MN Community Measurement Webinar

Expanding the Care Team to Improve Outcomes:

Evaluating the Impact of Pharmacy-Based Interventions

DECEMBER 9, 2020

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Welcome!

Thanks for joining us today.

All webinar participants are in “listen-only” mode. To ask a question, please type your question into the “Q&A” box at the bottom of your screen at any time during the webinar.

MNCM will send a link to presentation slides and the recording to webinar attendees later this week.

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Today’s topic:

Expanding the Care Team to Improve Outcomes:

Evaluation Project Highlights Impact of Pharmacy-Based Interventions

AGENDA

- Context for the project and connections to MNCM’s work
- Why the project is important and what problems it targets
- How the pharmacy network formed and approached its work
- Evaluation overview and results
- How results were achieved & lessons learned
- Audience Q/A

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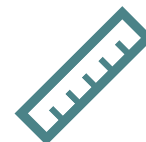
MNCM empowers health care decision makers with meaningful data to drive improvement.

What we do

Multi-stakeholder convening


Measure developer

Data collection, validation

Public transparency

How our data are used

Quality improvement

Benchmarking

Value-based payment

Reducing disparities

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CURRENT STATUS OF DIABETES CARE IN MINNESOTA

Of 322,000 adults in Minnesota with diabetes who were included in MNCM's optimal diabetes care (ODC) measure for health care provided in 2019:

55% were not optimally managed as defined by meeting all component targets (N = 177,100)

12% were not prescribed a statin medication when appropriate (N = 38,640)

16% were not tobacco-free (N = 51,520)

5% had no Hemoglobin A1c (HbA1c) test in the last year (N = 16,100)

THE "D5"

The D5 is a set of five treatment goal that when reached together, represent the gold standard for managing diabetes.

HbA1c < 8.0 mg/dL

Blood pressure < 140/90 mm Hg

Tobacco-free

On a statin medication
Unless contraindicated

If ischemic vascular disease, on daily aspirin/antiplatelet
Unless contraindicated

For more information on the MNCM Optimal Diabetes measure, click here.

Acknowledgements

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Today’s Presenters

Liz Cinqueonce
Chief Operating Officer
MN Community Measurement

Victoria Losinski, PharmD, PhD, MBA
Director, Strategy and Implementation for Quality, Star Ratings and Risk Adjustment
Blue Cross Blue Shield of Minnesota

Jeremy Faulks, PharmD
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Thrifty White Pharmacy

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MN Community Measurement

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BlueCross BlueShield Minnesota

Victoria Losinski, PharmD, PhD, MBA

Director, Strategy and Implementation for Quality, Star Ratings, and Risk Adjustment

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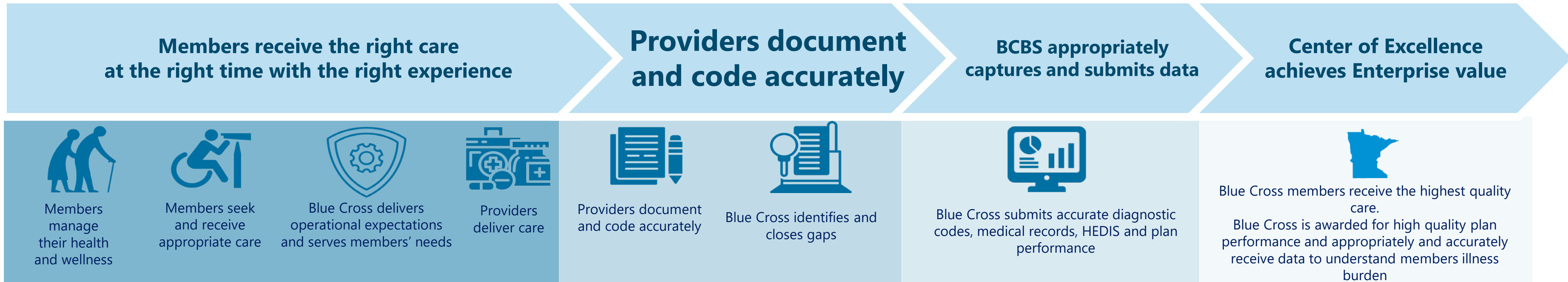
STAR, QUALITY & RISK ADJUSTMENT CENTER OF EXCELLENCE

VALUE CHAIN TO SUCCESS

Ensuring the right members receive the right care, at the right time, with the right experience



The purpose of the Center of Excellence is to **drive performance** towards **high quality performance, Star Rating stabilization** and **risk adjustment optimization.**

We do this through influencing the levers that effect change across the value chain.

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QUALITY IN THE MEDICARE POPULATION

STAR RATINGS ARE *THE* STANDARD OF QUALITY ASSESSMENT FOR MEDICARE MEMBERS

- WHAT ARE STAR RATINGS?
- 5-point rating system that measures the *quality performance* of Medicare Advantage and Prescription Drug plans
- There are approximately 40 measures in 3 focus areas:
  - Clinical Quality (preventive and chronic care)
  - Member Satisfaction and Perceptions of Health
  - Health Plan Operations

- INDUSTRY PERFORMANCE MATTERS
- Star measures and thresholds **change annually**, which requires flexibility to rapidly adapt and respond
- Star ratings are scored 'on a curve' relative to other plans and each measure has established cut points that change annually as industry performance evolves

CLINICAL QUALITY: PHARMACY MEASURES

	WHAT IT LOOKS AT	WHO ITS FOR
Medication Reconciliation Post-Discharge	The percentage of members for whom medical staff have reviewed pre-admission and discharge medication list.	Health plan members discharged from the hospital between January 1 and December 1 of the measurement year
Medication Adherence for Diabetes Medication	The percentage of members with diabetes who are taking a cholesterol lowering medication to prevent heart attacks and strokes.	Drug plan members with diabetes
Medication Adherence for Hypertension (RAS antagonists)	The percentage of members taking a particular type of blood pressure medication who have enough medication on hand to take it at least 80% of the time.	Drug plan members with hypertension
Medication Adherence for Cholesterol (Statins)	The percentage of members taking oral diabetes medication who have enough medication on hand to take it at least 80% of the time.	Drug plan members with high cholesterol
MTM Program Completion Rate for CMR	The percentage of eligible members who receive a comprehensive medication review to ensure all medications are appropriate, effective, safe, and taken as intended	Drug plan members enrolled in a Medication Therapy Management program
Statin Use for Person with Diabetes (SUPD)	The percentage of members with diabetes who are taking a cholesterol lowering medication to prevent heart attacks and strokes.	Drug plan members with diabetes
Statin Therapy for Patients with Cardiovascular Disease	The percentage of members with heart disease who are taking a medication to lower cholesterol.	Health plan members 75 and under with heart disease

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CLINICAL QUALITY: CLINICAL MEASURES

	WHAT IT LOOKS LIKE	WHO IT'S FOR
Breast Cancer Screening	The percentage of members appropriately screened for breast cancer	Female health plan members 74 and under
Colorectal Cancer Screening	The percentage of members appropriately screened for colon cancer	Health plan members up to age 75
Osteoporosis Management in Women who had a Fracture	The percentage of female members with a fracture who received appropriate screening or treatment for osteoporosis within 6 months of their fracture.	Female health plan members age 67 to 85 years old
Diabetes Care – Eye Exam	The percentage of members with diabetes and had a recommended annual eye exam to check for damage from diabetes	Health plan members up to age 75 with type 1 or type 2 diabetes
Diabetes Care – Kidney Disease Monitoring	The percentage of members with diabetes who have had a recommended screening for kidney function	Health plan members up to age 75 with type 1 or type 2 diabetes
Diabetes Care – Blood Sugar Controlled	The percentage of members with diabetes have their blood sugar under control (HbA1c <7.0%)	Health plan members up to age 75 with type 1 or type 2 diabetes
Rheumatoid Arthritis Management	The percentage of members with rheumatoid arthritis and have one or more prescriptions for anti-rheumatic medication	Health plan members diagnosed with rheumatoid arthritis during the measurement year
Controlling Blood Pressure	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	Health Plan members 18-85 years

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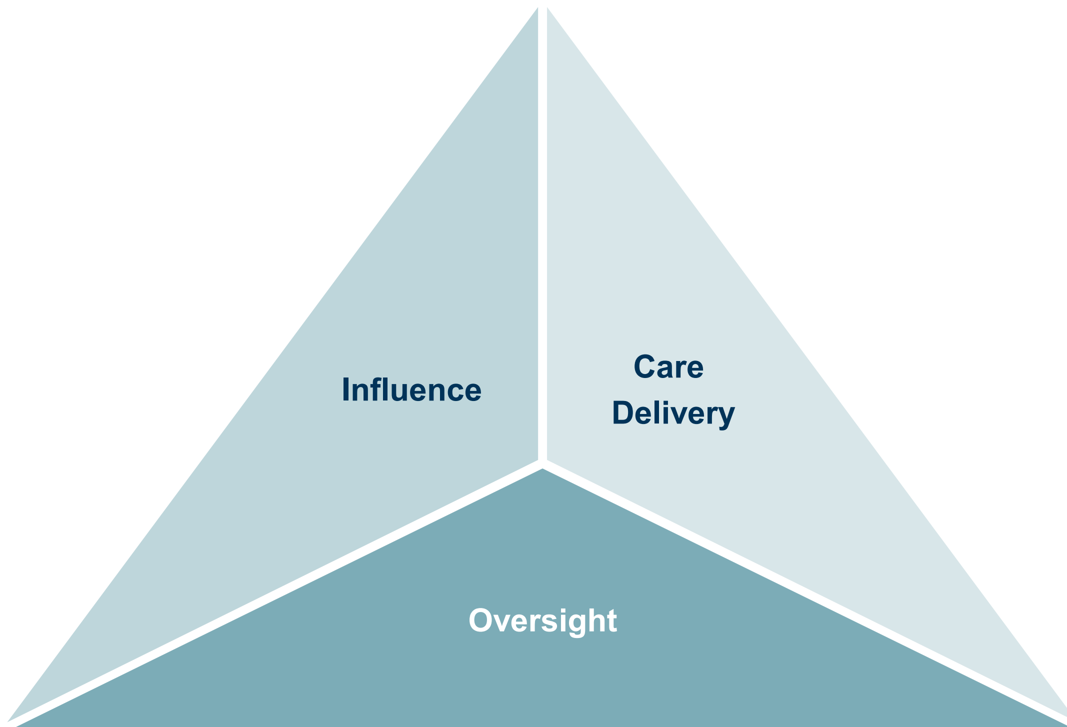
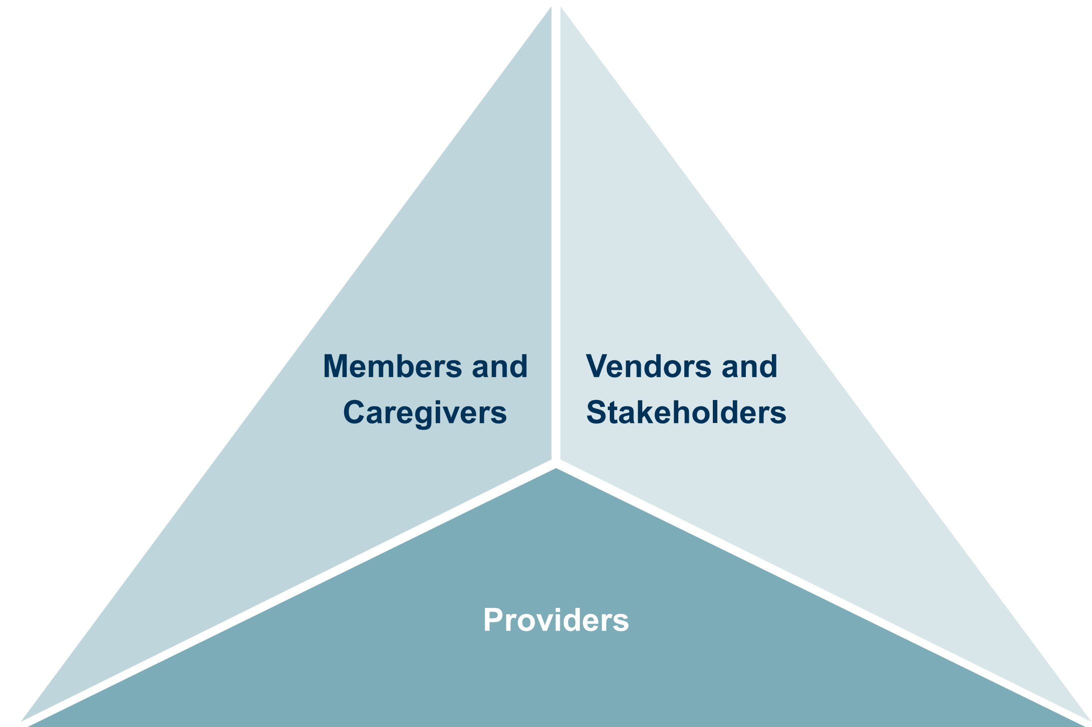
COORDINATING PROGRAMMING

BlueCross BlueShield Minnesota

Types of Programs



Coordination of Program Tactics



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DESIGNING SOLUTIONS

BlueCross BlueShield Minnesota

Trusted partners

Utilize partners who have demonstrated high quality care and shared values

Member Centric

Design with the member's experience at the forefront

Leverage Existing Relationships

Start where members already have a relationship with a care team member whenever possible

PROJECT GOALS

- Leverage existing BCBS member- Thrifty White pharmacist relationships to improve medication outcomes

- In sharing potential clinical care gaps with Thrifty White pharmacists:
  - Improve medication adherence for diabetes, hypertension, and cholesterol medications
  - Ensure members with diabetes are evaluated for if a statin medication is appropriate
  - Ensure members with diabetes are regularly receiving A1c monitoring

THANK YOU.

Victoria Losinski, PharmD, PhD, MBA
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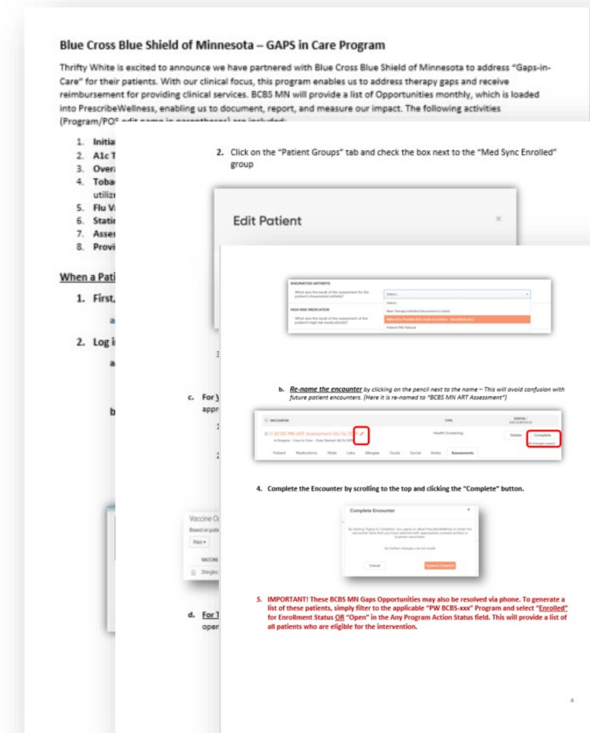
Building a Pharmacy Network

- In addition to 99 corporately owned pharmacies, Thrifty White manages a network of independently owned “affiliate” pharmacies. By leveraging this network, and reaching out to strategic partners across Minnesota, a network of 55 pharmacies was established

- Pharmacies in the network agreed to specific requirements, including maintaining access to the clinical platform, program performance, and monthly reporting

Network Training and Implementation

- Initial training was provided to the pharmacy network via Webex
- Each team received a "quick guide" of intervention types, how to address, and documentation needed for closure
- Thrifty White deployed a dedicated Project Manager to monitor Intervention Reports weekly and follow-up with pharmacies
  - Open Opportunities
  - Completed Opportunities
  - Missed Opportunities
- Monthly Summary Reporting
  - **Med Sync:** Newly Enrolled, Continuing, and Open
  - **Targeted Interventions**: Open and Completed
- **Keys to Success #1** – Visibility into Intervention Completion, and a <u>Dedicated</u> Project Manager



Blue Cross Blue Shield of Minnesota – GAPS in Care Program

Thrifty White is excited to announce we have partnered with Blue Cross Blue Shield of Minnesota to address "Gaps-in-Care" for their patients. With our clinical focus, this program enables us to address therapy gaps and receive reimbursement for providing clinical services. BCBS MN will provide a list of Opportunities monthly, which is loaded into PrescribeWellness, enabling us to document, report, and measure our impact. The following activities

2. Click on the "Patient Groups" tab and check the box next to the "Med Sync Enrolled" group

Edit Patient

b. *Re-name the encounter* by clicking on the pencil next to the name – This will avoid confusion with future patient encounters. (Here it is re-named to "BCBS MN ART Assessment")

4. Complete the Encounter by scrolling to the top and clicking the "Complete" button.

5. **IMPORTANT! These BCBS MN Gaps Opportunities may also be resolved via phone. To generate a list of these patients, simply filter to the applicable "PW BCBS-xxx" Program and select "Enrolled" for Enrollment Status OR "Open" in the Any Program Action Status field. This will provide a list of all patients who are eligible for the intervention.**

Employee Owned Thrifty White PHARMACY Est. 1884

Opportunity Targeting

- BCBS Provided Patient list and specific Intervention opportunities
- Thrifty White analyzed and matched the data, then loaded opportunities into the patient management platform
- Opportunities were presented at the local pharmacy
  - **Initial Medication Synchronization Enrollment**
  - **Follow-up Targeted Patient Interventions:**
    1. Annual Vaccination Assessment
    2. Tobacco Status / Smoking Cessation support
    3. A1c Testing and value collection
    4. Flu Vaccination
    5. Statin use for Patients with Diabetes

- **Keys to Success #2 -** Enrollment into Medsync drove better patient engagement and offered scheduled monthly “Pickup Appointments” to address future interventions

Keys to Success #3 - Simplify the Patient Journey

Rx MedSync

Synchronized Prescription Refill Service

PatientRxicity Clinical Patient Management System

- Opportunities are loaded into the system and presented to the pharmacist
- Pharmacist completes the intervention and documents outcome

PatientRxicity
Current Store: 790
Working Stores: Multiple
Logged In User: JOHN FAULKS (705798)

MENU
PC Verify | PC Queue | Fill Verify | Admits Queue | Search

Clinical Queue
Powered By: PhaRxmacist AI

» 15 of 52 Interventions

STORE 790
PROGRAM -
LAST_NAME
PHONE
TYPE -
STATUS OPEN
Filter

DATE DUE	PICK-UP	PATIENT NAME	TYPE	TASK
02-26-20	09/21/2019		CMR	3
02-26-20	01/28/2020		CMR	1
02-26-20	01/29/2020		CMR	3
02-26-20	02/04/2020		CMR	2
02-26-20	02/09/2020		CMR	1
02-26-20	02/11/2020		CMR	2
02-26-20	02/17/2020		CMR	3
02-26-20	02/17/2020		CMR	2

PatientRxicity
Current Store: 790
Working Stores: Multiple
Logged In User: JOHN FAULKS (705798)

MENU
PC Verify | PC Queue | Fill Verify | Admits Queue | Search

PATIENT DEMOGRAPHICS (829)

Patient
Patient Name
DOB
Primary Phone
LTC No
Rx MedSync Yes
Ready Refill Yes

View Allergies | View Profile

Select Primary Care Provider
These are available from this patient's prescriptions.
ALAN ROISELAND | Select

PATIENT NOTES
PREVIOUS RECOMMENDATIONS
CONTACT LOG
CLINICAL DOCUMENTS

INFORMATION NEEDED FOR BILLING A CMR

DIRECTIONS:
Step 1: Below select who the CMR was delivered to, if patient is cognitively impaired and the CMR Delivery Method.
Step 2: Complete any open recommendations for patient.
Step 3: In the notes section of this recommendation - list additional information discussed including any additional Medication Therapy Problems.

Discussed with: Patient **Is patient cognitively impaired:** No **Delivery Method:** Face to Face

Print Form | Complete CMR

DISCONTINUATION RECOMMENDATION

DIRECTIONS:
Clopidogrel is a medication used to decrease the formation of blood clots. Generally speaking, this medication is to be used for a defined period of time, whether for one year, two years, or for life. Should it be greater than one year since starting this medication, please consider speaking with your provider to determine how long you should continue taking this medication. For now, please continue taking your medication as directed.

Drug: CLOPIDOGREL 75MG TABLET » Print Prescriber Fax

Change in Dose/Form/Interval Recommendation: Change in Dose/Form/Interval recommended to prescriber - No response or pending

Notes:

Defer | Complete Recommendation

Keys to Success #4 – In-workflow Opportunity Presentation

PatientRxicity

Current Store: 736
Working Stores: Multiple
Logged In User: JUSTIN HEISER (702217)

SEARCH 736 RX Number Last Name

MENU

PC Verify | PC Queue | Fill Verify | Admits Queue | Search | Clinical | Specialty | Missing RX? | QA

PATIENT DEMOGRAPHICS (829)

Patient

Patient Name
DOB 05-15-51 AGE 69
Primary Phone (218)
LTC No
Rx MedSync Yes
Ready Refill Yes

View Allergies | View Profile

Select Primary Care Provider

These are available from this patient's prescriptions.

Select

PATIENT NOTES
PREVIOUS RECOMMENDATIONS
CONTACT LOG
CLINICAL DOCUMENTS

INFORMATION NEEDED FOR BILLING A CMR

DIRECTIONS: BCBS GAPS

Step 1: Review and complete assigned task(s) below.

Discussed with: (Edit) — Patient
Is patient cognitively impared: No
Delivery Method: Phone

Complete CMR

PATIENT EDUCATION

DIRECTIONS:

Our records indicate that you do not have a current A1C level on file. We would like to conduct a free A1C test for you today. This will only take a couple of minutes. You can wait for your results, or if you're in a hurry we can call you once the results are complete.

(Diagnosis Code) Drug: ( ) (Edit)
Administration: Patient accepts - RPh to administer
Notes:

Defer | Complete Recommendation

Committed to Healthy Outcomes

Evaluation Results

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Patient Health Improvement Goals

For patients with diabetes, improve:

- Medication adherence
- Percentage of patients taking statin medications
- Percentage who receive annual influenza vaccination
- Percentage who have completed a Hemoglobin A1c (HbA1c) test
- Percentage of patients who are tobacco free

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Project Timeline

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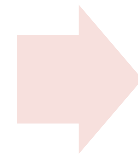
Study Process

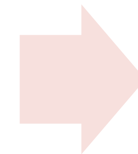
Provided Monthly Roster of Medicare Patients with Recommended Screenings



Integrated patient roster into system

Patient Interventions

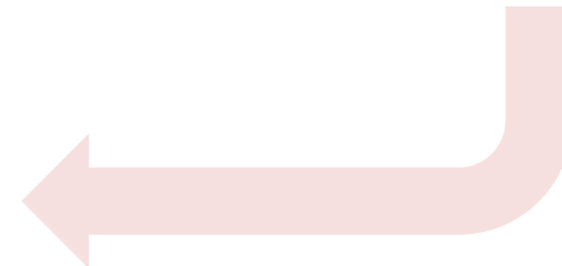
Monthly Reports



Independent Oversight

Monthly Feedback Reports

Final Report



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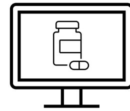
Findings

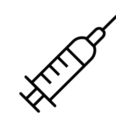
The study period began on August 7, 2019 and ended on July 31, 2020. During this period, MNCM tracked interventions and outcomes for 1,946 patients who were eligible for reporting, with 6,332 gaps in care that needed attention.

Pharmacists completed 5,053 identified interventions for the patient population during the 12-month period. This resulted in:



1,400
patients enrolled in medication synchronization

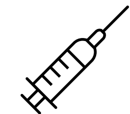
1,850
patients screened for immunizations



1,097
Immunizations administered

1,200
patients screened for tobacco use

402
statin medication gaps addressed



75
missing HbA1c tests completed

Overall, 80% of targeted gaps in care were eliminated by the end of the project.

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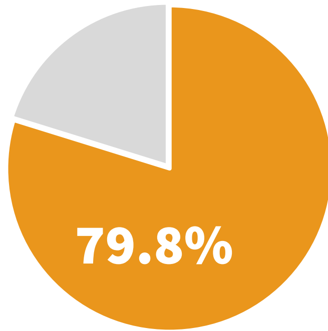
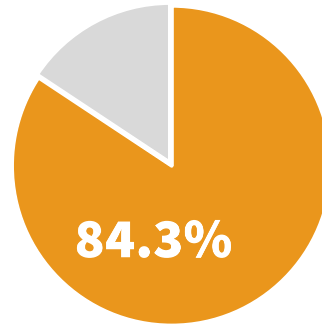
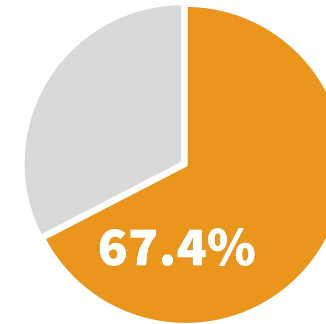
Study Results by Pharmacy Group



of care gaps were closed at the end of the program (N = 5,053)



of care gaps were closed at the 56 Thrifty White pharmacies
(N = 1,430)



of care gaps were closed at the 18 affiliate pharmacies
(N = 516)

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Results by Type of Care and By Pharmacy Group

	All Gaps	MedSync Enrollment	Vaccine Screening	Addressing Tobacco Use	HbA1c Test	Statin Use
Affiliate Sites	67%	52%	100%	43%	63%	98%
Thrifty White Sites	84%	83%	93%	73%	90%	100%

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Results Timeline

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Sept 2019 Nov 2019 Dec 2019 Jan 2020 Feb 2020 Mar 2020 Apr 2020 May 2020 Jun 2020 July 2020 Final

Total Thrifty White Affiliate

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Impact of Demographics

Influence by:

- Patient age
- Patient gender
- Time in program
- Pharmacy panel size

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Gaps Closed – Demographic Comparison

Sex of Patient

Male	Female
79.40%	80.10%

Age of Patient

<65	65-74	75-84	85+
77.20%	80.10%	79.50%	79.80%

Time in Program

<8 months	8 months	9 months	>9 months
77.7%	86.4%	82.4%	78.5%

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Distribution of Results by Size of Patient Panel

Chart illustrates no statistical relationship ($R^2 < .001$) between the number of targeted patients at a pharmacy and the pharmacy's ability to close the care gaps.

Gap in Care Closure Rate

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

0 10 20 30 40 50 60 70 80 90 100

Patients Per Pharmacy (min 5 patients)

◆ Thrifty White ● TW Affiliate

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Total Gaps Closed

Overall, pharmacist interventions completed during the project period resulted in closure of 79.8% of care gaps.

4,637 gaps in care

84.3% gaps in care closed

Affiliate Pharmacies

1,695 gaps in care

67.4% gaps in care closed

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Discussion and Conclusion

Results suggest coordination between payers and local pharmacies can be an effective strategy to:

- Engage patients
- Complete necessary screenings
- Deliver recommended care

Further study recommended:

- Confirm study results and deepen understanding
- Include larger patient population and multiple payers
- Include engagement of medical groups as collaborating partners
- Examine longer-term impacts on clinical outcomes and health care costs

Outcomes and Lessons Learned

- **Understanding the Patient Population**
  - Adjusting based upon Social Determinants of Health
- **Patient-Pharmacist Relationships**: Leveraging the value of the Patient/Pharmacist relationship and continuing to better align Pharmacist interventions with the patient's total healthcare needs
- **Training for CLIA waived tests** – A1c collection
- **Smoking Cessation** – Specific Training on addressing this
- **Technology solutions** – Ensure the process of identifying, addressing, and reporting is seamless
- **COVID** – adapting to performing interventions in a pandemic
  - Adjusting pharmacy hours, leveraging quarantined employees

PROJECT TAKE-AWAYS

- Pharmacists have a critical role in improving health outcomes beyond the traditional Part D/medication related quality metrics

- Opportunity to determine how to create data transparency between plan, pharmacies, and medical providers

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Q&A/Discussion

Please type your questions into the "Q&A" box at the bottom of your screen

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Thank you!

To learn more:

- Access the full report under **Spotlight Reports** at: https://mncm.org/reports/#community-reports
- Email support@mncm.org with additional questions

Other upcoming events:

- **January 13**, CHIRP webinar
- **February 17,** MNCM Mental Health Summit (virtual pre-conference event)
- **February 18**, MNCM Annual Conference (virtual event)

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Reference Slides

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WHO WE ARE

At Blue Cross and Blue Shield of Minnesota, we're on a mission to inspire change, transform care and improve health for the people we serve.

At Blue Cross and Blue Shield of Minnesota, our work to support and further the health of our state's vibrant communities is a continuous theme woven throughout our investment in health care. Since 1933, we have played an important role in the communities where we live, learn, work and play.

We take pride in our role of being a trusted resource, 3,500 associates strong, with a proven track record of transforming and improving accessible health care that results in a healthier future for all of our 2.9 million Minnesota members.

We have more members, the largest network of doctors, and more products and services than any other health plan in Minnesota. We want our members to have better access to health care. And we want that health care to be affordable and available when it's needed.

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Thrifty White Pharmacy Overview

Employee Owned Thrifty White PHARMACY

Founding and Early Operations

1884 – 2006

- In 1884, White Drug was founded by Mr. and Mrs. H.E. White, who were both pharmacists, in Jamestown in what was then known as the Dakota Territory
- Combination of Thrifty Drug & White Drug to create Thrifty White Pharmacy

Founded in Jamestown, Dakota Territory

Building the Foundation

2007-2019

- Continued geographic expansion
- Central fill expansion & investment in automation
- Development of proprietary medication adherence programs
- Development of proprietary technology

Expansion into Rural Midwest Towns

Focus Areas

2020 and Beyond

- Continued alternate care & specialty pharmacy growth
- Expanded partnerships with health plans to improve member experience & reduce total cost of care.
- Leverage proprietary API-connected healthcare infrastructure to deliver first class patient experiences for our health plan and pharma partners.

Expanded Offerings

Thrifty White Pharmacy Overview

Technology enabled healthcare services company focused on patient engagement to improve outcomes and reduce total cost of care