Are ACOs Ready To Manage Medications?

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Take Home Messages

• We need to frame the issues
• Most ACOs were not ready to manage medications
• Tangible solutions can improve medication management and ACO success
Need To Frame The Issues (role of Rx in ACOs)

• Meet financial targets
• Meet quality benchmarks
Recommendation #1

• Proactively consider medications an **essential** part of the full spectrum of condition management, and not just an expense or care silo.
Recommendation #2

• The role, impact, and characteristics of medication therapy management will vary by condition, and a “one size fits all” approach will not yield optimal clinical or economic outcomes.
Recommendation #3

• In each circumstance where there are condition-specific incentives to achieve economic savings, there should also be a quality metric to detect underuse.
# ACO and Pharmaceuticals Framework

<table>
<thead>
<tr>
<th>Condition</th>
<th>Quality Benchmarks</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive Heart Failure</td>
<td>Receiving Rx therapy; % of patients requiring re-hospitalization</td>
<td>Impact on re-hospitalization</td>
</tr>
<tr>
<td>Rheumatoid Arthritis</td>
<td>Receiving Rx therapy; Functional Status</td>
<td>Not in near term</td>
</tr>
</tbody>
</table>

ACO Quality Measures Are Deficient

ACO Readiness Assessment (1.0)

- Formularies synchronized across sites of care?
- Ability to transmit prescriptions electronically to pharmacies?
- Providers access patient data electronically?
- Providers alerted to gaps in recommended preventative care?
- Ability to capture full episode of care costs?
- Medication reconciliation performed?
Most ACOs Were Not Ready To Manage Rx

- Transmit Rx electronically
- Rx & medical data in one system
- Formularies encourage generics
- Formularies synched across sites
- Preventative care gaps
- Broad quality metrics
- Pharmacists involved clinically
- Avoid duplicate Rx/polyRx
- Rx-Rx/Rx-disease/polyRx concerns shared
- Educate patients
- Notify MD when Rx filled
- Quantify Rx cost offsets

% of ACOs Surveyed that report high readiness

Dubois, RW; Feldman, M; Lustig, A; Kotzbauer, G; Penso, J; Pope, SD; Westrich, KD. Are ACOs ready to be accountable for medication use? *J Manag Care Pharm.* 2014 Jan;20(1):17-212.
Now What? (improve the system)

- Assess Readiness
- Identify Gaps
- Develop Tools
Tangible Solutions Can Improve Rx Management

- Holistic Approach to MTM
- Leveraging PharmD Residents & Faculty
- Readiness for Team-based Care
- Electronic Rx Refill System
- Integrated Database Analysis
- MTM For Biologic Rx
ACO Case Study: Improving Outcomes & Cost with Comprehensive MTM (Fairview)

- Keys to a successful program
  - Determine start-up and ongoing costs
  - Identify high-risk patients for intervention
  - Interact directly with patients
  - Develop protocols for pharmacists to change prescriptions
  - Establish communication from pharmacist to physician
  - Identify a visionary leader
ACO Case Study: Electronic Drug Alert Program to Improve Safety (Marshfield)

- Keys to a successful program
  - Leveraging Electronic Health Records
  - Preventing “alert fatigue”
  - Flag issues related to quality measures

ACO Case Study: Improving Provider Productivity with Electronic Refill System

• Keys to a successful program
  – Gain buy-in from reluctant participants and turn them into program champions
  – Select the right software
  – Pharmacist profiles in EHR are critical
  – Patient portal in EHR is critical
  – Clearly communicate the program benefits (e.g., save 30 min/day)

Process is Actually a Feedback Cycle

Assess Readiness

Identify Gaps

Develop Tools
ACO Readiness Assessment (2.0)