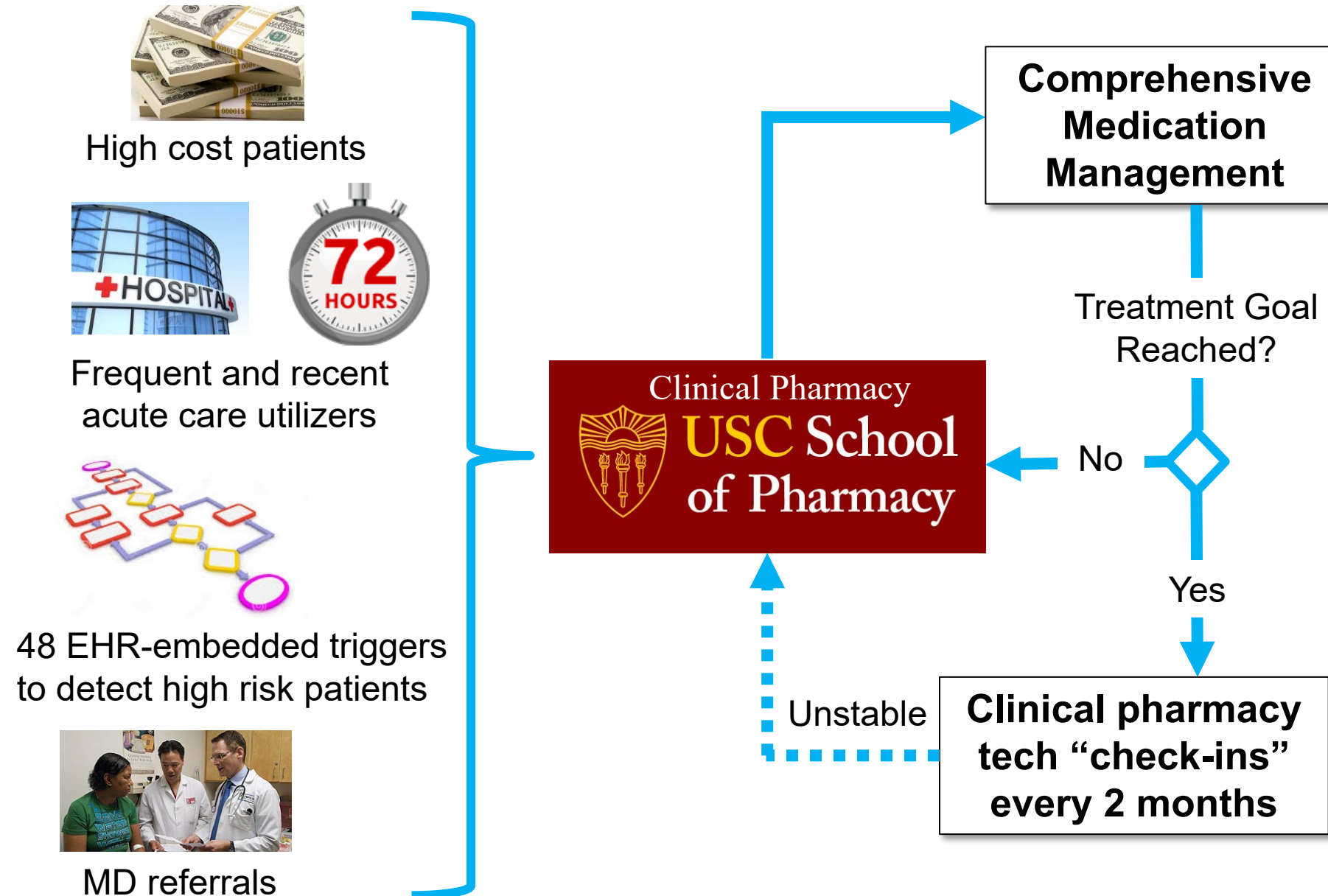


Telehealth clinical
pharmacy

OUTCOME MEASURES

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

USC CMMI Project: Patient Targeting and Management Strategy

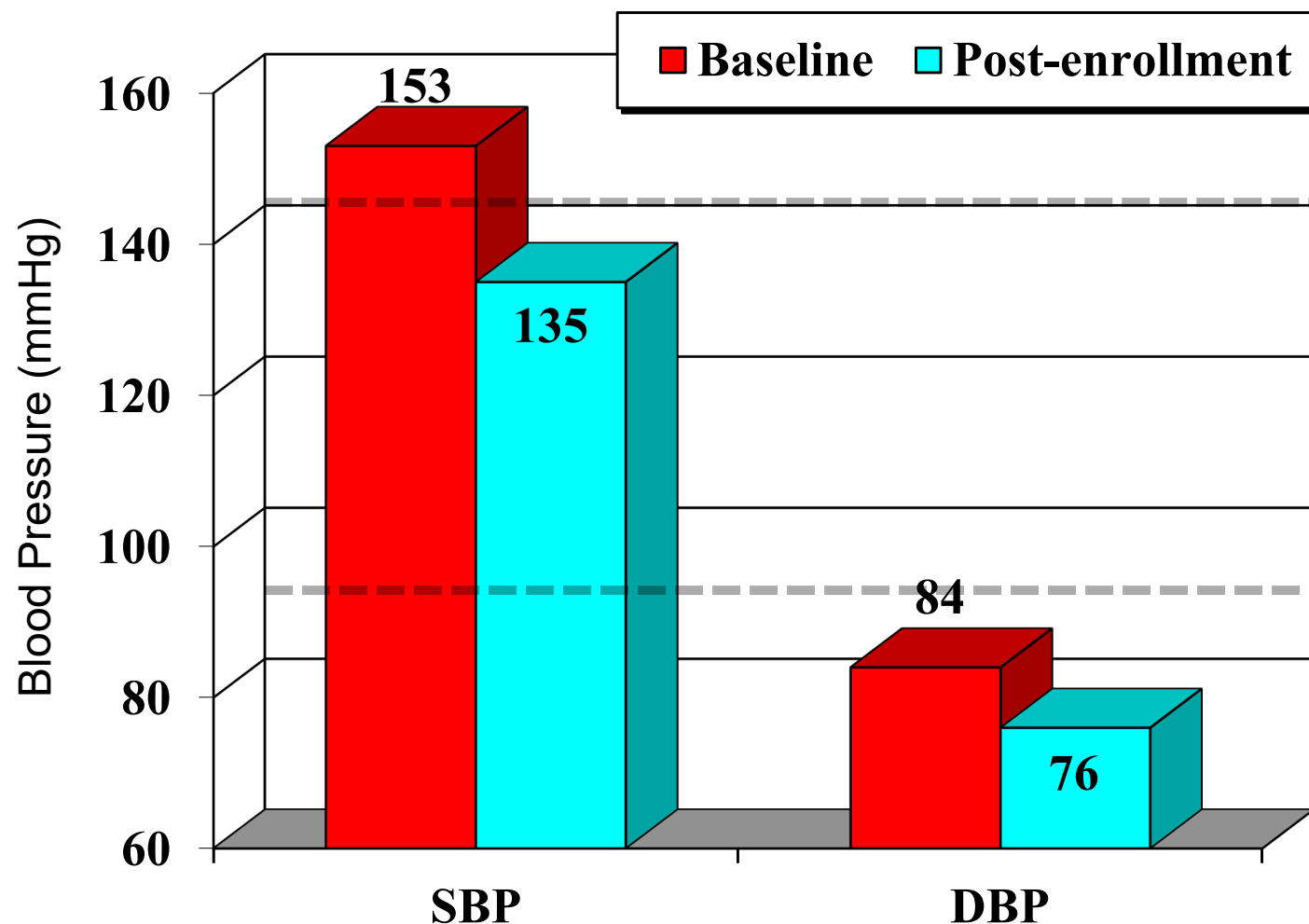


- Enrolled 6,000 patients since Oct 2012
 - Predominantly Hispanic, non-elderly women
- 3/4^{ths} have hypertension, 36% uncontrolled
- 2/3^{rds} have diabetes, 60% uncontrolled
- Low-moderate rates of hospitalizations
- Propensity score matched comparison with “usual care” patients

Example of Results: Blood Pressure Changes at 45 Days (n=356)

Patients with BP > 140/90 mmHg Upon Enrollment

87% achieved BP < 140/90 mmHg within 45 days





Physician Testimonial:

**Michael Hochman, MD, MPH
CEO, Healthcare In Action**

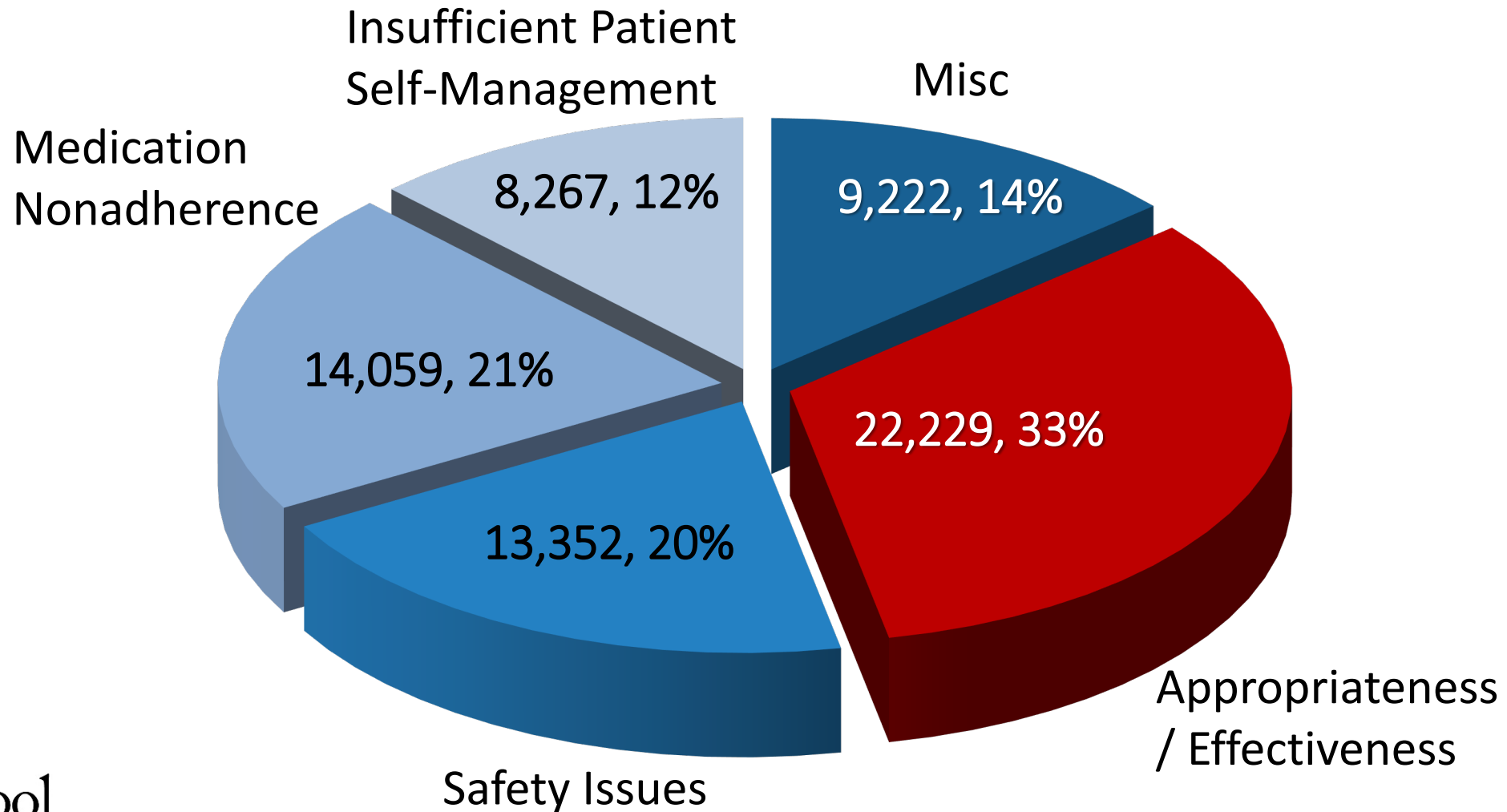
<https://vimeo.com/240912241/e1ff530590>

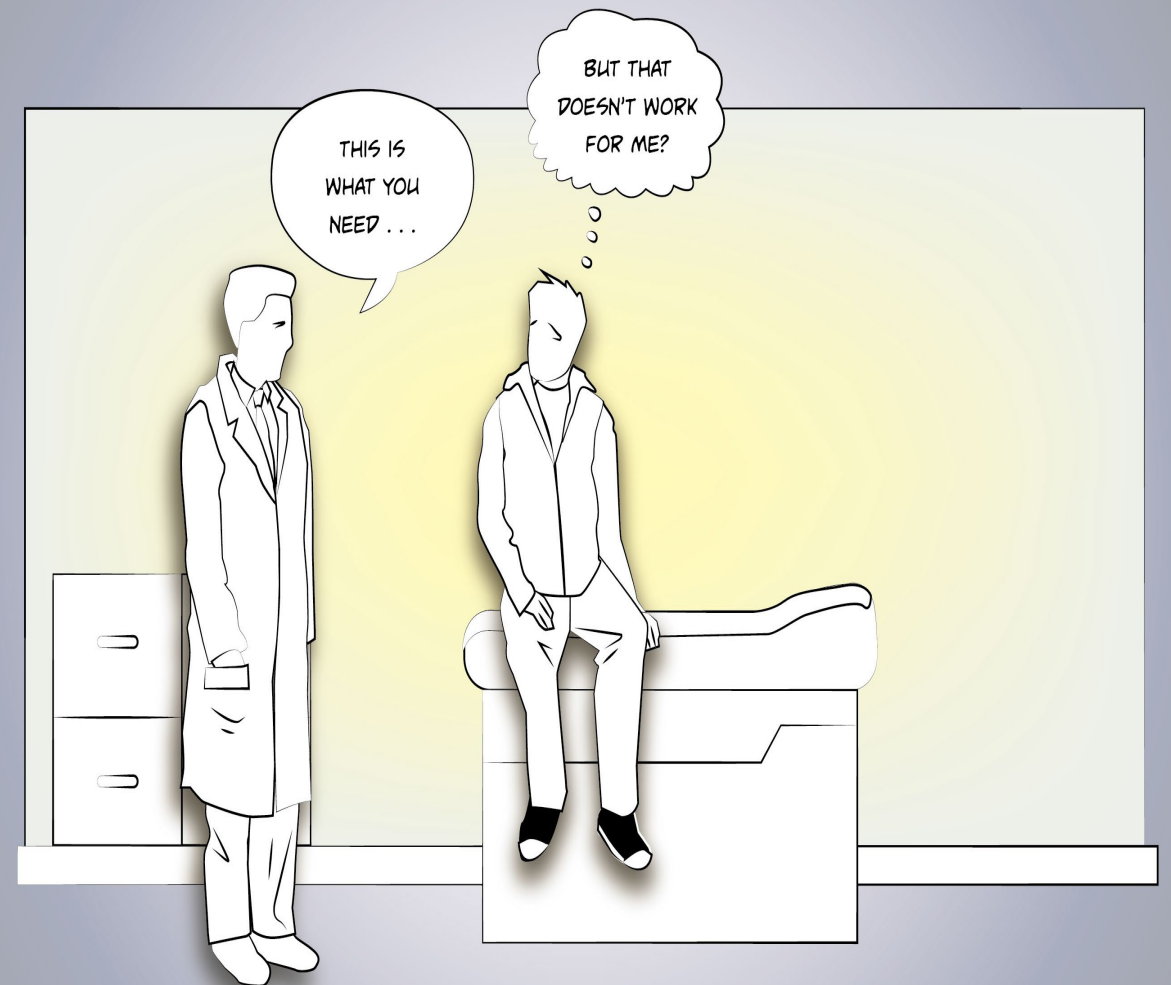
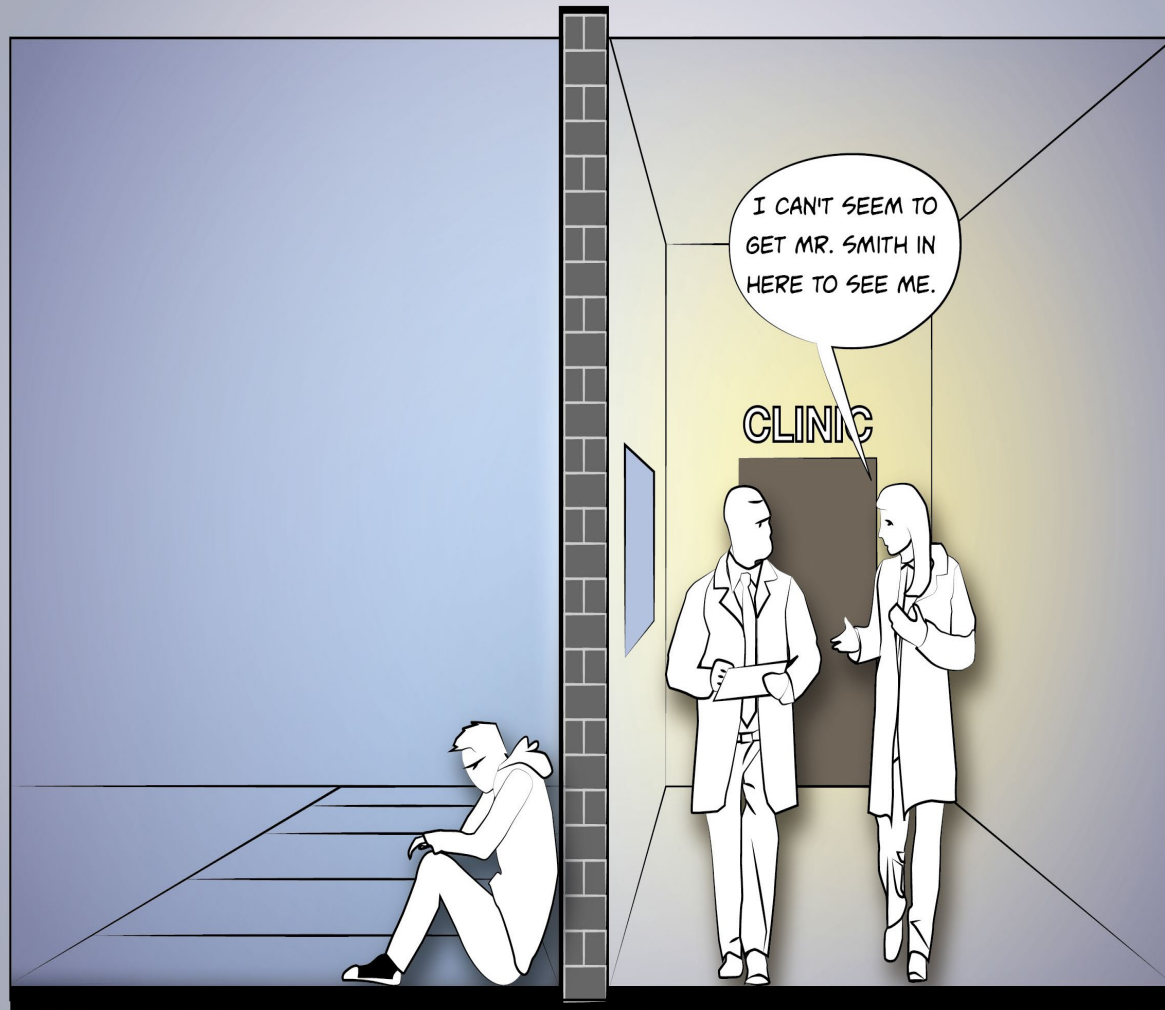
USC CMMI Comprehensive Medication Management Program: Impact

- *Reduced healthcare costs (for patients at risk for readmissions)*
- *Improved healthcare quality measures: ~10% absolute difference (improvement) vs. “usual care” for hypertension, diabetes, dyslipidemia*
- *Resolved medication-related problems / medication safety*
- *Improved physician access / availability*
- *Improved physician satisfaction (avoid burnout)*
- *Improved patient satisfaction (patient retention)*
- *Reduced mortality*

Medication-Related Problems Identified Through CMMI Program

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





BARBER-2 Trial (in Los Angeles): How to optimize intervention potency?



Barber fidelity
Patron acceptance



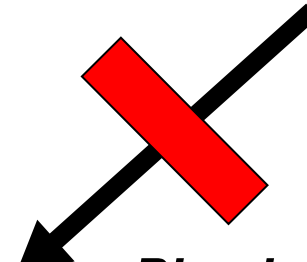
Pharmacists?

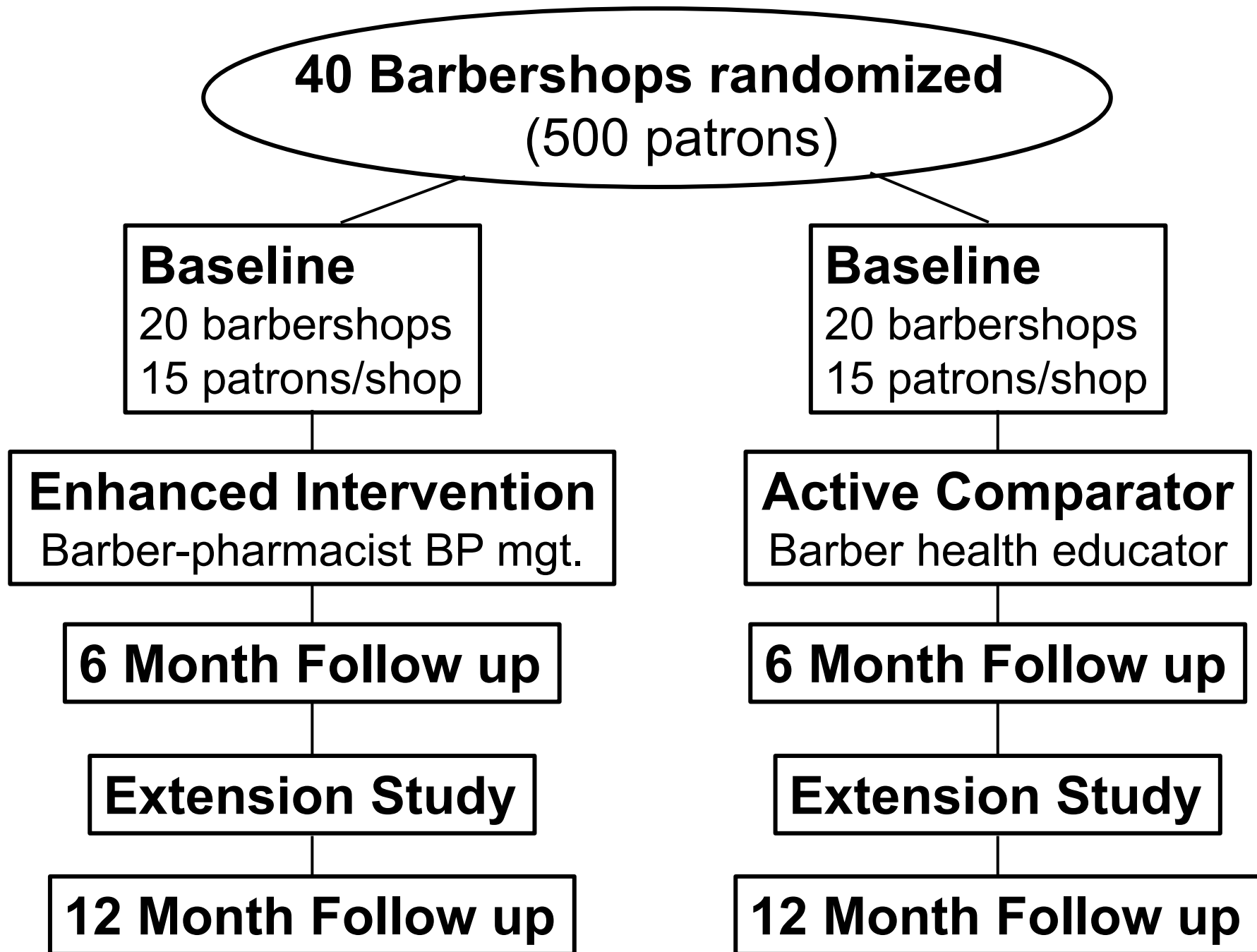
*Non-
Adherence*



**Better medical
treatment**

*Physician
inertia*





Pharmacists Role in Barbershop HTN Program

- At least monthly appointments in barbershops
- Check BP
- Modify drug therapy under full scope collaborative practice agreement
- Monitor electrolytes
- Send progress notes to PCP
- South Central LA pharmacy delivered medications to barbershops



Barbershop Project: Results

Outcome	Intervention Group (N=132)	Control Group (N=171)
Systolic Blood Pressure- mmHg		
Baseline	152.8 +/- 10.3	154.6 +/- 12.0
6 months	125.8 +/- 11.0	145.4 +/- 15.2
Hypertension Control at 6 mos - no. (%)		
BP < 140/90 mmHg	118 (89.4)	55 (32.2)
BP < 135/85 mmHg	109 (82.6)	32 (18.7)
BP < 130/80 mmHg	84 (63.6)	20 (11.7)
Mean no. of blood pressure medications per participant	2.6 +/- 0.9	1.4 +/- 1.4
Drug Class- no. (%)		
ACEi or ARB	130 (98.5)	71 (41.5)
Calcium channel blocker	125 (94.7)	56 (32.7)
Diuretic	61 (46.2)	49 (28.7)
Aldosterone antagonist	14 (10.6)	2 (1.2)
Beta-blocker	14 (10.6)	33 (19.3)

What did you hear that aligns with needs or priorities among your stakeholders (patients, providers, payers, etc.)?

Outline

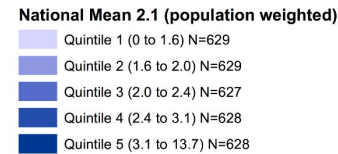
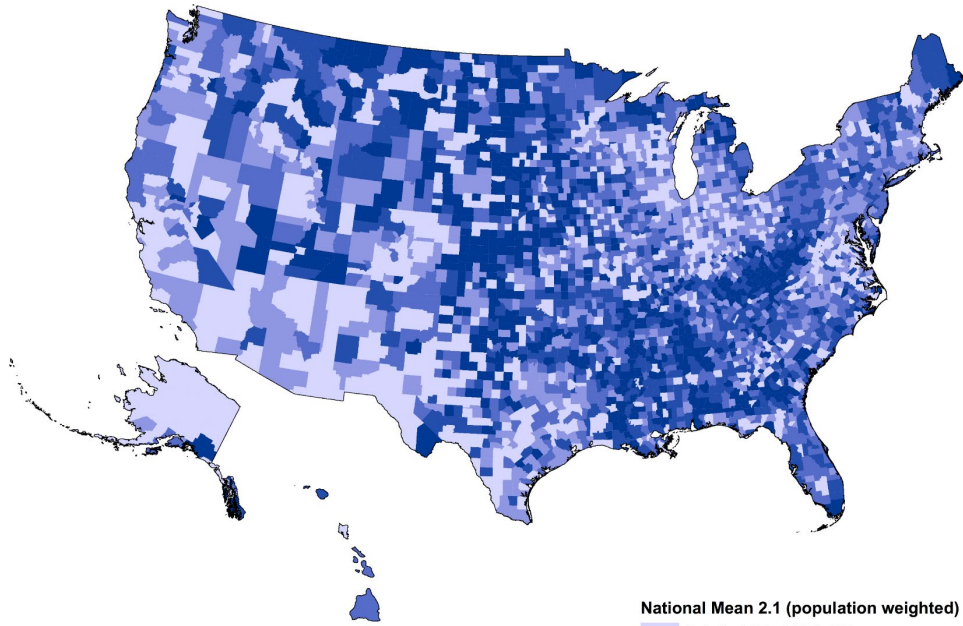
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California Right Meds COLLABORATIVE

- **Vision:** To provide optimal medication therapy for high-risk patients in their communities
- **Mission:** Create a network of pharmacists in the community that provide sustainable high-impact Comprehensive Medication Management (CMM) Services in alignment with health plan and health system population health priorities

USC School of Pharmacy

Pharmacies per 10,000 People by County in the U.S., 2015



<https://doi.org/10.1371/journal.pone.0183172>

In the US:

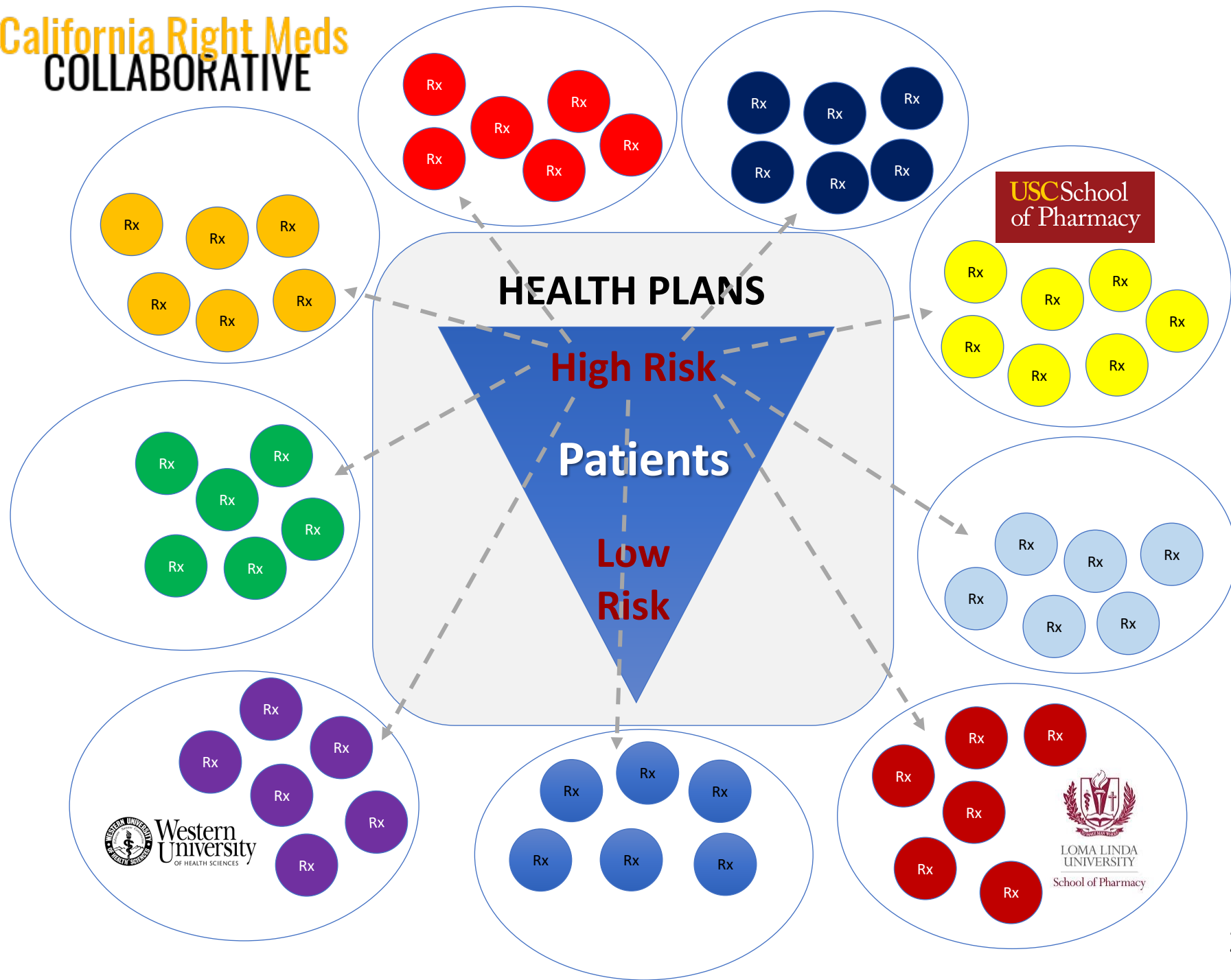
- 5,400 emergency rooms
- 5,500 hospitals
- 17,900 FQHCs and look-alikes
- **61,715 pharmacies** (62% chains, 38% independents)
 - **90% of US population lives within 5 miles**
 - **73% within 2 miles**
 - **48% within 1 mile**
- **300 million COVID-19 vaccinations administered in pharmacies**

How often do people visit pharmacies?

- **Seniors: 12-14 times per year**
- **Non-senior Medicaid: 24-36 times per year**

JAMA Netw Open. 2020;3(7):e209132. doi:10.1001/jamanetworkopen.2020.9132

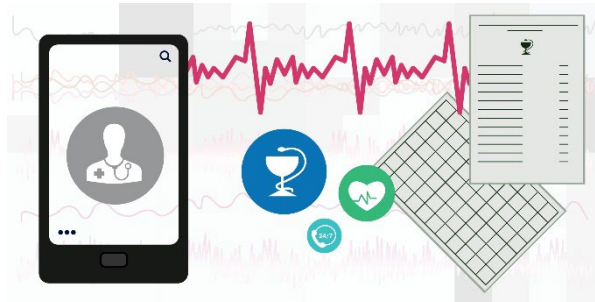




California Right Meds Collaborative: What Makes it Work?



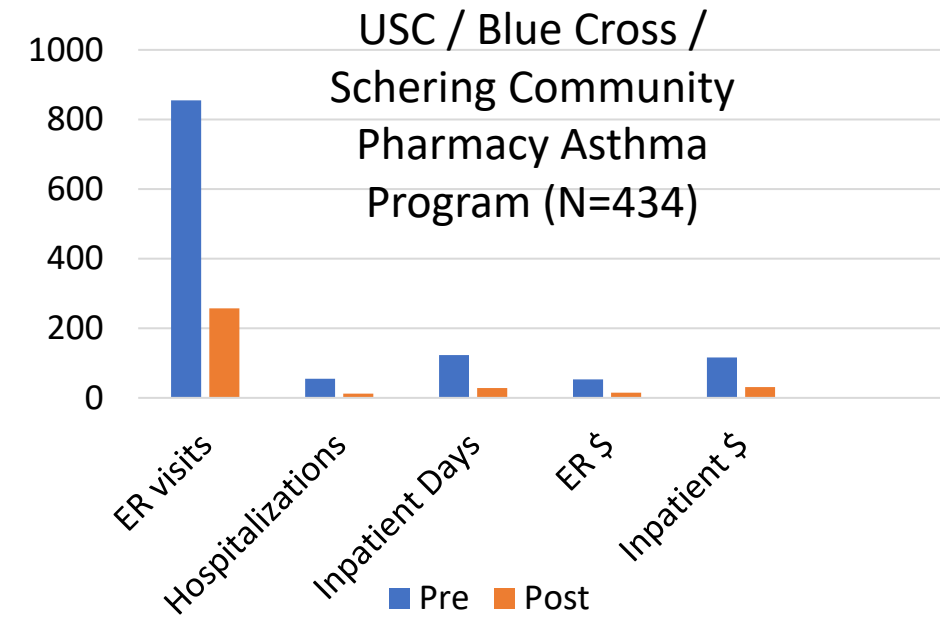
Stringent pharmacy
vetting process



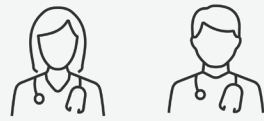
Clinical documentation
platform, CQI



Clinical Pharmacy
Technician

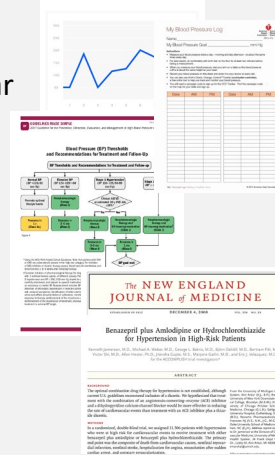


Overcoming Treatment Inertia Without a Collaborative Practice Agreement



Prescribers

- **EVIDENCE-BASED AND EASY:** Combine recommendations with evidence and a clear follow-up plan
 - Provide relevant measures / labs / clinical findings with guidelines and (better yet) evidence specific to patient
 - Highlight use of appropriate technique and equipment (e.g., validated BP cuff, ACC / AHA standards for BP measurement)
 - Offer to manage patient follow-up with clear plan including frequency



- **FACE-TO-FACE:** Consult directly with PCP during weekly on-site clinic days or monthly inservices with clinic partner (if relevant)
- **LEVERAGE A RESPECTED AUTHORITY:** Endorsement by recognized authority (Keck Medical Center of USC, Cedars-Sinai Heart Institute, Right Care Initiative), PCP colleague, mentor, CMO, etc.
- **CQI / P4P:** Request assistance from QI director

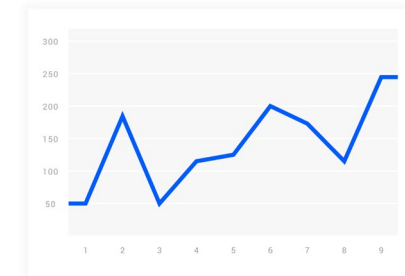


Enterprise end-to-end solution for quality measurement, payment, research, and performance certification and improvement



Patients, Family, Caregivers

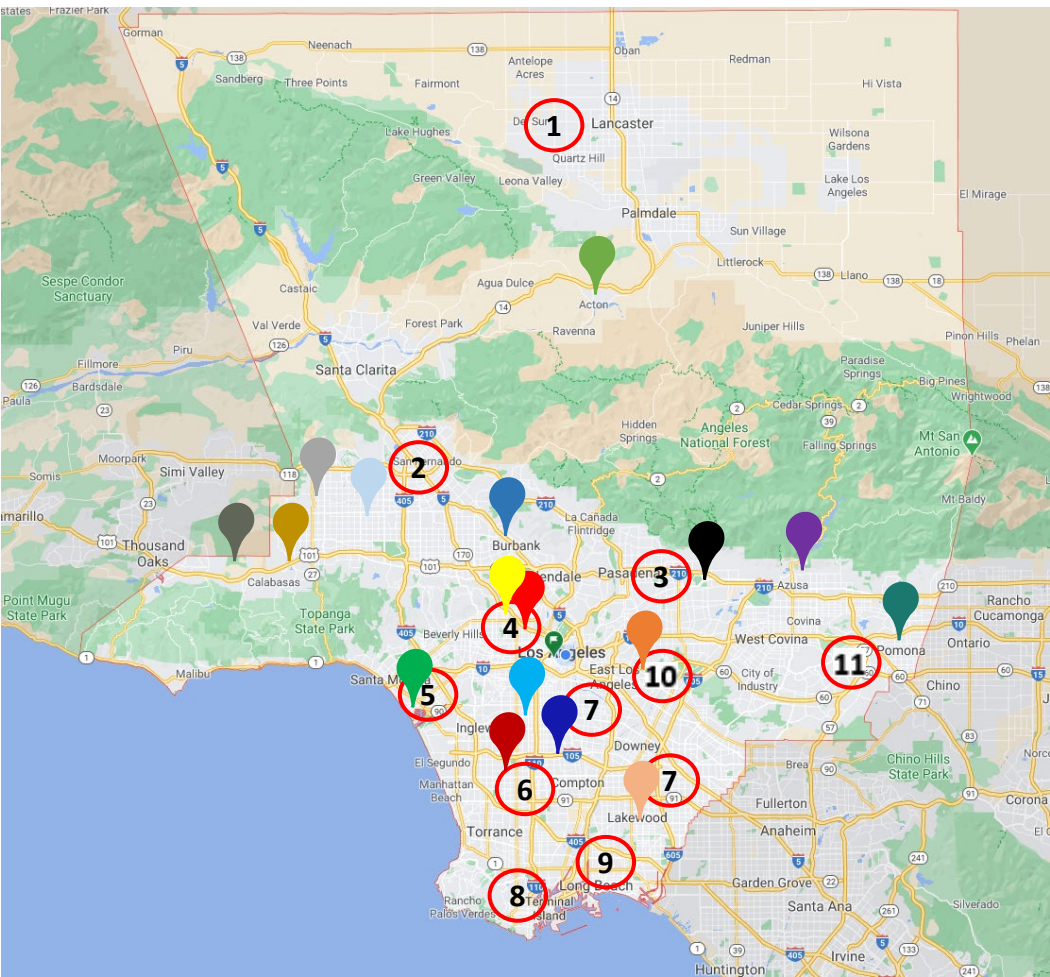
- **SELF-ADVOCACY:** Educate patient and/or family and caregivers on treatment goals, and provide summary of relevant measures / labs / symptoms to share with PCP and request action
- **APPOINTMENT ACCOMPANIMENT:** Offer virtual or in-person accompaniment to PCP appointment (inform PCP office in advance)



Pilot Calif Right Meds Collaborative Pharmacies and FQHCs



Participating pilot pharmacies



- Legend**
- Acton Vale Pharmacy
 - St. Mary Pharmacy
 - CliniCare Pharmacy
 - Courtyard Pharmacy
 - Kanan Pharmacy
 - Quality Home Infusion (QHI) Pharmacy
 - Sierra Pharmacy
 - Pacific Oak Compounding Pharmacy
 - Echo Rx Pharmacy
 - Vermont VO Pharmacy
 - Western University Pharmacy
 - The Prescription Shop
 - Playa Pharmacy
 - Manchester Professional Pharmacy
 - West Alondra Medical Pharmacy
 - Econo Pharmacy
 - Bellwood Medical Center Pharmacy
 - # Regional Community Advisory Committee (RCAC)



Preliminary Impact Results

California Right Meds Collaborative Pilot, LA Care Health Plan

- Enrollment Proxy: A1c > 9%*
- Comprehensive Medication Management goals and shared-risk value-based payment is aligned with HEDIS and STAR measures
 - Diabetes: A1c at least < 8%
 - Hypertension: Blood pressure at least < 140/90 mmHg
 - Statin: Initiate a statin if clinically appropriate

*CRMC enrollment criteria has expanded in 2022 to include additional high risk groups beyond the DM Cohort (i.e. CVD cohort, Adherence/MTM Cohort, BH Cohort)

LA Care CRMC Impact

- As of 7/19/22, enrolled 460 members with a focus on reducing health disparities:
 - 242 (53%) members in Antelope Valley and South LA
 - 123 (27%) members self-identified as Black/African American
- CRMC Partners (growing)
 - 17 Community Pharmacies
 - 15 Clinic / FQHC partners
- Average age = 53 yo (Range 16-81 yo)
- 46% male

L.A. Care Updated Outcomes

- Average A1C ↓ by 3.3 points*, with baseline A1c of 11.6%
- Average SBP ↓ 34mmHg and average DBP ↓ 11mmHg*
- 89.4% of members with diabetes are on a statin if not otherwise contraindicated
- Ongoing rigorous impact analysis to compare intervention with a control group
- Expanding patient eligibility / enrollment

*Data is for members that have had 5+ visits with a CRMC Pharmacist




Business Case for Sustainment and Scaling of Advanced Practice Pharmacist Programs

- **Cost savings / ROI:** Reduction in acute care utilization for high-risk populations
- **Align with pay for performance incentives (plan and provider),** e.g. CMS QPP
- **340B program, specialty pharmacy**
- **Direct billing:** Some parity laws in some states, LA County Dept of Mental Health (85% of physician payment rate)
- **Traditional fee-for-service billing**
 - Incident-to +/- hospital fee or POC testing
 - Diabetes self-management
 - Chronic care management
 - Care transitions
 - Annual Medicare Wellness visits

Value-based payments

- Reduces financial risk to healthcare payer
- Incentives / rewards effective care delivery

Other Patient Subgroups Targeted for CRMC Enrollment

- Post-hospitalization for any cardiovascular condition
 - Receiving antipsychotic medications without side effect monitoring
 - Post-stroke hospitalization
 - Asthma
 - Hypertension
- 

Value Summary

	PATIENT	FRONT-LINE PROVIDER	DHCS/HEALTH PLANS/PAYERS
Drug Cost Savings	↓ out-of-pocket \$ (↑ generic drug use)	↑ generic & preferred drug use	
Total Healthcare Costs	NA	Beneficial for capitation / full risk or incentive payments tied to acute care utilization	Maximum ROI when targeting high-risk / high-cost patients. Shared risk / value-based payments
Patient Satisfaction	Convenient access to a trusted provider, culturally & linguistically aligned. Off hours & weekend availability.	Improved patient retention and patient satisfaction surveys	Improved patient enrollment / retention, marketing opportunities
Provider Satisfaction	NA	↓ burnout, ↑ patients seen, medication management shifted to pharmacist	↑ provider retention, ↑ Rx adherence
Quality of Care in collaboration with medical providers	↑ patient health literacy, self management skills	Improves measures tied to performance-based incentives, resulting in ↑ reimbursement	Improves impacts measures for key rankings, e.g., HEDIS, Medicare Stars
Patient Safety	↓ medication-related harm, liability, and costs through close monitoring and safe medication titration		

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- **Next steps**

California Right Meds COLLABORATIVE

What's Next...



↑ pharmacies and patients



Psychiatry for Population Health Pharmacists Collaborative




↑ Health plan partners



crmc@usc.edu

Psychiatry for Population Health Pharmacists Collaborative

- **Problem:** Shortage of psychiatrists + psychiatric services forces the majority of mental health care to be delivered through primary care, which does not have the expertise nor resources to manage mental illness effectively
 - **Solution:** Merge Psychiatry for Population Health Pharmacists Collaborative (PPHPC) with California Right Meds Collaborative
 - **PPHPC Mission:** Equip pharmacists in non-psychiatric settings with the skills necessary to provide medication management and triage/referral services for patients with mental health conditions in alignment with whole person care and population health goals of health plans and health systems
 - **PPHPC Vision:** Increase access to sustainable, equitable, and high-quality medication management services for patients with mental health conditions
- 

Psychiatry for Population Health Pharmacists Collaborative (cont.)

- PPHPC training has launched, with inaugural live training on October 2022 (available for CE credit, <https://web.cvent.com/event/5a3c3477-e7f4-4b40-9f3f-761c310a18f5/regProcessStep1>)
- PPHPC will host mental health focused live full-day learning session each year
- PPHPC will integrate mental health topics in monthly CRMC webinars
- Any pharmacist can access on-line CE training



National Hypertension Control Roundtable

www.hypertensioncontrol.org



Goals and Strategies to Improve Hypertension Control



Source: Adapted from the U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Control Hypertension. Washington, DC: U.S. Dept. of Health and Human Services, Office of the Surgeon General; 2020.



Roundtable Opportunities



FOCUS ON AREAS OF
GREATEST IMPACT



LEVERAGE EXPERTISE OF
DIVERSE COALITION
MEMBERS



COLLABORATE ACROSS
SECTORS AND ENGAGE NEW
PARTNERS



EXPAND AND SCALE WHAT
WE KNOW WORKS

Roundtable Activities



- Annual Summit
 - Fireside Chat Series
 - Payer Taskforce
 - Regular Newsletters on Member Activities
-

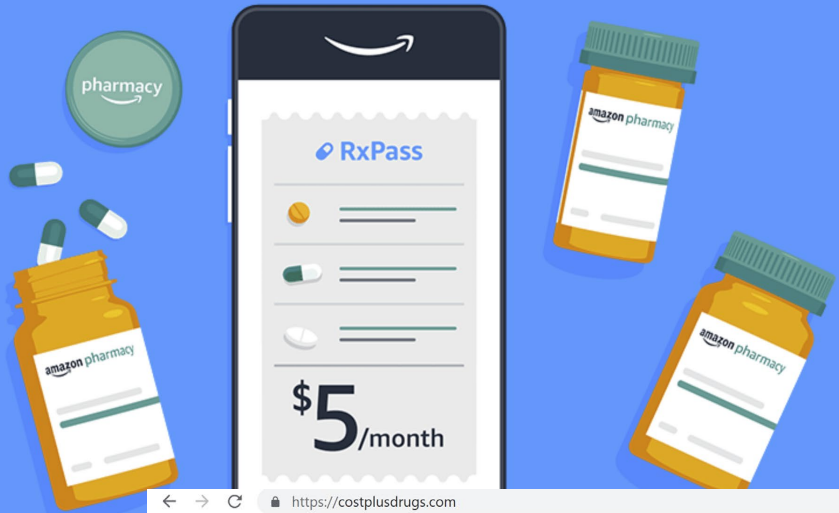
RxPass

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\$5 a month.

Prime members, get [eligible medications](#) you're prescribed for one low price.

Get started with RxPass

Available in 42 states. [See FAQs](#).



https://costplusdrugs.com



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Our Mission

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No middlemen. No price games.
Huge drug savings.

Imatinib
(Generic for Gleevec)

\$14.40

Retail Price: \$2502.50

Albendazole
(Generic for Albenza)

\$33.00

Retail Price: \$437.68

Mesalamine
(Generic for Canasa)

\$26.70

Retail Price: \$766.80

Lisinopril
(Generic for Prinivil)

\$3.60

Retail Price: \$24.00

Fluoxetine
(Generic for Prozac)

\$3.90

Retail Price: \$22.94

[See all medications](#)

Advancing Pharmacy Practice, 2023

Alignment with Payer & Health System Priorities

- Value-Based Arrangements, Key Performance Indicators, Patient Safety

Evidence

- Rigorous impact analyses highlighting unique value of pharmacists, published in nonpharmacy journals

Equity

- Culturally and linguistically aligned care
- Eliminate or reduce health disparities
- Connect patients to resources / support for social needs

Education

- Educate all stakeholders on essential role of pharmacist clinical services

Policy & Legislation

- Accelerate State / Regional level efforts
- Continue Federal efforts continue

What action(s) can you commit to by next Tuesday to begin the journey towards value-based arrangements?

What requests do you have?

What offers can you make?