Community Pharmacists in Value-based Care Models

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Objectives

- Describe key components of value-based care models related to community pharmacies
- Illustrate value-based care models in Iowa community pharmacies
- Discuss lessons learned about the use of value-based care models for community pharmacies

Background

- Efforts to improve patient outcomes and care experiences
- Try to limit healthcare spending
- Value-based care models developed to achieve these three aims
- Pharmacies seeking revenue streams in face of losses from dispensing due to unregulated PBMs

Value-Based Care Models

- Typically combine a focus on provider performance, patient experiences and costs of care
- Payments tied to performance on a set of metrics (e.g. 90-day fill rate, adherence, E.D. visits, statin intensity, comprehensive medication review rate)
- Being used by government payers (e.g. Medicaid, Medicare) and commercial payers

Components of Value-Based Care Models

- Attribution
- Performance measures
- Incentives
- Patient care service

Attribution in Pharmacy VBC Models

- Attribution (assignment) of patients to a specific pharmacy for the program (performance calculations)
  - Can be done prospectively or retrospectively
- Most often based on prescription volume (e.g. attributed to pharmacy that dispenses the most medications)
- Is a challenge to separate the effects of multiple providers on a metric (e.g. prescriber vs. pharmacist in lowering hospital admissions)

Performance Measures in Pharmacy VBC Models

- Typically determine payment amount
- Often use metrics developed for something/someone other than pharmacy (e.g. HEDIS measures for medical providers; Medicare Part D star measures for Part D plans)
- Many metrics assess process rather than outcomes
- Does proportion of days covered (PDC) really assess medication adherence?

Incentives in Pharmacy VBC Models

- Lack of transparency in incentives can create uncertainty for pharmacies
- Often incentives are tied to changes in dispensing payments instead of being separate payments
- Incentives may create conflict between high performance and best care for a patient (e.g. 90-day fill incentive for patients who would benefit from seeing a pharmacist every 30 days)

Patient Care Services in Pharmacy VBC Models

- Intended to improve patient outcomes
  - Comprehensive medication management, Medication adherence services, Care coordination, Pharmacy monitoring services, Social determinants of health identification & referral, Point-of-care testing
- Expect to see movement to use more metrics related to medication use and less about dispensing

Knowledge Check √

Which of the following is true about the components of value-based care models for pharmacies?

A) Patient attributions often are based on prescriptions dispensed by a pharmacy

B) Lack of transparency for incentives is common

C) Metrics tend to be measures of processes

D) All of the above

Evaluation of Wellmark Value-Based Pharmacy Program in Iowa

- Wellmark is the Blue Cross Blue Shield organization in Iowa
- Conducted a 3-year pilot of a Value-Based Pharmacy Program (VBPP)
- VBPP developed through dialogue between Wellmark and Iowa pharmacy leaders
- Operation of VBPP involved 73 pharmacies and about 41,000 attributed patients
- VBPP was implemented and evaluated before the COVID-19 pandemic

Evaluation Activities for Value-Based Pharmacy Program

- Evaluation of the VBPP was a collaboration between an insurer, Iowa Pharmacy Association, Drake University and University of Iowa
  - Funded by Community Pharmacy Foundation
- Relied on involvement by Iowa pharmacies participating in VBPP
- Included data from pharmacist interviews and surveys and well as performance data from Wellmark

Objectives of VBPP Evaluation

- 1. Describe a Value-Based Pharmacy Program (VBPP) implemented in Iowa
- 2. Discuss pharmacies' actions for patient care under the Value-Based Pharmacy Program
- 3. Describe changes seen in selected condition-specific metrics for the Value-Based Pharmacy Program
- 4. Assess financial outcomes of the Value-Based Pharmacy Program

PHARMACY SELECTION CRITERIA

Pharmacy Requirements

- Developed a service plan based on community-specific needs
- Offers ≥2 clinical services
- Provides adequate space for private or semi-private consultations
- Documents services delivered and communicates to patients' providers
- Established formal immunization protocol or collaborative practice agreement(s)
- Pharmacists trained for service delivery and documentation

VALUE BASED METRICS

	Diabetes	Depression	Cardiovascular Risk	Asthma
Metric Type	Metrics			
Process	Right drug **AND** Adherence →			
Surrogate Outcome	Glycemic control (A1c <7.5%) Blood pressure control (<140/90)	Remission (PHQ-9<5)		
Outcomes	Potentially Preventable Emergency Department Visits Potentially Preventable Admissions Total Cost of Care →			

VBPP METRIC EXAMPLES

Domain	Metric	Performance Calculation	Points
Chronic Disease Management 42 Points Asthma: 8 points Diabetes: 14 points Cardiovascular: 10 points Depression: 10 points	Asthma Controller Medication Adherence	Percentage of Attributed Members with persistent asthma with asthma controller medication adherence ≥ 75%	2
	Asthma Medication Ratio	Percentage of Attributed Members with persistent asthma with a ratio of controller to acute medications dispensed > 0.5	6
	ACEi/ARB Medication Adherence	Percentage of Attributed Members with diabetes with an ACEi/ARB adherence ≥ 80%	2
	Non-insulin Diabetes Medication Adherence	Percentage of Attributed Members with diabetes with non-insulin diabetes medication adherence ≥ 80%	2
	Diabetic A1c Documented*	Percentage of Attributed Members with diabetes with an A1c reported in Performance Year	3
Potentially Preventable ED Visits 10 Points	Potentially Preventable Emergency Department Visits Variance	Difference between Wellmark Pharmacy Network PPV Rate and Risk-Adjusted Actual PPV Rate	10
Potentially Preventable Admissions 10 Points	Potentially Preventable Admissions Variance	Difference between Wellmark Pharmacy Network PPA Rate and Risk-Adjusted Actual PPA Rate	10
Total Cost of Care 38 Points	Total Cost of Care PMPM Variance	Difference between Wellmark Pharmacy Network TCC PMPM and Risk-Adjusted Actual PMPM	38

Methods of Evaluation of Wellmark VBPP

- Pharmacy key informant interview — N = 11 pharmacies
- Mail survey of pharmacies — N = 53 pharmacies
- Analyses of pharmacy performance data — N = 73 pharmacies

Common Actions (interview)

- Actions involving medication adherence were common
- Utilizing patient information through the VBPP dashboard was helpful, but could be used more
- Collecting lab/clinical data to monitor a patient's progress on a medication therapy was being done more often
- Documenting interventions for the target patients was common, though documentation approach is varied – Multiple platforms

Uncommon Actions (interview)

- Coaching patients on appropriate use of the emergency department (ED) – Used written materials with oral advice
- Obtaining a link to hospital EHRs to monitor for patient discharge for timely medication reconciliation by the community pharmacist
- Sorting patients for different intensities of services – Sorting/targeting is becoming more common
- Creating time to deliver enhanced services by freeing up pharmacists from distributional tasks or having pharmacist staffing overlap

Selected Care Related Activities (survey)

Measure	Mean	SD	Median
Monitor medication adherence for insurer's patients and intervene if non-adherent	4.02	0.80	4
Obtain insurer's patient lab data directly from providers	3.91	0.84	4
Educate insurer's patients about non-ER options for emergent health issues	3.04	1.14	3
Utilize electronic medical records in managing insurer's patients	2.64	1.24	3

Scale: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always

Approach to Providing Enhanced Pharmacy Services (survey)

Measure	Mean	SD	Median
Adherence	1.98	0.97	2
Diabetes	2.04	0.83	2
Cardiovascular	2.36	0.81	2
Overall VBPP (composite)	2.51	0.70	2
Asthma	2.79	1.10	3
Total Costs	3.23	1.05	3
Depression	3.60	1.10	4

Scale: 1 – Very High Priority 2 – High Priority 3 – Medium Priority
4 – Low Priority 5 – Very Low Priority

Challenges (survey)

Measure	% Reporting
Lack of Time/Staffing/Workflow/Task prioritization/Staff resistance	73.6
Access to Patient Data/Depression Diagnosis Access/Data issues due to lack of Interoperability	39.6
Provider Resistance	24.5
Patients' resistance to change/adherence	18.9
Lack of improvement after interventions/ No alternative to Emergency Department visit	13.2

Knowledge Check √

Which of the following is true about pharmacies implementing Wellmark's Value-Based Pharmacy Program?

A) Actions involving medication adherence were common

B) Sorting patients for different service intensities was uncommon

C) Staffing and workflow were frequent challenges

D) All of the above

Condition Specific Metrics (performance data)

	Blood Pressure		Diabetes	
VBPP Pharmacy	BP Documented	BP at Goal (140/90)	A1c Documented	A1c at Goal (7.5%)
Year 1	68.5	58.8	65.8	46.4
Year 2	70.3	62.4	69.1	51.5
Percentage Point Difference	1.8	3.6	3.3	5.1

HealthyPeople 2020: 56.3% PWD at BP goal and 50.6% have A1c $\leq$ 7.0%

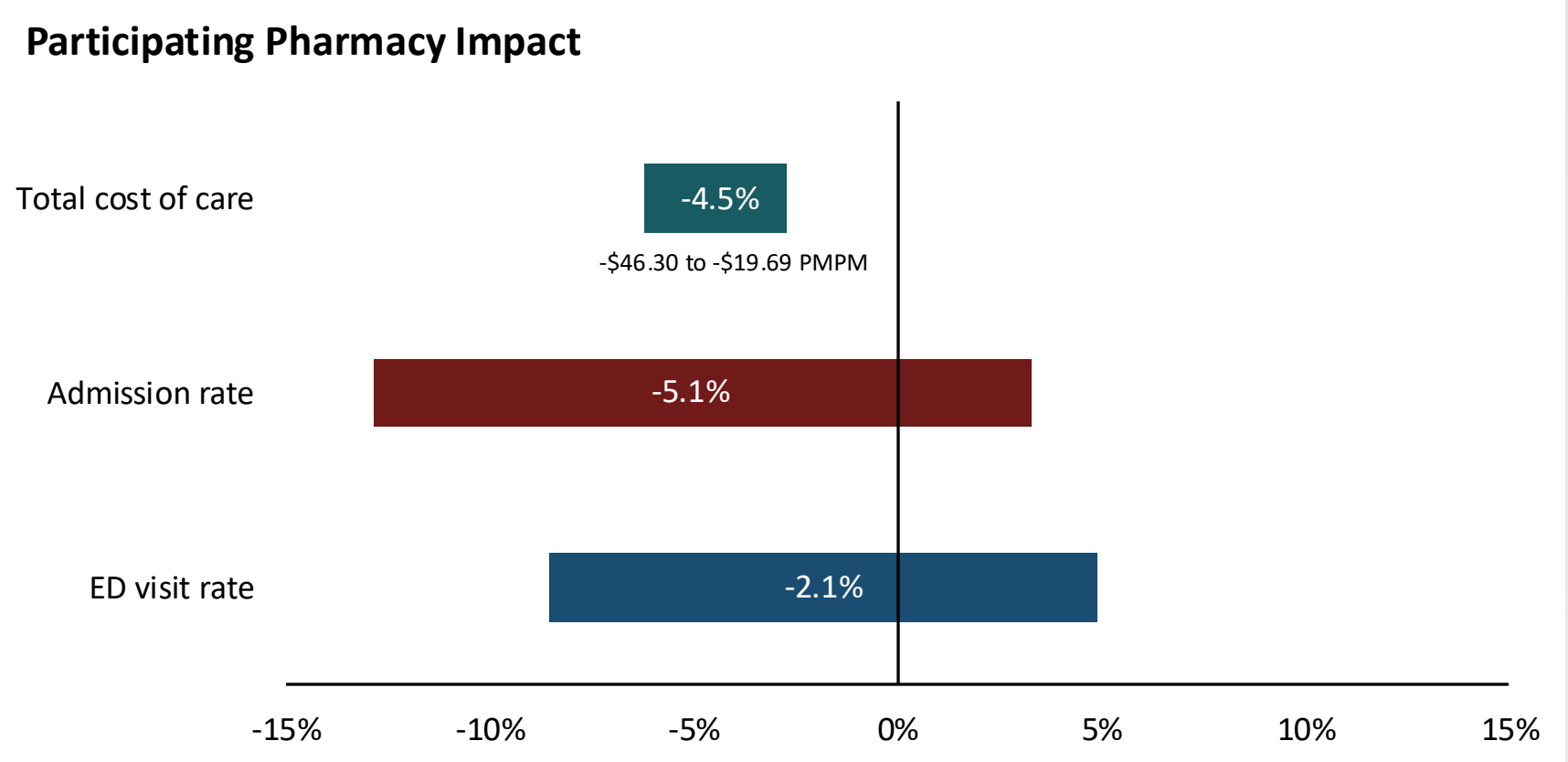
Isolating attributed pharmacy effect

- Generalized linear models compared outcomes for patients in VBPP vs. not

Inclusion Requirements
≥ 1 Chronic condition
Continuous membership
Continuous attribution

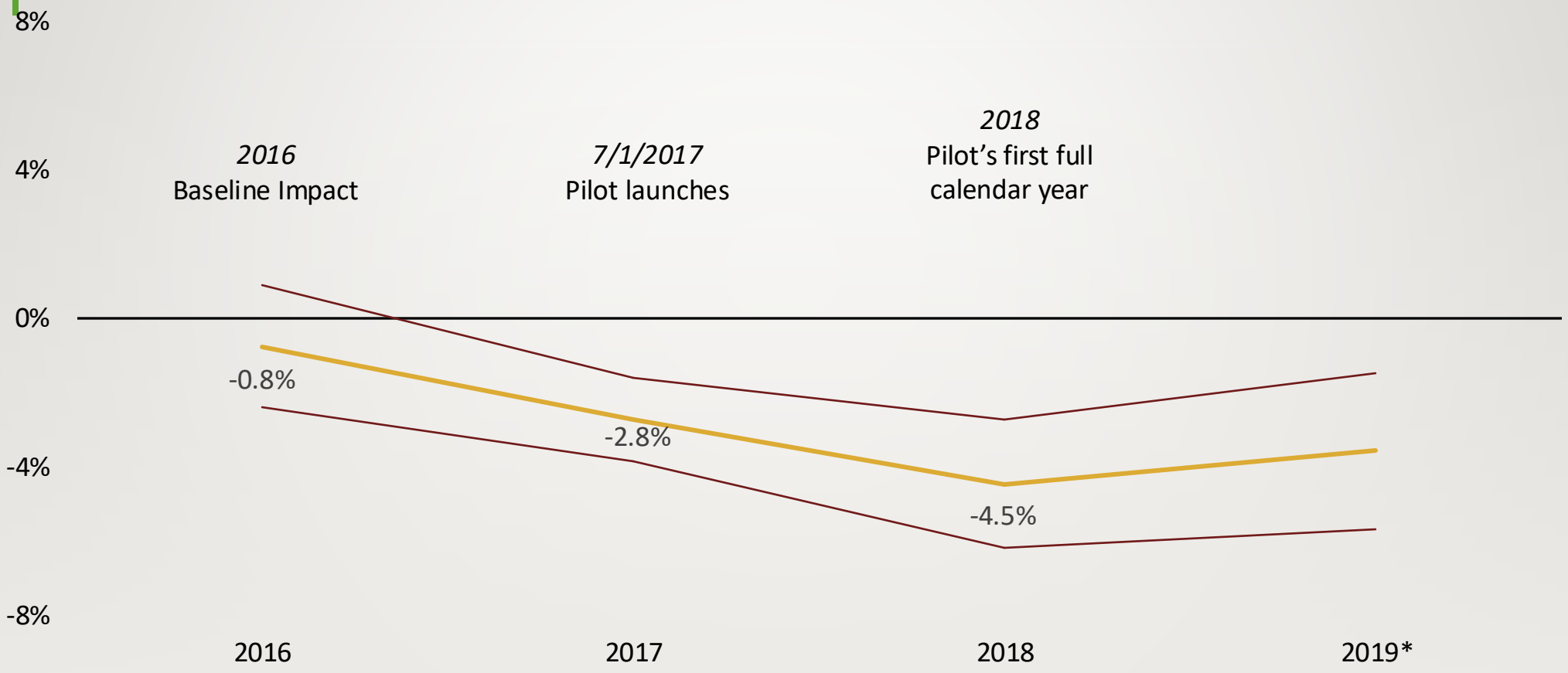
Control Variables
ACO attribution
CRG risk adjustment
3M health status
Geography
HMO/PPO

Evidence of reduced cost in 1st full calendar year



Mean PMPM Difference = $30.48

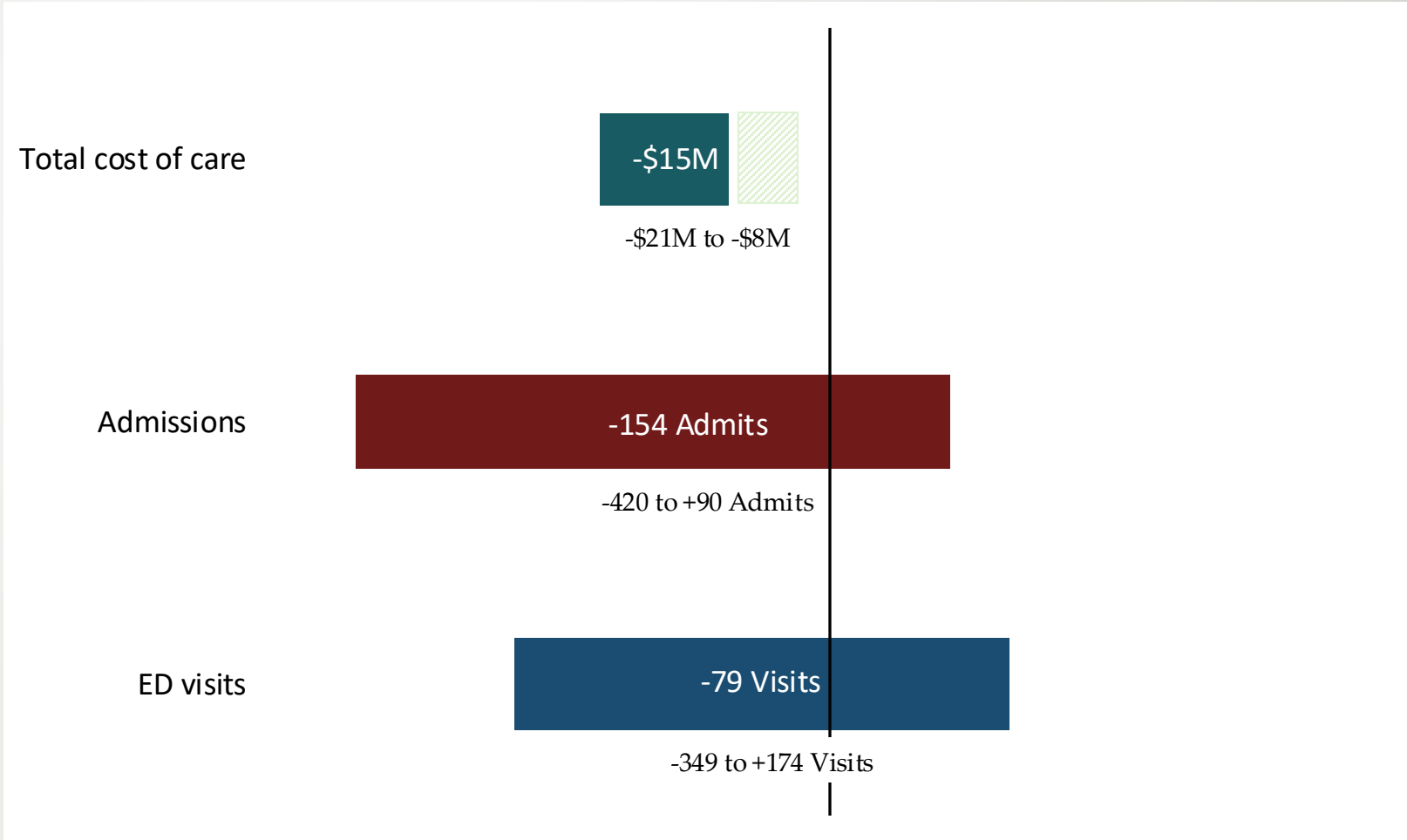
Longitudinal Cost of Care Impact



*Results through June 2019

Impact on 41K chronic members was substantial

- **9x ROI**
  - 3.7x – 16x ROI
- **Strong evidence**
  - ↓TCC
- Lukewarm Evidence
  - ↓ Inpatient Admits
  - ↓ ER Visits



Recap and Recommendation

- Members using participating pharmacy had 4.5% lower costs of care
- Results robust among various model inputs and organizations
- ROI was sufficient to support enhancement and expansion of program

Knowledge Check √

Which of the following is true about financial outcomes of the pilot of Wellmark's Value-Based Pharmacy Program?

A) There was a significant reduction in hospital admissions

B) There were significant savings in total cost of care

C) Low ROI (2X) limits the future of the VBPP

D) All of the above

Description of Pharmacist Care Pilot Program

- Focused on high-risk Medicaid beneficiaries identified by the plan
  - Taking medications for behavioral health, asthma, COPD, opioids
- Pharmacist provided initial consultation/medication review with monthly follow-up visits
- Pharmacist care was intended to support whole patient management – Medication management, health & wellness coaching, health screenings and navigation & provider engagement

Evaluation of Pilot Medicaid Plan in Iowa

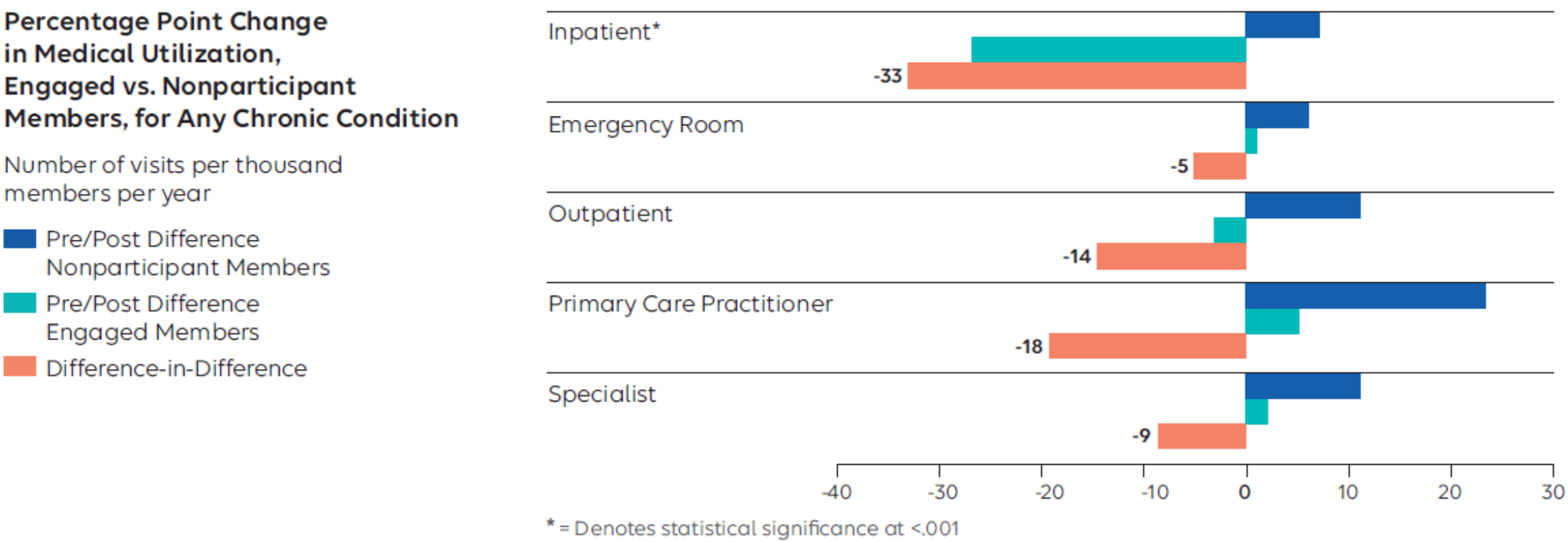
- CPESN Iowa member pharmacies (N=18) provided care to beneficiaries of Wellpoint Medicaid Program – via Elevance (PBM)
- Pilot program ran for 24 months – Evaluation of 2nd year
- Retrospective claims analyses used propensity score matching to compare changes from baseline for "engaged patients" with "non-participant members" – 848 people in each group
- Matched on: age, gender, risk score, 17 most frequent/costly chronic conditions and baseline medical costs

Comparison of Care Utilization

Figure 2

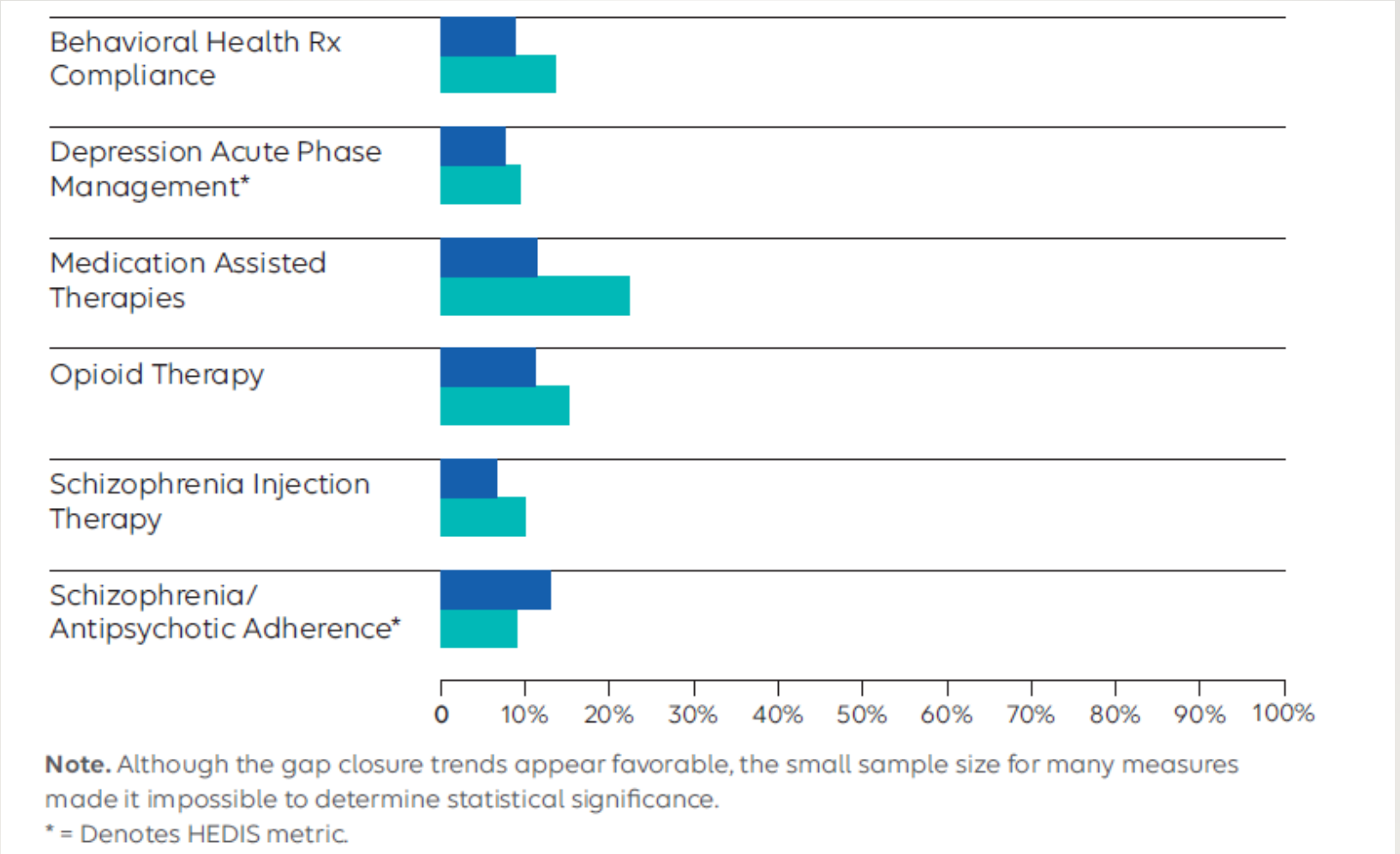
Percentage Point Change in Medical Utilization, Engaged vs. Nonparticipant Members, for Any Chronic Condition

Number of visits per thousand members per year



* = Denotes statistical significance at <.001

Comparison of HEDIS Measures



Note. Although the gap closure trends appear favorable, the small sample size for many measures made it impossible to determine statistical significance.

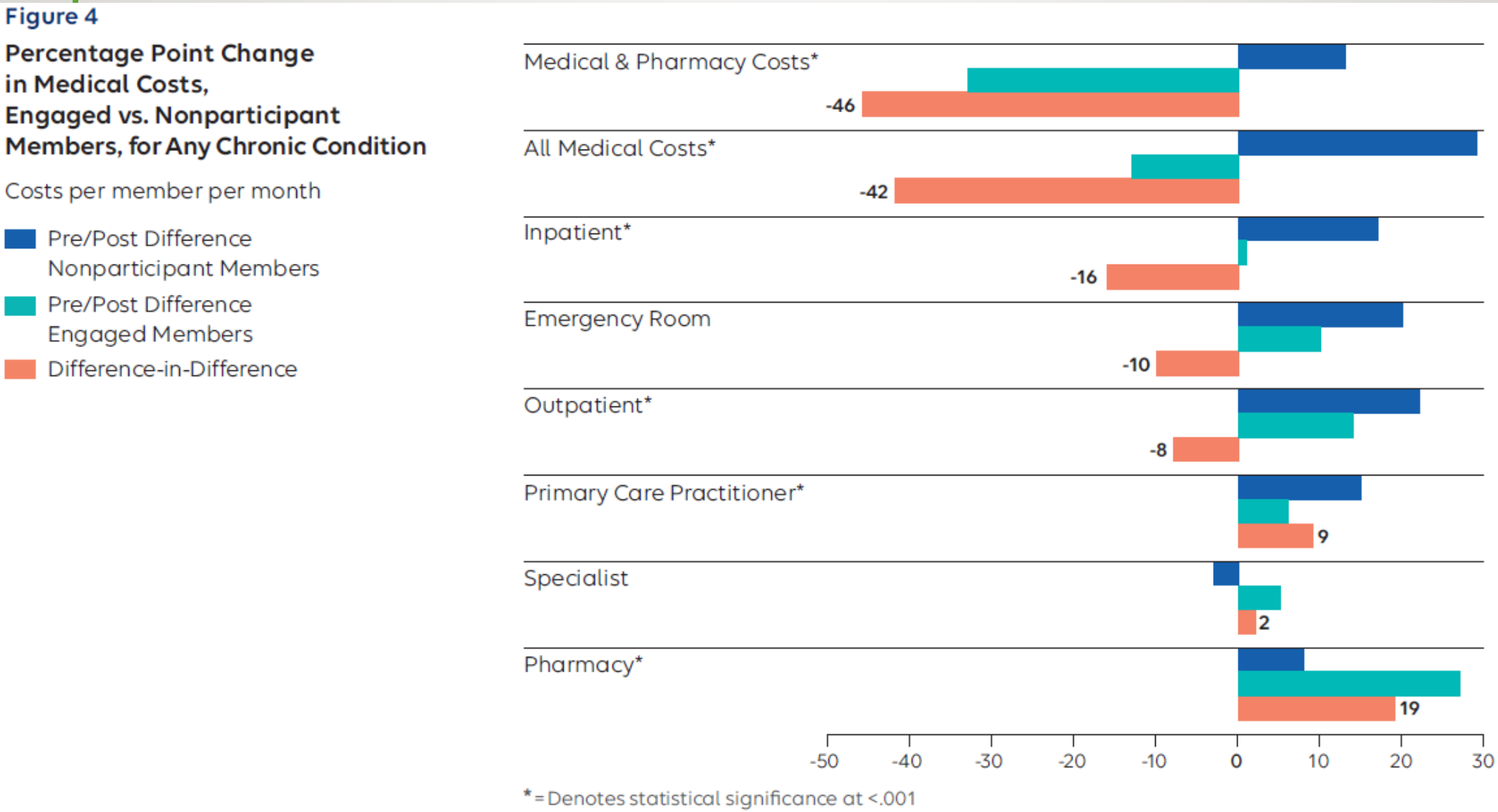
* = Denotes HEDIS metric.

Comparison of Costs

Figure 4

Percentage Point Change in Medical Costs, Engaged vs. Nonparticipant Members, for Any Chronic Condition

Costs per member per month



*= Denotes statistical significance at <.001

Knowledge Check √

Which of the following is true about the evaluation of the Iowa Medicaid pharmacy program?

A) There were significantly lower inpatient costs

B) There were significant savings in pharmacy costs

C) Low ROI (2X) limits the future of the program

D) All of the above

Lessons Learned from Evaluations of VBC Models

- Community pharmacists can improve patient outcomes, medical costs and total costs of care when paid to deliver enhanced services
- Challenges exist in transforming practices to consistently provide quality care
  - Sustainable workflow changes should support services
  - Efficiency in IT is lacking – multiple platforms, no EHR access, care documentation limited
  - All staff members should be engaged in operating new care activities

Lessons Learned from Evaluations of VBC Models

- Some providers are reluctant to work with new pharmacist roles
- Tracking & feedback of performance can support engagement of pharmacy staff
- Patients may resist pharmacists in new roles
- We are still learning which pharmacy care activities best improve patient outcomes and costs
- Payments separate from dispensing have been successful

Conclusions

- Value-based care models are a dynamic part of community pharmacy practice
- Expect continued growth in use and evaluation of pharmacy VBC models
- Future research can help us learn more about what pharmacy practice changes can support successful care delivery under VBC models

Questions and Discussion

References

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