

The Future of Pharmacy

Troy Trygstad
NYSCHP
Saturday April 21st, 2018

The Future of Pharmacy

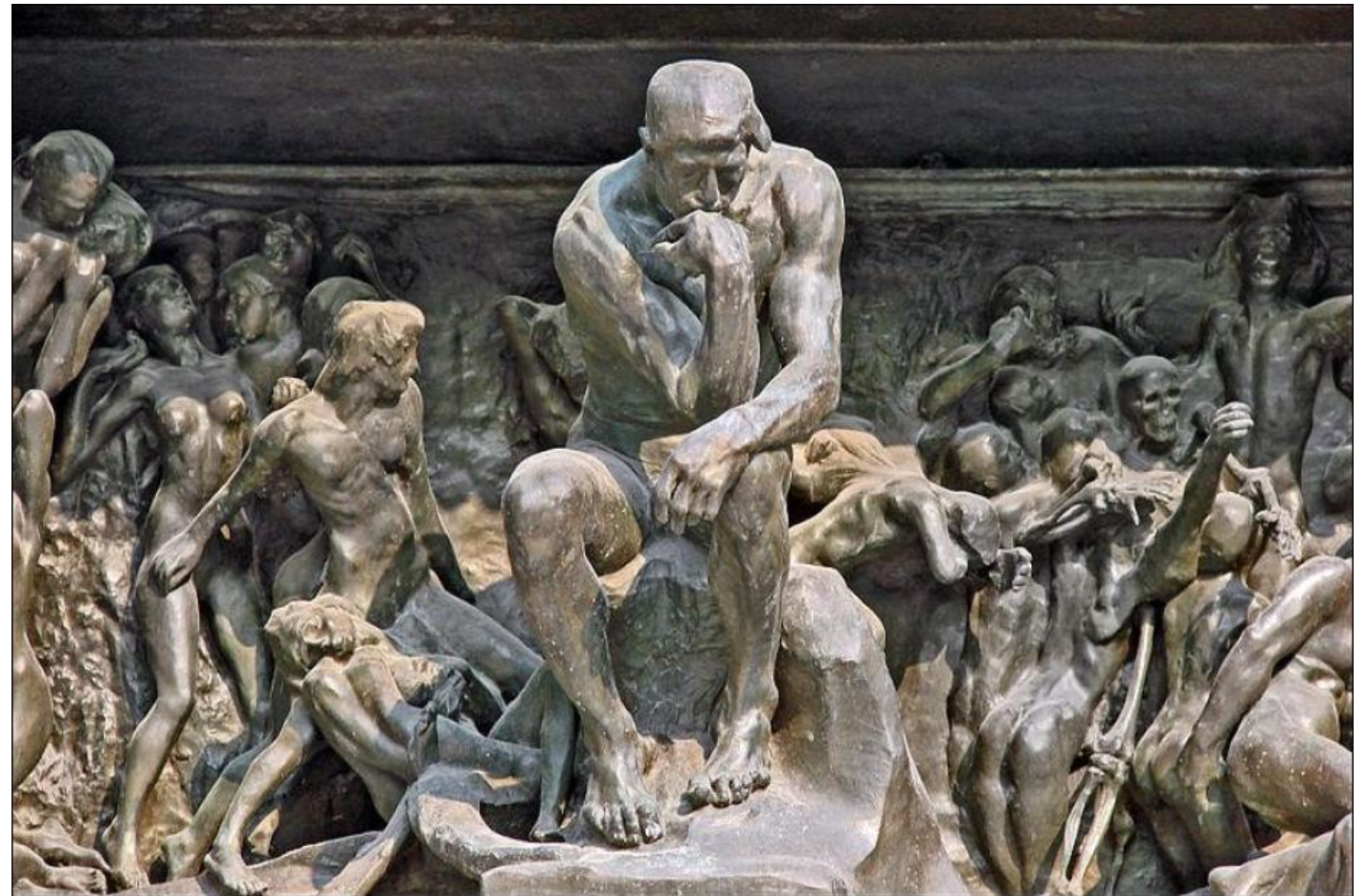
(objectives)

Objectives

1. Describe the Essential Care Process Elements for Effective Population Management
2. Describe Key Community-Based Care Team Members who can Act as “force multipliers” for Health System-Based Pharmacists
3. Develop Strategies to Triage Patients to Various Interventions that Fit their Individualized Needs
4. Recite which Population(s) Have the Greatest Opportunity for Pharmacist Impact on Clinical and Economic Outcomes

Knowledge-based Activity Initial Release Date: 4/21/2018 1 Contact Hour

My job is to be thought provoking...



The musings of the speaker is not the opinions of NYSCHP.

Disclosures

Troy Trygstad is:

- Employed by Community Care of North Carolina (501c3)
- Executive Director of CPESN USA, LLC
- Believer in Community-Based Care Delivery and Solutions

The opinions of the speakers are not the opinions of PSSNY.

Disclosures

I'm a Middle Child

[#onepharmacycommunity](#)

Question 1

Payment reform affects which of the following practitioners?

- a) Physicians
- b) Home Health Workers
- c) Pharmacists
- d) Care Managers
- e) All of the Above

Question 2

Which of the following licensures is allowed to bill NC Medicaid for medication management services?

- a) Physician
- b) Social Worker
- c) Nurse
- d) Pharmacist

Question 3

True or False: Community pharmacies can have little, if any, potential to impact on the outcomes achieved by medical practices.

Question 4

The population of patients best suited for targeting of enhanced services offerings are:

- a) Low healthcare utilizers with less modifiable risk
- b) Low healthcare utilizers with more modifiable risk
- c) High healthcare utilizers with less modifiable risk
- d) High healthcare utilizers with more modifiable risk

Question 5

True or False: By volume, most medication therapy management interventions deployed in 2018 require the interventionist to have prescriptive authority to resolve.

Key Trends Driving Change

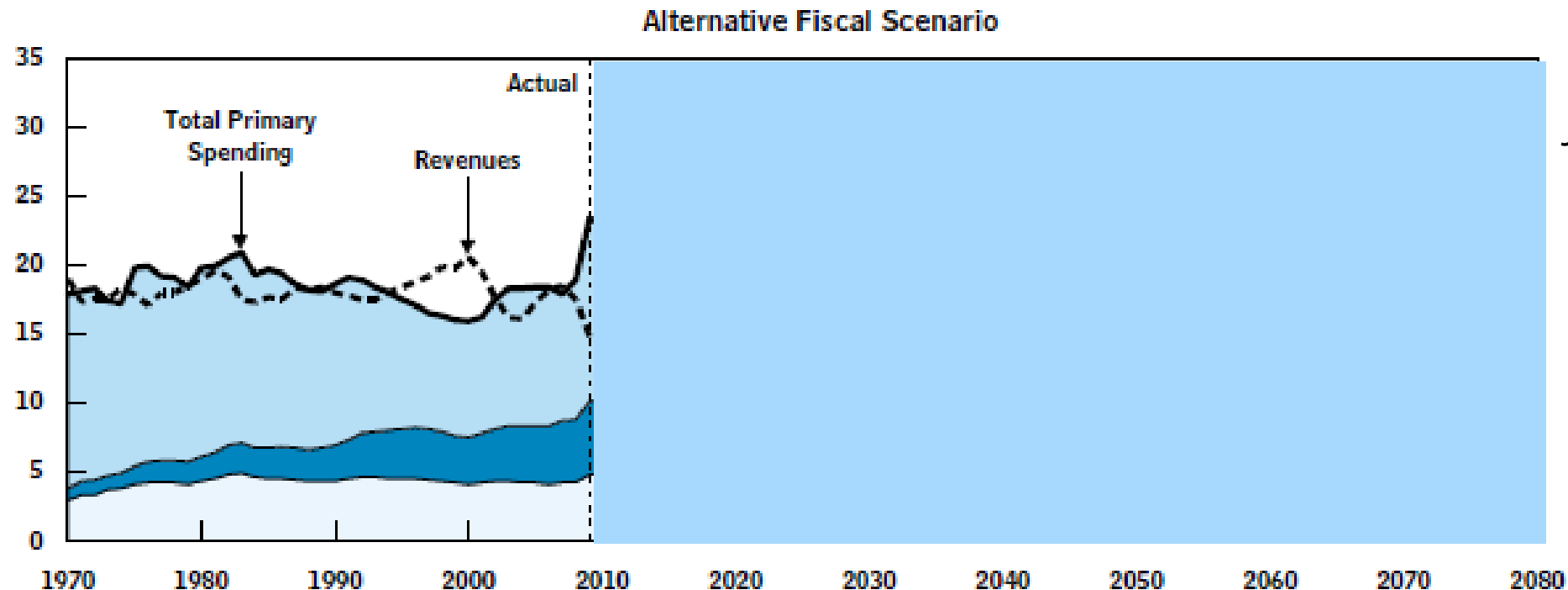
“We are going broke...”

Key Trends

(Shaping the Future...)

Revenues and Primary Spending, by Category, Under CBO's Long-Term Budget Scenarios Through 2080

(Percentage of gross domestic product)



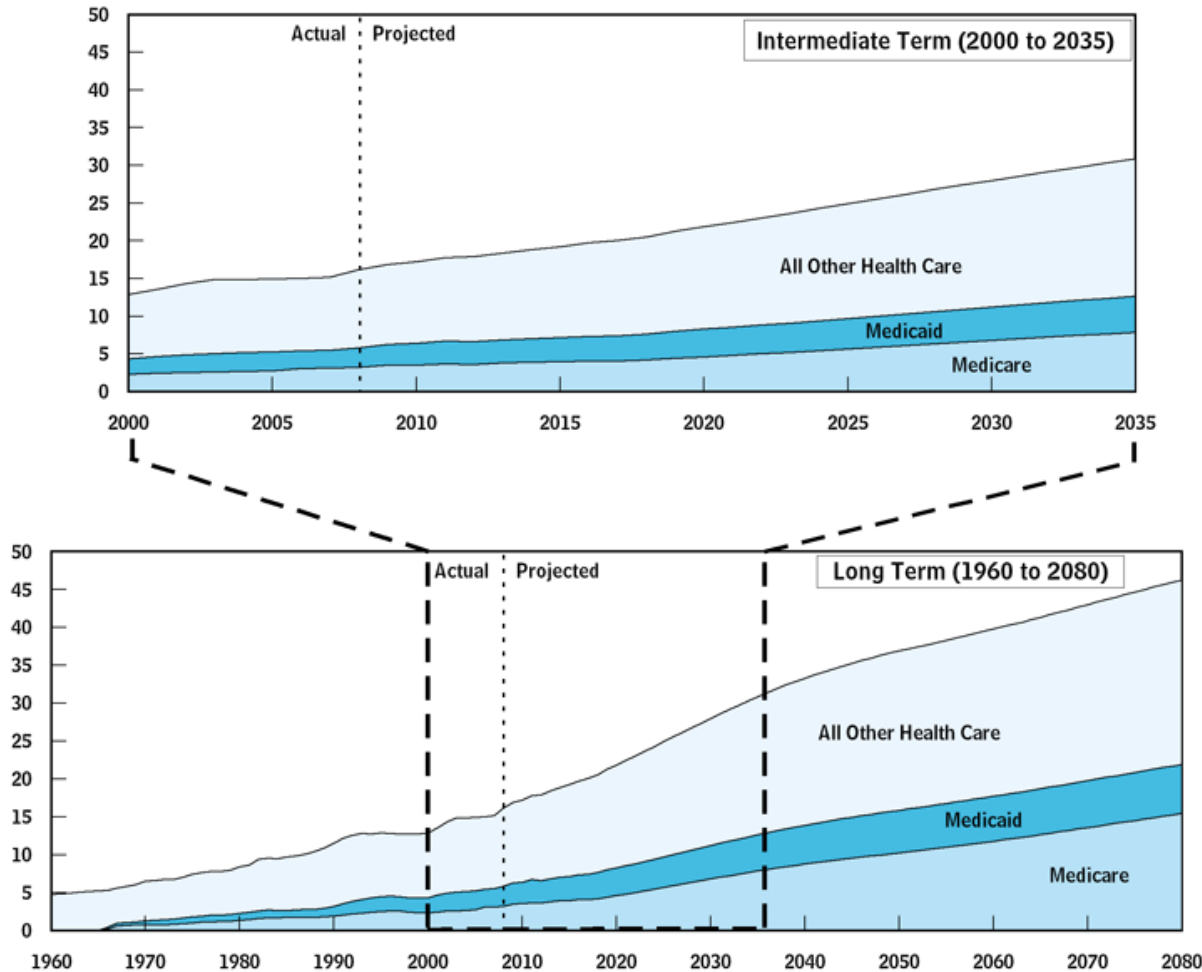
Modified from:
Congressional Budget Office
June/August 2010: *The Long
Term Budget Outlook*, Page
68.

Available at
<http://www.cbo.gov/ftpdocs/115xx/doc11579/06-30-LTBO.pdf>

Key Trends

(Shaping the Future...)

“We are going broke...”



Congressional Budget Office June 2009: Chapter 2, The Long Term Budget Outlook for Medicare, Medicaid and Total Health Care Spending , Figure 2-1

Available at
<http://www.cbo.gov/ftpdocs/102xx/doc10297/Chapter2.5.1.shtml>

Key Trends

(Shaping the Future...)

Population/Panel Management

Fee for Service



Population Health Management



Key Trends

(Shaping the Future...)



“No Outcomes. No Income.”

-Harry Phillips MD

2017 TBJ Health Care Hero Awardee

Single	=	Beta-Blocker Prescribed and Taken
Home Run	=	BP < 140/90
Grand Slam	=	Patient Hospitalization Avoided

Key Trends

(Shaping the Future...)

“No Outcomes. No Income.”

-Harry Phillips MD

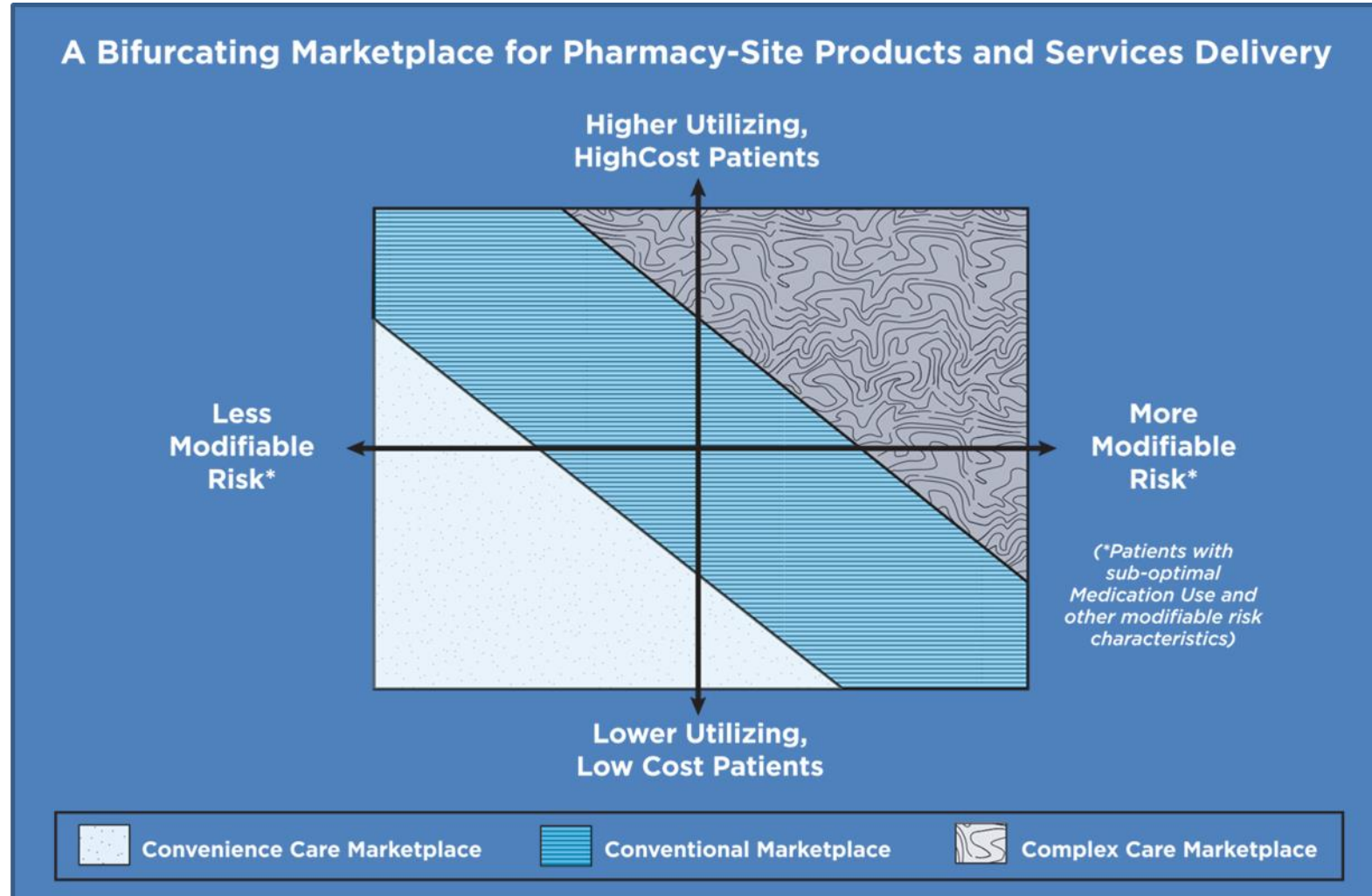
2017 TBJ Health Care Hero Awardee



Key Trends

(Shaping the Future...)

Market Bifurcation



Key Trends “Captives” of New Types with New Entities

(Shaping the Future...)

Outcomes-Based Pharmaceutical Contracts: An Answer to High U.S. Drug Spending?



Tags: [Prescription Drugs](#) [Value-Based Care](#) [Health Spending](#)

HEALTH | JOURNAL REPORTS: HEALTH CARE

Drug Companies Tie Costs to Outcomes

But early signs show little evidence that the plans lower prices

FINANCIAL TIMES

THE WALL STREET JOURNAL.

Amgen to refund cholesterol drug if patients suffer heart attack

Pledge aims to convince insurers to pay for \$14,000-a-year medicine

By *Peter Loftus*

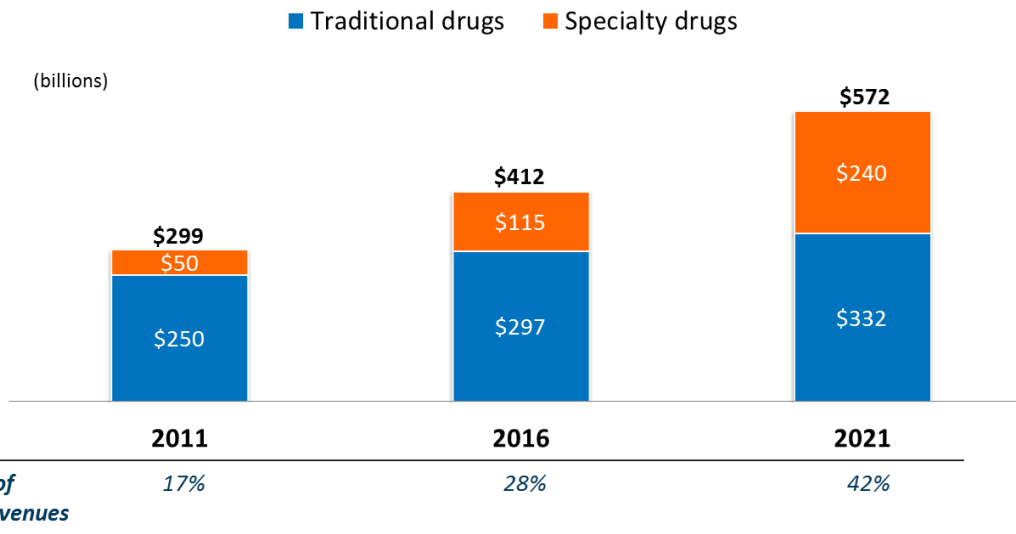
Sept. 12, 2017 10:07 p.m. ET

Key Trends

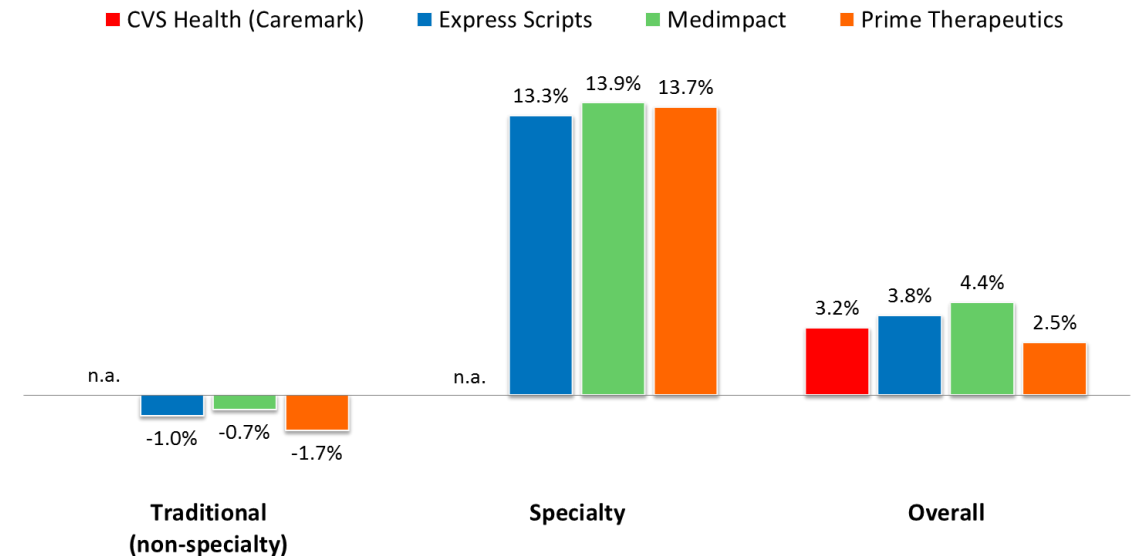
(Shaping the Future...)

Specialty Pharmacy

Pharmacy Industry Prescription Revenues, Traditional vs. Specialty Drugs, 2011-2021



Change in Commercial Payer Drug Spending, Traditional vs. Specialty Drugs, by PBM, 2016



n.a. = CVS Health did not report separate figures for traditional and specialty drugs.
 Source: Pembroke Consulting analysis of company drug trend reports. Figures represent commercially insured beneficiaries only.

Figures in billions. Data include retail, mail, long-term care, and specialty pharmacies. Totals may not sum due to rounding.
 Source: [The 2017 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers](#), Drug Channels Institute, 2017, Exhibit 66.

Published on *Drug Channels* (www.DrugChannels.net) on April 11, 2017.

Published on *Drug Channels* (www.DrugChannels.net) on March 21, 2017.

Key Trends

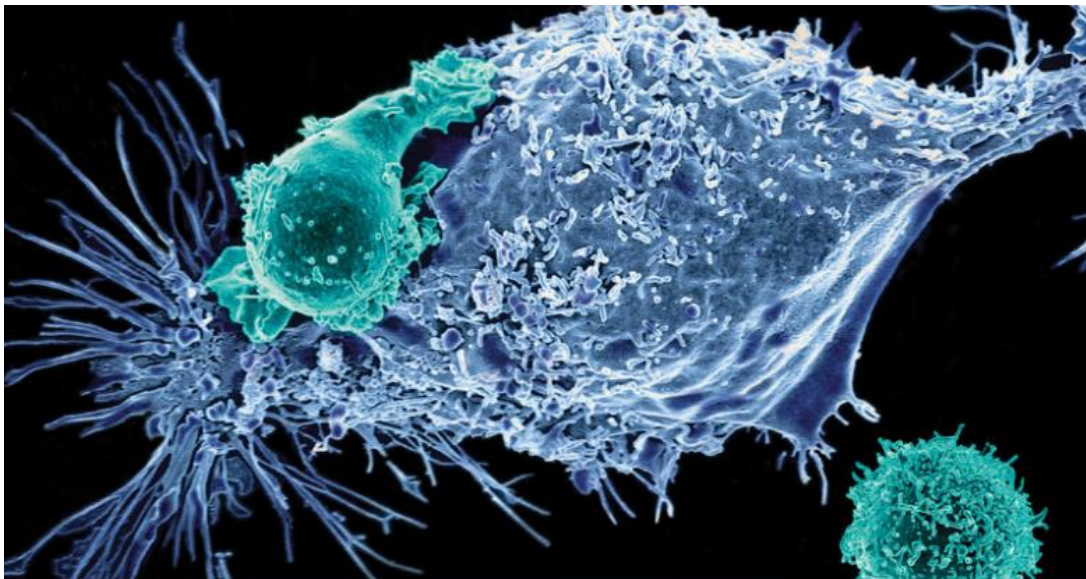
(Shaping the Future...)

YEAR IN REVIEW CANCER, IMMUNE SCIENCE, 2017 TOP 10

Approval of gene therapies for two blood cancers led to an 'explosion of interest' in 2017

CAR-T cell therapy treats patients for whom other therapies haven't worked

BY LAUREL HAMERS 8:27AM, DECEMBER 13, 2017



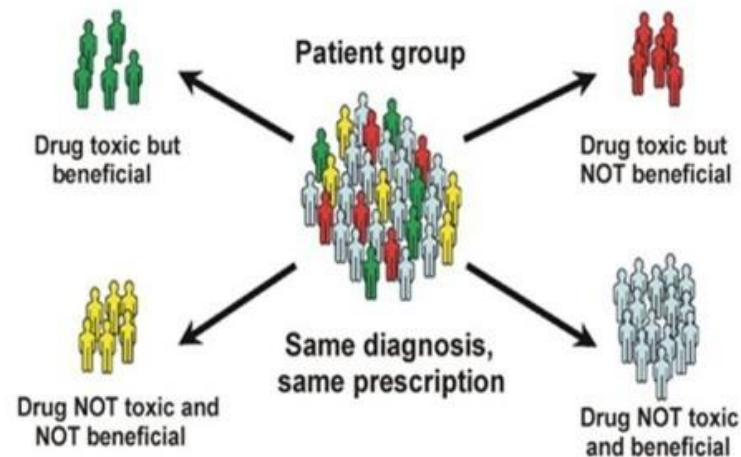
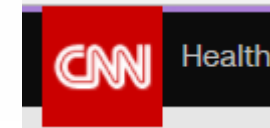
Pharmacogenomics and Gene Therapy

New gene therapy may help the brain to heal following stroke and other injuries



FDA approves gene therapy for a type of blindness

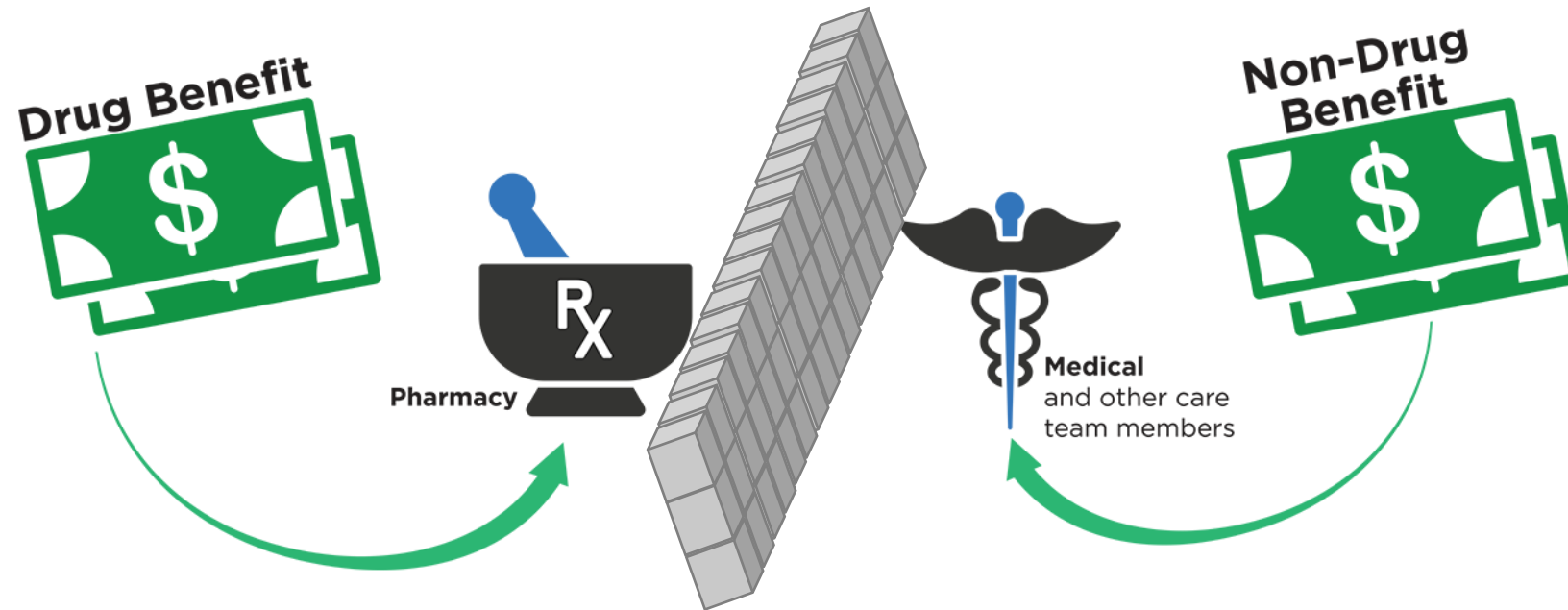
By Debra Goldschmidt and Susan Scutti, CNN
Updated 3:42 PM ET, Thu December 21, 2017



Key Trends

(Shaping the Future...)

“The Wall is Coming Down...”



Key Trends

(Shaping the Future...)

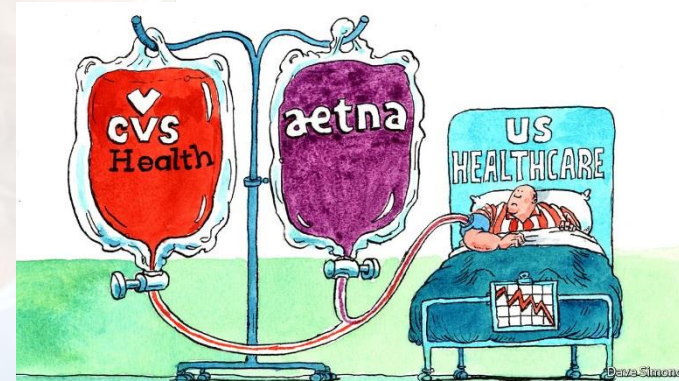
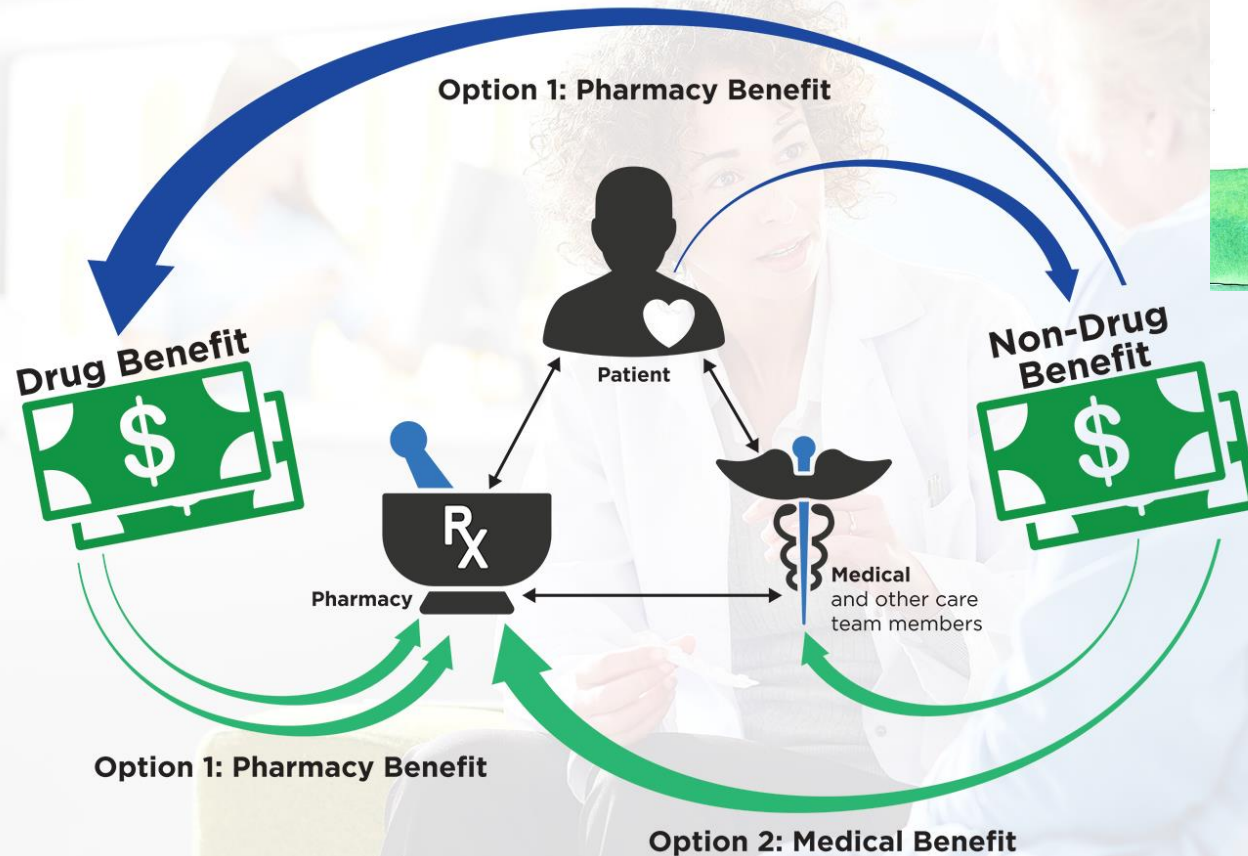
“The Wall is Coming Down...”



Key Trends

(Shaping the Future...)

“The Wall is Coming Down...”



www.economist.com

CMS.gov
Centers for Medicare & Medicaid Services
Part D Enhanced Medication Therapy
Management Model



Fed Up With Drug Companies, Hospitals Decide to Start Their Own

A group of large hospital systems plans to create a nonprofit generic drug company to battle shortages and high prices.

By REED ABELSON and KATIE THOMAS JAN. 18, 2018

The New York Times



Key Trends

(Shaping the Future...)

- Metformin 500mg tab, 1 BID

Vs.

The Prescription of the Future?....

What's Our Strategy?

(how do we maintain the viability and relevance of the profession?)

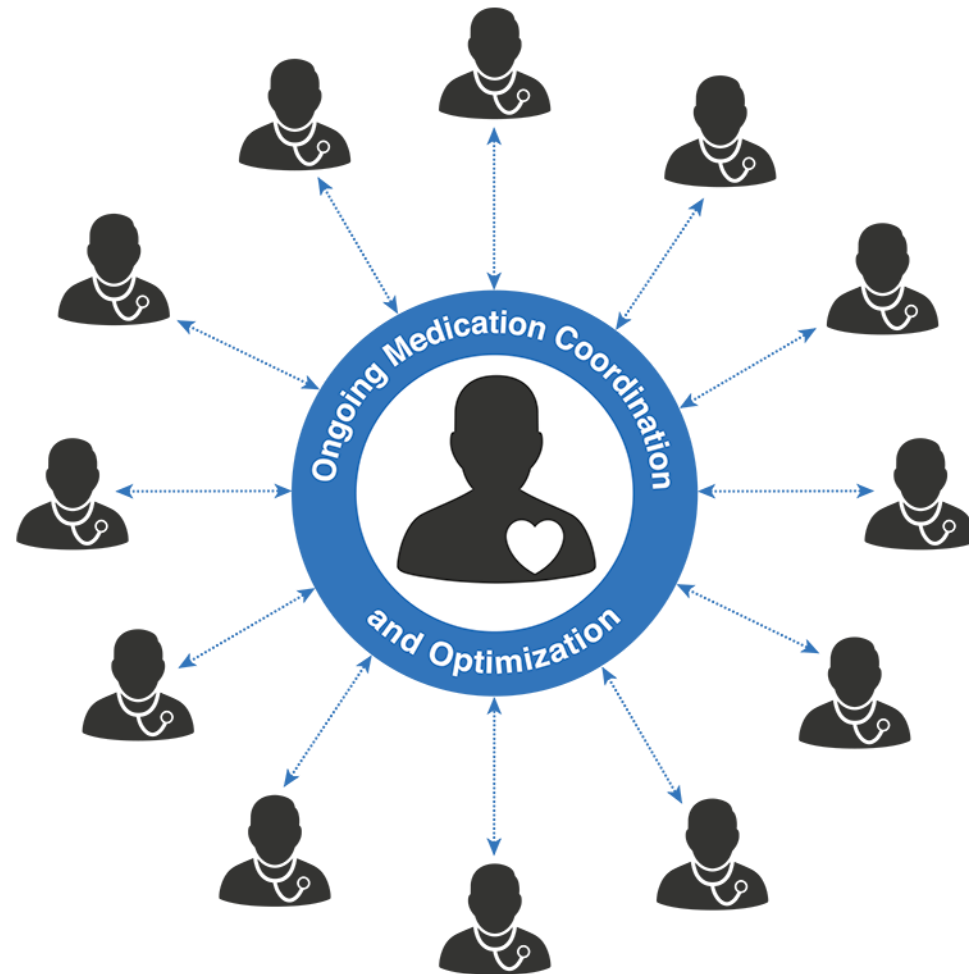
Numbers that matter....

- 70% and 83.2%
- \$250,000
- 4 minutes

Is this a problem?

Medication Chaos Reigns

(Problems are Opportunities)



13x

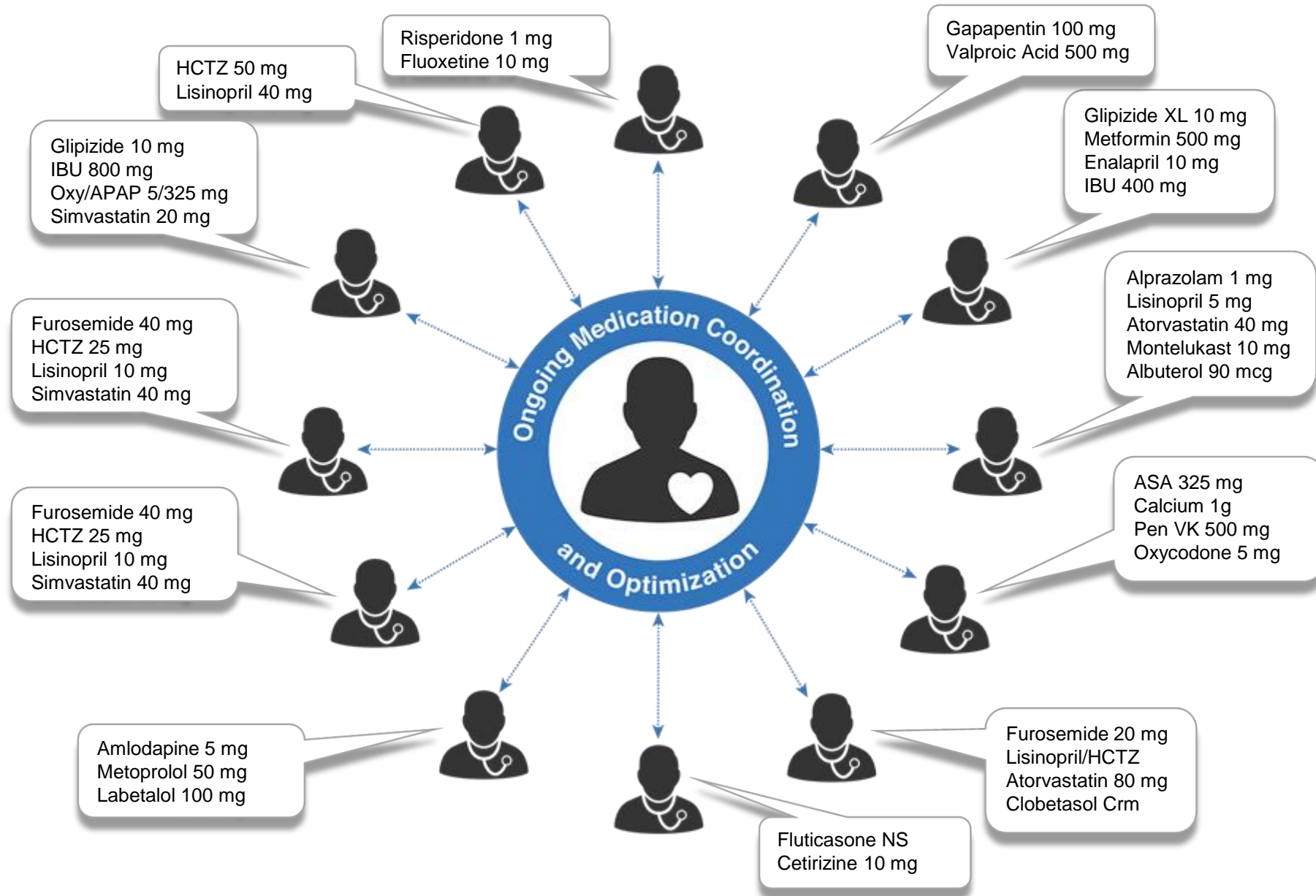


50x



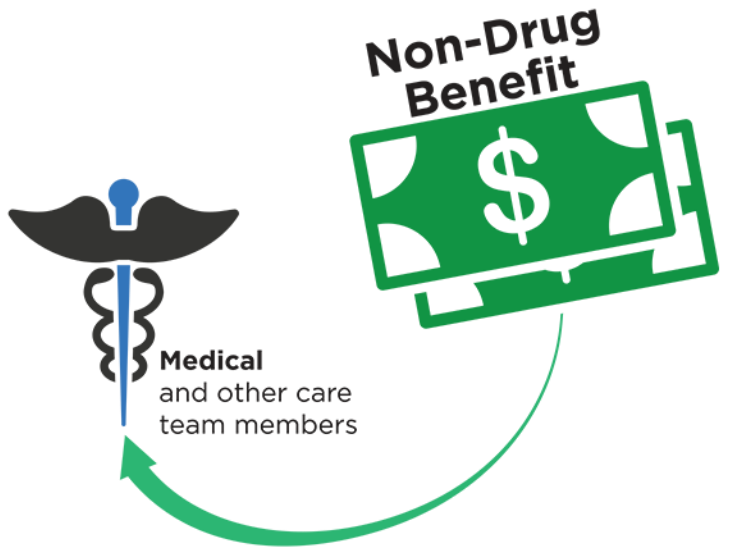
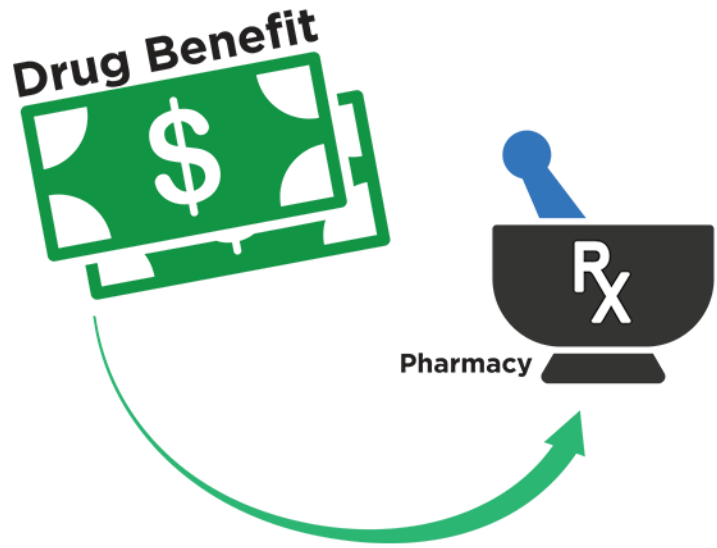
100x

The Lowest Common Denominator...



Is this a Problem for Health System Pharmacists?

(I mean.... you are the clinical folks...why would it matter to you?)



Payment Reform Marches on....but what about us?



“I Like it”

...Business Development

“Me too”

...Chief of Strategy

“I love it”

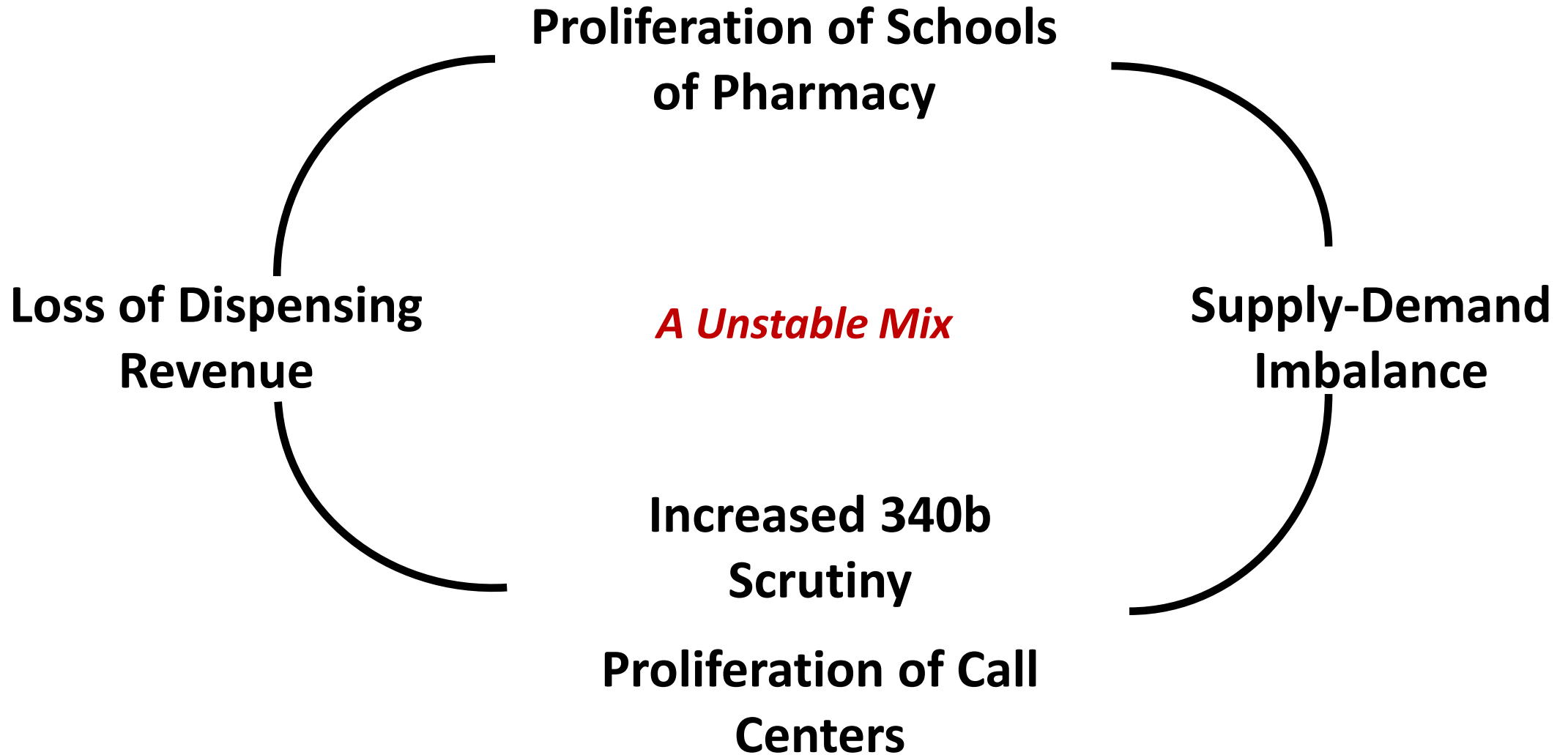
...Chief Medical Officer

“I’m willing to give it a go”

...Director of Care Management



Is this a problem?



Which practitioner generates the least amount of revenue from medication management services?

Medical
Assistant

Community
Based Pharmacy

Pharmacy
Technicians

Licensed Clinical
Social Worker

“Clinical”
Pharmacist

Pharmacy
Students

Care Manager

A Fresh Look at Community Pharmacy

How many of you agree with the following statement(s)... ?

“.... I do take issue with your last paragraph. I think the dispensing ship sailed long ago...”

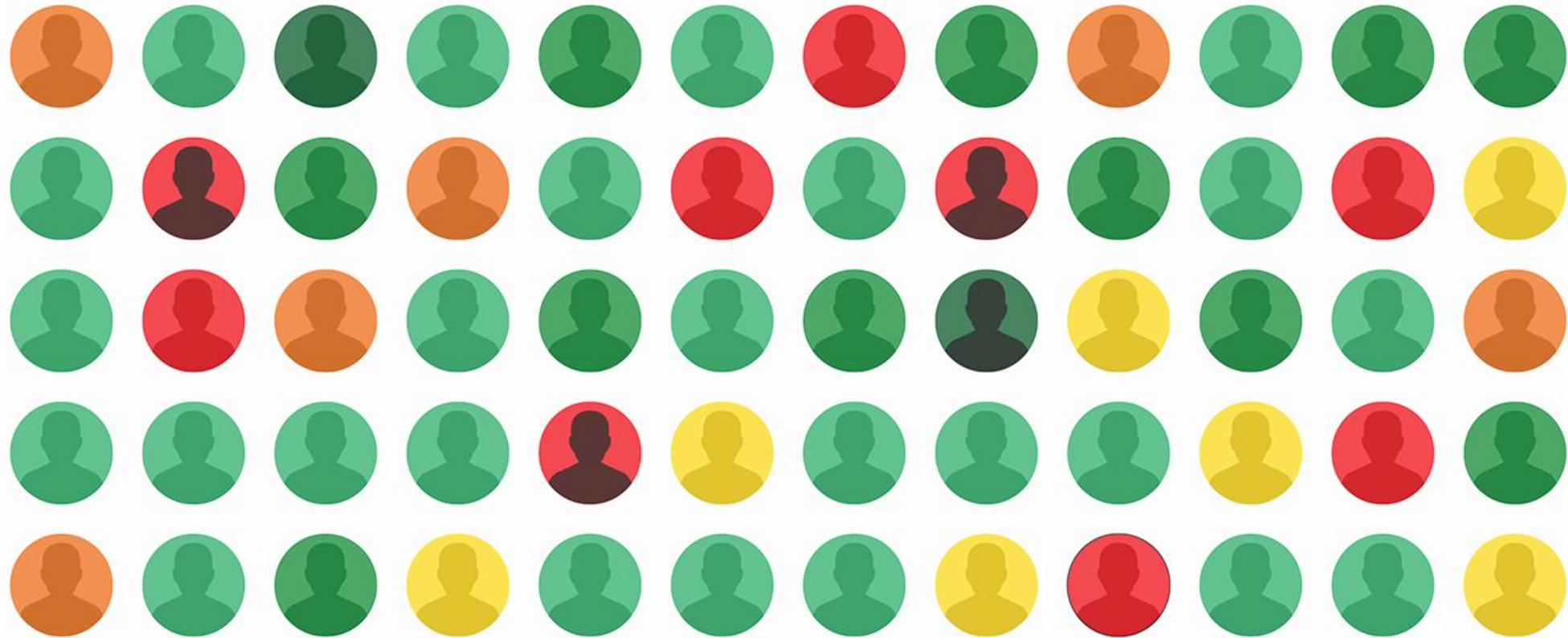
“.... I know you have an audience to appeal to, but thinking we can continue to rely on dispensing is false hope...”

“... Now what to do with the 180,000 pharmacists
in 67,000 retail locations...”

We should....

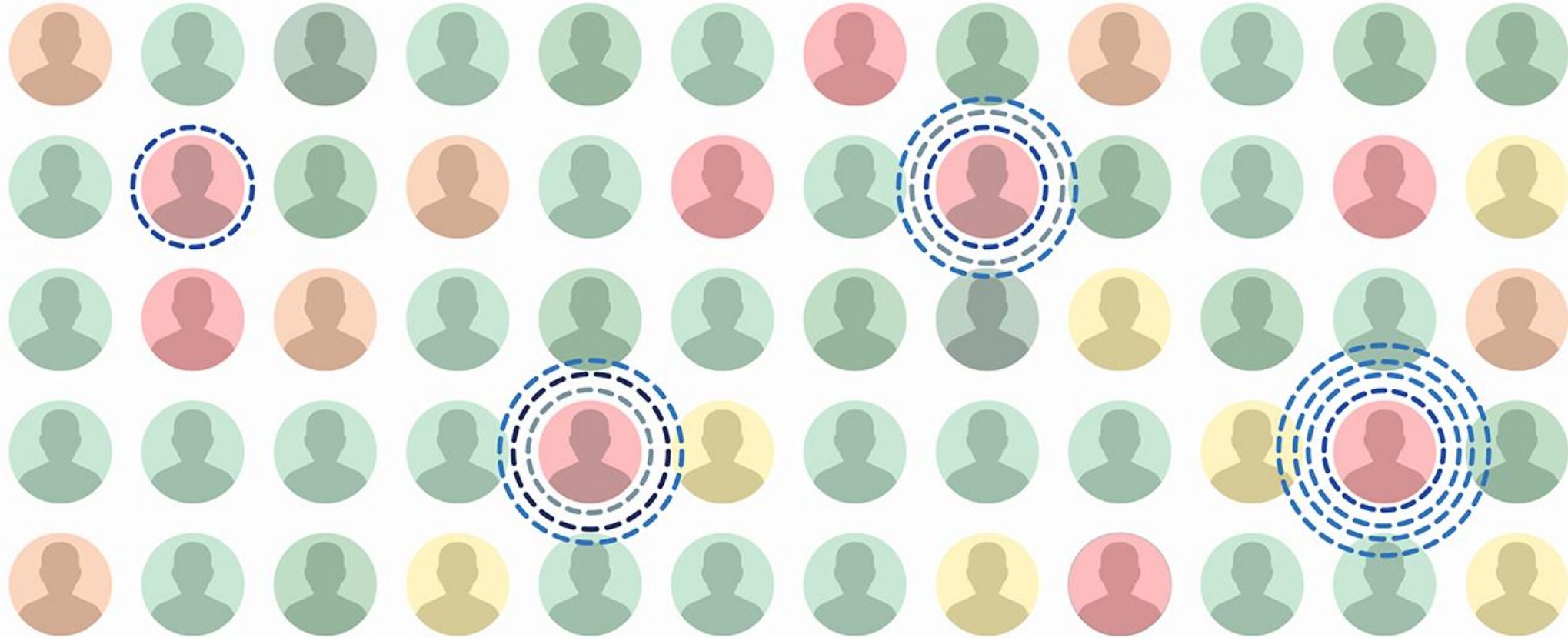
- 1) Not care, they live in a different world, not my problem
- 2) Not care, they should have done a residency – too bad for them not being real pharmacists...
- 3) Care because you can draw a direct line between the health and welfare of “retail” pharmacists and and the health and welfare of “clinical pharmacists” ...
- 4) Care, because they are an untapped resource that can extend your therapeutics skills

It's not about who is in my office today,
It's about who isn't in my office



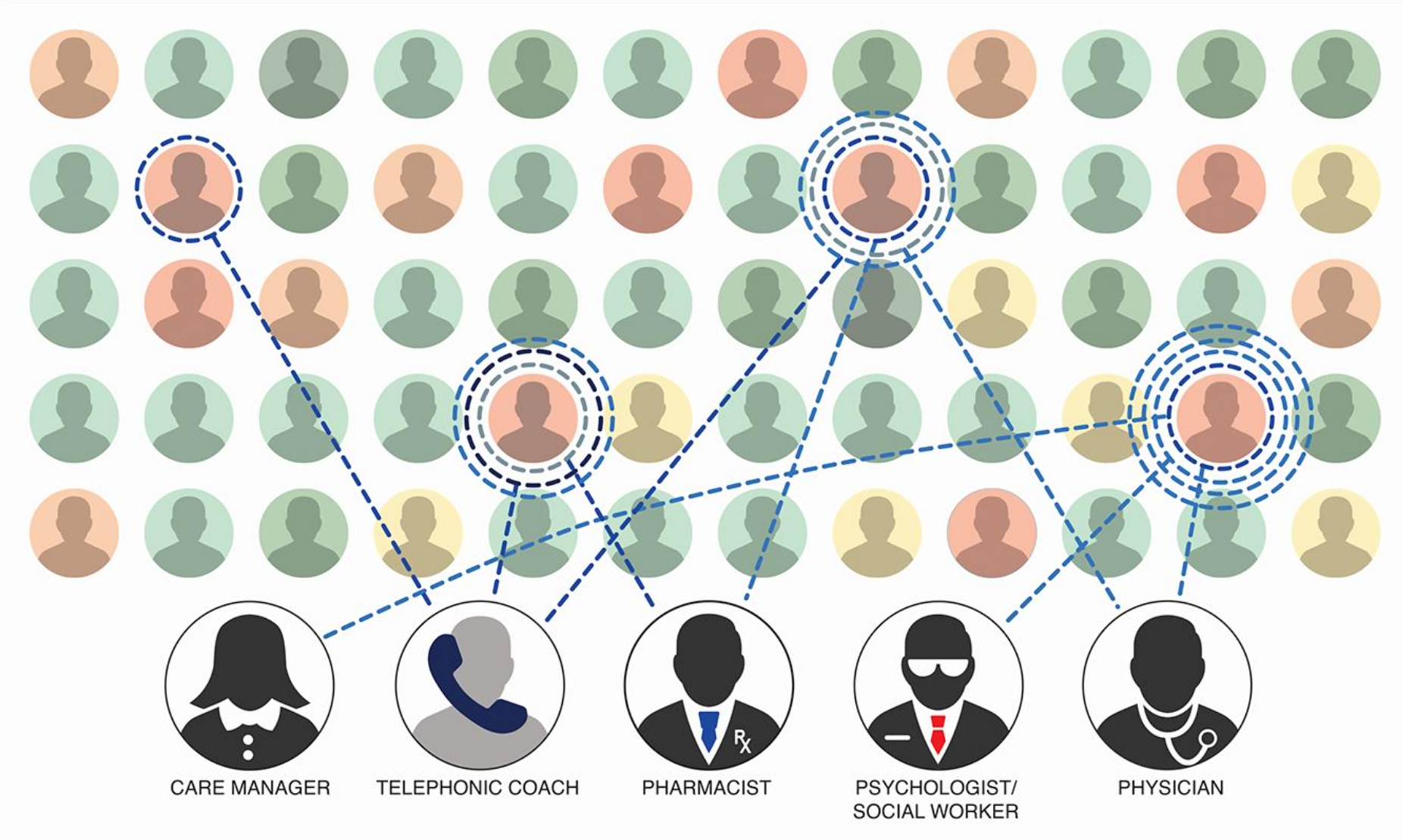
MOST LIKELY TO HAVE A NEGATIVE OUTCOME     LEAST LIKELY

In a World of Limited Resources...

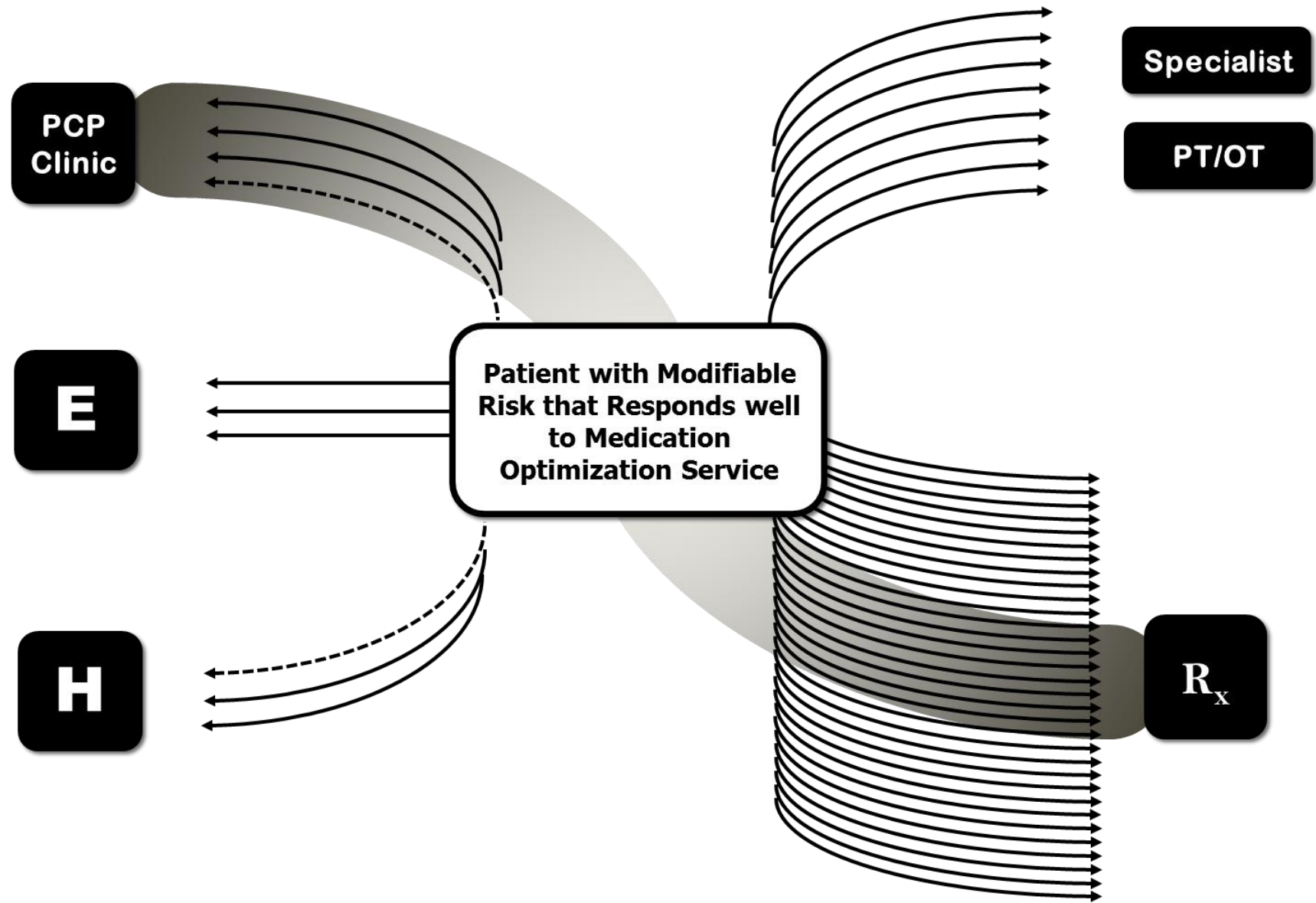


MOST LIKELY TO BENEFIT FROM INTERVENTION

Who Needs Medication Optimization?



Drawn to Scale for
Complex Patients
with Multiple Co-
Morbidityes...



Key Ingredients –Pharmacy Providers

Medication Synchronization | Adherence Packaging

Home Delivery | Home Visits

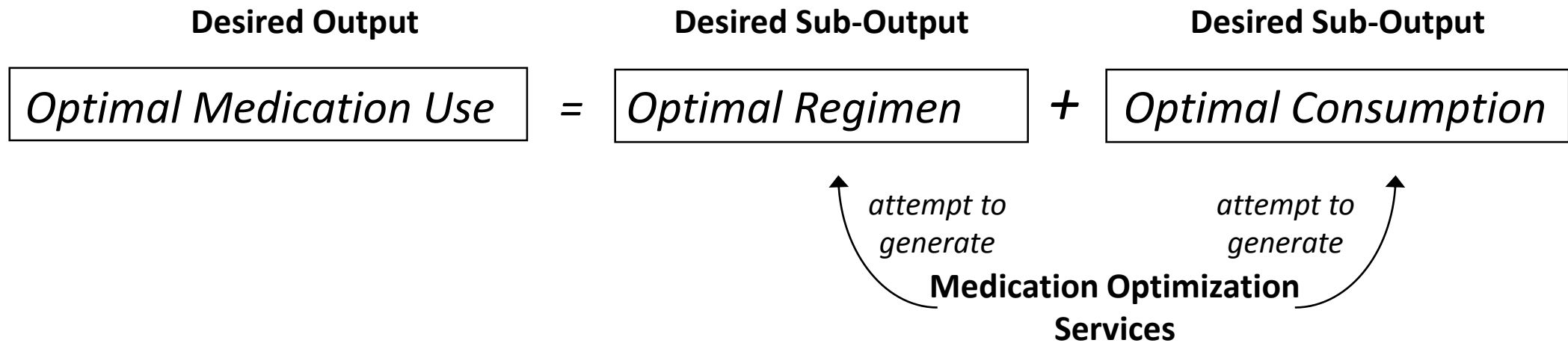
Point-of-Care Testing | Collection of Vital Signs

Nutritional Counseling | Smoking Cessation

Compounding | Long-Acting Injections

24-Hour Emergency Services | Multi-Lingual Capabilities

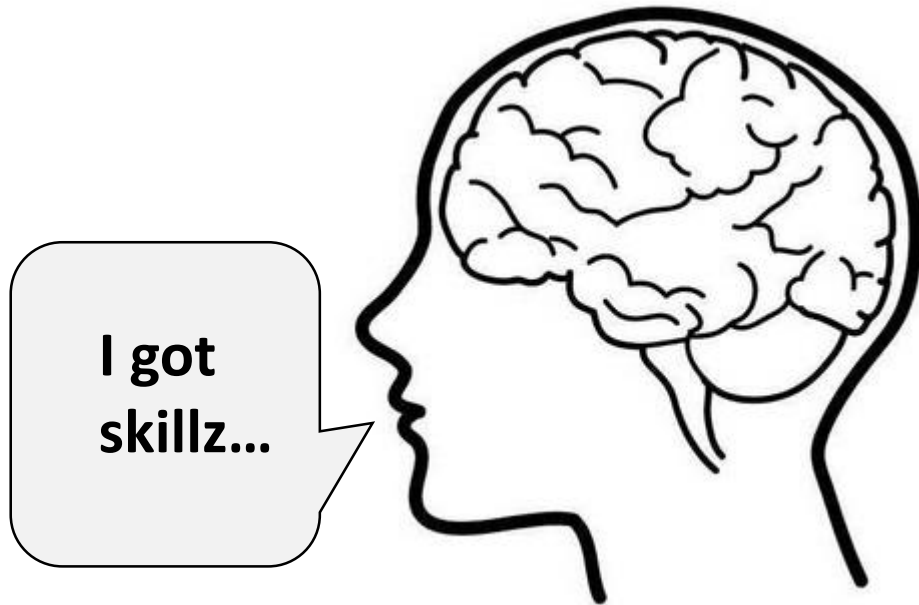
What are we trying to accomplish at the end of the day?



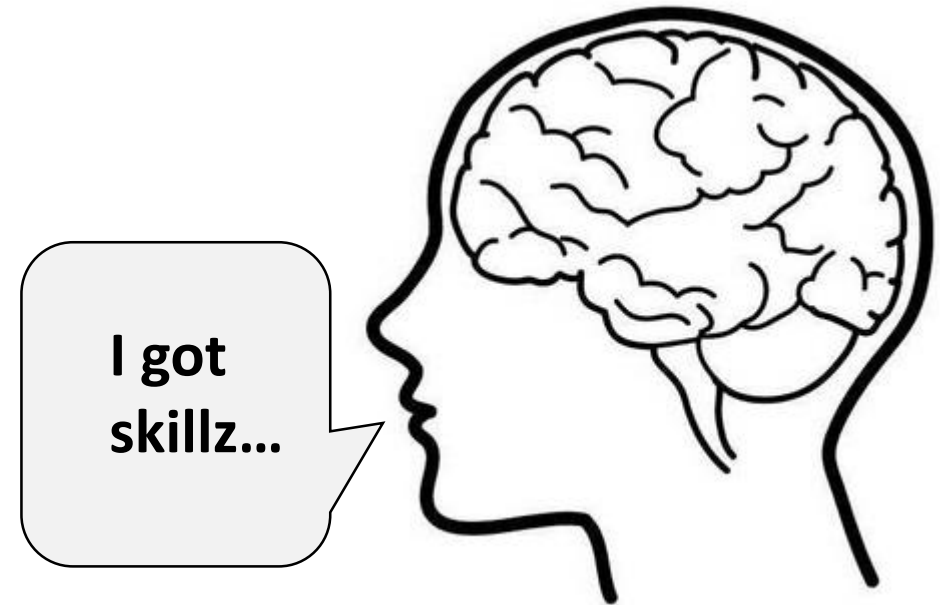
- Diagram Created by: Troy Trygstad, Mary McClurg, Mary Ann Kliethermes, Marie Smith

Two Brains, Two Difficult Jobs, One Mission....

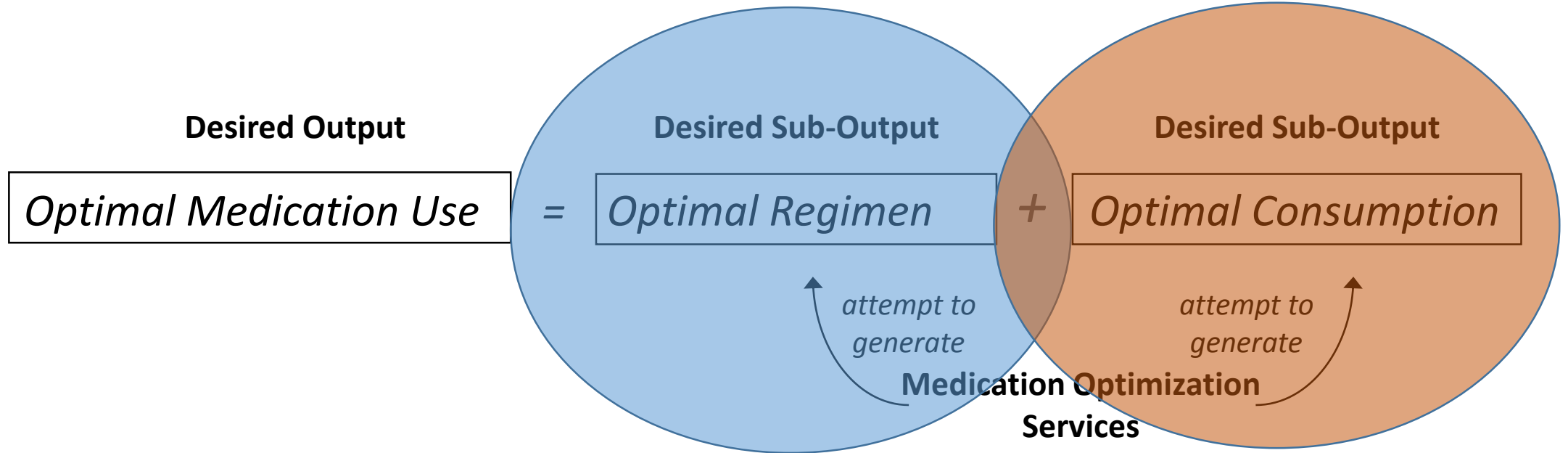
Community Pharmacy Workforce



Clinic and Institution-Based Workforce



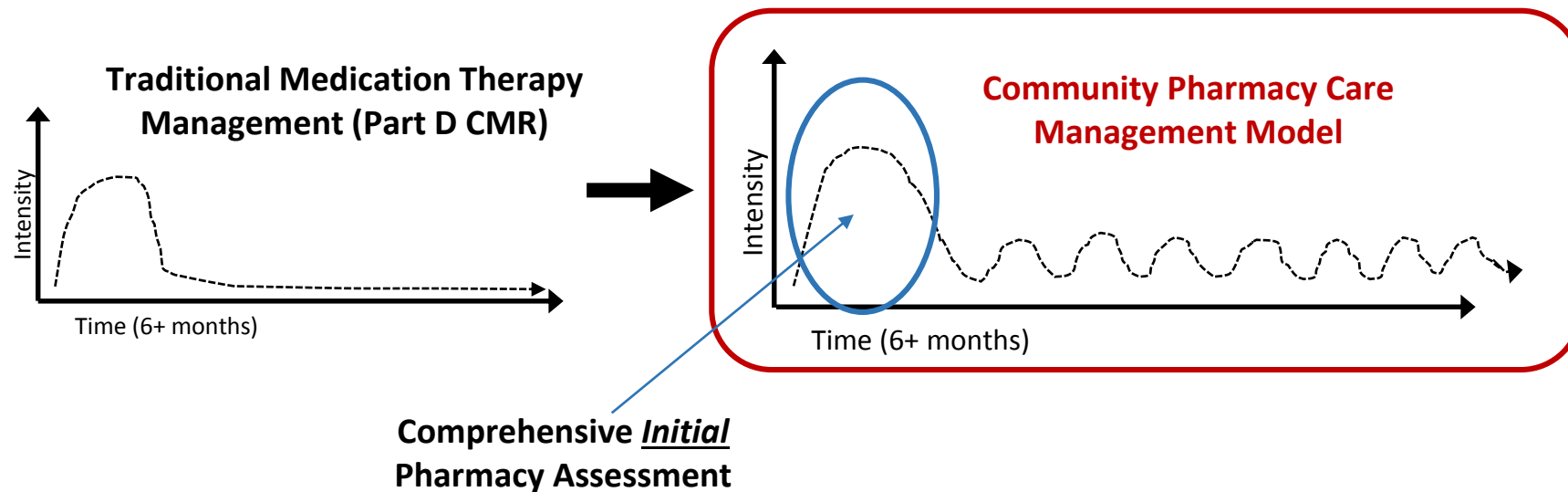
1 + 1 = 3 (...or 9 ...or \$500+ Billion)



Key Ingredients –Pharmacy Providers

CPCM – Care management services provided locally by a community pharmacy in close coordination with other care team members, including other care managers that focus on optimal drug use.

The objective of CPCM is to procure, update and re-enforce a team-based, patient-centered pharmacy care plan over time. This service line is longitudinal and coordinated with the rest of the care team.



Check to see if there are transportation barriers...

Please reconcile my active med list with their discharge list if they are hospitalized...

Determine if other prescriptions have been written that cause problems with my prescriptions....

If Patient HgA1C >9.0, titrate Metformin up to higher dose

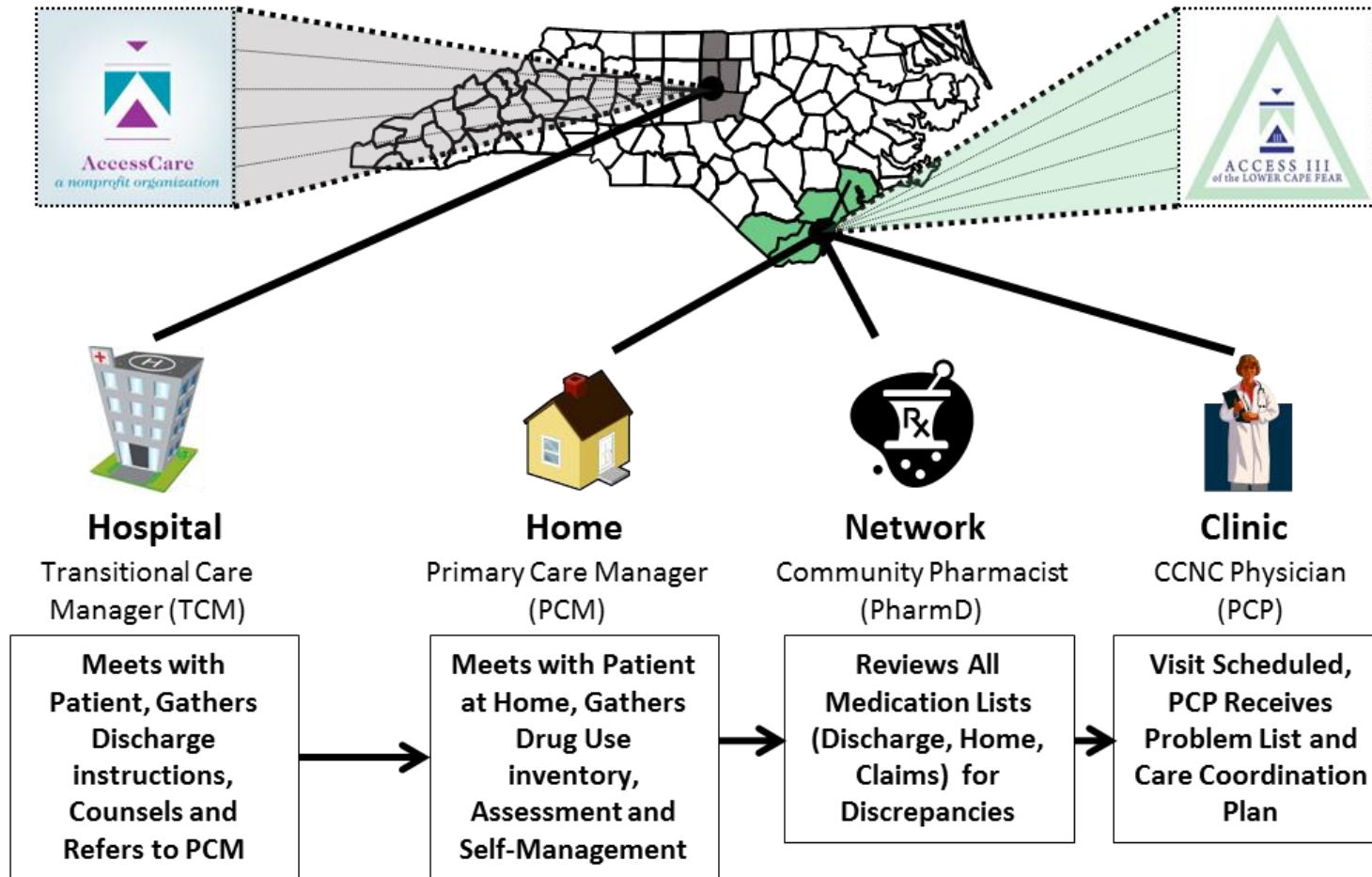
Determine if the patient's goals have changed...

Determine if they need a follow-up HgA1c...

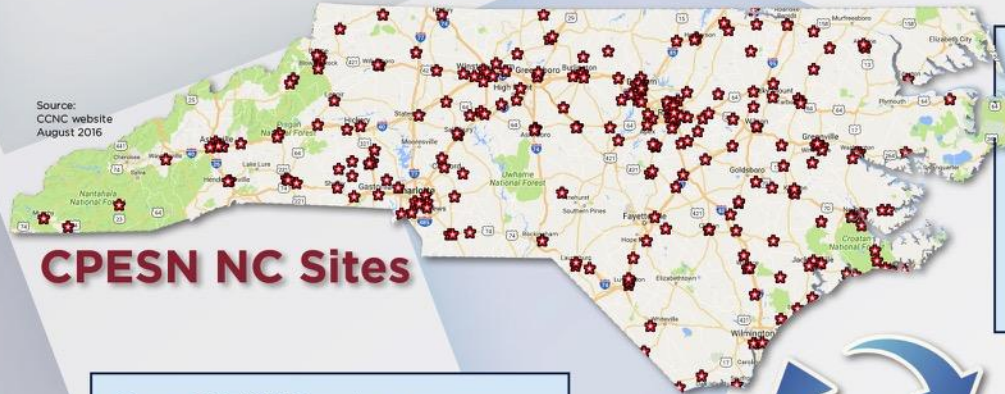
“How do I find Pharmacies around me
that do that?”

The Need for High Performing Networks Around Providers taking Risk

(Patient Discharged from UNC, but lives in Onslow)



Community Pharmacy Enhanced Services Network (CPESN)



CPESN NC Sites

Provide a minimum set of enhanced services including, but not limited to:

- Medication reconciliation
- Clinical Medication Synchronization
- Adherence Packaging
- Immunizations
- Complete Medication Reviews with Chronic Care Management

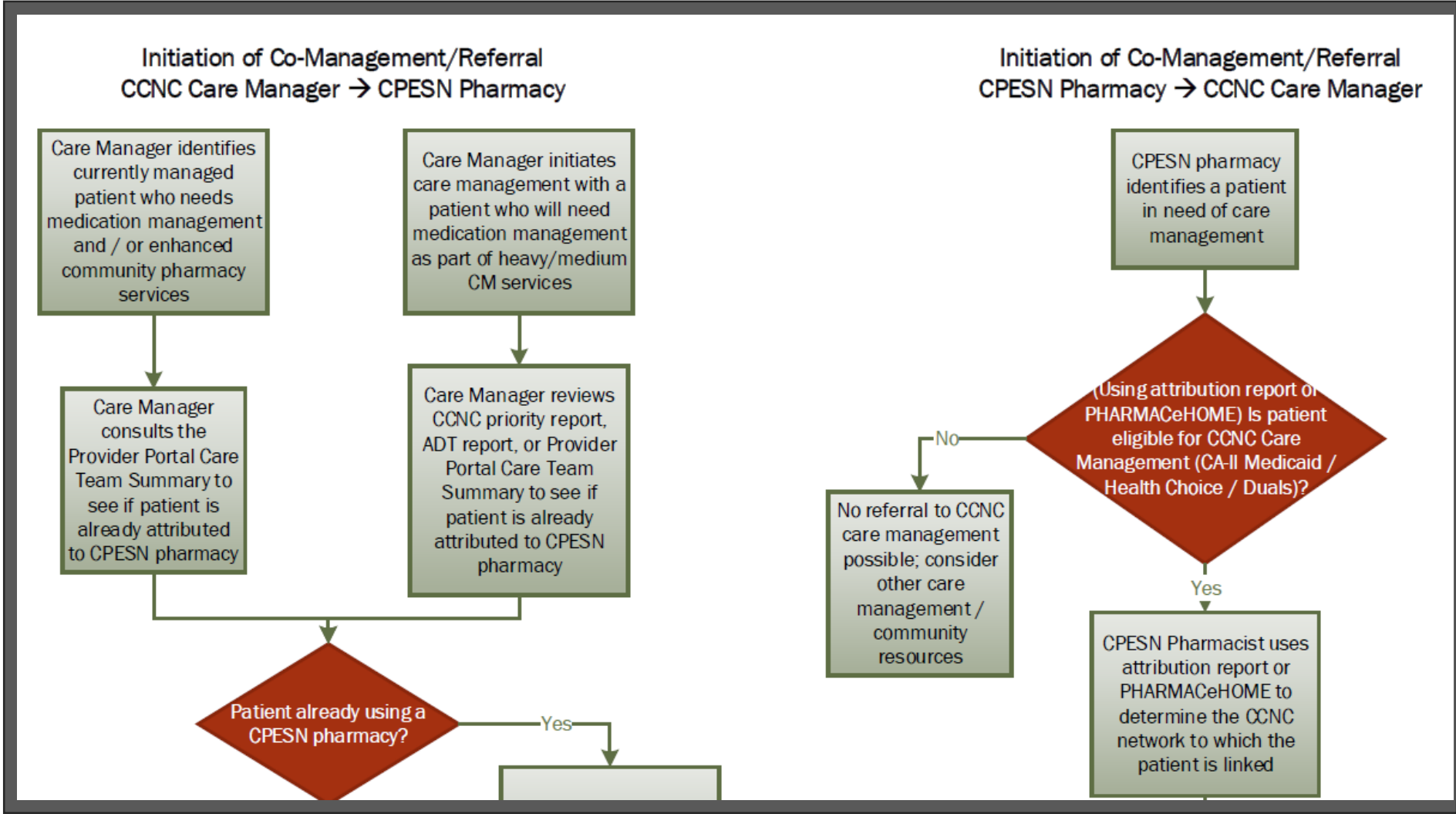
Core CPESN Services

- Ability to integrate with and augment Managed Care coordination and care management infrastructures
- Establish an ongoing professional relationship with the patient
- Provide in depth review of patient education regimens to identify opportunities to optimize therapy
- Work with providers and other health care professionals to resolve any concerns with the patient's medications
- Contribute to development of a patient-centered care plan
- Provide care coordination and additional motoring between provider office visits for patients, especially those who are non-adherent to medications and/or are medically complex
- Engage in clear, clinically-relevant communication with the provider and care team

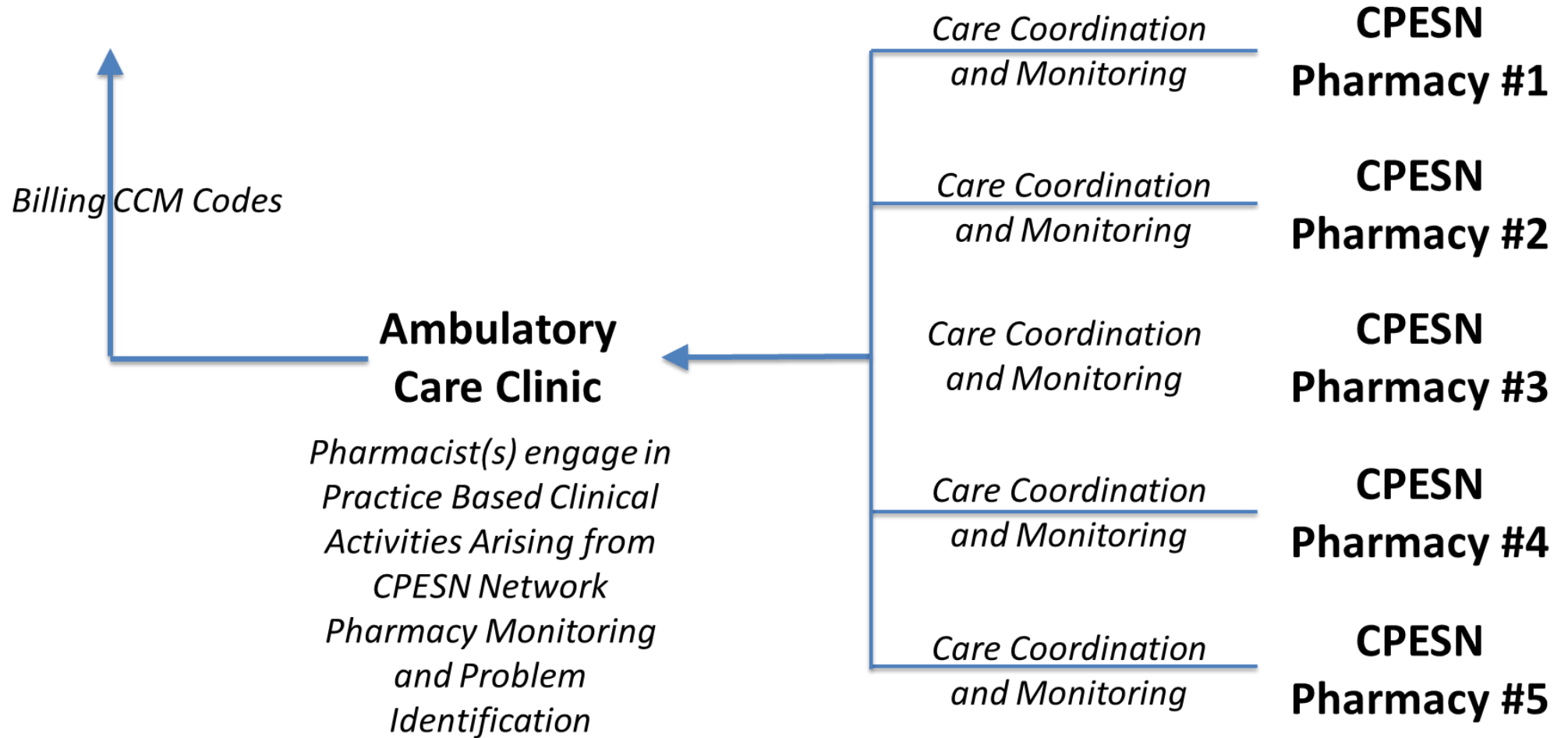


Source: CCNC March 2013

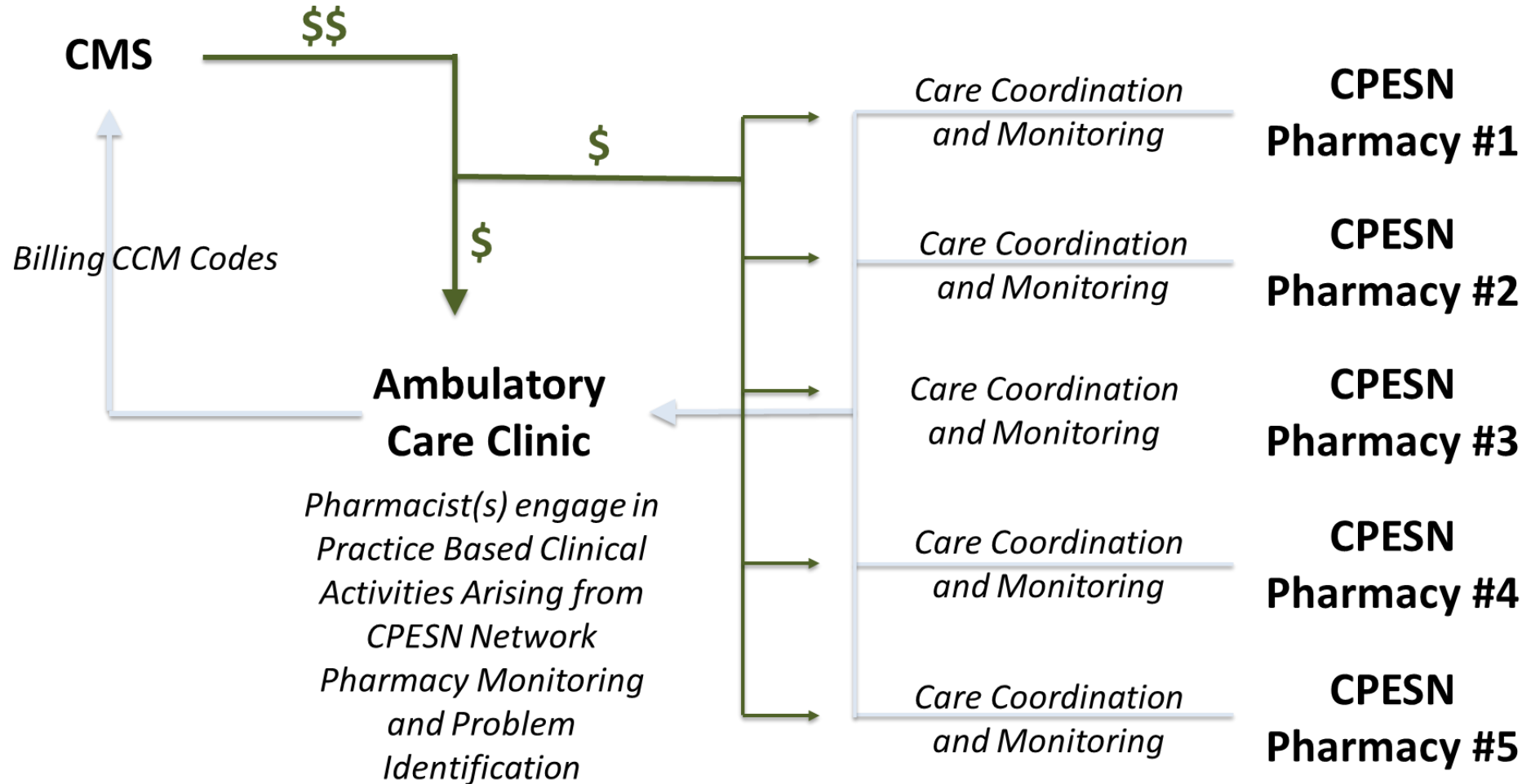
Example Referral Protocols



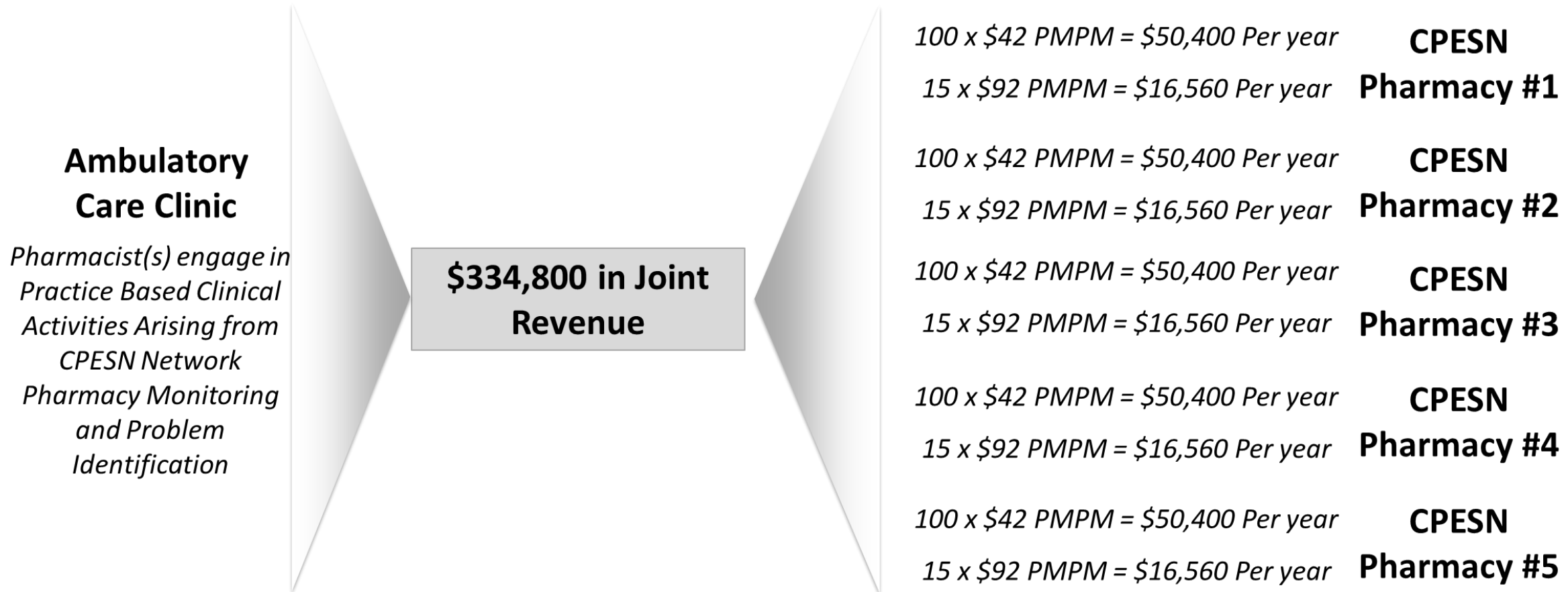
Example of “Force Multiplying” effect



Example of “Force Multiplying” effect



Example of “Force Multiplying” effect



Closing Thought(s)....

“I’ve seen this before... nothing will really change.... it will be business as usual...”

H.R. 2 (114th): Medicare Access and CHIP Reauthorization Act of 2015

History

MAR 24, 2015



Introduced

MAR 26, 2015



Passed House (

APR 14, 2015



Passed Senate

APR 16, 2015



Enacted

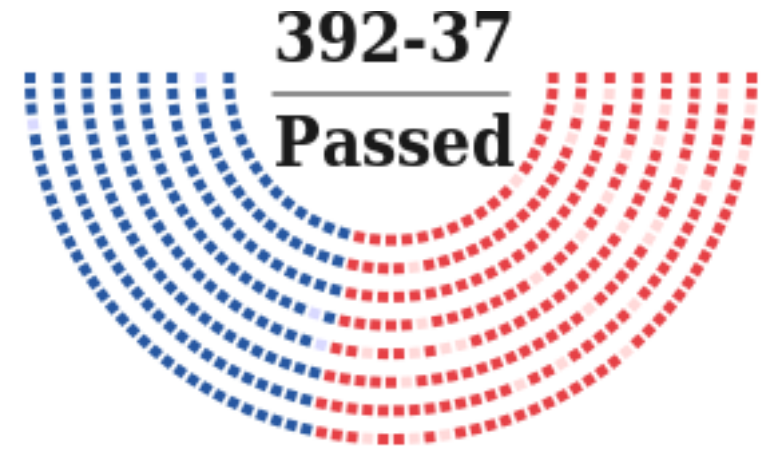
Sponsor:



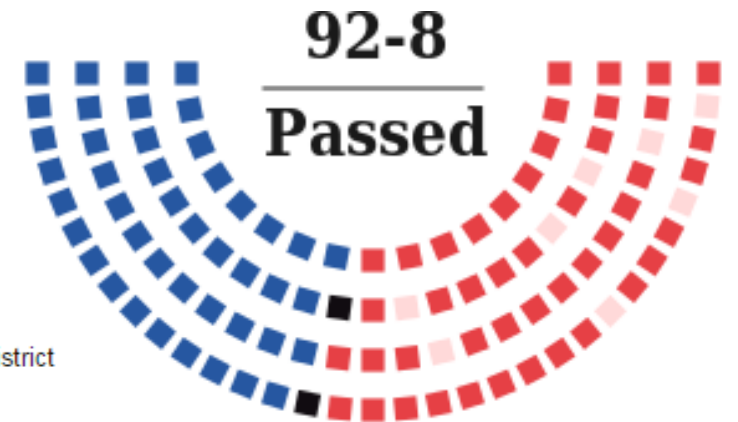
Michael Burgess

Representative for Texas's 26th congressional district
Republican

House

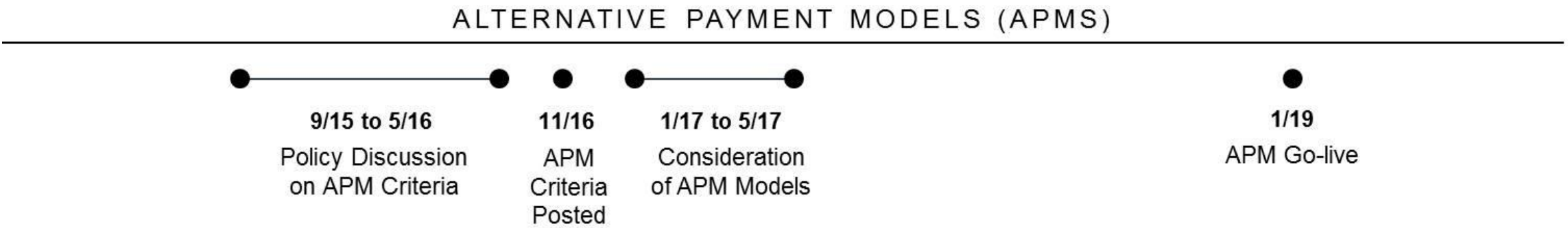
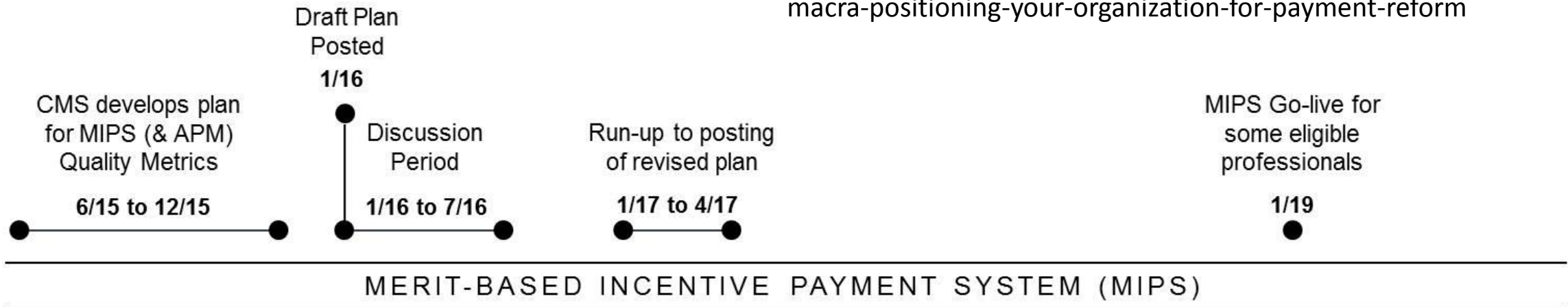


Senate



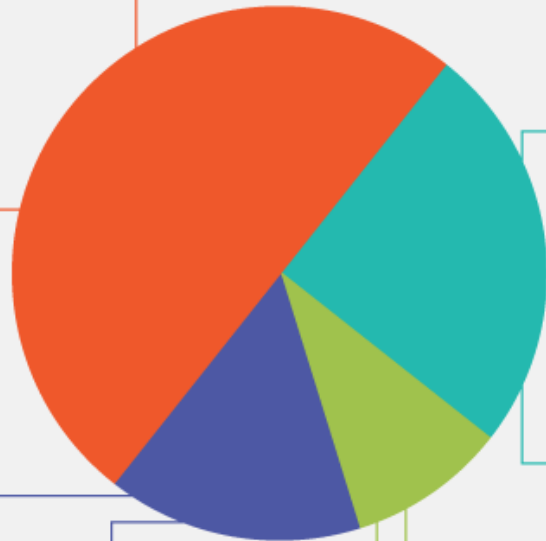
MACRA Timelines...

<http://www.ecgmc.com/thought-leadership/articles/making-way-for-macra-positioning-your-organization-for-payment-reform>



Merit Based Incentive Payment System (MIPS)

Quality
50%
of total score
in the first year



Advancing Care Information
25%
of total score
in the first year

Clinical Practice Improvements
15%
of total score
in the first year

Cost/Resource Use
10%
of total score
in the first year

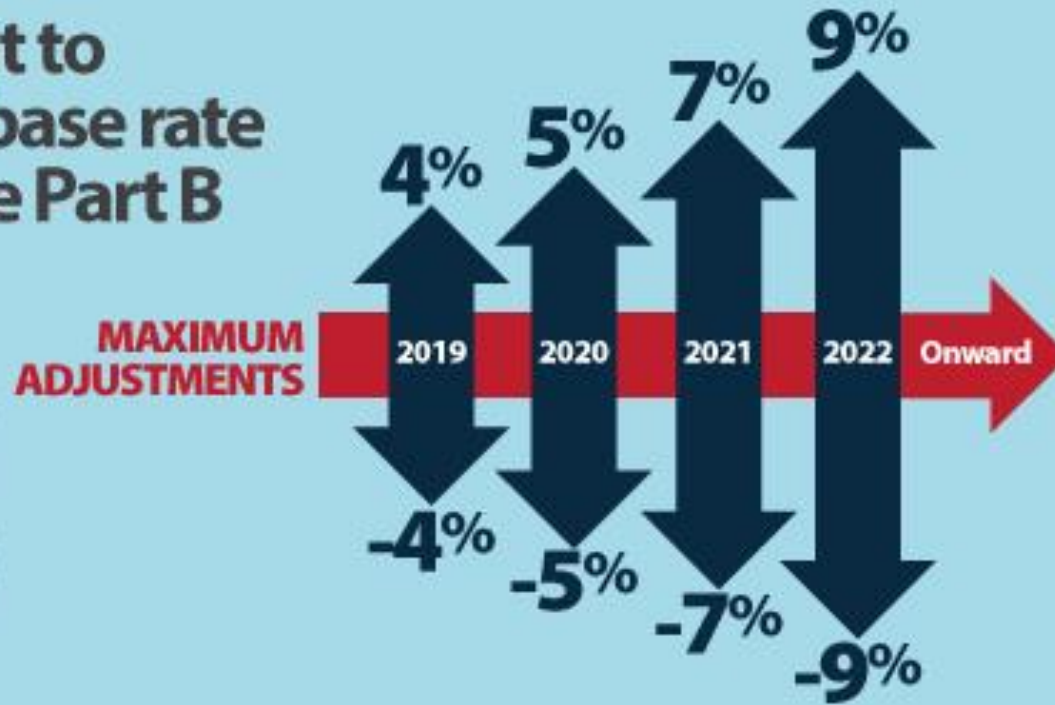
What is MACRA?
(MIPS Pathway...)

<http://patient.care/decks/insurance/medicare/macra-how-medicare-payment-reform-affects-doctors-and-patients>

MIPS

(Merit-Based Incentive Payment System)

Adjustment to provider's base rate of Medicare Part B payment



What is MACRA?
(MIPS Pathway...)

It has to hurt somebody besides you if they turn you off.

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- c) Pharmacists
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Which of the following licensures is allowed to bill NC Medicaid for medication management services?

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True or **False**: By volume, most medication therapy management interventions deployed in 2018 require the interventionist to have prescriptive authority to resolve.

#onepharmacycommunity

Thank you 😊

ttrygstad@cpesn.com

9192605241 -cell