

**National Medicare Congress Prescription Drug Congress**

**Session 2.05 Fee for Service Trends: The Chronic Care Improvement Program**

# **Integration of Care Management and Pharmaco-Informatics**

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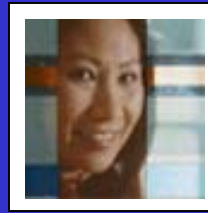
Nashville, Tennessee



# Beneficiary Support

- **Telephonic Interventions – Frequent, ongoing calls with members by empathetic nurses, social workers and dietitians**
  - Welcome Calls
  - Frequent Care Calls Based on Member Stratification
  - Standard of Care Reminder Calls
  - Geriatric Health Assessment
  - Condition Specific Assessments
  - Depression Screening
  - Support with Advance Directives, EOL Care
- **Mail-Based Interventions – Frequent Education Materials**
  - Quarterly Newsletters
  - Reminder Mailings
  - Numerous Educational Materials



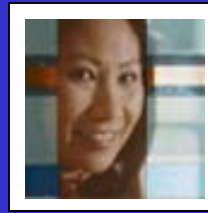


## Medicare Health Support Program Components – *Goals and Intentions*

<b>Disease Management</b>	<b>Intensive Case Management</b>	<b>Long Term Care (Custodial Care)</b>
Prevent or Slow Rate of Disease Progression	Prevent Imminent Hospitalization and Facilitate Preparation of Advance Directives	Maintain Dignity, Independence, Higher Quality of Life
Encourage Advance Directives	Coordinate Care and Enhance Communication	Advocate for beneficiary and Prepare for End-of-Life
Promote Self-Management	Intervene on Beneficiary's Behalf and Move Back Towards Self-Reliance	Avoid Preventable, Perhaps Unnecessary, Hospitalizations



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H E A L T H W A Y S  
*Improved health is the outcome.*

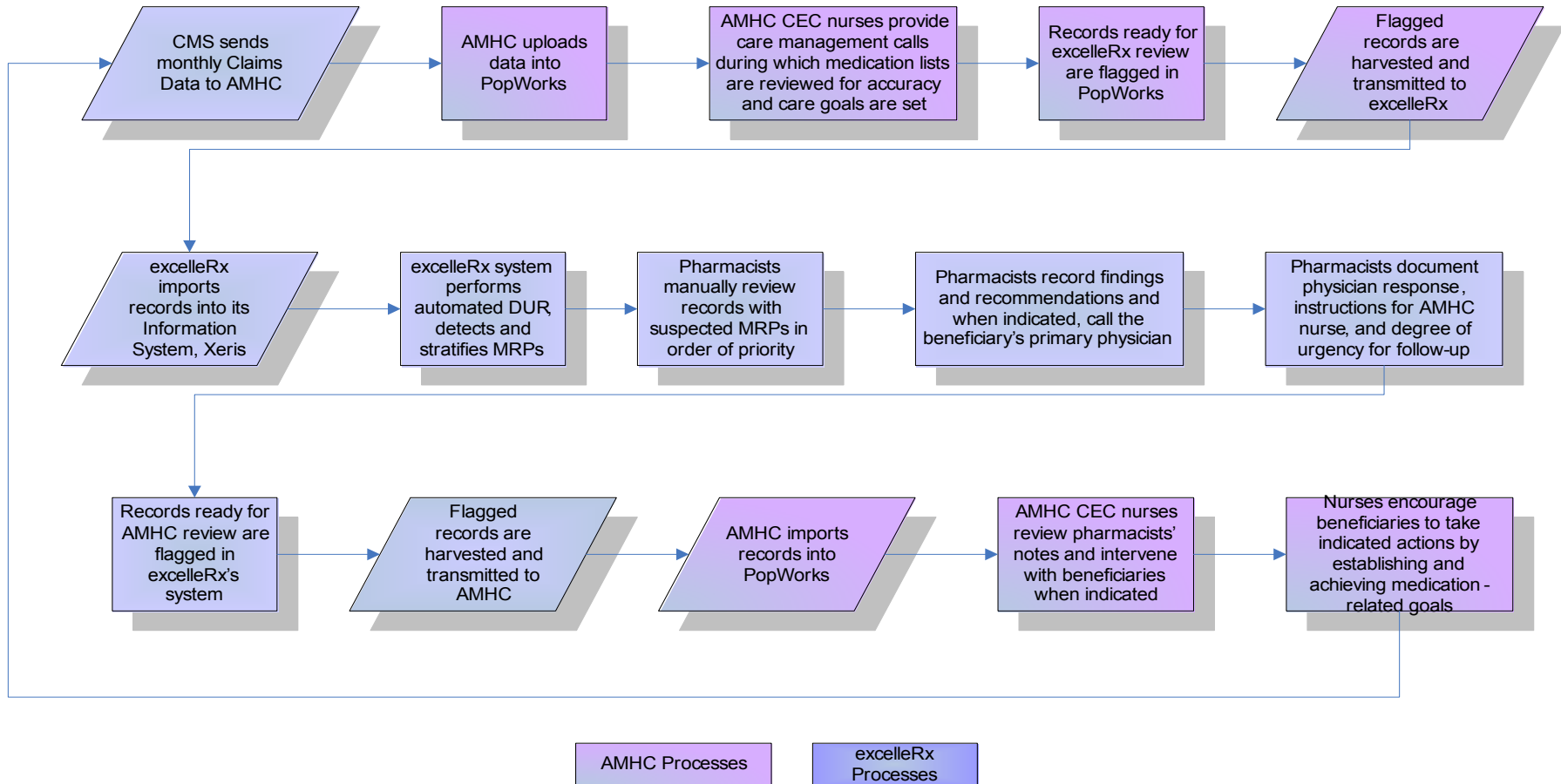


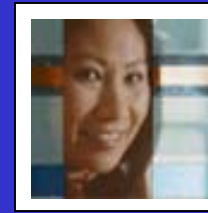
## Medication Management Value Proposition

- **Ensure adherence and compliance to prescribed drug regimen:** non-adherence to drug regimen is a leading cause of hospitalizations for those with CHF
- **Ensure right drug, right dose, right frequency, etc.:** 76% of the elderly had a discrepancy between their recorded prescription and what they are actually taking
- **Reduce adverse drug events:** 12.5% of elderly receive the wrong drug. Cardiovascular drugs, diuretics, analgesics, hypoglycemic agents and anticoagulants represent the most common medication categories with errors
- **Avoid costly care:** appropriate use of medications coupled with compliance adherence monitoring results in decreased Emergency Room visits, reduced Hospitalizations and avoided Re-hospitalizations



# Care and Medication Management Integration Model



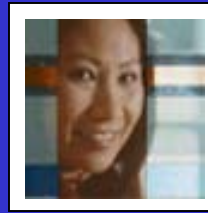


## Integration Steps

- Established multi-disciplinary design team
  - pharmD's, nurses, physicians, product managers, programmers, financial analysts
- Defined integration objectives
- Explored integration options and reconciled w/ objectives
  - Put on one platform?
  - Have access to each other's platforms?
  - **Exchange data to upload into each other's respective systems?**
- Determined data content, triggers for sending records, and frequency of data exchange

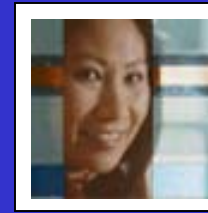


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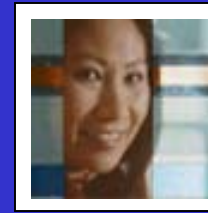
## Integration Steps – cont'd

- Defined detailed work flow and standard operating procedures
- Tested and deployed “product”
- Trained respective staffs



## Medication Management Experience to Date

- Processed 18,010 patient's records
- 50% have had possible Medication Related Problems (MRPs) warranting pharmacist review
- MRP Stratification:
  - 18% high risk
  - 63% moderate risk
  - 19% low risk
- Varying degrees of physician receptivity
  - Some embrace input
  - Most are passive
  - Only few have seriously opposed



## Implications of Part D

- CMS will supply pharmacy claims
- Clinicians and patients will have a more informed medication interview
- Medication lists may be more complete
- Medication compliance will be measurable