How Can Pharmacy Staff Add to the Accountability of ACO's?

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The speaker has no conflict of interest to declare.

Objectives

1. Describe what an Accountable Care Organization (ACO) is and how it can reduce health care costs
2. List areas of cost savings where pharmacy staff may be directly involved in an ACO
3. Describe steps pharmacists should take to make sure they have a place at the ACO table.

ACO Overview

- Patient Protection and Affordable Care Act (ACA) 2010
- CMS began contracting with ACOs in January 2012
- Government is targeting $1B in Medicare savings over 4 years across entire continuum of care (office/home, hospital, post acute)
- "Savings" (Hospital and Professional fee)
  - Reduced re-admissions
  - Reduced admissions
  - Reduced ED visits, unnecessary tests/procedures
- Solution: Accountable Care Organizations (ACOs)

BJC HealthCare ACO

What are we doing?: We are taking better and more coordinated care of seniors

Why it's important now: Seniors are a growing part of our population and utilize the most care. We have a time limited opportunity provided by Medicare that is going to give us tools and remove barriers to provide better care at a lower cost. We believe these tools are essential for our future success.

Where we're headed: When we are successful, patients will experience better health, our community will have better healthcare and we will be providing better value. We will have a healthcare system that others will want to emulate or join.

BJC HealthCare ACO

Beneficiary Attribution	
• Beneficiaries:	42,114
• Opt out of Data Sharing:	1,396
• % Remaining since MSSP Start:	70.1%
Physician Participation	
• Employed – 262	
• Private – 182	
Shared Savings Target	**2.4%**
12 Month Spend	**$255M**

Care Management	Transitional Care Program
	High Risk Patient Care Management
	Skilled Nursing Program
Physician Operations	Patient Access
	Patient Alerts
	After hours call triage
Clinical Data Sharing	Clinical/Financial Data Analytics
	Electronic Data Sharing Amongst Providers

As a pharmacist, what is your current status regarding your participation with an ACO?

1. Participant
2. Non-participant
3. Planning phase
4. Don't know

What areas of Pharmacists' expertise are of particular relevance to improving the quality of primary care?

- Medication reconciliation
- Pharmacotherapy management and monitoring
- Care coordination related to drug therapy

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ACO Status Today

- Nearly 480 private ACOs in existence
- 360 Medicare Shared Savings Program ACOs
  - 11 ACOs in Illinois (including Walgreens)
- Tremendous variation amongst ACOs
- Growing number use pharmacists to provide medication management as a core element

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Walgreens Participation in ACOs

- Participate in 3 Medicare ACOs nationwide
- First national pharmacy chain to participate
- Partnered with hospitals and physician groups
- *Services:* immunizations, screenings, wellness programs, medication adherence, in-store clinics (nurse practitioners), disease management (pharmacists), MTM, care transitions

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Medication-Related Problems

Approximately 75% of medication problems in primary care are related to:

- Clinician-influenced gaps in care
- Inappropriate or ineffective prescribing
- Lack of care coordination
- Inconsistent monitoring of drug therapy
- Patient factors account for remaining 25%

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Medication Reconciliation Problems

- 50% discrepancies result from discontinued medications
- 35% due to differences between patient-reported use and the EHR medication list
- Only 45% of Medicare patients bring their medication list to physician appointments

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Medications During Care Transitions

- Discrepancies at hospital admission range from 30-70%
- Poor communication results in:
  - 50% of medication errors in the hospital
  - 20% of adverse drug events

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Components of Integrated Care

- Multidisciplinary care team members (including patients and care-givers)
- Reciprocal interdependency
- Handovers (receipt of information)
- Coordinated outcomes (shared goals)
- Continuous outcomes (patient progress from visit to visit)

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Comprehensive Medication Management

Core elements of patient-centered medication use and safety:

1. Gold standard medication list
2. Regular assessment of medication appropriateness (each drug on the list)
3. Personal medication action plan
4. Documentation and communication of recommendations to patient and providers

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Pharmacist's Recommendations

- Avoid medication errors
- Resolve inappropriate medication prescribing (omission, duplication, unnecessary drug, dose-optimization, drug interactions, ADRs, non-adherence)
- Address health literacy
- Reduce costs for patient and health system

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Virtual Care Teams

- ACO partners with external pharmacists in the community to provide coordinated services
- ACO identifies highest priority needs
- ACO pinpoints gaps in medication management
- Successful implementation requires data-sharing (health records) and communication
- Provider and patient engagement are key

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ACO Quality Measures

33 quality measures in 4 domains:

- Better care for individuals
  - Patient/caregiver experience
  - Care coordination/patient safety
- Better health for populations
  - Preventive health
  - At risk populations

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ACO Quality Measures

Selected measures impacted by pharmacists:

#5	Health promotion and education
#8	Risk standardized all condition readmission
#9	Ambulatory Sensitive Conditions Admissions: COPD or Asthma in Older Adults
#10	Ambulatory Sensitive Conditions Admissions: Heart failure
#12	Medication reconciliation
#13	Falls: Identification of medications that increase risk for falls

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ACO Quality Measures

Selected measures impacted by pharmacists:

#14	Influenza Immunization
#15	Pneumococcal Vaccination for Patients 65 Years and Older
#17	Tobacco Use: Screening and Cessation Intervention
#22	Diabetes Composite (All or Nothing Scoring): Diabetes Mellitus: Hemoglobin A1c Control (8 percent)
#23	Diabetes Composite (All or Nothing Scoring): Diabetes Mellitus: Low Density Lipoprotein Control

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Pharmacist Collaboration Levels

Level	Description
Coordinated Care	Minimal to basic collaboration, limited communication with physician – usually with office staff
Co-Located Care	On-site care, access to health records, part-time or full-time, opportunity for patients to meet with pharmacist
Integrated Care	Pharmacist services embedded into routine practice workflow, collaborative practice agreements

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Opinion Poll: "I believe that I could help an ACO improve their quality measures."

1. Agree
2. Disagree

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Integrated Care Teams

- *"Patient care that is coordinated across professionals, facilities, and support systems; continuous over time and between visits; tailored to the patients' needs and preferences; and based on shared responsibility between patient and caregivers for optimizing health."*

  Sara Singer et al., Medical Care Research and Review, 2011

- No mention of health care professional's place of work
- Seamless patient-centered care
- Shared responsibility for care (patient + all health care professionals)
- Continuous over time and between visits

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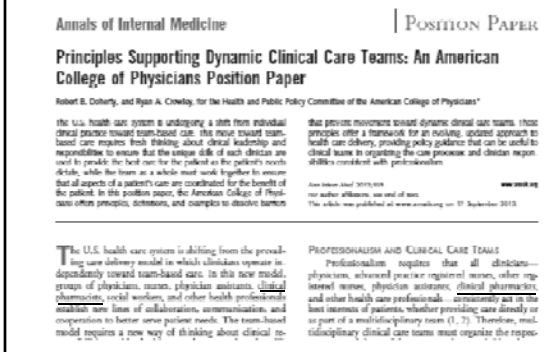
Clinical Care Teams: ACP Position*



Annals of Internal Medicine | Position Paper

Principles Supporting Dynamic Clinical Care Teams: An American College of Physicians Position Paper

Robert B. Doherty, and Ryan A. Crowley, for the Health and Public Policy Committee of the American College of Physicians*

the U.S. health care system is undergoing a shift from individual clinical practice toward team-based care. this move toward team-based care requires fresh thinking about clinical leadership and responsibilities to ensure that the unique skills of each clinician are used to provide the best care for the patient as the patient's needs dictate, while the team as a whole must work together to ensure that all aspects of a patient's care are coordinated for the benefit of the patient. In this position paper, the American College of Physicians offers principles, definitions, and examples to dissolve barriers that prevent movement toward dynamic clinical care teams. these principles offer a framework for an evolving, updated approach to health care delivery, providing policy guidance that can be useful to clinical teams in organizing the care processes and clinician responsibilities consistent with professionalism.

The U.S. health care system is shifting from the prevailing care delivery model in which clinicians operate independently toward team-based care. In this new model, groups of physicians, nurses, physician assistants, clinical pharmacists, social workers, and other health professionals establish new lines of collaboration, communication, and cooperation to better serve patient needs. The team-based model requires a new way of thinking about clinical re-

Professionalism and Clinical Care Teams

Professionalism requires that all clinicians—physicians, advanced practice registered nurses, other registered nurses, physician assistants, clinical pharmacists, and other health care professionals—consistently act in the best interests of patients, whether providing care directly or as part of a multidisciplinary team (1, 2). Therefore, multidisciplinary clinical care teams must organize the respec-

** "Clinical Pharmacist" specifically named*

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Potential Pharmacist Roles: BJC ACO

- Case management rounds (multidisciplinary team)
- Virtual comprehensive medication management (high-risk patients)
- Care transition pharmacist (hospital)
- Pharmacotherapy-related professional development for clinicians (seminars, webinars, newsletters, etc.)

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Pharmacists in ACOs: *Challenges*

- Pharmacist training (and retraining)
- Business model (organizational alignment) and payment reform
- Workflow integration (practice)
- Workflow integration (pharmacy)
- Measurement of impact on quality and on savings

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Scalability and Sustainability

Workforce Development:

- Credentialed pharmacists for direct and indirect patient interactions
- Pharmacist enthusiasm is not only qualification
- Competency-based training opportunities
- Interdisciplinary training opportunities

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Key References

1. Smith M, Bates D, et al. Pharmacists belong in accountable care organizations and integrated care teams. Health Affairs 2013;32:1963-70.
2. AMCP. Pharmacists as vital members of accountable care organizations. 2011.
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What effect has your participation in this program had on your personal interest in partnering with an ACO?

1. Increased
2. Decreased
3. No change

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