# Medication Management in the Medical Home

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PATIENT-CENTERED PRIMARY CARE:
AT THE HEART OF VALUE AND QUALITY

Wexner Medical Center

THE OHIO STATE UNIVERSITY
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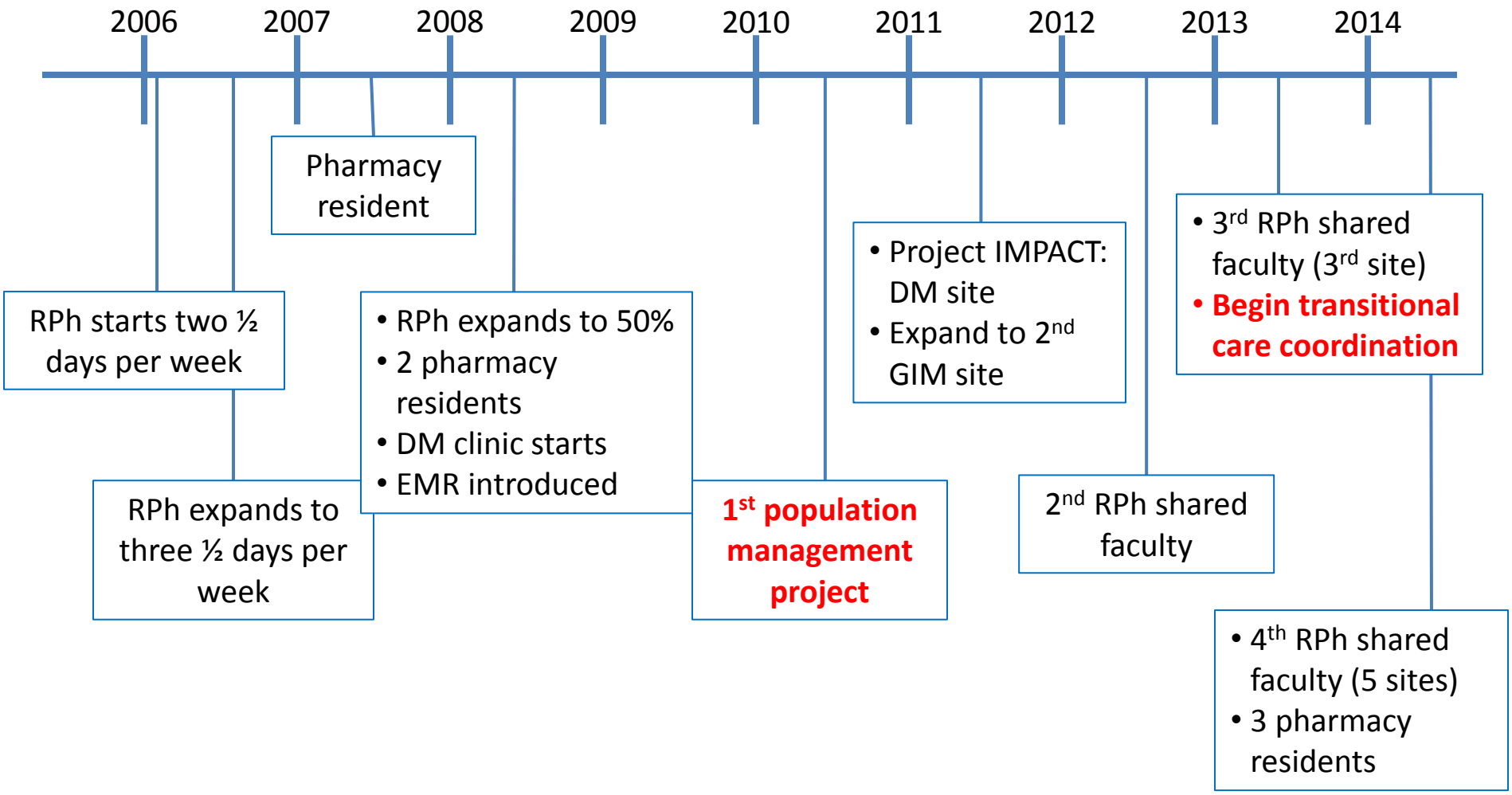
# OSU General Internal Medicine

- OSU Division of General Internal Medicine (GIM)
  - 6 outpatient clinics around central Ohio
    - National Committee for Quality Assurance (NCQA) tier 3 patient-centered medical homes (PCMH)
  - 40 attending physicians; 90 medical residents

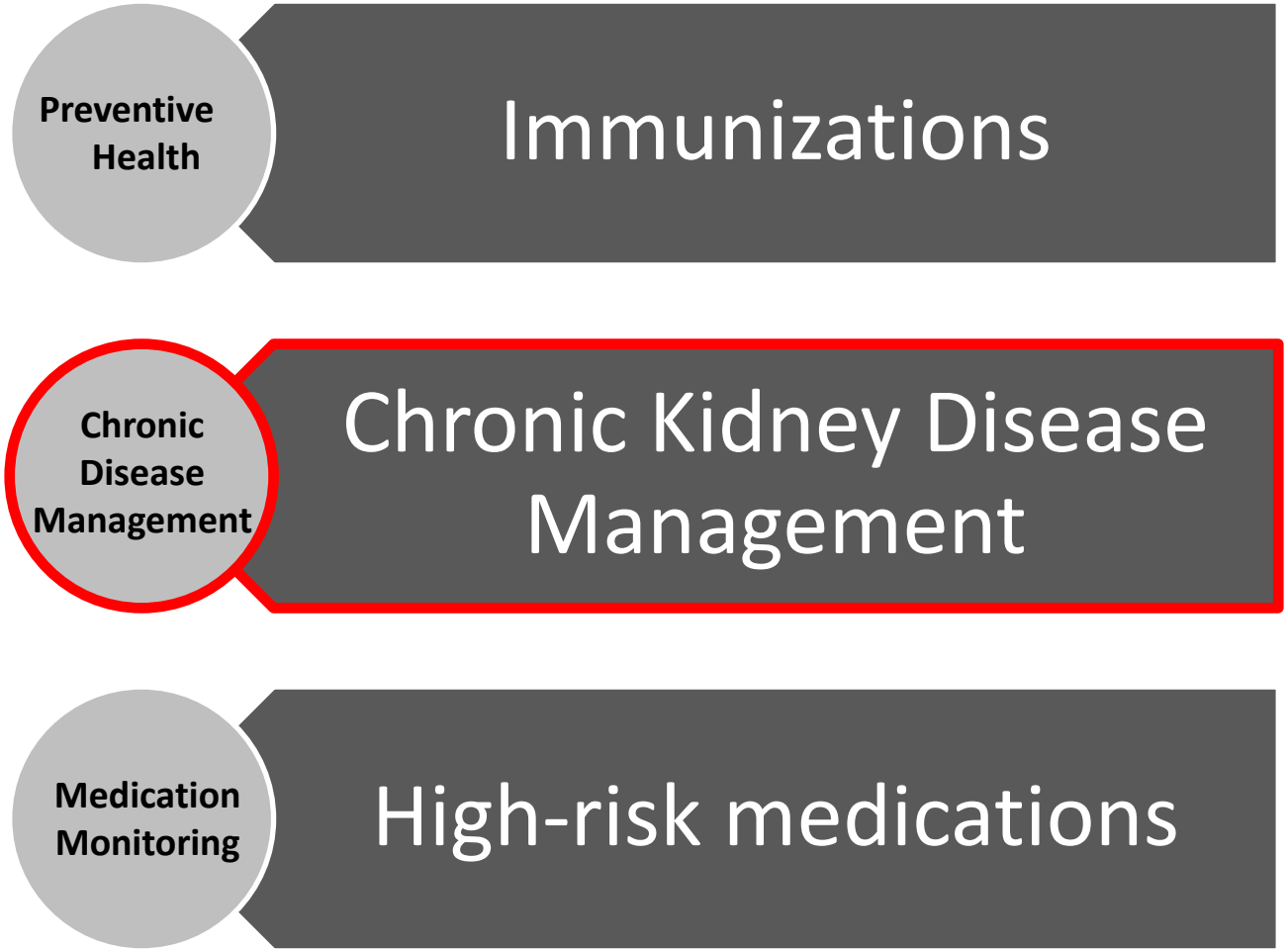
- Current state of pharmacy:
  - 4 shared faculty, 3 pharmacy residents

# OSU GIM Pharmacy Timeline



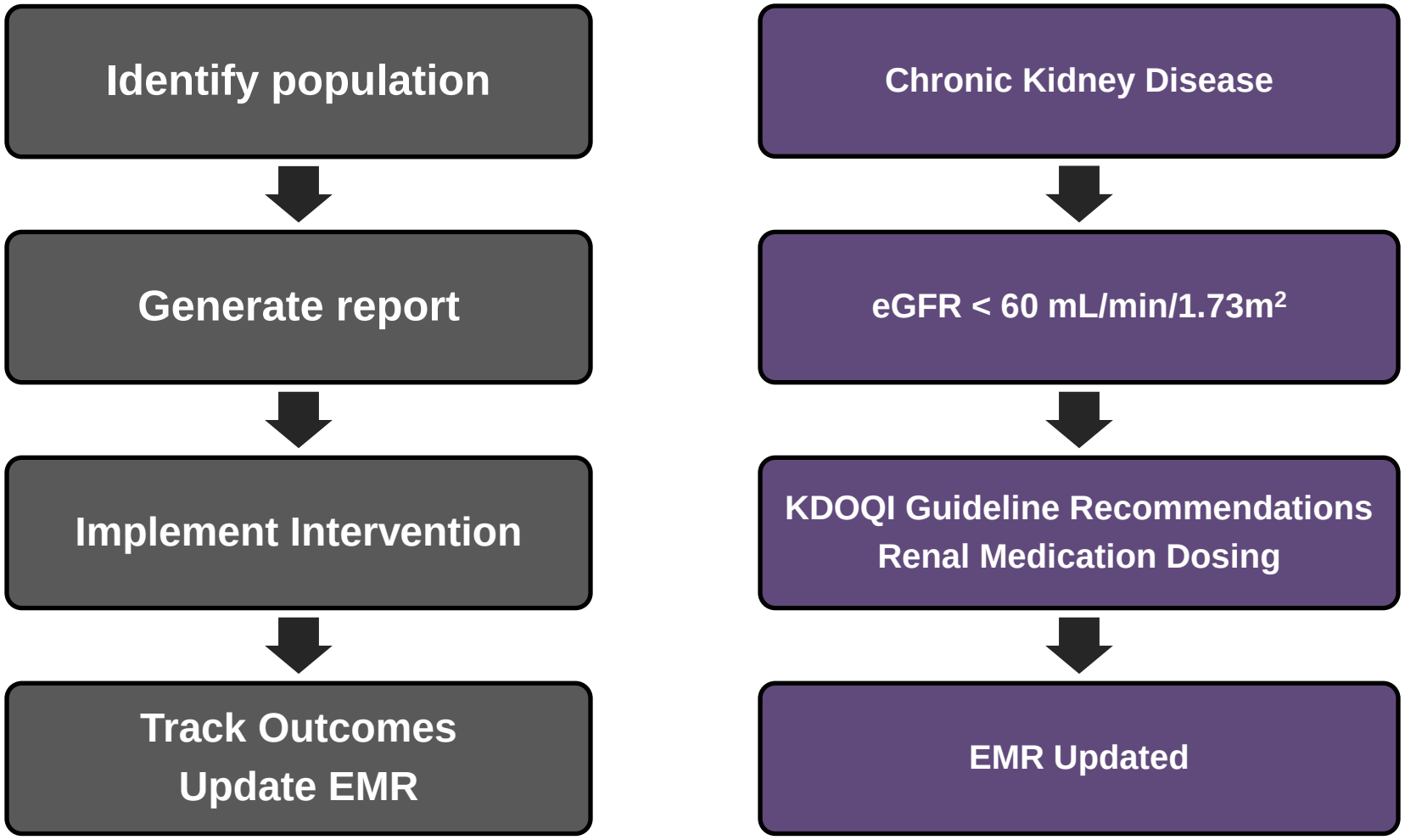
# Population Management

# OSU GIM Population Management



Chronic Disease Management

# Chronic Kidney Disease

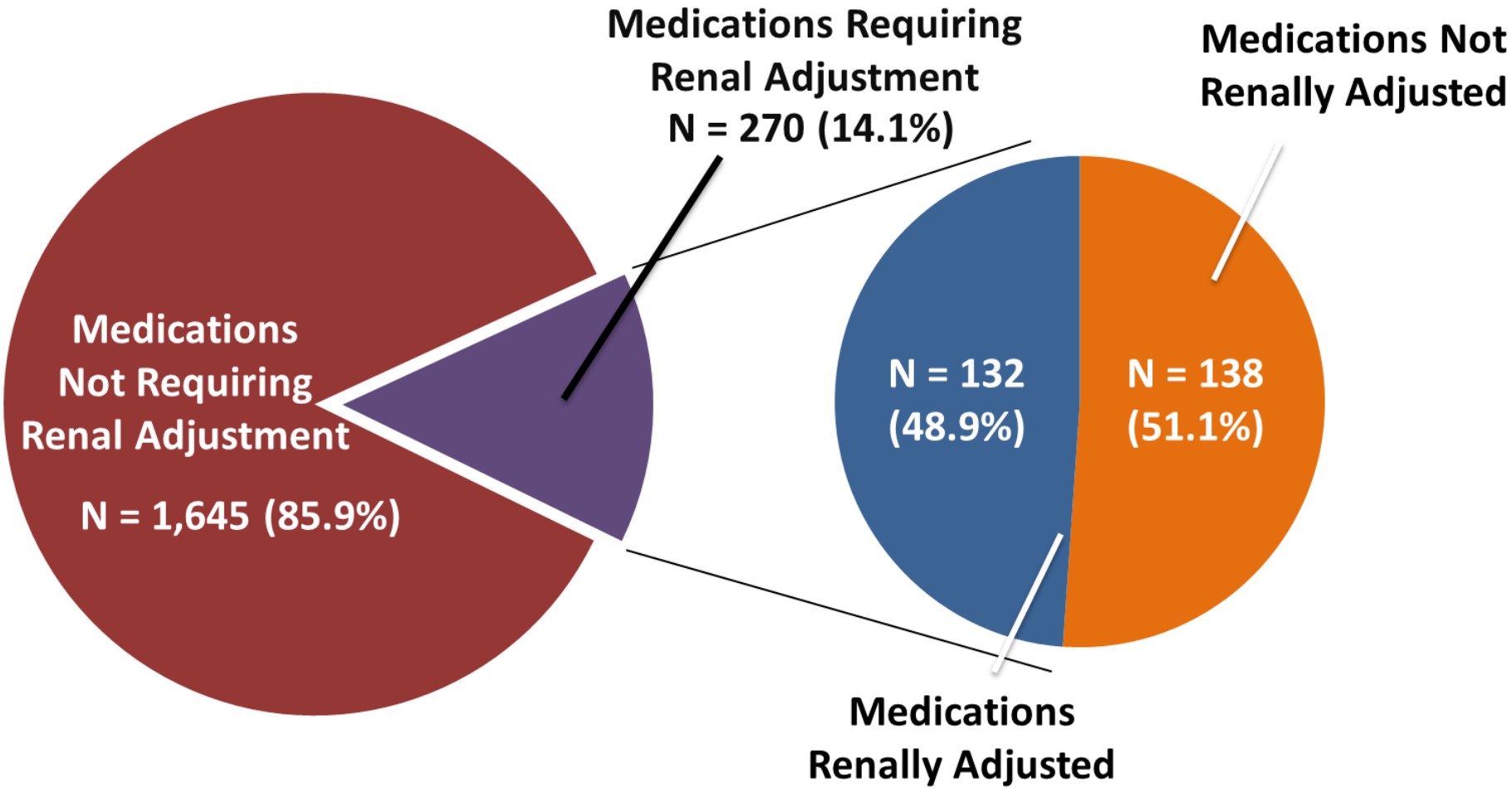


# CKD Baseline Characteristics

| | |
|---|---|
| **Sex** | **N = 146** |
| **Female** | **96 (65.8%)** |
| **Mean Age in years** | **71.6 ± 12.2** |
| **Mean Number of Medications on List** | **13 ± 5** |
| **Race** | |
| **African American** | **24 (16.4%)** |
| **White** | **112 (76.7%)** |
| **Other** | **10 (6.8%)** |
| **CKD Stage** | |
| **Stage 3** | **139 (95.2%)** |
| **Stage 4** | **5 (3.4%)** |
| **Stage 5** | **2 (1.4%)** |
| **Comorbidities** | |
| **Hypertension** | **123 (84.3%)** |
| **Diabetes** | **54 (37%)** |

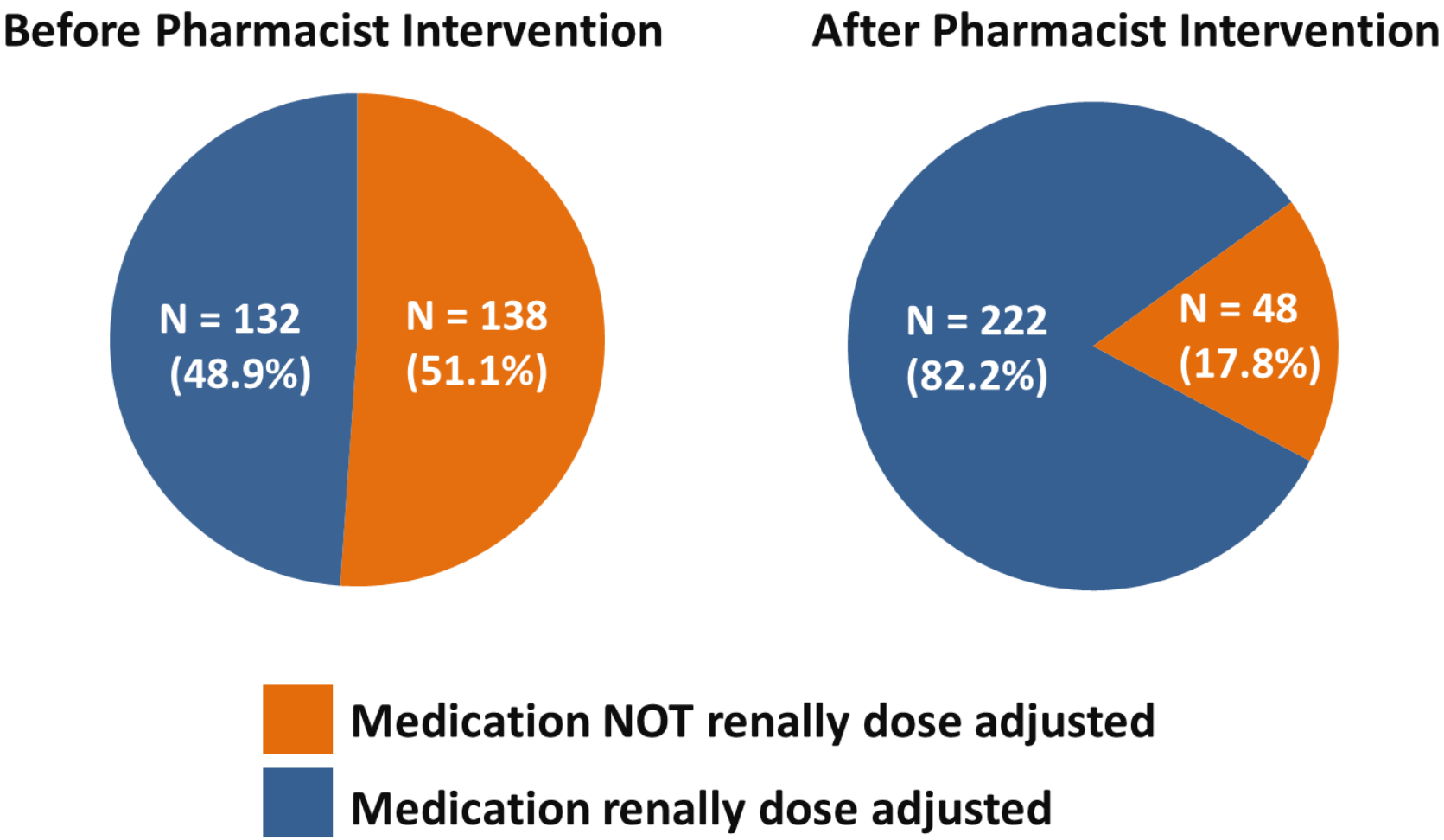
*Pharmacotherapy 10/14;epub*

# CKD Medication Safety




*Pharmacotherapy 10/14;epub*

# CKD Medication Safety




*Pharmacotherapy 10/14;epub*

# Population Management Value

- Targeted interventions to patients in need
  - Preventive health, high-risk medications
- Use in PCMH credentialing
- Save physician time
  - Interventions outside of office visit
- Improve outcomes

# Transitional Care Coordination

# Transitional Care Coordination

- 99495/99496 introduced in January 2013
- Contact by “licensed clinical staff” within 2 business days of discharge from acute care setting

Type of contact

- Phone
- Email
- Face-to-face

Acute Care Setting

- Acute or rehabilitation hospital
- Observation unit
- Nursing facility

- Face to face visit with physician within 7-14 days
- Continued coordination 30 days post-discharge

# Transitional Care Coordination Workflow

**Patient Discharged**
- **Discharge summary sent to physician**

**Physician review to determine complexity**
- **Message electronically sent to pharmacist**

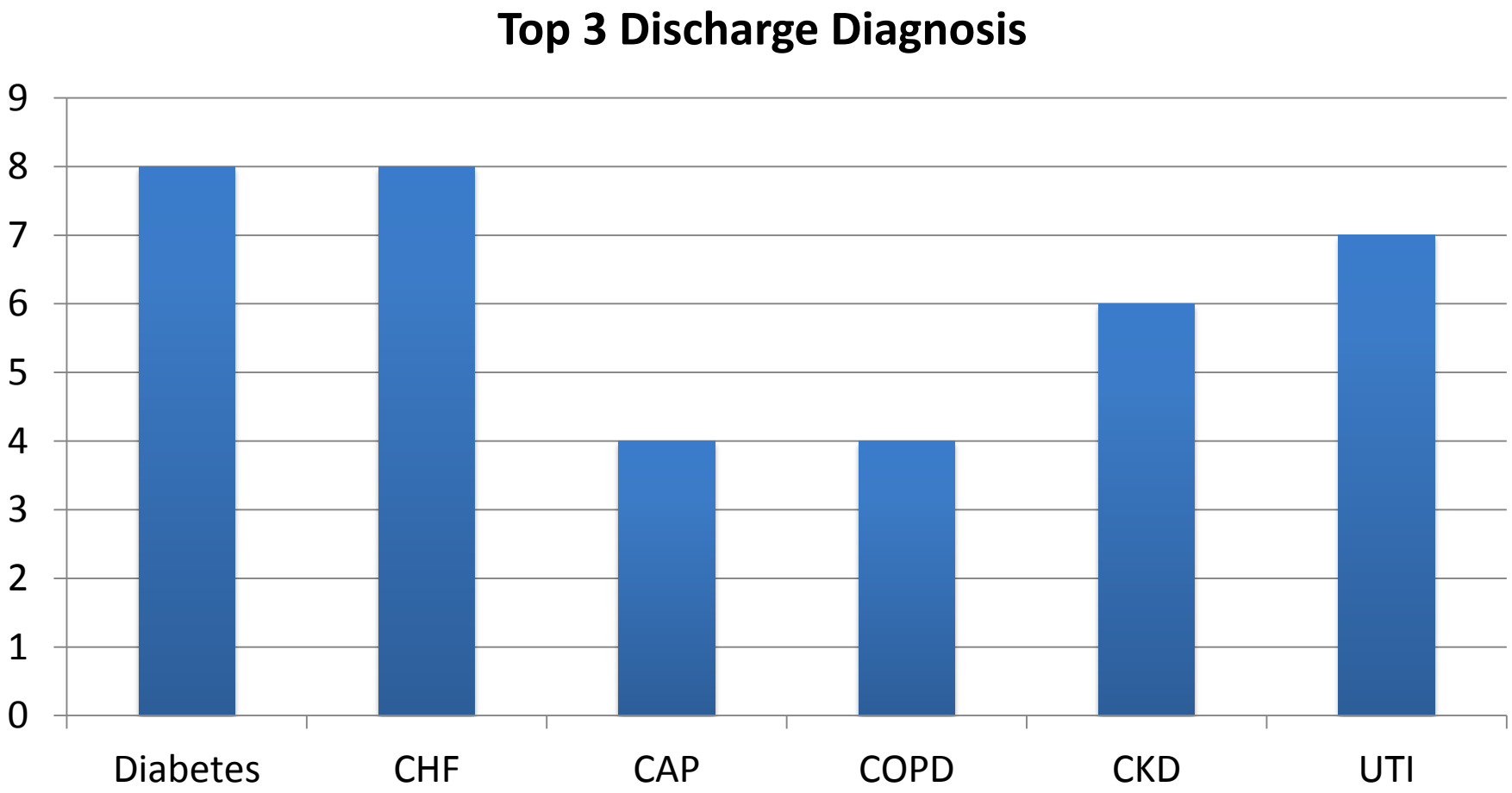
**Pharmacist contacts within 2 business days**
- **Assess patient; medication reconciliation; confirm appointments; document**

**Patient follow-up within 7 or 14 days**
- **Pharmacist's note leads to focused visit**

# Transitional Care Coordination

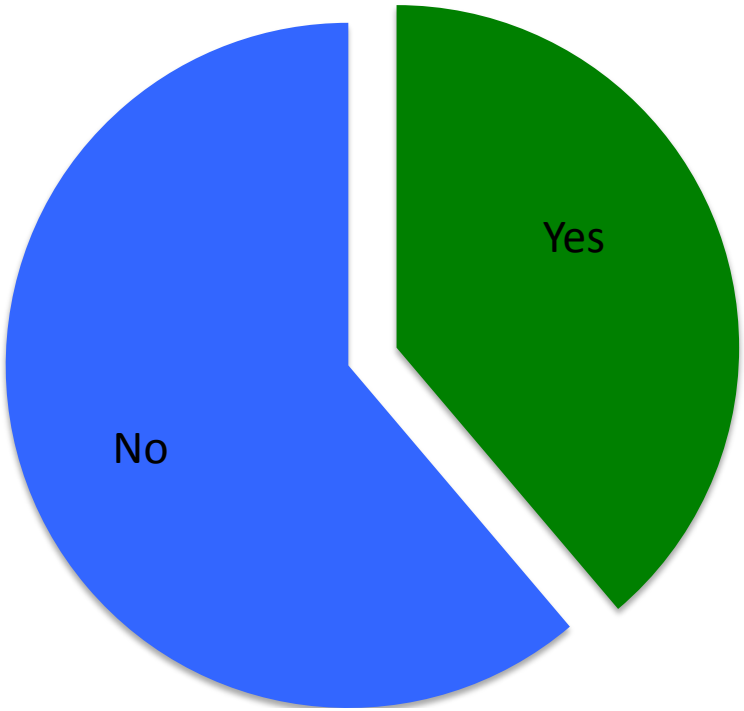
- Results from 4/1/13 – 7/31/13 (n=68)
- Average medications upon discharge – **14.7**
  - 37.3% on opioid
  - 34.3% on anticoagulant
  - 25.3% on antibiotic
  - 25.3% on insulin

# Transitional Care Coordination

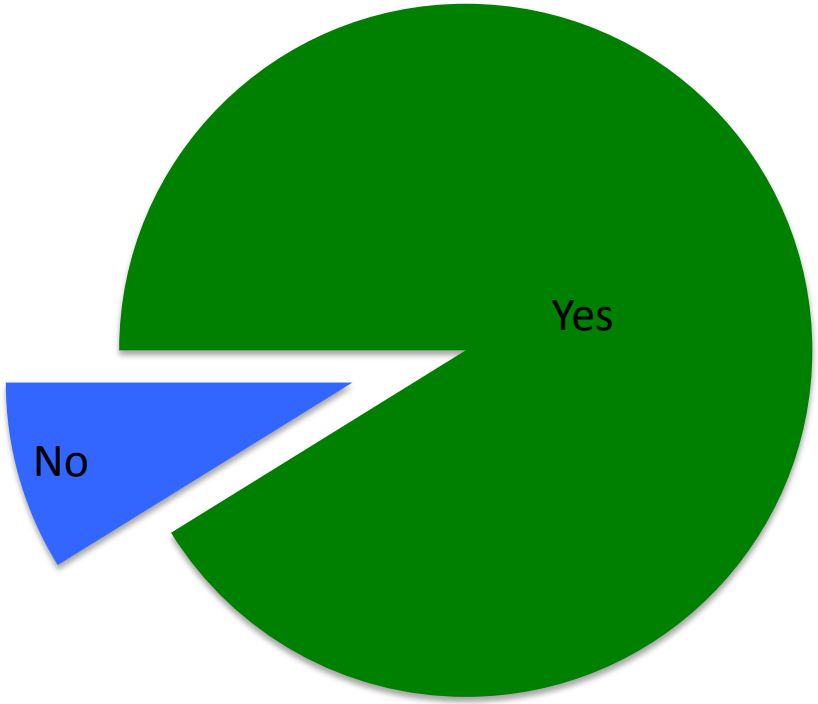


# Transitional Care Coordination

Follow up visit scheduled with PCP within 14 days **PRIOR** to pharmacy phone call




Follow up visit scheduled with PCP within 14 days **AFTER** pharmacy phone call



# Transitional Care Coordination

- Medication-related problems
  - Identified in 60% of phone calls

| | |
|---|---|
| Did not start NEW medication | 15 |
| Taking medication incorrectly (e.g., wrong dose, time) | 10 |
| Continued to take a STOPPED medication | 5 |
| Experienced adverse effect | 5 |
| Warfarin without INR monitoring scheduled | 6 |

# Transitional Care Coordination Value

| CPT code | tRVU | wRVU | tRVU - wRVU |
|---|---|---|---|
| 99214 | 3.13 | 1.49 | 1.64 |
| 99495 | 4.82 | 2.11 | 2.71 |
| 99215 | 4.20 | 2.10 | 2.10 |
| 99496 | 6.79 | 3.05 | 3.74 |

- Efficient hospital follow-up visit
- Reduced rehospitalizations?

# Other Services Provided

- Anticoagulation Management
- Multi-disciplinary polypharmacy clinic
- Multi-disciplinary diabetes clinic
- Medicare Part D enrollment
- Multi-disciplinary autism transitional program
- Patient counseling and device education
- Drug information questions
- Formal education to physicians

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PATIENT-CENTERED PRIMARY CARE:
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# Comprehensive Team-based Medication Management: A Glimpse of the Medication Use System we Deserve

PC-PCC Breakout Session:
Medication Management in the Medical Home

November 13, 2014

Brian J. Isetts, RPh, PhD, BCPS

Professor, University of Minnesota

# Presentation Purpose

The purpose of this presentation is to provide a brief overview of innovations in healthcare delivery and financing accelerating progress toward a medication use system we deserve

# Presentation Overview

- Progress toward accountable medication use
- Lessons learned from high-performing healthcare teams/systems
- Patient & family engagement in flipping the science of medication use
- Fee-for-value financing of

# Key Question to Run On

- What can we do now to shape the future of an accountable medication use system in which patients routinely achieve their drug therapy treatment goals with zero tolerance for preventable medication harms?

# This is Reality in Homes across America

# What's Wrong with the Medication Use "System" we have Now?

## Drug-related Morbidity & Mortality-a National Crisis

- Spend $300 billion annually to fix the ineffective & unfortunate consequences of medication use
- Largest category of hospital acquired conditions
- Most common cause for hospital readmissions
- 3 categories of drugs related to nearly 70% of harms
- Approximately 10 people die every HOUR from preventable medication harms

*So why has it taken so long to do something about this national crisis?*

# Current Characteristics of Medication Use

- Bad things happen to patients routinely
- Are considered a normal cost of doing business
- Patients don't always know the intended medical use for each of their medications
- Don't know the goals of therapy for their medications
- And we haven't built systems around the way patients take medications at home

# Reasons for Dysfunctional Medication Use

- Fee-for-Service (f-f-s) inadvertently rewards providers/organizations when drug therapies don't work or harm patients
- No one has stepped back and designed medication use systems from the patient perspective
- No one is responsible or accountable for what happens to patients when they take medications – that is, UNTIL NOW!

# Expectations of Comprehensive Medication Management in the Health System we Deserve

It is difficult to be an Accountable Care Organization (ACO) if you're not accountable for what happens when patients take medications

# Lessons from Comprehensive Team-based Medication Management

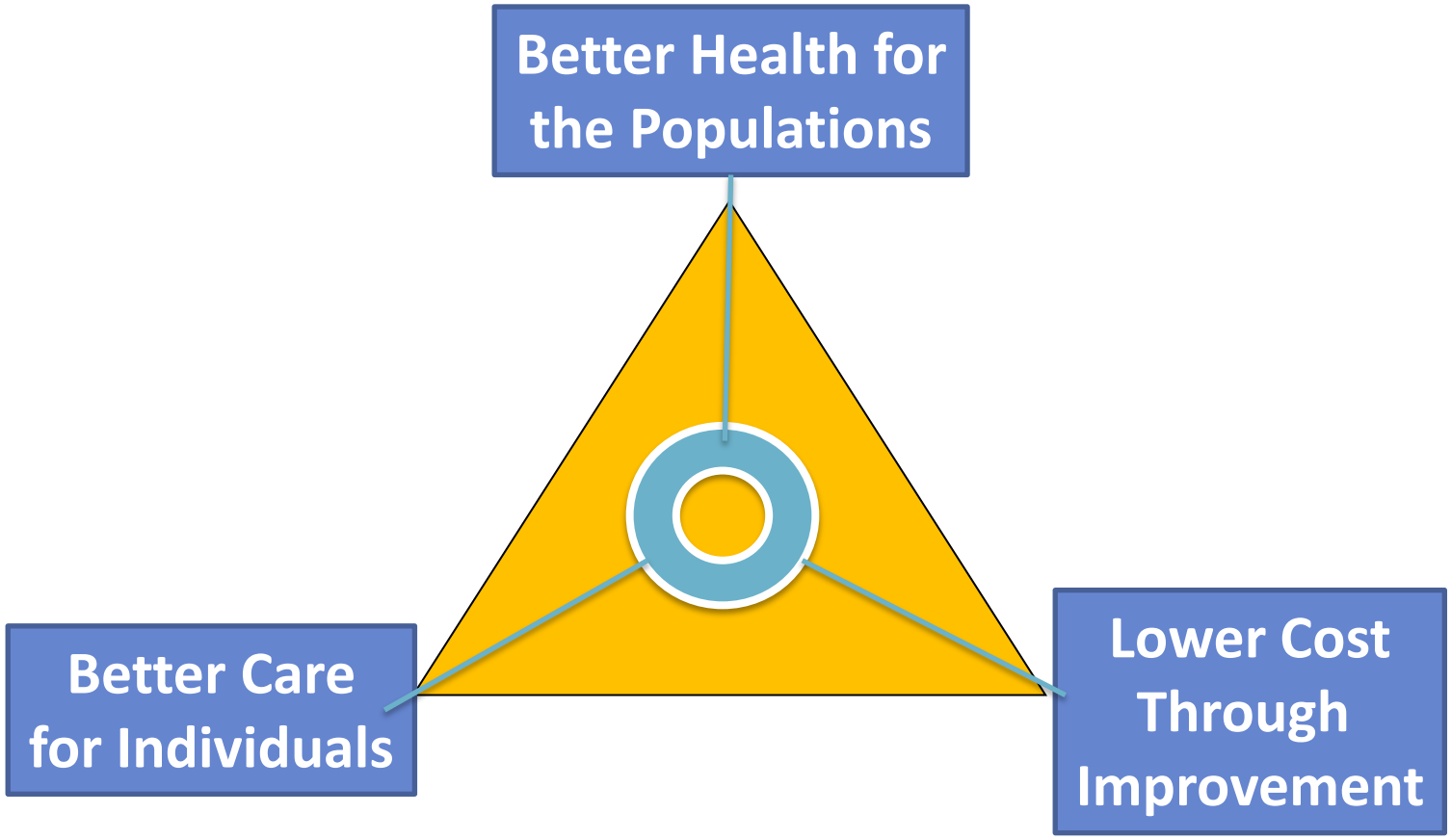
All team members help set patient-specific drug therapy goals for each medical condition:

- Assessment of intended use, effectiveness, safety, and adherence embedded across the continuum
- When patient is not achieving goals of therapy there is more effective use of pharmacists in care teams
- Coordination of care to transfer progress toward goals of therapy across settings and transitions
- Patients/care-givers help determine “high-risk” as core element of the patient-centered health home

# Outcomes of Comprehensive Team-based Medication Management

- Clinical outcomes: % of goals of therapy achieved, improved care measures (A1c, BP, LDL, etc.)
- Humanistic outcomes: Quality of life, patient satisfaction, reduced sick days
- Economic outcomes: Cost-benefit, fewer hospitalizations, return-on-investment, lower total cost of care
- Patient engagement & ownership of medication use
- Primary care provider job satisfaction

# A Three-Part Aim






Center for Medicare & Medicaid INNOVATION

# Indicators of Progress Towards our National Aims

- Intra-/Inter-Gov't Collaboration
- Reimbursement Reform
- Patient & Family Engagement
- Dynamic Systems Redesign
- Care delivery and payment reform were in motion well before the ACA

# Patient & Family Engagement in Flipping the Science of Medication Use

- Patient self-management of medications is central to transition of care models
- We are not care system hosts, but rather guests in patients' health care homes
- Patients now in hospital boardrooms, on advisory councils, & on task forces to redesign care
- PCORI patient engagement rubric and principles for compensating patients in research design
- Patient demand for systems to help them manage medications, instead of what we have now

# Open Letter to the Natl. Quality Forum

Dear Health Care Experts:

We request your guidance in establishing a medication use system focused on helping patients and families find the answers to three essential questions:

1) *What is the intended medical use for each of my medications?*
2) *What are the realistic, patient-specific goals for the medications used to treat each of my conditions?*
3) *What are the unique safety concerns specific to my mix of conditions & medications?*

We look forward to your response,

*Sharon and Edward Jungbauer*, Maplewood, MN (11/30/2012)

# Challenges to the Science of Accountable Medication Use

- Aligning medication management performance measures & incentives
- Payment reform limits in a capitalist economy driven by special interests
- Divisive rhetoric about the A.C.A.
- Limited life span of shared savings
- Social Security Act limits to pharmacists practicing at the top of skills & abilities

# Opportunities for Building a Medication Use System we Deserve

- CMS Payment Vision-April 21st *JAMA*
- Health system exemplar results
- SIMs and H.P.I. initiatives @ CMS
- Pharma workgroup on accountable medication use
- National Action Plan on ADEs
- Patient demand & beneficiary gain-sharing

# The Medication Use System We Can Have

## Key Characteristics

- Every drug in use in America is assessed to ensure: it has an intended medical use, is effective and safe, and can be taken by the patient as intended
- Patients, family members, and care givers contribute to establishing realistic, achievable goals of therapy
- Clear care plan responsibilities for achieving goals

Patients will Demand our Health System Help Them:

- 1) Describe the intended medical use of each medication
- 2) Set realistic, patient-specific goals of therapy
- 3) Understand safety for their co-morbidities & medications

# Patient Ownership of Comprehensive Team-based Medication Management

## Achieving a New Vision

- How can we accelerate progress toward a medication use system in which patients routinely achieve their goals of therapy with zero tolerance for preventable medication harms?

- How can you support Ed and Sharon Jungbauer's vision of team-based medication use led by a patient and family focus on three essential questions?

# Thank You

Brian J. Isetts

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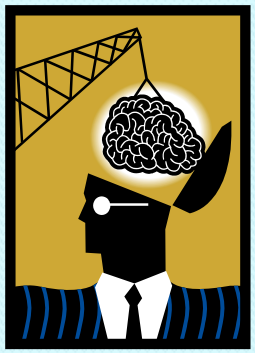

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