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
Key Trends
(Shaping the Future...)

“We are going broke…”

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

Available at
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

Pre-Encounter | Encounter | Post-Encounter | Disengaged
---|---|---|---
X | $$$$$$ | X | X

Population Health Management

Pre-Encounter | Encounter | Post-Encounter | Disengaged
---|---|---|---
$ | $$ | $ | $
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...)
Key Trends  “Captives” of New Types with New Entities
(Shaping the Future...)

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

FINANCIAL TIMES
Amgen to refund cholesterol drug if patients suffer heart attack
Pledge aims to convince insurers to pay for $14,000-a-year medicine

THE WALL STREET JOURNAL
Drug Companies Tie Costs to Outcomes
But early signs show little evidence that the plans lower prices

By Peter Loftus
Sept. 12, 2017 10:07 p.m. ET
Key Trends

(Shaping the Future…)

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

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional drugs</td>
<td>$250</td>
<td>$297</td>
<td>$332</td>
</tr>
<tr>
<td>Specialty drugs</td>
<td>$50</td>
<td>$115</td>
<td>$240</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>CVS Health (Caremark)</th>
<th>Express Scripts</th>
<th>Medimpact</th>
<th>Prime Therapeutics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional (non-specialty)</td>
<td>3.2%</td>
<td>3.8%</td>
<td>4.4%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Specialty</td>
<td>13.3%</td>
<td>13.9%</td>
<td>13.7%</td>
<td>n.a.</td>
</tr>
</tbody>
</table>


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. Published on Drug Channels (www.DrugChannels.net) on March 21, 2017.
Pharmacogenomics and Gene Therapy

Key Trends
(Shaping the Future...)

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 HAMERTS 6:27 AM, DECEMBER 13, 2017

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

Drug toxic but beneficial
Drug toxic but NOT beneficial
Drug NOT toxic and NOT beneficial
Drug NOT toxic and beneficial

Patient group

Same diagnosis, same prescription
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...”

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

The Prescription of the Future?....

Vs.
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)
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”........................................

“Me too”........................................

“I love it”........................................

“I’m willing to give it a go”.....

...Business Development

...Chief of Strategy

...Chief Medical Officer

...Director of Care Management
Is this a problem?

Proliferation of Schools of Pharmacy

Loss of Dispensing Revenue

A Unstable Mix

Increased 340b Scrutiny

Supply-Demand Imbalance

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

- Medical Assistant
- Licensed Clinical Social Worker
- “Clinical” Pharmacist
- Care Manager
- Community Based Pharmacy
- Pharmacy Technicians
- Pharmacy Students
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
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-Morbidities…

*Community Care of North Carolina – Medicaid Enrollees on Medication Management Priority List
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?

Desired Output

\[ \text{Optimal Medication Use} = \text{Optimal Regimen} + \text{Optimal Consumption} \]

- 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

I got skillz...

I got skillz...
$1 + 1 = 3 \quad (\ldots \text{or } 9 \quad \ldots \text{or } $500+ \text{ Billion}$)

Optimal Medication Use = Optimal Regimen
+ Optimal Consumption

Desired Output

![Brain images with text: I got skillz... I got skillz...](image-url)

Medication Optimization Services
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.
If Patient HgA1C >9.0, titrate Metformin up to higher dose

Check to see if there are transportation barriers...

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

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

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

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

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

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

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

Legend:

- AccessCare Network Sites
- AccessCare Network Counties
- Community Care of Western North Carolina
- Community Care of the Lower Cape Fear
- Carolina Collaborative Community Care
- Community Care of Watauga and Johnson Counties
- Community Care Partners of Greater Wilmington
- Carolina Community Health Partnership

Source: CCNC March 2023
Example of “Force Multiplying” effect
Example of “Force Multiplying” effect

CMS

Billing CCM Codes

Ambulatory
Care Clinic

Pharmacist(s) engage in Practice Based Clinical Activities Arising from CPESN Network Pharmacy Monitoring and Problem Identification

Care Coordination and Monitoring

CPESN Pharmacy #1

Care Coordination and Monitoring

CPESN Pharmacy #2

Care Coordination and Monitoring

CPESN Pharmacy #3

Care Coordination and Monitoring

CPESN Pharmacy #4

Care Coordination and Monitoring

CPESN Pharmacy #5
Example of “Force Multiplying” effect

**Ambulatory Care Clinic**
Pharmacist(s) engage in Practice Based Clinical Activities Arising from CPESN Network Pharmacy Monitoring and Problem Identification

$334,800 in Joint Revenue

- 100 x $42 PMPM = $50,400 Per year
- 15 x $92 PMPM = $16,560 Per year

**CPESN Pharmacy #1**

**CPESN Pharmacy #2**

**CPESN Pharmacy #3**

**CPESN Pharmacy #4**

**CPESN Pharmacy #5**
“I’ve seen this before... nothing will really change.... it will be business as usual...”

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: 392-37 Passed
Senate: 92-8 Passed

https://www.govtrack.us/congress/bills/114/hr2
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)**

- **2015**
  - July to December
- **2016**
  - January to December
- **2017**
  - January to December
- **2018**
  - January to December
- **2019**
  - January to December

**ALTERNATIVE PAYMENT MODELS (APMS)**

- **9/15 to 5/16**
  - Policy Discussion on APM Criteria
- **11/16**
  - APM Criteria Posted
- **1/17 to 5/17**
  - Consideration of APM Models
- **1/19**
  - APM Go-live
What is MACRA? (MIPS Pathway...)

What is MACRA?
(MIPS Pathway...)

**MIPS**
(Merit-Based Incentive Payment System)

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

**MAXIMUM ADJUSTMENTS**

- 2019: +4%
- 2020: +5%
- 2021: +7%
- 2022: +9%
- Onward: +9%

4% 5% 7% 9% -4% -5% -7% -9%
It has to hurt somebody besides you if they turn you off.
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Thank you😊
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9192605241-cell