

# Population Health and Care Coordination Colloquium

February 28, 2012; 12:45 – 2:45 pm

*Walgreens*

**M** Northwestern Memorial  
Physicians Group

## Innovative Care Delivery Models: Pharmacy & Health Systems Collaborations



# Agenda

## **Pharmacy and Health System Collaborations – Ian Duncan**

- Economic burden of poor care coordination
- Role of pharmacist in coordinated care models
- Walgreens
- Examples of health system collaborations

## **NMPG Collaboration – Dr. Lyle Berkowitz**

- Goals
- Target population
- Program components
- Initial pilot results

## **Lessons Learned – both Walgreens and NMPG**

- Logistics of partnerships
- Technology

# Cost Drivers of Healthcare



# The High Cost of Non-Adherence

- Medication-related problems cost the U.S. population an estimated \$177B annually in healthcare costs.<sup>1</sup>
- Responsible for more than \$100 billion in avoidable hospitalizations.<sup>1</sup>
- Attributed to up to 11% of hospital admissions and 40% of nursing home admissions<sup>4</sup>
- According to CMS, half of patients cannot recall their discharge orders. Of those, 70% are likely to be readmitted to the hospital.<sup>5</sup>
- 24% of hospitals reported medication adherence is one of the greatest barriers to reducing readmission rates.<sup>2</sup>
- Patients do not fill 28.3% of new prescriptions.<sup>1</sup>

1. Partnership for Solutions, Johns Hopkins University. *Chronic Conditions: Making the case for ongoing care*. Sep 2004 Update. Baltimore, MD.

2. Partnership to Fight Chronic Disease. *The Burden of Chronic Disease on Business and U.S. Competitiveness*. <http://www.fightchronicdisease.org>. Accessed October 19, 2010.

3. Center for Disease Control and Prevention, Fact Sheet, Diabetesatwork.org. [www.cdc.gov/diabetes/pubs/factsheets/atwork](http://www.cdc.gov/diabetes/pubs/factsheets/atwork). Accessed October 19, 2010.

4. Partnership to Fight Chronic Disease. *The Burden of Chronic Disease on Business and U.S. Competitiveness*. <http://www.fightchronicdisease.org>. Accessed October 19, 2010.

5. Jack BW, Chetty VK, Anthony D, et al. Are engineered hospital discharge program to decrease re-hospitalization. *Ann Intern Med*. 2009;150(3):178-187

# Unnecessary Readmissions are Costly and Preventable

According to the New England Journal of Medicine, increased readmissions is one of the highest costs for hospital administrators.

About 4.5 million patients are re-hospitalized within 30 days of discharge, with total hospital costs (not including physician services) of about \$44B.<sup>1</sup>

Unplanned readmissions costs Medicare \$17.4B annually, 13% of which are avoidable.<sup>4</sup>

For every 1,000 Medicare patients, a hospital can expect annual avoidable readmission-related costs of \$962,000.<sup>2</sup>

The average cost of each readmission is \$7,400.<sup>2</sup>

13% of Medicare readmissions are potentially avoidable.<sup>3,4</sup>

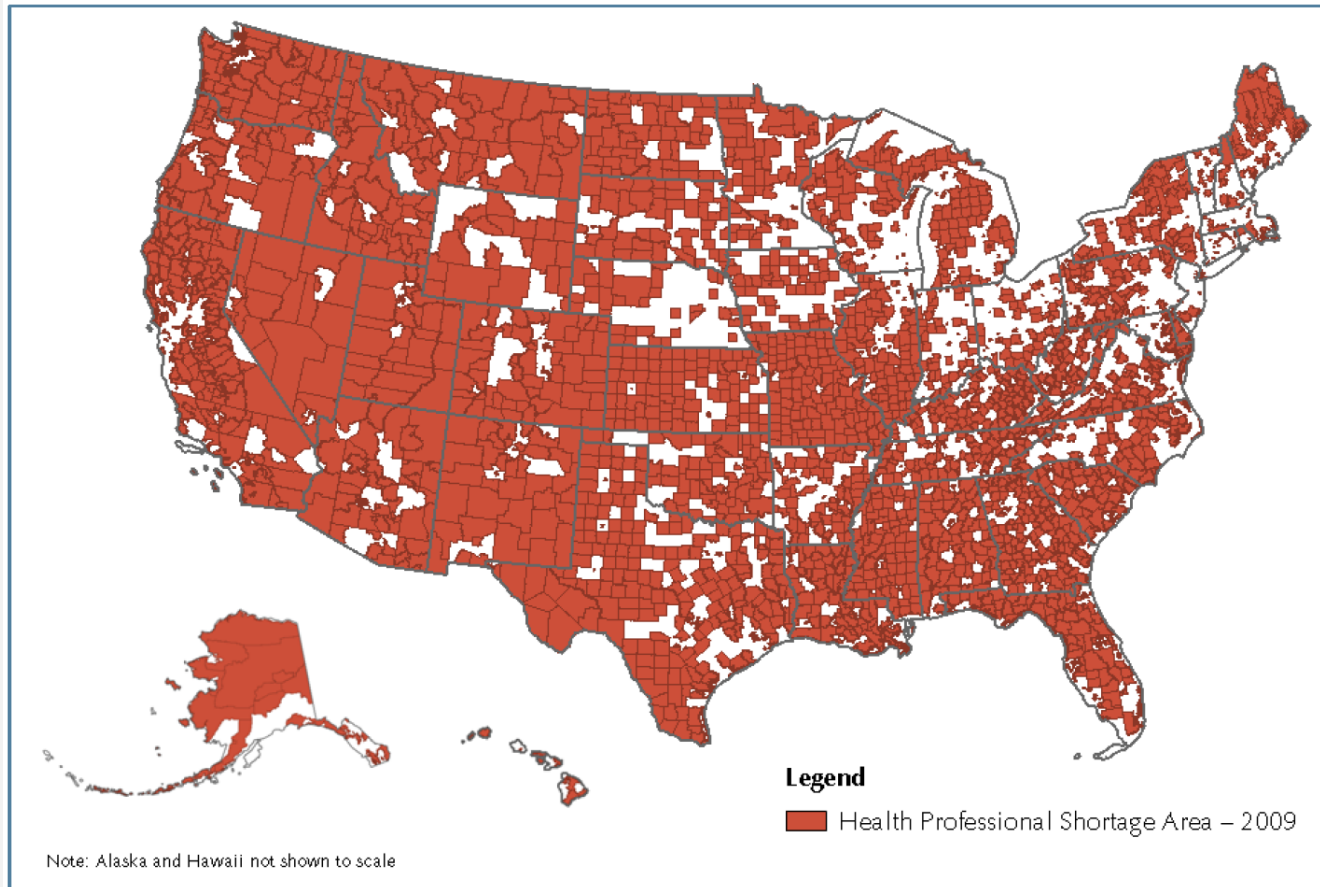
## Potentially Preventable Hospital Readmission Rates

	Patients readmitted to hospital within:		
	7 days	15 days	30 days
Rate of potentially preventable readmissions	5.2%	8.8%	13.3%
Spending on potentially preventable readmissions (in billions)	\$5	\$8	\$12

Source: 3M analysis of 2005 Medicare discharge claims.

1. Steiner C, Barrett M, Hunter K. Hospital Readmissions and Multiple Emergency Department Visits, in Selected States, 2006–2007. HCUP Statistical Brief #90. Rockville, MD: Agency for Healthcare Research and Quality; 2010.
2. Friedman B, Basu J. The rate and cost of hospital readmissions for preventable conditions. Med Care Res Rev. 2004;61(2):225-240.
3. Minott J. Reducing hospital readmissions.
4. Medicare Payment Advisory Commission. Report to the Congress promoting greater efficiency in Medicare:107-108

# Access to Affordable Care Services Shortage of Primary Care Physicians

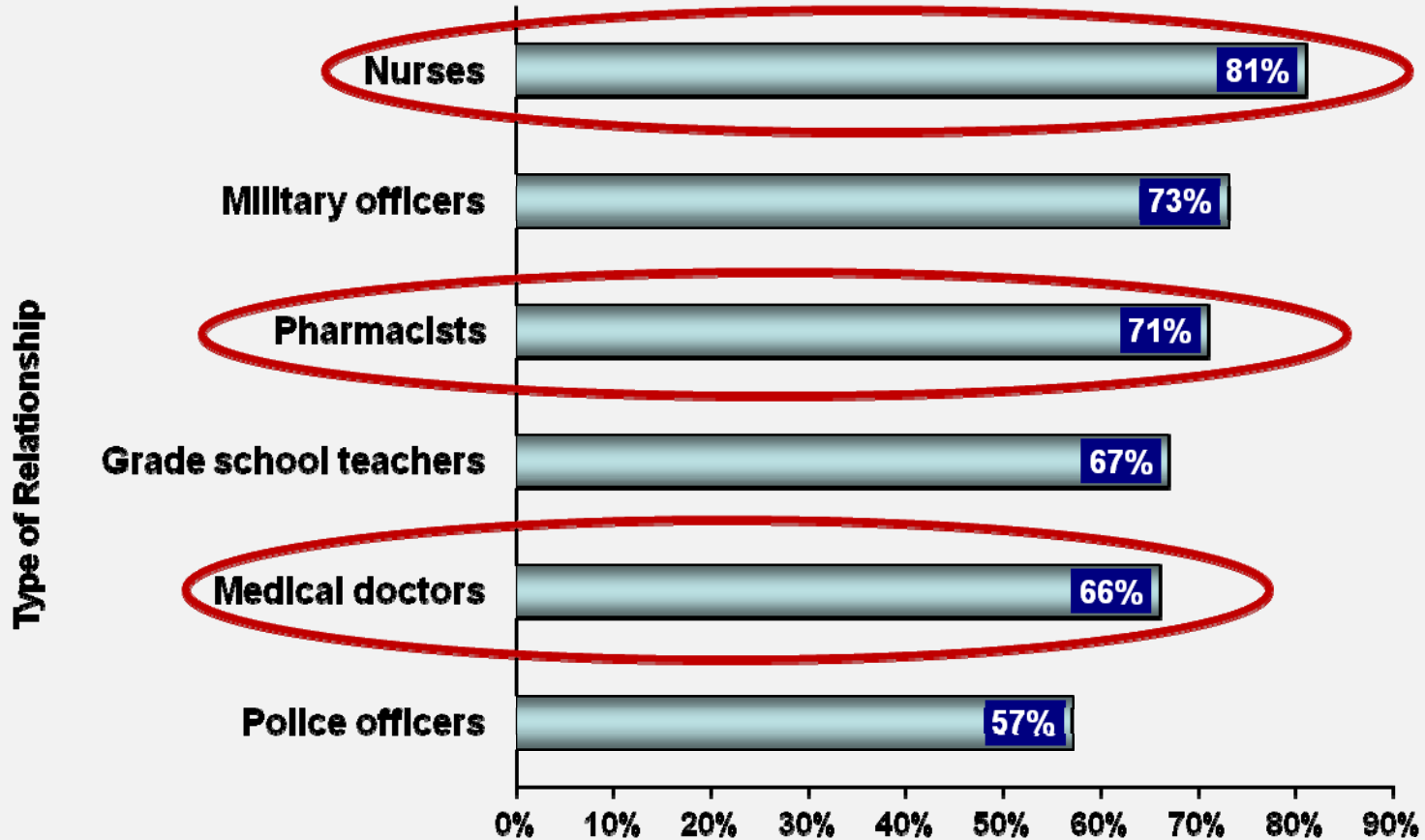


Data Source: Health Resources and Services Administration, January 2009. Map generated using Interactive Map web application, Center for Applied Research and Environmental Systems, University of Missouri.

# Addressing High Cost Drivers: Leveraging the Value of Community Pharmacists and Convenient Care Clinics



# Nurses and Pharmacists and Doctors are Trusted Sources of Information

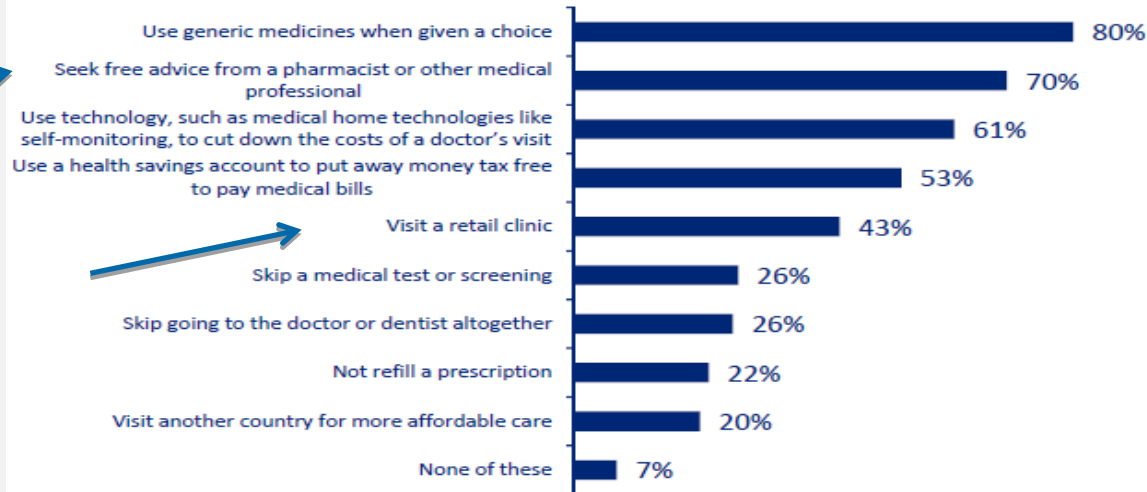


Source: Gallup's Annual Honesty and Ethics Survey, <http://www.gallup.com/poll/145043/Nurses-Top-Honesty-Ethics-List-11-Year.aspx>



# Individuals Increasingly Willing To Consider Using Convenient Care Clinics or Pharmacies

**Question:** Would you consider doing any of the following if it would save money for health care?



- 65 percent of those with Medicaid would consider skipping a medical test or screening if it would save money for health care, which is statistically different from employer-sponsored coverage (26 percent), Medicare (20 percent), Military (18 percent), and uninsured (26 percent).
- 65 percent of those with Medicaid and 44 percent of the individually insured would consider not going to the doctor or dentist altogether if it would save money for health care, which is statistically different from employer-sponsored coverage (20 percent), Medicare (16 percent), and Military (9 percent).

Source: Harris Poll National Quorum® telephone survey of 1,008 U.S. adults 18+ years, September 29–October 4, 2010

The hidden costs of U.S. health care for consumers  
A comprehensive analysis

Deloitte Center for Health Solutions,  
Washington, D.C.  
March 2011

# The Role of the Community Pharmacist

Pharmacists are well positioned to offer the community and the healthcare system a range of services beyond simple dispensing and medication counseling. Pharmacists are now engaged in:

- Medication adherence
- Drug safety monitoring and identification of drug-drug interactions
- Education, patient counseling and chronic care management
- Participation in multidisciplinary clinical care teams
- Medication Therapy Management (MTM) and drug utilization review
- Formulary management
- Immunizations
- Biometric screenings and wellness education
- Diabetes education; HIV COEs



# Extensive Literature Supports the Value of Pharmacist Care Service

The Asheville Project: Long-term Clinical and Economic Outcomes of a Community Pharmacy Diabetes Care Program

2003; 43:173-184

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

Clinical and economic outcomes of a community-based long-term medication therapy management program for hypertension and dyslipidemia

2008; 48:23-31

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

PharmacistCare: Description of a Pharmacist Care Service and Lessons Learned Along the Way

2008; 48:793-802

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

# Extensive Literature Supports the Value of Pharmacist Care Service

Leveraging the Trusted Clinician: Documenting Disease Management Enrollment Disease Management

2007; 10:16-29

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

Leveraging the Trusted Clinician: Increasing Retention in Disease Management through Integrated Program Delivery Population Health Management

2008; 11:247-254

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

Patient Self-Management Program for Diabetes: First-Year Clinical, Humanistic and Economic Outcomes

2005; 45:130-137

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

# Several Projects Demonstrate Value of Pharmacist Interventions

Clinical outcome	Asheville Project Diabetes Program <sup>1</sup>			Ten City Challenge Diabetes Program <sup>2</sup>			PharmacistCare Diabetes Program <sup>3</sup>		
	Before	After	%change	Before*	After	%change	Before	After	%change
HbA1c (%)	7.7	6.9	-9.0%	7.6	7.2	-5.3%	7.9	7.1	-10.1%
% of patients with optimal HbA1c	41.8%	60.0%	+43.5%	70.3%*	91.2%	+29.7%	78.0%	94.0%	20.5%
LDL mg/dl	109.0	99.7	-8.5%	96.3	93.3	-3.1%	113.4	104.5	-7.8%
% of patients with optimal LDL-C	37.2%	58.1%	+56.2%	43.8%*	57.7%	+31.7%	38.0%	49.0%	28.9%
HDL mg/dl	46.0	47.9	4.1%						

Note: The definition for optimal clinical results can vary from study to study.

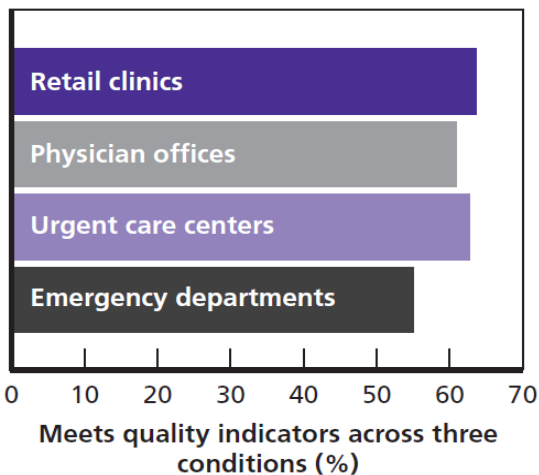
\* The asterisked comparisons are with HEDIS benchmark statistics, not Ten City data.

1. Cranor et al (2003): "The Asheville Project: Long-Term Clinical and Economic Outcomes of a Community Pharmacy Diabetes Care Program"
2. Fera et al (2008): "The Diabetes Ten City Challenge: interim clinical and humanistic outcomes of a multisite community pharmacy diabetes care program"
3. Garrett et al (2005): "Patient Self-Management Program for Diabetes: First-Year Clinical, Humanistic, and Economic Outcomes"

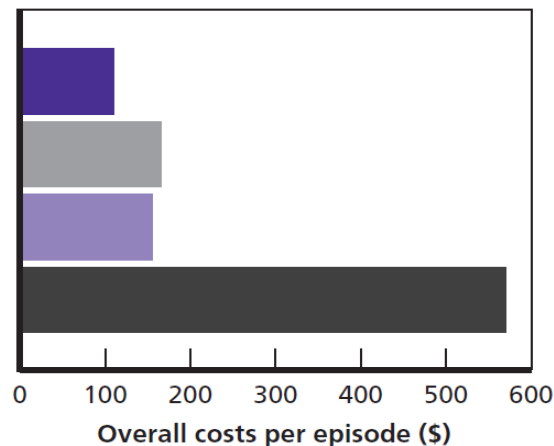
# Convenient Care Clinics: A New Model for Care

- Convenient care (retail) clinics offer a new model for ambulatory care
  - Significant growth since introduction in 2000
  - Services provided by Nurse Practitioner (NP) or Physician Assistant (PA)
  - Emphasize convenience with high-quality care and lower costs

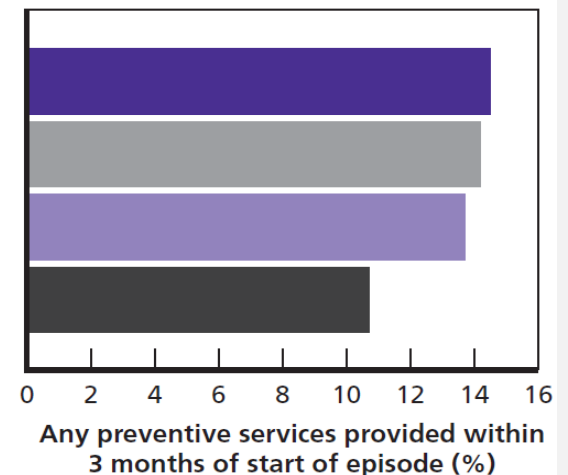
*Retail clinics provide comparable quality...*



*...at lower costs...*



*...without discouraging preventive care*



SOURCE: Based on data presented in Mehrotra, Liu, et al., 2009.

NOTE: Conditions studied were otitis media (inflammation of the middle ear), pharyngitis (sore throat), and urinary tract infection.

Health Care on Aisle 7; The Growing Phenomenon of Retail Clinics by Ateev Mehrotra, John L. Adams, Katrina Armstrong, et al, Rand Corporation 2010.

# Convenient Care Clinics Offer an Alternative to the ED

By Robin M. Weinick, Rachel M. Burns, and Ateev Mehrotra

DOI: 10.1377/hlthaff.2009.0748  
HEALTH AFFAIRS 29,  
NO. 9 (2010): 1630-1636  
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The People-to-People Health  
Foundation, Inc.

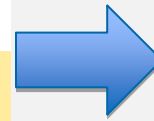
## Many Emergency Department Visits Could Be Managed At Urgent Care Centers And Retail Clinics

**Robin M. Weinick** (rweinick@rand.org) is a senior social scientist at the RAND Corporation, in Arlington, Virginia.

**Rachel M. Burns** is a project associate at RAND, in Pittsburgh, Pennsylvania.

**Ateev Mehrotra** is an assistant professor in the School of Medicine, University of Pittsburgh, and a policy analyst at RAND, in Pittsburgh.

**ABSTRACT** Americans seek a large amount of nonemergency care in emergency departments, where they often encounter long waits to be seen. Urgent care centers and retail clinics have emerged as alternatives to the emergency department for nonemergency care. We estimate that 13.7–27.1 percent of all emergency department visits could take place at one of these alternative sites, with a potential cost savings of approximately \$4.4 billion annually. The primary conditions that could be treated at these sites include minor acute illnesses, strains, and fractures. There is some evidence that patients can safely direct themselves to these alternative sites. However, more research is needed to ensure that care of equivalent quality is provided at urgent care centers and retail clinics compared to emergency departments.



- 13.7-27.1% of all ED visits could take place at alternative sites.
- Potential \$4.4 billion in annual cost savings.

# EDs and Urgent Care Clinics are Currently Treating Many Conditions in Convenient Care Clinic ‘Sweet Spot’

Condition (N)	Percent of Convenient Care Clinic visits	Percent of urgent care center visits	Percent of emergency department visits	Percent of emergency department visits not requiring emergency department care	
				Any time of day	When alternative site is typically open
N	1,100,000	1,235	31,197		
<b>Upper respiratory infections</b>	<b>60.6%</b>	<b>33.3%</b>	<b>9.8%</b>		
Rhinosinusitis, laryngitis	26.1%	18.7%	5.0%	81.1%	48.4%
Pharyngitis	22.2%	8.1%	2.3%	93.9%	56.7%
Ear infections	12.3%	6.5%	2.5%	95.7%	53.0%
<b>Preventive care</b>	<b>21.6%</b>	<b>0.0%</b>	<b>3.8%</b>		
<b>Dermatological conditions</b>	<b>0.7%</b>	<b>9.7%</b>	<b>7.8%</b>		
Cellulitis or abscess	0.6%	5.1%	2.5%	66.7%	45.7%
Burns	0.1%	0.6%	0.4%		
Lacerations	0.0%	4.0%	4.8%	50.0%	31.8%
<b>Musculoskeletal conditions</b>	<b>0.1%</b>	<b>21.5%</b>	<b>19.4%</b>		
Strain and fractures	0.0%	14.5%	8.9%	50.0%	34.0%
Back pain	0.0%	0.5%	2.8%		
Joint and muscle problems	0.0%	3.0%	2.7%	87.5%	58.3%
Contusions	0.0%	3.6%	5.0%	50.0%	33.4%
<b>Total of listed conditions by site</b>	<b>83.0%</b>	<b>64.5%</b>	<b>40.8%</b>		

Excerpted from: Weinick RM, Burns RM, Mohrtra A. Many Emergency Department Visits Could be Managed at Urgent Care Centers and Convenient Care Clinics. Health Affairs. 29 No. 9 (2010) 1630-1636



# Convenient Care Clinic Visits are Often Covered by Health Insurance

89% of retail clinic patients have health insurance

67% of retail clinic patients had their last visit covered at least in part by insurance

## Insurance Coverage of Retail Clinic Visits

Portion of Visit Covered	Patients
Insurance paid all of the cost	28%
Insurance paid some of the cost	39%
Insurance paid none of the cost	16%
I don't have insurance	11%
I have insurance, but chose to pay with cash	6%

*n=513*

Saperstein Associates, Inc. The Retail Clinic Patient Study. Commissioned by Boehringer Ingelheim Pharmaceuticals, Inc. 2009.

# Payers Play an Important Role in Educating Consumers on When to Use ER, Urgent Care or Convenient Care Clinics<sup>(1)</sup>

## ER, URGENT CARE, OR RETAIL CLINICS: WHAT'S THE DIFFERENCE?

When you're sick or injured, knowing where to go to seek care can make a big difference ... in how long you wait ... and how much you spend to feel better.

### Determining Your Level of Care

Use this handy guide to determine which facility is best for you, depending on your needs.

#### Visit the **ER** for:

- » Difficulty breathing, shortness of breath
- » Chest or upper abdominal pain or pressure
- » Fainting, sudden dizziness, weakness
- » Confusion or changes in mental status
- » Any sudden or severe pain
- » Uncontrolled bleeding
- » Severe or persistent vomiting or diarrhea
- » Coughing or vomiting blood
- » Suicidal feelings
- » Unusual abdominal pain
- » Major broken bones

#### Visit an **urgent care** or **immediate care clinic** for:

- » Minor cuts, scrapes, bruises and rashes
- » Sore throat
- » Urinary burning
- » Ear pain
- » Sprains
- » Fever
- » Back pain
- » Eye irritations
- » Colds and flu
- » Minor fractures (finger)

#### Visit a **retail clinic (convenient care clinic)** for:

- » Allergies
- » Athlete's foot
- » Bladder infections
- » Cold and flu symptoms, sore throat, laryngitis, upper respiratory infections and sinus infections
- » Cold sores, eye or ear infections, and impetigo
- » Insect bites, poison ivy, minor burns and rashes, and minor sunburns
- » Ringworm
- » Swimmer's ear
- » Lab tests such as mononucleosis, pregnancy, or strep throat
- » Camp or sports physicals

#### Visit your **regular doctor**:

- » When you can wait for an appointment
- » For prescription refills

### IMPORTANT BILLING INFORMATION FOR RETAIL (CONVENIENT CARE) CLINICS

#### SHOPKO FASTCARE CLINICS

Shopko FastCare Clinics are located in select Shopko stores. For FastCare Clinic locations in your area, select Convenient Care Clinic as your Provider Type in our Online Provider Directory/Find a Doctor function.

**When you choose to receive care at a FastCare Clinic, you will be required to pay the FastCare Clinic fee at the time of service. At that time, ask the clinic to submit a claim to The Alliance, using the address provided on the back of your health plan identification card.**

Payment will be made to the provider and you will be reimbursed directly. The Alliance is working with these providers to ensure that these refunds are made within 30 days of receipt by the hospital or clinic.

#### WALGREENS TAKE CARE CLINICS

Walgreens Take Care Clinics are located in Walgreens pharmacies and other locations throughout the U.S.

**If you choose to receive care from a Walgreens Take Care Clinic, Walgreens will file a claim on your behalf. Any co-pay or deductible will be billed to the employee directly from Walgreens. You may access any Walgreens Take Care Clinic location throughout the U.S. and pay in-network charges.**

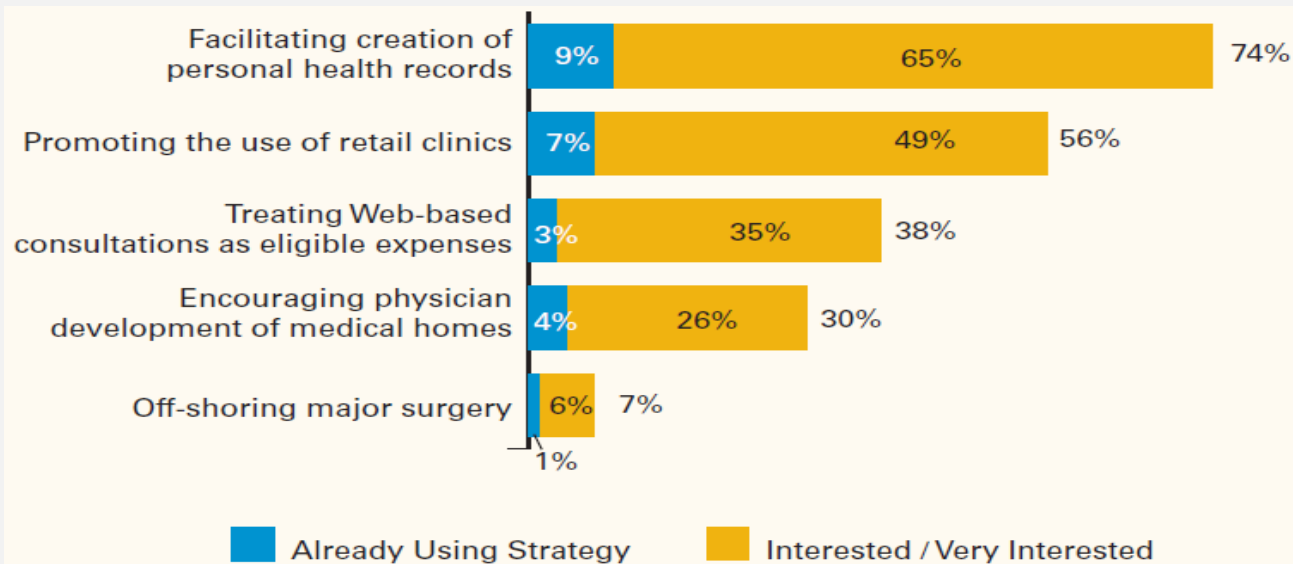
If you do not present your health plan identification card, you may be required to pay at the time of service. In these cases, Walgreens will refund any payments to you as soon as they receive payment from your health plan administrator.

PO Box 44365 | Madison WI 53744-4365 | 800.223.4139 | 608.276.6620 p | 608.276.6626 f | [www.the-alliance.org](http://www.the-alliance.org)

<sup>(1)</sup>The Alliance moves health care forward by controlling costs, improving quality, and engaging individuals in their health. An employer-owned, not-for-profit cooperative, our 160 members provide coverage to more than 83,000 individuals in southern Wisconsin and neighboring counties in Iowa and Illinois. TA53-1004

# Employers Increasingly Appreciate Convenient Care Clinic Solutions

## Employer Strategies for the Next Five Years



Source: Mercer, Inc. (2009) National Survey of Employer-Sponsored Health Plans: 2008 Survey Report.

Healthcare Trends in America; A Reference Guide from BCBSA, 2010 Edition

# Pharmacists and Nurse Practitioners Address Healthcare Cost Drivers

Causes	Consequences	Innovative Solutions
<ul style="list-style-type: none"><li>• Medication Non-Adherence</li><li>• Unnecessary Readmissions</li><li>• Aging and Chronic Illness</li><li>• Primary Care Shortage</li></ul>	<ul style="list-style-type: none"><li>• Lack of Patient Access</li><li>• Low Patient Satisfaction</li><li>• Poor Quality of Care</li></ul>	<ul style="list-style-type: none"><li>• Site of Care Changes</li><li>• Use of NP and Pharmacist to Highest Level of Certification</li><li>• Integrated Care Models</li></ul>

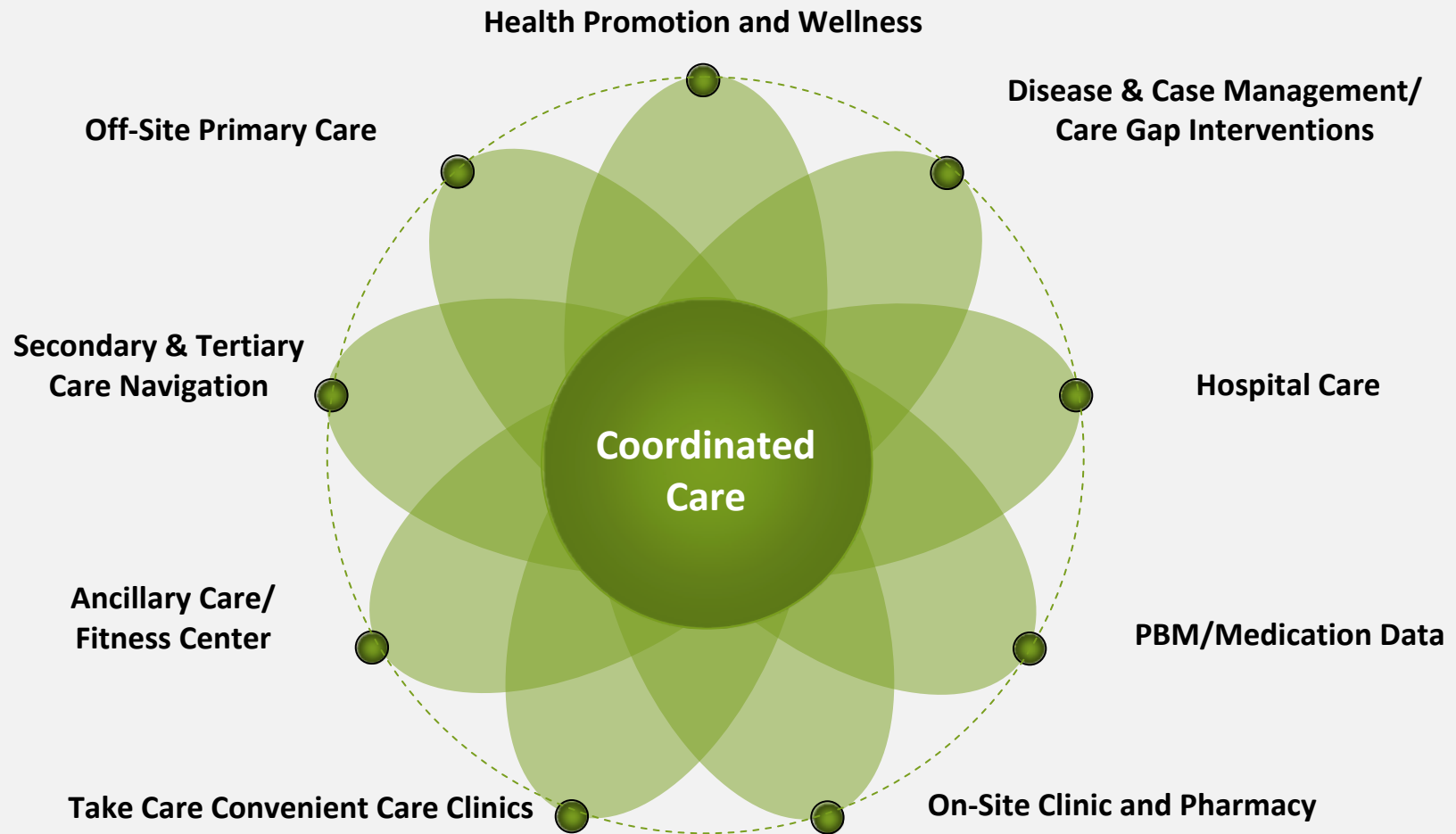
# Pharmacists and Nurse Practitioners CAN Provide Unique Value to Health Systems and ACOs under Healthcare Reform

- Current definition of ACOs is inclusive of broad range of health care professionals, including pharmacy providers in support of interdisciplinary care.<sup>1</sup>
- Walgreens' broad geographic scope can support access to pharmacy, preventive services and care regionally and nationally:
  - Improved access to preventive services lead to higher quality of care and lower health care costs.<sup>2</sup>
  - Leveraging pharmacists and nurse practitioners to provide preventive, wellness and chronic care lowers cost of care with proven quality of care
- Access to data combined with a suite of robust clinical and financial analyses will support ACO metric requirements
- Experienced with dealing with and reporting to government and regulatory bodies: JCAHO, HEDIS, NCQA, HCAP

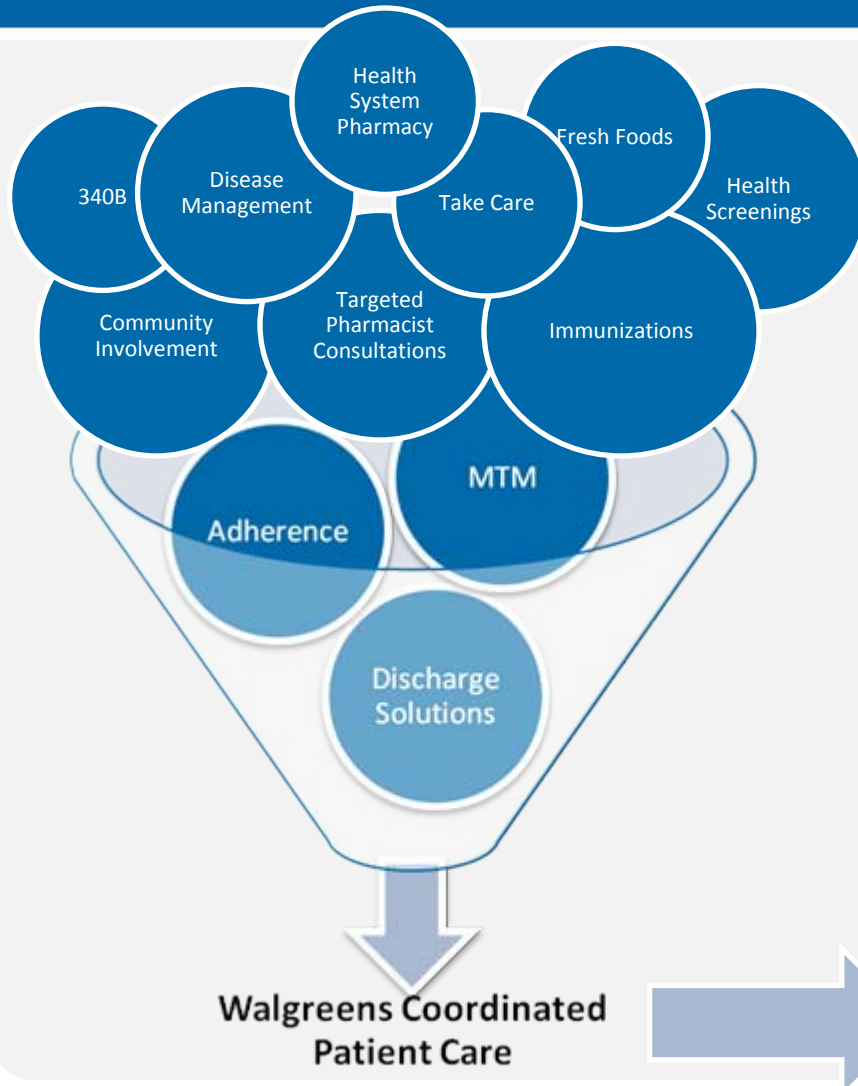
<sup>1</sup>Texas Medical Association "Six Things to Know About Medicare ACOs

<sup>2</sup>Devers,K, Berenson, R. "Can ACOs Improve the Value of Health Care by Solving the Cost and Quality Quandaries" [www.rwjf.org/files/research/acobrieffinal.pdf](http://www.rwjf.org/files/research/acobrieffinal.pdf)

# Components of Pharmacy & Health System Coordinated Care Model



# Walgreens Coordinated Care Concept



Health System On-Site Pharmacy will enable improved patient access to:

- Medication
- Targeted Medication & Disease State Monitoring Programs
  - HIV, CHF, Diabetes, Transplant, Oncology and others
- Improved Adherence
- Preventative and wellness services
- Discharge Solutions
- Mail Service / Home Delivery Capabilities

Partnership with Take Care retail clinics will promote

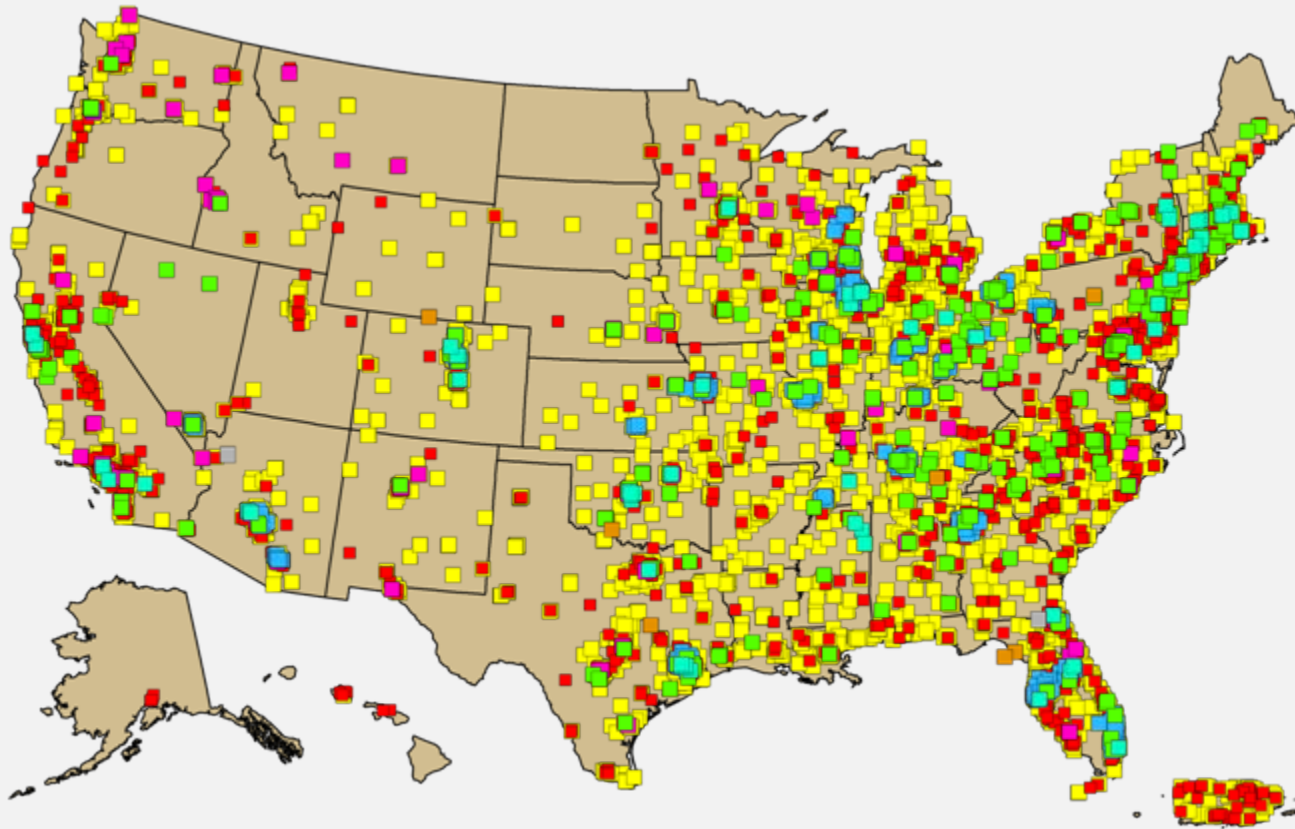
- Convenient access to acute non-urgent primary care
- Decreased emergency department visits









Alternative reimbursement models

- 340B
- Shared Risk/Savings
- PMPM
- Bundled Services

Electronic Delivery of Clinical Information and Patient Feedback to Health System

# Walgreens 8,500 Points of Care



- |   |   |  |
|---|---|--|
|  Retail - Existing |  Take Care Worksites |  Home Infusion/RT |
|  Retail - Approved |  Hospital On-Sites   |  Mail             |
|  Take Care Clinics |  Specialty           |  |



# Walgreens is driving change in healthcare delivery



**Our new store  
format will  
enable care**

- Improved access to healthcare professionals
- Investments into technology to enhance care
- Environment enables clinical conversations
- Entire store focuses on health & daily living needs

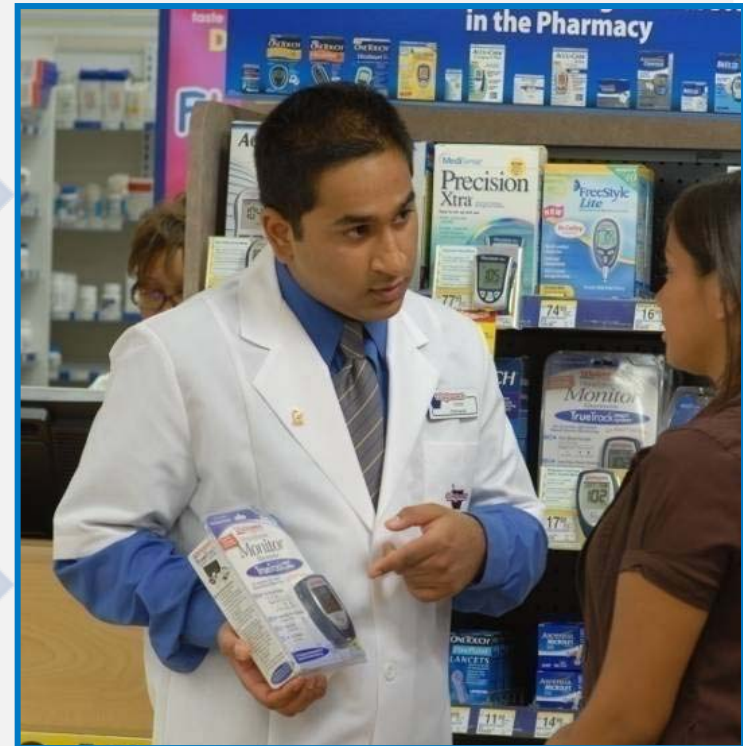
# Keys to the Success of Pharmacist-Led Interventions

## Convenient

- Access to a trusted clinical professional
- Highly trained and approachable
- No appointment necessary

## Direct and Focused

- Face to face patient interactions help improve patient engagement
- Less pressured interaction
- Focus on education and actionable steps



# 350+ Convenient Care Retail Clinics

**Take Care Clinics<sup>SM</sup> are here for everyday family healthcare needs.**

## Conditions Seen at the Clinic

- Respiratory Illness
- Minor Injuries
- Vaccinations
- Physicals
- Screenings

## Top Utilization Reasons

- Upper Respiratory Infections
- Sinus Infection
- Sore/Strep Throat
- Ear Infections
- Bladder Infections



Patient services at Take Care Clinics<sup>SM</sup> are provided by an independently owned professional corporation

# EMPLOYER SOLUTIONS



- Pharmacy benefit management
  - Increasing generic utilization at Northwestern Memorial Hospital
- Employee prescription program
  - Engaging with Children’s Hospital of Philadelphia
- Variety of health and wellness initiatives
  - Providing improved wellbeing through fitness center

# ON-SITE PHARMACY



- Walgreens on-site pharmacy provides a strategic solution to integrate with the larger healthcare team.
- Continuum of care
- Custom-built medication inventory, programs and services
- Financial and operational advantages

# DISCHARGE PROGRAM



- Collaboration with discharge case managers
- Patient counseling by a specialty trained pharmacist
- Medication delivery options
- Coordination of infusion and respiratory needs



# Walgreens 340B COMPLETE® Services

With the support of our experienced, specially trained pharmacy staff.

- **Managing inventory** - complete inventory management of the required 340B medications.
  - Electronic interfaces with drug wholesalers.
  - No start-up costs and no entity-owned 340B inventory at Walgreens.
  - Electronically track dispensing and receipts of replenishment inventory.
  
- **Revenue Generation** –
  - Generate revenue from your 340B patients
  - Extensive Third Party Payor Contracts
  
- **Preventing diversion** - The 340B program requires entities to have a process in place to prevent illegal double discounts.
  - Fully integrated e-prescribing through EPIC point of care system
  - Setup an authorized prescriber panel to help control utilization.
  - Various checks to help ensure diversion control.
  
- **Managing information** - detailed management reports on all aspects of 340B program via web portal.
  - Monthly inventory reconciliation reporting – dispensing, orders and balances.
  - Daily patient detail reports - date, medication, quantity filled and copay.
  - Comprehensive summaries - total activity for the month.
  - Assistance with 340B-related auditing requirements.



#### The Walgreens Advantage

When you use the Walgreens 340B Complete program, your advantages include:

- No upfront costs to start
- No need for multiple vendors
- More than 7,500 Walgreens locations nationwide, including Puerto Rico
- Extensive third-party payor contracts to maximize revenue generation

# Food Oasis: Prescriptions for health foods

Partnership between Walgreens, Northwestern Memorial Hospital and Near North Health Services Corporation that encourages healthier food choices for patients coping with chronic illness

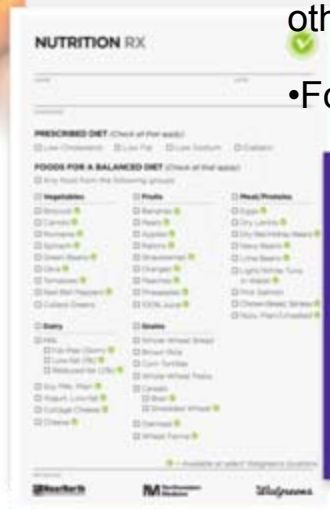
## Walgreens

- Fresh, low-cost produce and potential discount on healthy food items.



## Northwestern Medicine

- Health information on chronic disease
- DVD modules to encourage self management of diabetes and other chronic diseases
- Food Rx



## Near North Health Services Corporation

- Quality medical home
- Consults on health diets and chronic disease.
- Nutritional counseling and cooking demonstrations on site



# Walgreens Outcomes



# Improved Pre/Post Diabetes Outcomes: Walgreens Pharmacist-led Diabetes Education Program at the Worksite

## Program Goals

Achieve and maintain HbA1c  $\leq 7.0\%$   
Enhance patient adherence and self-care

## Program Design

Initial one hour consultation with pharmacist  
Monthly 1:1 follow-up consultations  
Incentives for participation



## Outcomes included:

- 330 patients contacted/185 enrolled
- 91% remained actively engaged
- HbA1c values decreased from 7.72% to 7.05%
- HDL value increased from 42.75 mg/dL to 44.38 mg/dL
- 58% of patients achieved goal  $\leq 7.0\%$  for HbA1c versus 48% at inception
- 100% patient satisfaction rate

Fraze SG, Raulerson W, Schwab H, Broome R, Davis J, Patwardhan A, Murphy P. Improving Health Outcomes and Reducing Cost in Chronic Disease Management: Impact of a Pharmacist Led Diabetes Education Program at a Workplace Pharmacy. Health & Productivity Management November 2010 Vol 8, No 1-2, pg 32-36.

# Walgreens Community Pharmacist Counseling Program Resulted in Greater Medication Adherence

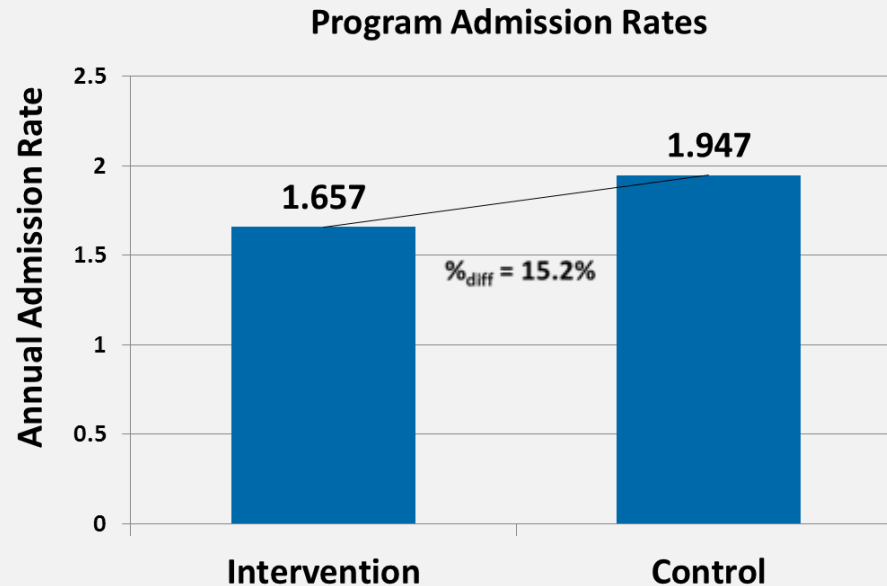
A comparison between adherence to statins and thyroid medications in two community pharmacies

- Face-to-face counseling by trained pharmacists at the site of care
- Counseling occurred when patients initially filled their prescriptions
- First refill rate = percent of patients who refilled their prescriptions within two weeks of expected refill date

First Refill Rate	Pre	Post	X <sup>2</sup>
Intervention	55.7%	70.4%	p<0.01
Control	56.2%	61.7%	ns

Jiang, JZ, Khandelwal, N, PhD, Rudkin, K, PharmD, Duncan, I. "Impact of Community Pharmacist-led Counseling on Improving Medication Adherence." Abstract submitted to ISPOR conference 2011

# Hospital Admission Reductions Among Stage D Heart Failure Patients Participating in a Home Inotropic Infusion Program



- The intervention effect was a significant reduction in admission rates by 0.295 per patient per year ( $t = -3.223$ ,  $p = .001$ ).
- For the 236 patients participating in the program, the admission savings was \$17,187 per patient and for the whole group sums to almost \$4.1 million.

Taitel, M., Meaux, N. Hospital admission reductions among Stage D heart failure patients participating in a home inotropic infusion program. *Heart Lung*. 2011;40(4):366.

# Honoring Patient Preference at End-of-Life for Terminal Heart Failure Patients

Place of Death	CDC Benchmark			WIIP
	Rate	Rate, excluding NH/LTC	Rate, age/sex adjusted excluding NH/LTC (N=56,596)	Intervention Group (N = 217)
Home/Hospice	25.9%	40.9%	<b>35.9%</b>	<b>64.5%</b>
Hospital/Medical facility	37.4%	59.1%	64.1%	35.5%
Nursing Home/Long term care (NH/LTC)	36.7%	0.0%	0.0%	0.0%
TOTAL	100.0%	100.0%	100.0%	100.0%

HF patients in the Walgreens Inotropic Infusion Program (WIIP) were more likely to achieve their preference to die in the comfort of their home (64.5%) than in a national sample HF patients (35.9%). This difference was statistically significant ( $p < 0.0001$ ).

Taitel, M., Pegus, C., Meaux, N. Honoring patient preference at end-of-life for terminal heart failure patients. Heart Lung. 2011;40(4):366-367. (Abstract)

# Value of Convenient Care Clinics: Walgreens Peer-Reviewed Outcomes

**“Quality of care for two common pediatric conditions treated by convenient care providers”** published in the *American Journal of Medical Quality* in January 2011.

- In a study of the quality of treatment for children with pharyngitis and Upper Respiratory Infection, Take Care Health Systems Convenient Care Clinics achieved:
  - 92.72% compliance score for appropriate testing of children with pharyngitis
    - Greater than HEDIS (a widely-used measure of managed care plan quality) 90<sup>th</sup> percentile
    - Compares to HEDIS average rating of 74.7% in the commercially insured population
  - 88.35% compliance score for appropriate treatment of children with URI
    - Greater than HEDIS average rating of 83.5% in the commercially insured population

Jacoby, R., Crawford, A.G., Chaudhari, P., Goldfarb, N.I. (2010). Quality of care for two common pediatric conditions treated by convenient care providers. *American Journal of Medical Quality*, 26(1), 53-58. doi: 10.1177/1062860610375106.

# Value of Convenient Care Clinics: Walgreens Peer-Reviewed Outcomes

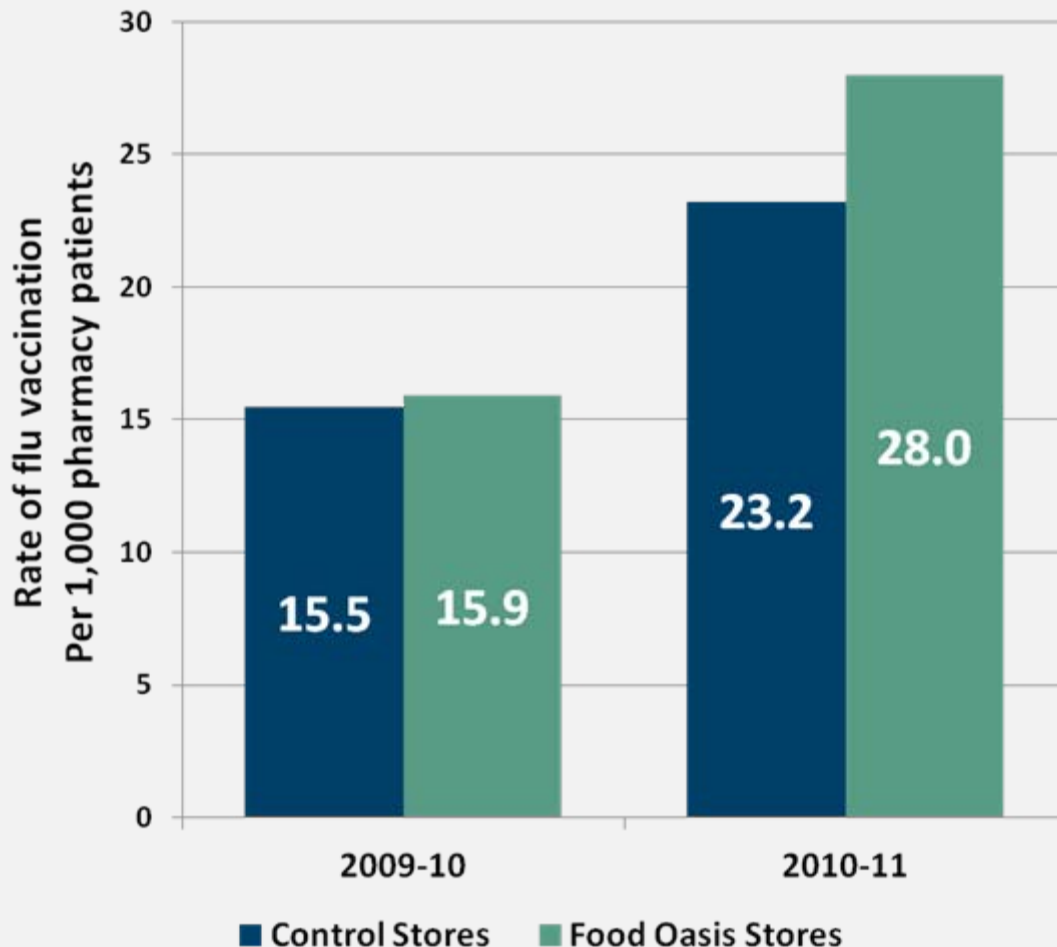
**“Elevating the Patient Experience to a New Level at Take Care Clinics”**  
published in *Retail Clinician* in January 2010.

In a study of the patient experience, Take Care Health Systems Convenient Care Clinics achieved:

- Highest satisfaction ratings from 9 in 10 customers
  - Compares to 1 out of 3 for a typical company in Gallup database
- Customer engagement results in the top 10% of all companies measured by Gallup since 2003
  - Customer engagement measures emotional connections, which build stronger customer connections
  - Gallup’s database encompasses over 200 organization across 15 industries

Fraze SG, Fleming J, Ozan-Rafferty M. Elevating the Patient Experience to a New Level at Take Care Clinics. *Retail Clinician* January 2010

# Food Oasis: Outcomes



- In 2010, ten Walgreens stores converted to food oasis stores offering fresh fruits and vegetables in underserved areas of Chicago.
- Ten Walgreens stores in neighboring underserved areas with similar population demographics were identified as controls.



# Innovation and Collaboration



# STRATEGIC COLLABORATION



- Fragmentation in health care delivery creates redundancy, excess cost, and waste.
- By collaborating, sharing information and proactively navigating patient care, we can reduce costs, eliminate some redundancy, improve treatment adherence and patient outcomes.

# Goal of Health System Collaborations

- Our objective is to create an efficient and lower cost primary care delivery model by combining assets between Walgreens and health systems
- Pilot with subset of employees to prove concept
  - Develop process flow/maps to help patients navigate available resources to get the right care at the right time and right place
  - Communicate and develop incentives in the medical benefit plan to encourage participation
  - Track patient data to evaluate improvements and document/publish results

# Walgreens & Hospital Collaborative

Partnering with DeKalb Medical Center - Decatur, GA

## Walgreens

- **Bedside Delivery** for discharge medications performed by pharmacy technicians for at least 80% of patients.
- **Pharmacists calls** patients within 28 - 72 hours of discharge to ask if they have any question regarding their medications.
- **Pharmacy technicians attend huddles** with DeKalb personnel to build relationship and integrate into care teams.
- **Walgreens staff trained in Wildly Important Goals (WIG)** and share accountability for WIG goals.



## DeKalb Hospital

- **Targeted, organization-wide commitment to improve HCAHPS scores** (Hospital Consumer Assessment of Healthcare Providers and Systems)
- **Implemented Covey's 4 Disciplines of Execution**
  - Wildly Important Goals (WIG)
  - Lead Measures
  - Scoreboards
  - Cadence of Accountability
- **Future initiatives** will look at effect of joint Walgreens and DeKalb programs on readmission rates.

**Improved 'top box' HCAHPS score from 50% to 63% AND trending up!**

# Walgreens & FQHC Collaborative

Partnering with ACCESS Community Health Network – Chicago, IL

## Walgreens

- **340B Program:** provides affordable pharmacy care to un- and under-insured patients
- **Increasing Immunization Rates** – Flu Campaign
- **Onsite Pharmacy at HealthCenters**
- **Embedded Resident Pharmacist** in medical home model Pilot



## ACCESS

- Creation of a **pharmacy and therapeutics committee** to provide prescribing guidelines for all ACCESS health centers to help every patient receive cost-effective, high-quality drug therapies
- **Near future CMS and CMMI Innovation Projects**
  - Preventive service campaigns & Community Outreach
  - Chronic Disease community pharmacy intervention & digital connectivity
  - Chronic Disease & Polypharmacy Management
  - Embedded pharmacist
  - Virtual pharmacist

# Walgreens & Physician Group Collaborative

Partnering with Northwestern Medical Physician Group (NMPG) - Chicago, IL

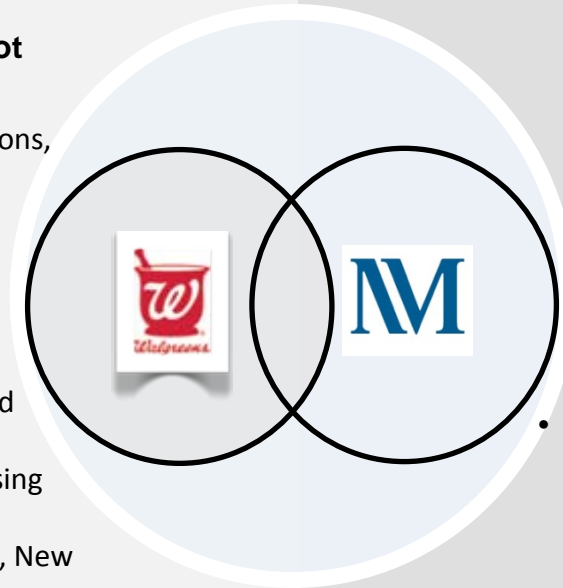
## Walgreens

\*Best Practice & Highest volume Walgreens Pharmacy on-site at NMH

### •Care Coordination Proof of Concept Pilot

- “Filling the transition white space”
- 210 stores (38 are Take Care locations, 1 HSRx at NMH)
- 1,877 patients (NMH and WAG employees)
- Focus on 4 Disease States (Hyperlipidemia, Hypertension, Diabetes, Asthma)
- Content co-developed & co-branded with NMPG Physicians
- Disease State RPh Consultations (using RxAdvisor/CAP)
- MedMonitor (RDUR, Polypharmacy, New to therapy, Late to Refill)
- Take Care
- Data Sharing to NMPG
- 18 Month Clinical Outcomes Analysis
- Tracking & Reporting Monthly

### • Pilot - Prescriptions for Health Foods filled at Walgreens Well-Experience Stores



## NMPG

### • Primary Care Physicians

- Increase adherence with prescribing to Onsite pharmacy & patients filling onsite at discharge and/or using Walgreens bedside delivery service; & home health and infusion services also utilized.
- Risk stratification of patients with chronic disease in Pilot
- Patients with abnormal responses in Pilot are called or seen by physician.

### • NMPG Care Coordination

- Active engagement of high-risk patients
- Chronic disease Care Pathways
- Smooth communication between pharmacists and Physicians
- Specialty care navigation

### • Northwestern Medicine Specialist

- Chronic disease tune-up clinics for high-risk patients
- Specialty care navigation