

Emerging Trends in Value-Based Care and the Pharmacist's Role

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**Mount
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Health
Partners**

Polling Question 1

Which health-system care setting do you focus most of your work?

- 1. Inpatient**
- 2. Transitions of care**
- 3. Outpatient clinic**
- 4. Infusion center**
- 5. Plan**
- 6. Other**

Polling Question 2

Does your organization participate in a population health management accountability initiative (e.g. ACO or commercial)

- 1. Yes**
- 2. No**
- 3. Not sure**
- 4. Not applicable**

Polling Question 3

If yes, does your organization employ a pharmacist in population health or ACO?

- 1. Yes**
- 2. No**
- 3. Not applicable**

Objectives

1

Define Value Based Care

2

Describe the role of pharmacists and technicians in a value-based care environment

3

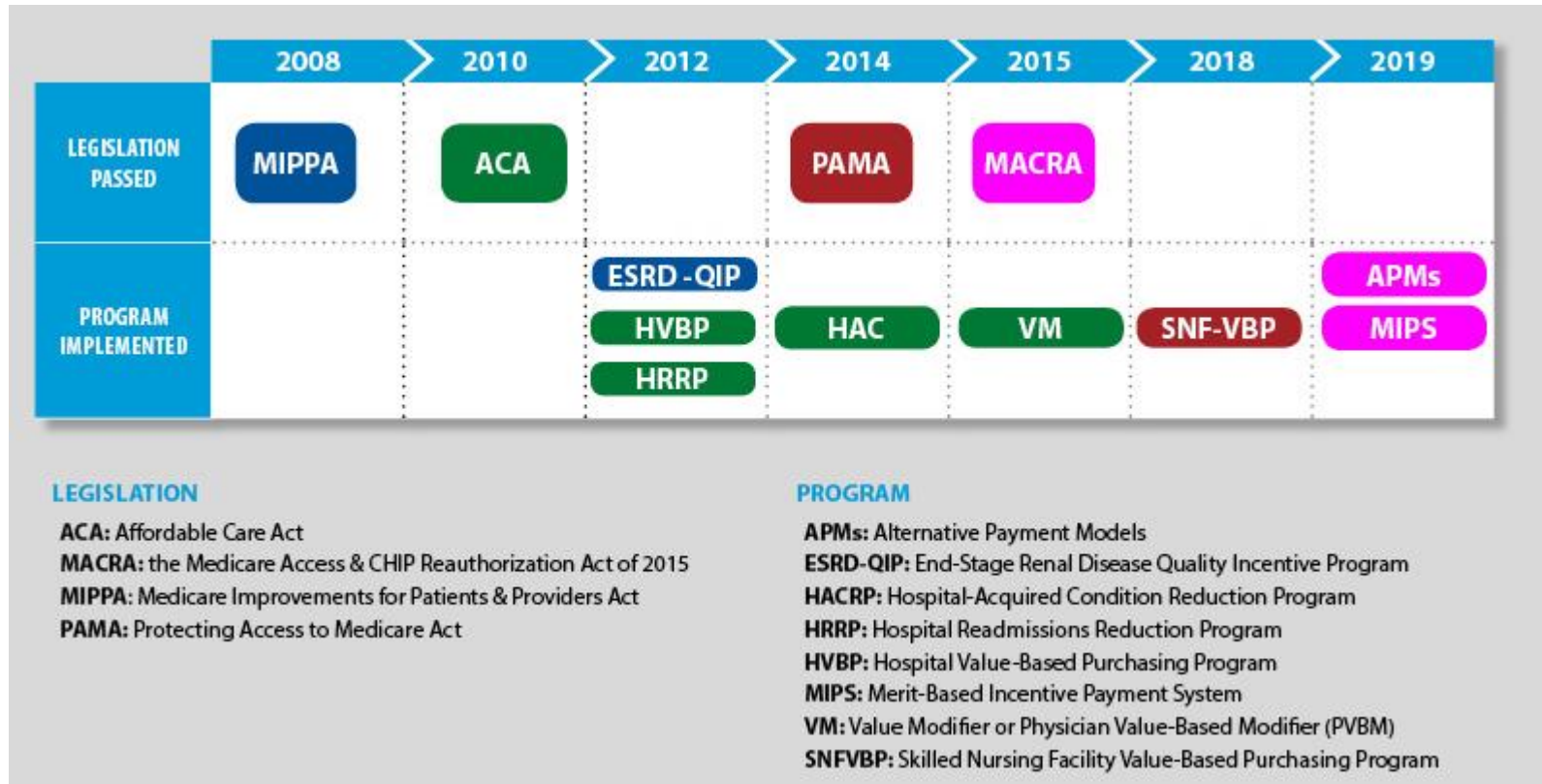
Identify emerging trends in value-based care that are geared towards provider organizations

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

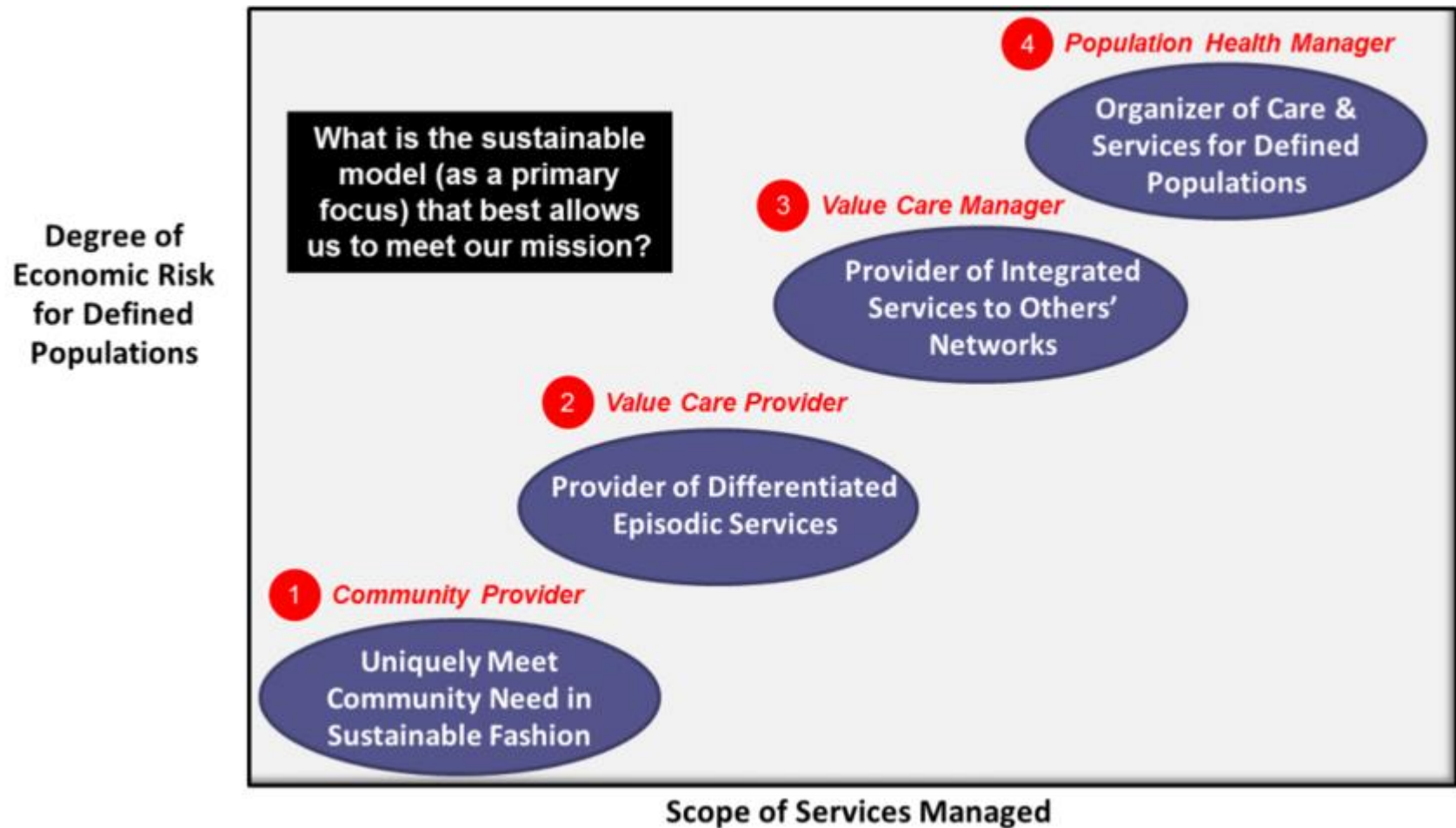
Value-based care differs from a fee-for-service or capitated approach, in which providers are paid based on the amount of healthcare services they deliver. The “value” in value-based healthcare is derived from measuring health outcomes against the cost of delivering the outcomes

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

THE US DIGITAL HEALTH ECOSYSTEM 2020

PAYERS

PRIVATE INSURERS				INSURANCE STARTUPS		

PROVIDERS

EMPLOYERS			EMPLOYEE BENEFITS			GOVERNMENT

HEALTH SYSTEMS AND HOSPITALS				RETAIL CLINICS		

MANUFACTURERS

TELEMEDICINE PROVIDERS				PROVIDER STARTUPS		

DISTRIBUTORS

CONSUMER DEVICES		MEDICAL DEVICES AND SOFTWARE			REGULATORS

BUSINESS INSIDER
INTELLIGENCE

Note: This graphic is illustrative, not exhaustive.

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, proactively managing out of pocket maximums, site of service optimization and utilization management of medical benefit

Pharmacy Related Start-Ups



PHARMACY RELATED START-UPS

What are they disrupting, and who are they going against?



Current large market players are:

- CVS Health
- Rite Aid
- Walgreens
- Walmart

MEDICATION DISPENSING

NimbleRx, POP Rx, alto pharmacy, CAPSULE, Insightful, MedAvail, divvyDOSE, Pill Pack

Most Startups offer a delivery service if they are dispensing medications.

White independents and some chain pharmacies have offered drug delivery (and mail order), we now have start-ups offering same day services.

MEDICATION DELIVERY

ScriptDrop, phil, zipdrug, GetMyRx

Many pharmacies and stores offer OTC vitamins, though some start-ups are going a personalized holistic route for consumers via mail-order services.

VITAMINS & SUPPLEMENTS

care/of, vitafive, Ritual

What about Amazon?

Where there was once the \$4 Dollar List, now we have multiple companies creating drug coupons to reduce drug prices.

MEDICATION COST SAVINGS

BL'NK-HEALTH, GoodRx, RxREU, ScriptSave WellRx

On-line Teleservices now offer competition for traditional minute clinics and offer niche prescribing practices previously unavailable.

MEDICATION PRESCRIBING

MAVEN, LEMONAID, pandia health, CUROLOGY, HealthTap, nurx

A growing area of pharmacy is the specialty drug market due in part to large costs. New start-ups are looking to get into this space.

SPECIALTY PHARMACY

SENDERRA, ZappRx

Traditional drug references available to the public have been limited. New companies are seeking to expand that knowledge to the general public.

MEDICATION INFORMATION

IODINE, patientslikeme, DIGITAL PHARMACIST

New area where companies are aiming to help pharmacies and patients keep their medications safe.

MEDICATION STORAGE

Apotheca, MedAngel

SO WHAT'S MISSING...
What else can be disrupted?

CARE TRANSITIONS, MEDICATION RECORDS, INFUSION THERAPY, PHARMACIST SERVICES, PHARMA COGENOMICS

Emphasize an establishing services for patients transitioning between the hospital and home environment. Leverage multiple opportunities for digital health solutions for home management. This then opens the possibility for increased pharmaceutical services from a clinical standpoint.

Transitioning self is a lack of start-ups looking to leverage pharmacist's themselves as a resource. Opportunities exist with increased clinical services, such as immunizations, prescribing collaborations, and medication therapy management.

Surprising lack of companies looking to create personalized medication compounding services and personalized medication approach using currently available data access for patients.

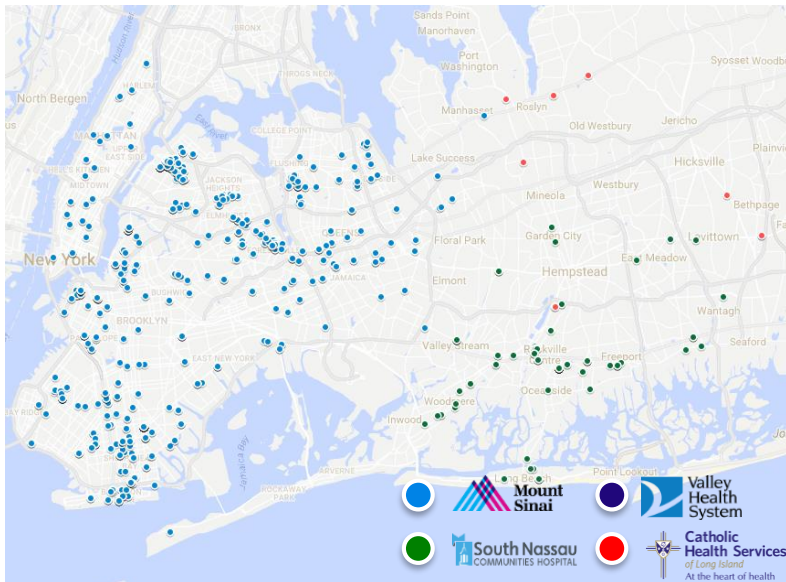
Mount Sinai Health Partners, Population Health

Mount Sinai Health System: Positioned for Value

With breadth and depth of assets, Mount Sinai is well positioned as one of the highest value providers in New York City

Health System Assets

- Icahn School of Medicine at Mount Sinai
- Flagship academic hospital + 6 community hospitals
- >300 community care locations throughout NYC Metro
- >6,600 physicians on medical staff (~2,500 employed)
- Clinical affiliations that further our geographic reach



Best Value in NYC

- **Quality:** ranked in the top 10 nationally in CareChex ratings for patient safety in medical & hospital care
- **Reputation:** our flagship hospital & medical school are in top 20 nationally; the most “best doctors” in NYC
- **Cost:** the “lower-priced” alternative compared with our academic medical center peers in NYC

● **Lowest Cost** ————— **Highest Cost** ●

Group 1	Group 2	Group 3	Group 4	Group 5
Elmhurst	MS Brooklyn	MS Beth Israel	LJMC	NYP-Queens
Harlem	MS Queens	MS West	Montefiore MV	NYP-Columbia
Jacobi		MS St. Luke's	Montefiore NR	NYP-New York Hospital
Kings County		NYP Methodist	Mt. Sinai Hospital	NYP-Weill
Lutheran			North Shore	NYP-Lawrence
Metropolitan			Phelps Memorial	NYU
Queens HC			Plainview	NYU-Joint Disease
			Winthrop	Staten Island UHS

Source: New York State Health Foundation. Why are Hospital Prices Different? An Examination of New York Hospital Reimbursement. December 2016.

Mount Sinai Health System: Investing in Value

With a focus on value, Mount Sinai has heavily invested in population health solutions, supported by a new business model engaging directly with purchasers of healthcare

New Business Model

Key goals include:

- To become the purchaser's partner of choice
- Align financial incentives around outcomes
- Earn trust with our patients so that Mount Sinai is their provider of choice
- Manage outcomes, patient experience and costs

Strategic Initiatives

- **New Leadership** – hired new leaders to launch a 400+ FTE team dedicated to population health & value
- **Network Development** – launched clinically-integrated network of hospitals & ~3,200 physicians
- **Changing Compensation** – shifting physician compensation to an outcomes-based model
- **Investment in Enablement** – \$100M in IT & services to enable care teams for managing populations
- **Quality Management** – standardizing & improving care processes for chronic illness & specialty care

Can Mount Sinai be serious? The answer is a resounding yes. In fact, we could be more serious. Mount Sinai's number one mission is to keep people out of the hospital. We've focused on population health management, as opposed to the traditional fee-for-service medicine. In instead of reacting care that's isolated and disconnected, patients receive care that's continuous and coordinated, much of it outside of the traditional hospital setting.

That the tremendous emphasis on wellness programs designed to help people stop smoking, lose weight and battle obesity, lower their blood pressure and reduce the risk of a heart attack. By being as proactive as possible, patients can better maintain their health and avoid disease.

Our Mobile Acute Care Team will treat patients at home who would otherwise require a hospital admission for certain conditions. The care team involves physicians, nurse practitioners, registered nurses, social workers, community geriatric medicine, care coaches, physical therapists, occupational therapists, speech therapists, and home health aides.

Meanwhile, Mount Sinai's Preventable Admissions Care Team provides transitional care services to patients at high risk for readmission. After a comprehensive bedside assessment, social workers partner with patients, family caregivers and healthcare providers to identify known risks such as medication management and provide continuing support after discharge.

It's a sweeping change in the way that health care is delivered. And with that new system comes a new way to measure success. The number of emergency...

1-800-MOUNT-SINAI
mountsinaihealth.org

Mount Sinai

**IF OUR BEDS
ARE FILLED,
IT MEANS WE'VE FAILED.**



- Value-based contracts with all commercial health plans
- Full risk-based contracts for Medicare/Medicaid lives

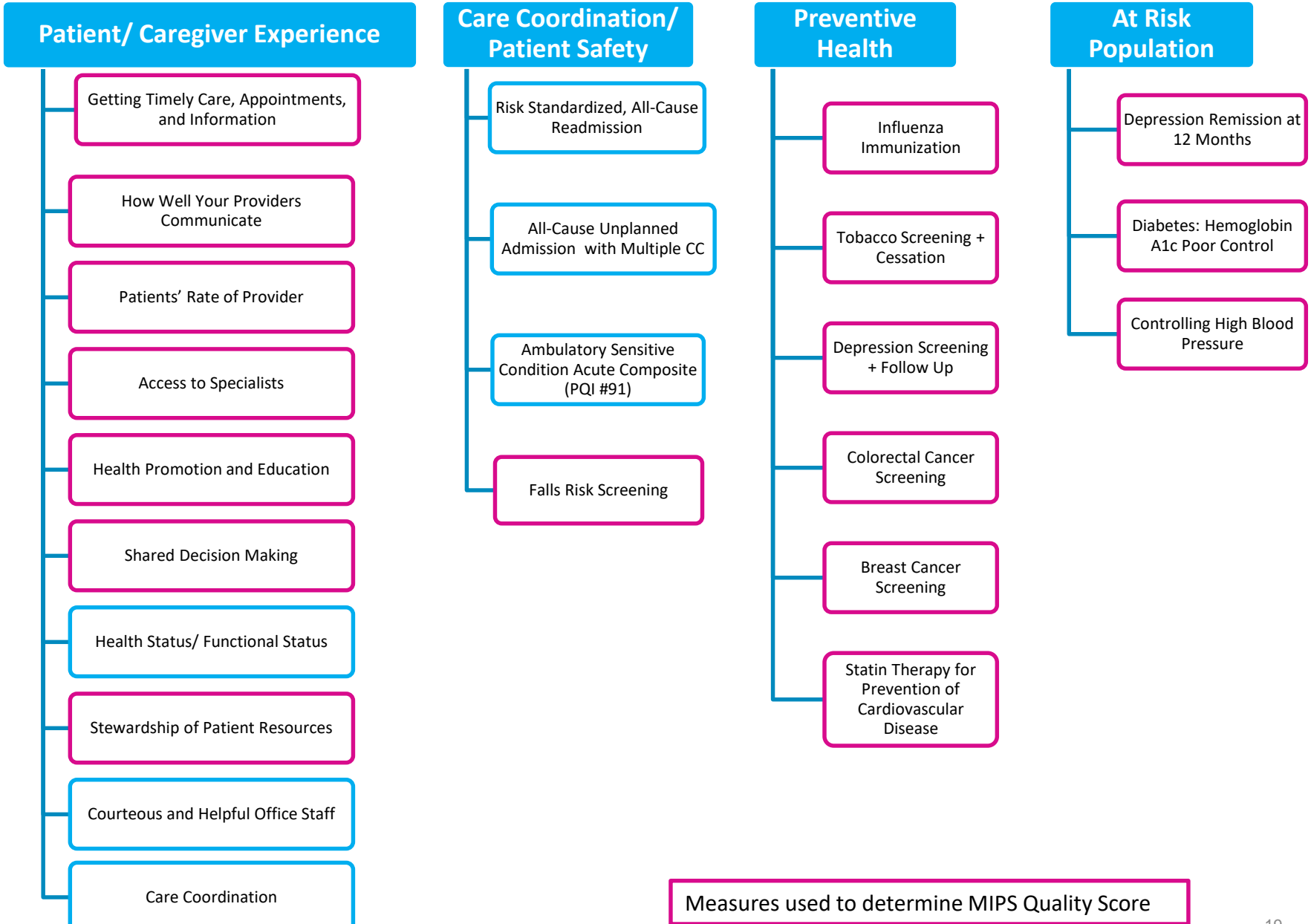
Overall Goals for MSHP Population Health

- ▶ 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

2019 MSSP ACO Measure Domains



2019 MSHP Clinical Integration (CI) Index

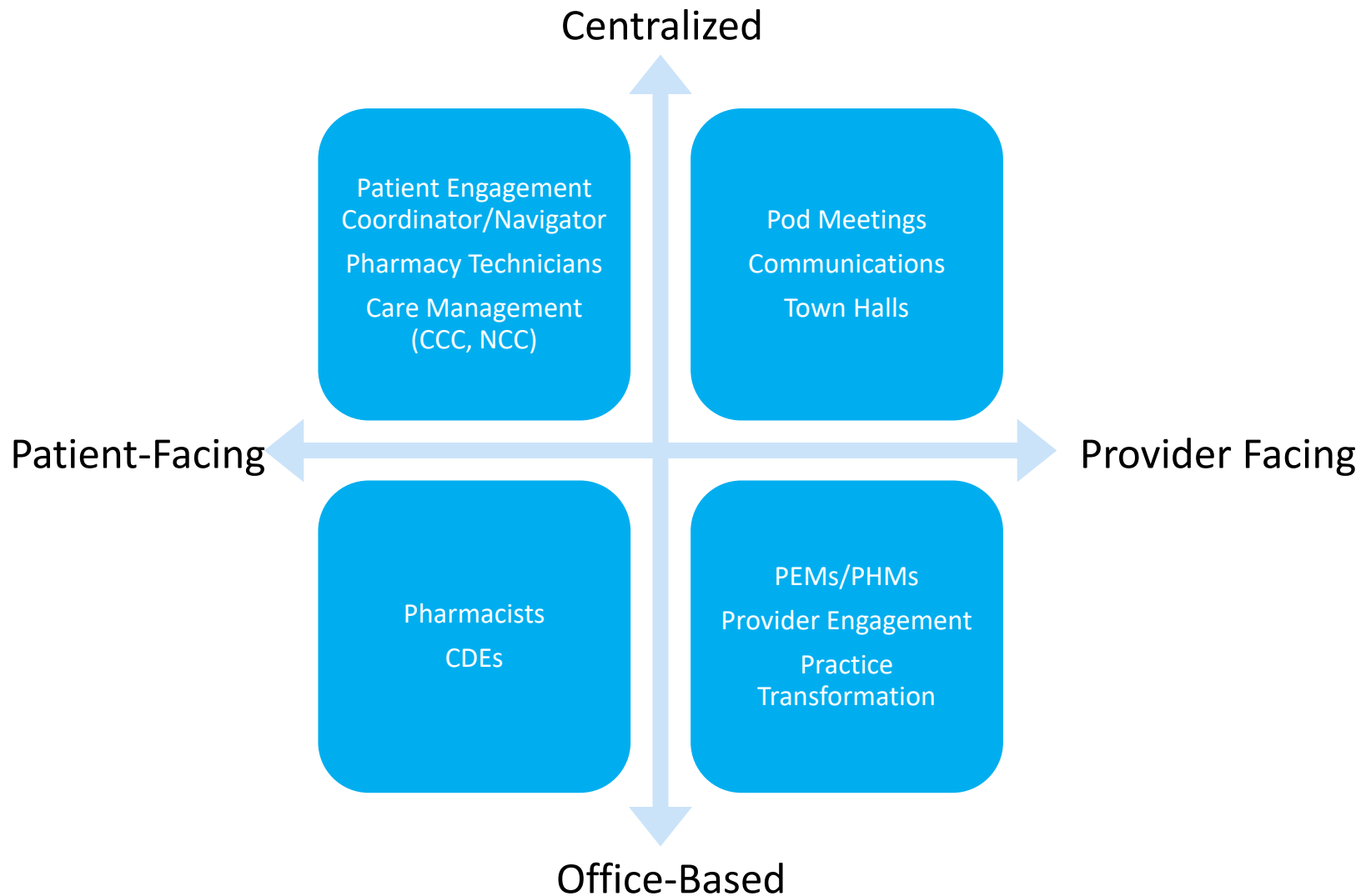
The determination of overall performance and Funds Flow allocation is based on the Mount Sinai Health Partners Clinical Integration Index, which is calculated as follows:

$$\left[\frac{\text{Participation criteria met}}{\text{Total participation criteria}} \times .3 \times 100 \right] + \left[\frac{\text{Total points}}{\text{Total possible points}} \times .5 \times 100 \right] + \left[\frac{\text{Total points}}{\text{Total possible points}} \times .2 \times 100 \right] = \text{CI Index}$$

Supporting Clinical Performance

<p>Improving quality at the point of care</p>	<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
<p>Reaching out to patients who have fallen through the cracks</p>	<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
<p>Incentivizing performance</p>	<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
<p>Getting credit for the quality of care delivered</p>	<ul style="list-style-type: none">• Scaled supplemental EHR payor submissions• Automatic CPTII codes in EMRs• Prospective clinical data collection from voluntary providers

It takes a village

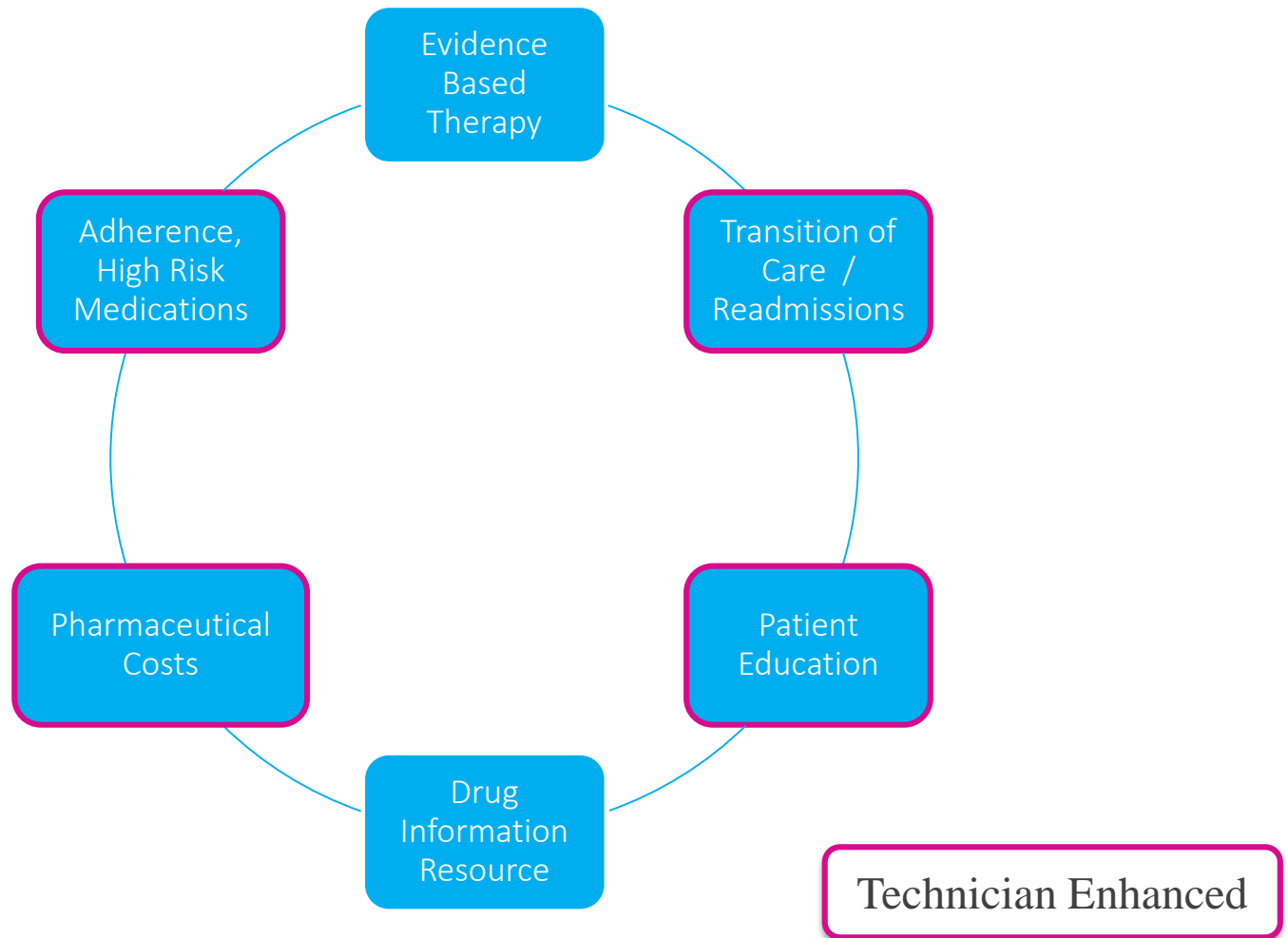


Population Health Pharmacy Services Vision

- ▶ 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

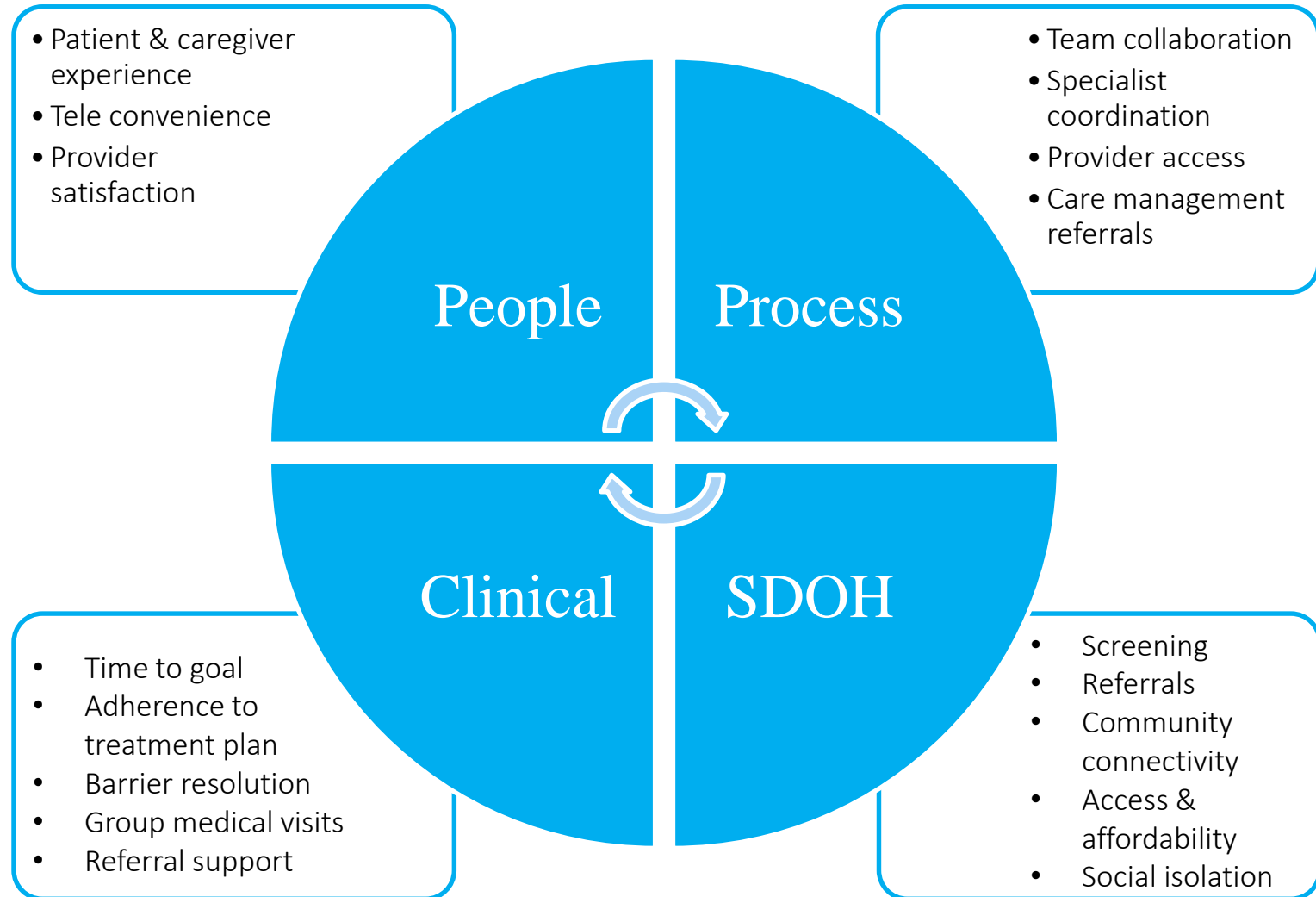
- ✓ Medicare Annual Wellness Visits*
- ✓ Medication and Disease Mgmt
- ✓ Medication Reconciliation
- ✓ Medication Adherence

- ✓ Partnerships / Community Based Orgs
- ✓ Care Management Collaboration
- ✓ Patient Engagement
- ✓ Specialist coordination

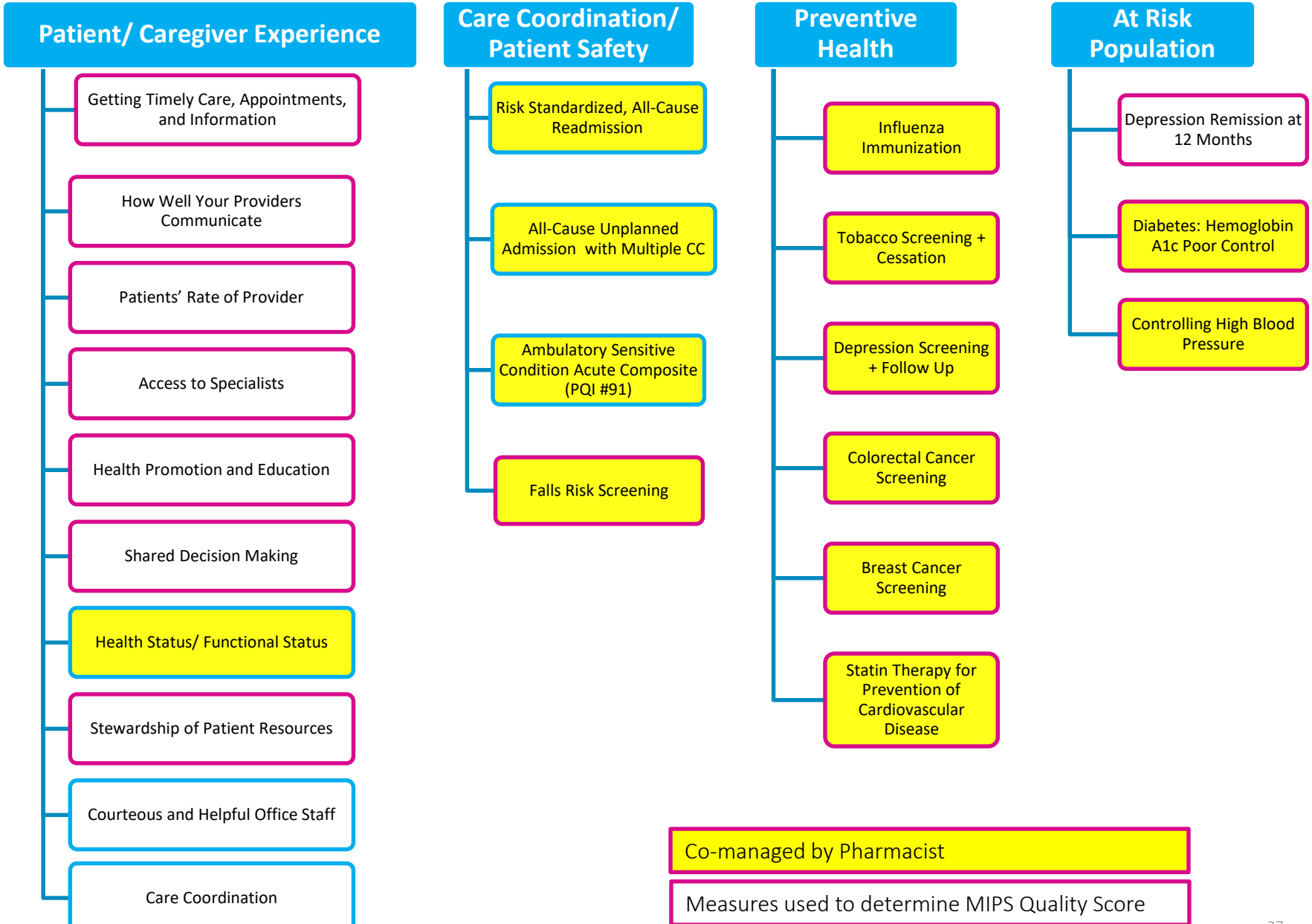
- ✓ Preventable PQI
- ✓ Post discharge COPD/Asthma patients
- ✓ Readmissions
- ✓ Lower Cost Therapeutic Alternative

*AWV = Annual Wellness Visit

Domain of Impact



2019 MSSP ACO Measure Domains

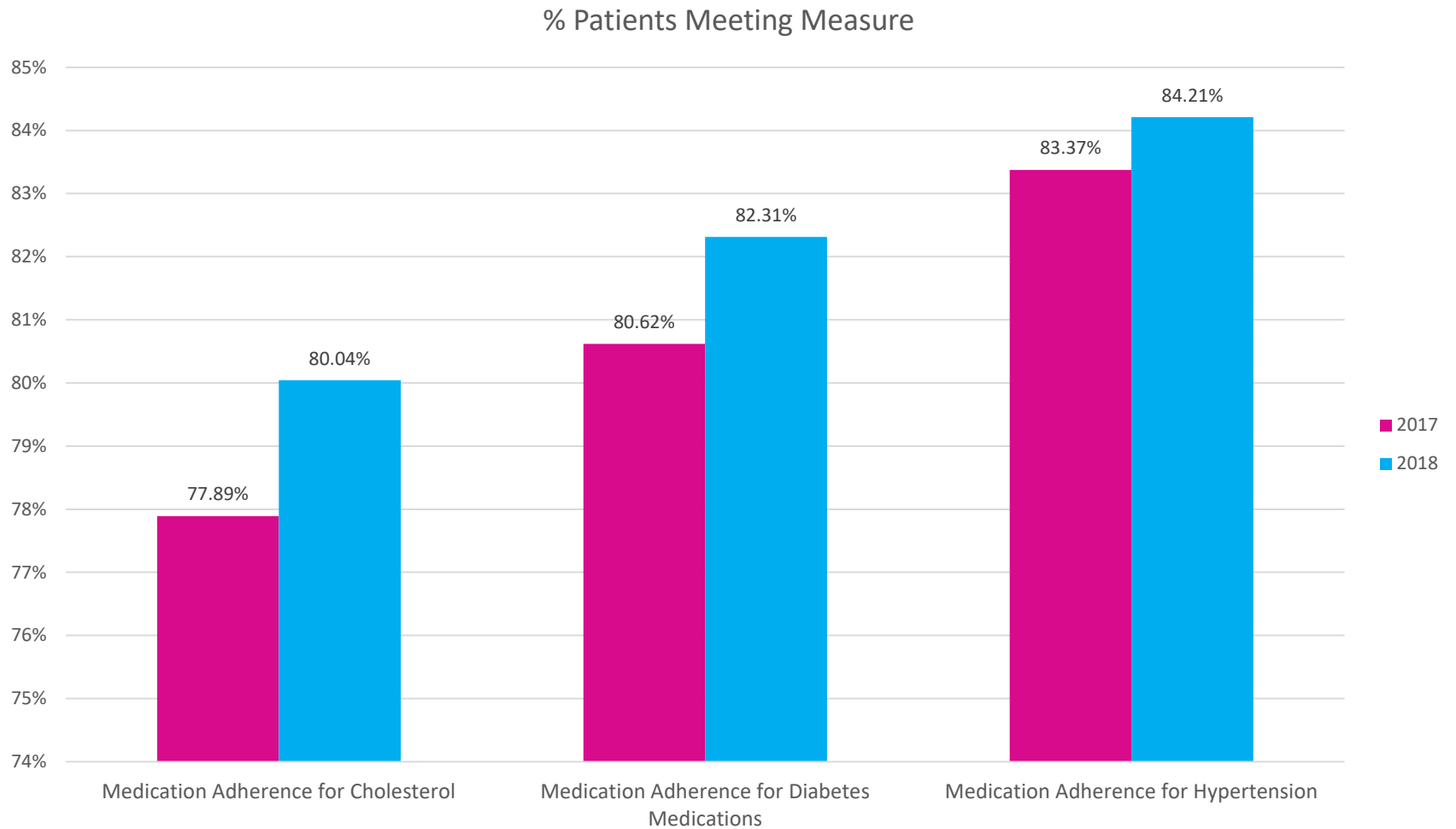


Develop Pharmacist Referrals “Clinic Within a Clinic”

- ▶ 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)

Medication Adherence



Text Messaging Results

Missed Fills	Category	Count**	% Total Sent
	Total Missed Fill	449	
	Removed by ClientTell	74	
	Sent	375	
	Increase in PDC	221	58.9%
	Picked Up A Subsequent Fill	226	60.3%
	Transitioned PDC Decreasing to Increasing	66	17.6%
	Number of Responses for Outreach	3	0.8%

Upcoming Fills	Category	Count**	% Total Sent
	Total Upcoming Fill	980	
	Removed by ClientTell	258	
	Sent	722	
	Increase in PDC	374**	51.8%
	Picked Up A Subsequent Fill	238	33.0%
	Transitioned PDC Decreasing to Increasing	9	1.2%
	Number of Responses for Outreach	8	1.1%

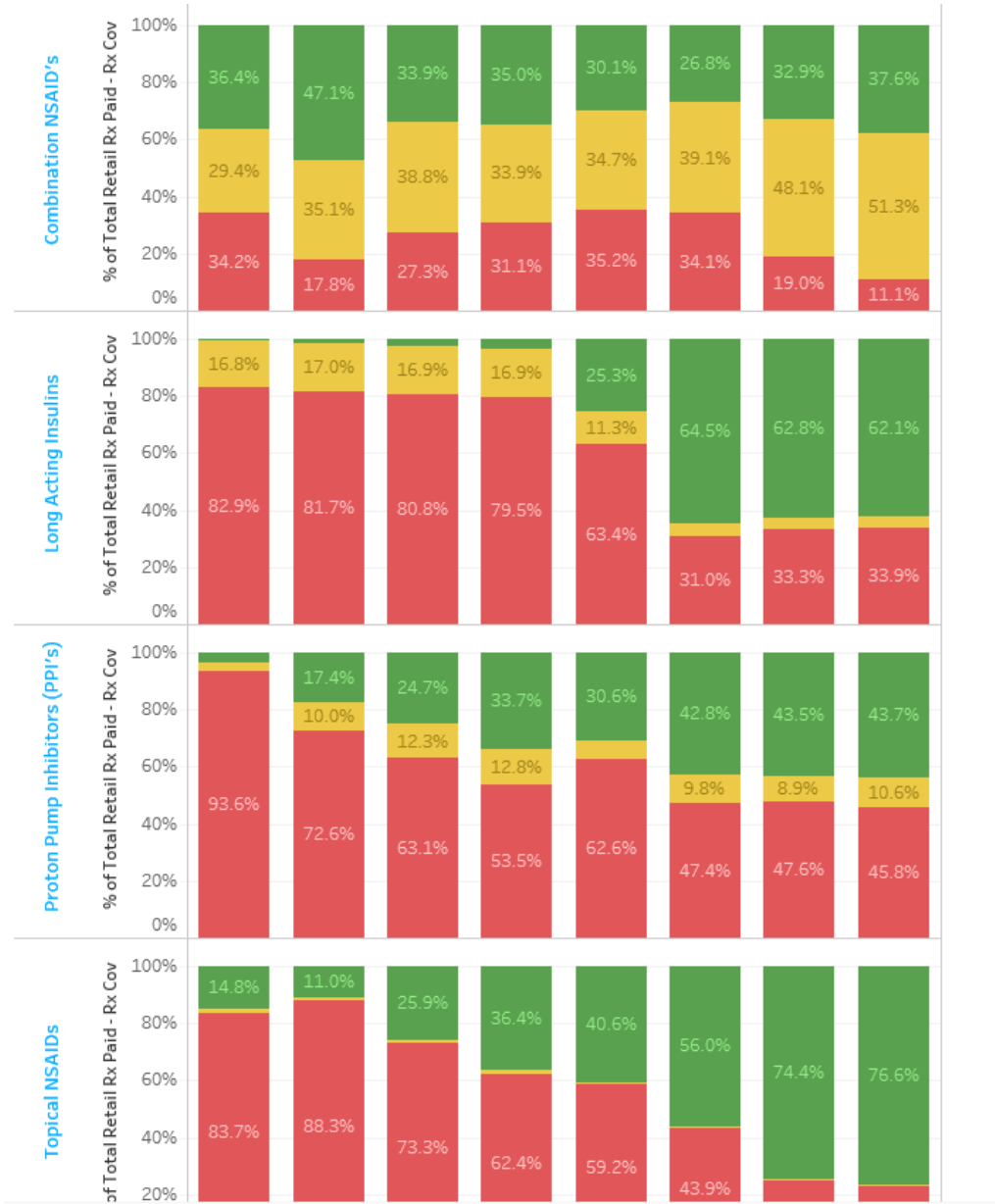
*Counts represent unique patient/medication combinations

+Patients were only sent one text message if multiple medications required same day pickup from the same pharmacy

** Of the 348 that did not see an increase in PDC, 266 ended the year with a PDC > 95

Cost of campaign=\$110

Rx PMPM Reduction



Lower Cost Alternative Initiative launched 'Go to Green'

Proportion of Red PMPM % decrease across the classes:

- Combination NSAIDs: 34% to 11%
- Insulins: 82% to 22%
- PPIs: 93% to 45%
- Topical NSAIDs 83% to 24%

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

1

Define Value Based Care

2

Describe the role of pharmacists and technicians in a value-based care environment

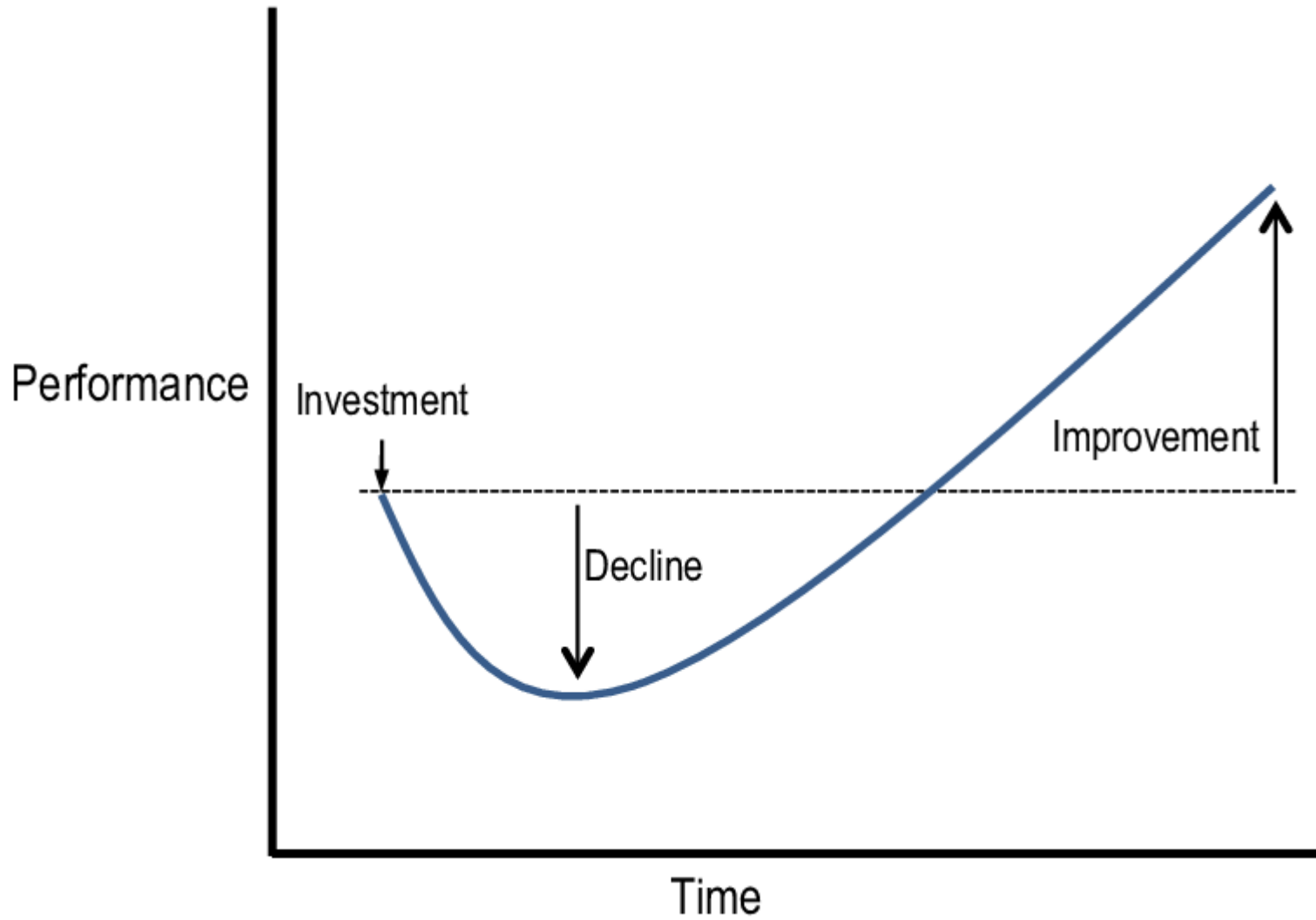
3

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

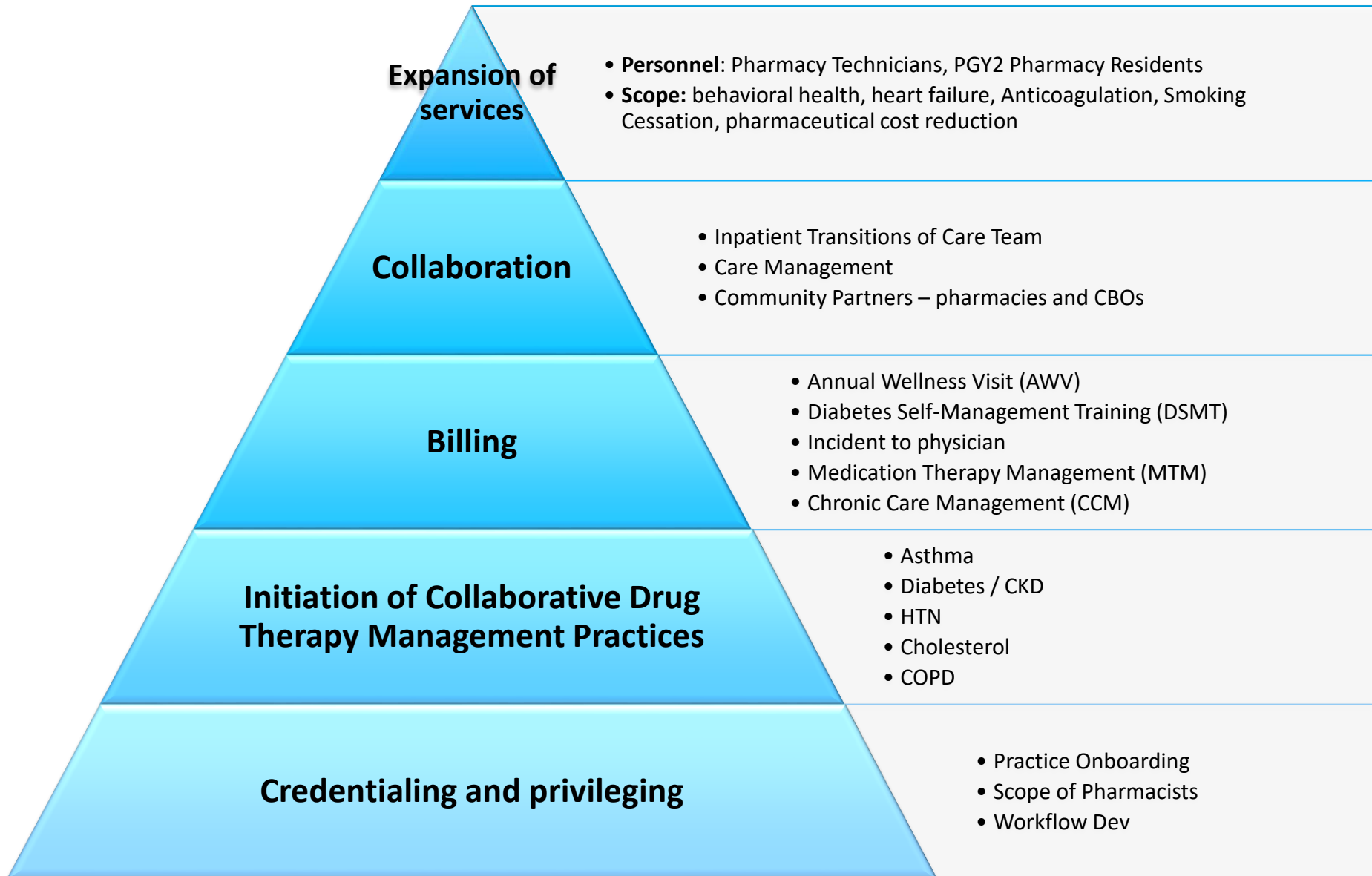
Any Questions?

Appendix

J-Curve



Developing Primary Care Pharmacy Services



Sustainability with Value: Medicare Annual Wellness Visits

- **Goal:** preventative visit to assess patient's health and risk factors (not a physical exam)
- **Components:**
 - *Collection of Patient Information*
 - *Patient Health Risk Assessment:*
 - Functionality: ADLs, IADLs, falls, memory decline, pain score, mini-mental exam
 - Behavioral/social risk factors: Smoking, alcohol/drug use, depression assessment
 - Preventative services: Screening tests and immunizations
 - *Counseling and Shared Goal-Setting:*
 - Address identified risks
 - Personalized health advice, with written action plan for 5-10 years
 - Link to community resources, as needed
- 8+ quality metrics can be addressed in 1 AWV
 - Colorectal cancer screening, breast cancer screening, BMI, blood pressure, med adherence, diabetes A1c/nephropathy/eye exam, etc
- **Benefits:**
 - Sustains Pharmacist Resource Investment in Primary Care
 - Provider Satisfaction
 - Patient Satisfaction, engagement & team-based care
 - AWVs attributed to PCPs (RVUs)

Value Add of Pharmacist Conducted AWW

- ▶ 77 y.o. male presents for Annual Wellness Visit with 3+ severe past hypoglycemic episodes
- ▶ Significant PMH: CAD, CKD Stage 2, edema, HTN, T2DM, PVD, PAD
- ▶ Preventative Risk Factors and Conditions identified; plan of care developed

AWV Findings for PCP Follow-up:

- Abnormal Three Item Recall – f/u with PCP to conduct MMS
- Aortic Aneurysm Screening - PCP placed order for screening
- Counseled on HCP and options to discuss future planning goals with PCP at f/u

Due now:

- Shingles Vaccine
- Lipid Panel
- Diabetes Eye Exam

Updated 5-10 year Preventative Schedule :

- Flu vaccination due 9/2019
- Diabetes foot exam due 9/2019

- Diabetes microalbumin due 10/2019
- Pneumococcal due 1/2020
- Colonoscopy due 2020
- Td vaccine 8/2028

Medication Related Problems Addressed:

- Clopidogrel 75 mg once daily – reconciled with cardiologist and removed from med list
- Diabetes medication regimen optimization, patient had many severe hypoglycemic episodes. Initiated plan to titrate down mealtime insulin and titrate up trulicity
- F/U with PharmD for diabetes management (telehealth/clinic)