TRACK II: Medication Management — New Roles, New Players

Part 2: A Community Pharmacy Model

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Community Care of North Carolina

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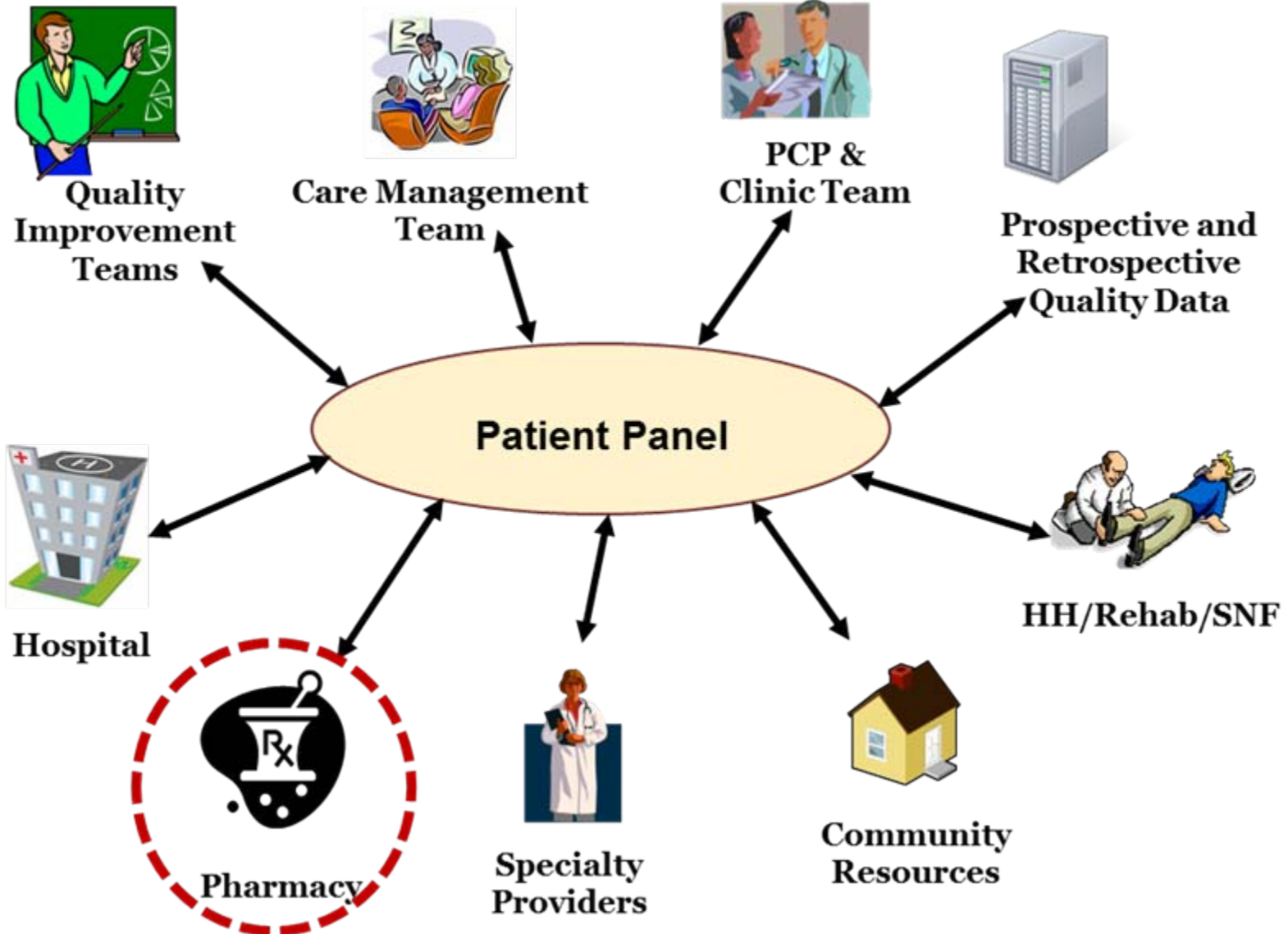# Creating an Environment in which Community Based Care Coordination Thrives
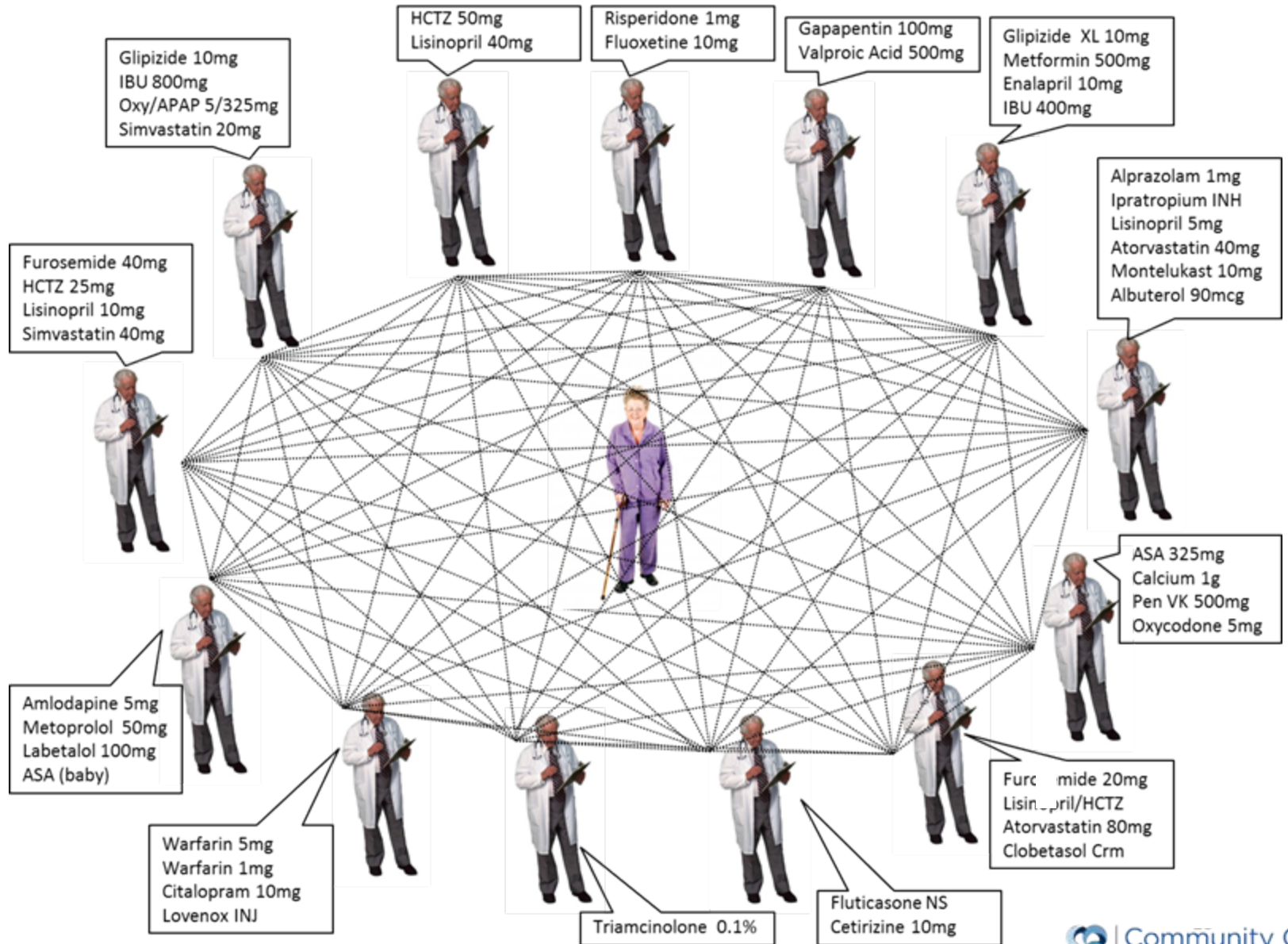
Key Ingredients:

#1 Patient Targeting & Shared Goals
#2 Meaningful Interpersonal & Inter-professional Relationships

What Does the Medical Neighborhood Look Like?

The Challenge.

Glipizide 10mg
IBU 800mg
Oxy/APAP 5/325mg
Simvastatin 20mg

HCTZ 50mg
Lisinopril 40mg

Risperidone 1mg
Fluoxetine 10mg

Gapapentin 100mg
Valproic Acid 500mg

Glipizide XL 10mg
Metformin 500mg
Enalapril 10mg
IBU 400mg

Alprazolam 1mg
Ipratropium INH
Lisinopril 5mg
Atorvastatin 40mg
Montelukast 10mg
Albuterol 90mcg

Furosemide 40mg
HCTZ 25mg
Lisinopril 10mg
Simvastatin 40mg

ASA 325mg
Calcium 1g
Pen VK 500mg
Oxycodone 5mg

Amlodapine 5mg
Metoprolol 50mg
Labetalol 100mg
ASA (baby)

Furosemide 20mg
Lisinopril/HCTZ
Atorvastatin 80mg
Clobetasol Crm

Warfarin 5mg
Warfarin 1mg
Citalopram 10mg
Lovenox INJ

Triamcinolone 0.1%

Fluticasone NS
Cetirizine 10mg

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Population Management is a Fundamentally Different Approach to Payment and Delivery

Fee-For-Service

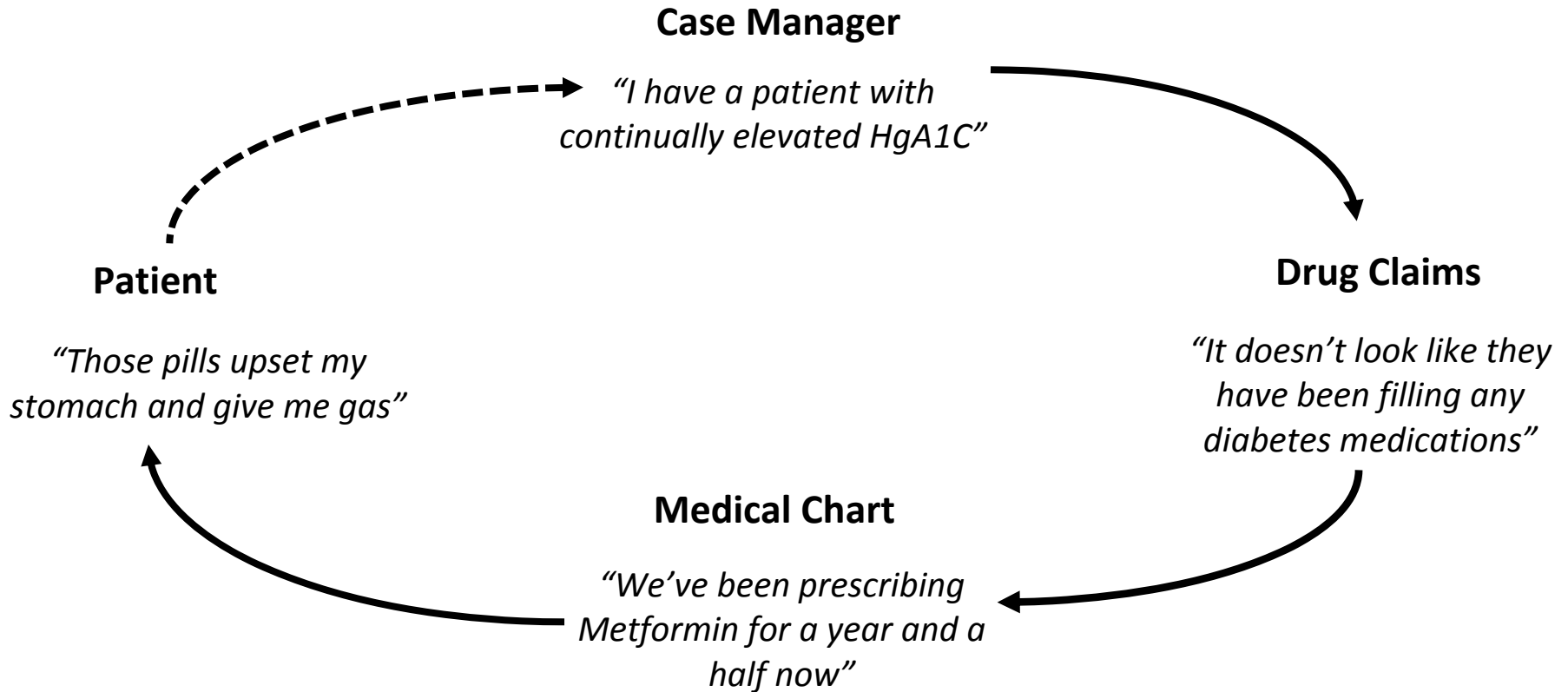| Pre-Encounter	Encounter	Post-Encounter	Disengaged
X	$$$$$	X	X

Population Management

Pre-Encounter	Encounter	Post-Encounter	Disengaged
$	$$	$	$

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Medication Optimization: A Team Sport

Example of an unmet treatment goal resulting from an adherence-related drug therapy problem

Case Manager

"I have a patient with continually elevated HgA1C"

Patient

"Those pills upset my stomach and give me gas"

Drug Claims

"It doesn't look like they have been filling any diabetes medications"

Medical Chart

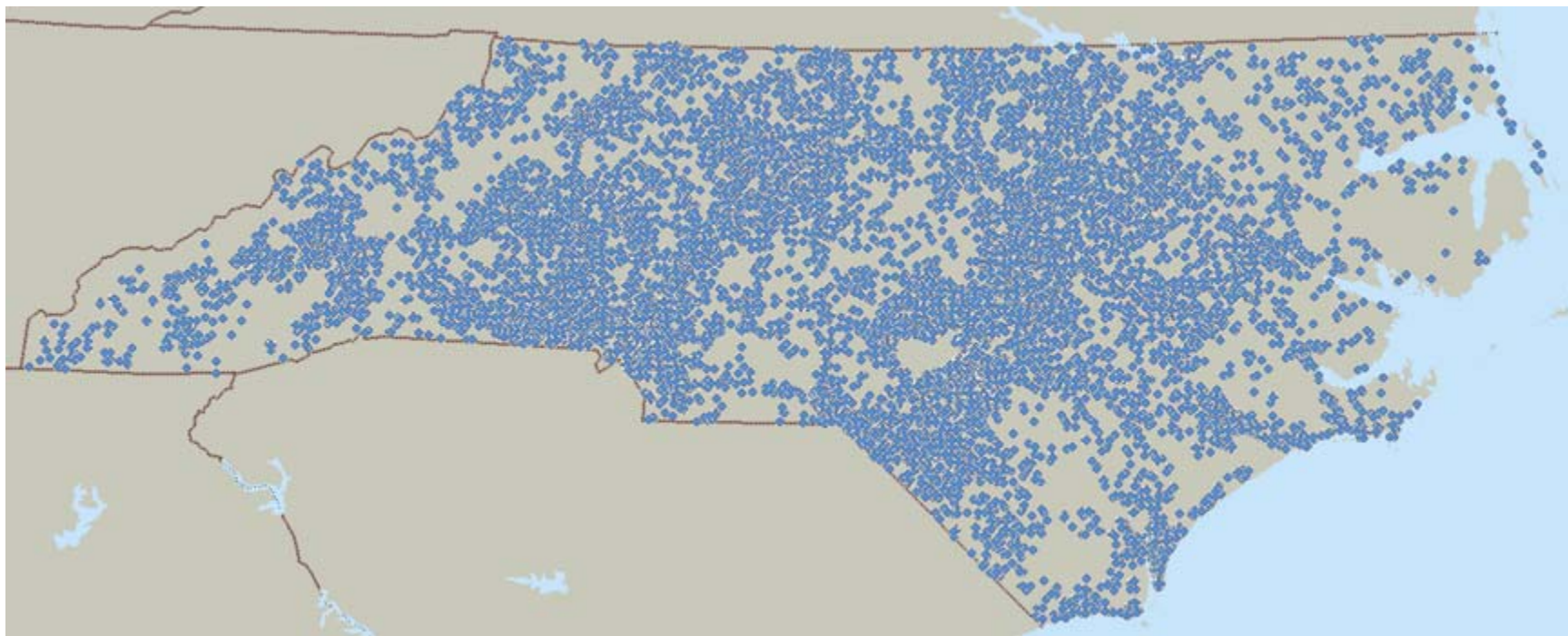*"We've been prescribing Metformin for a year and a half now"*

Goal: Create a *well-coordinated, goal-oriented, continually re-enforced drug use plan*

How to Scale Medication Optimization Efforts?

(with limited PCP, Care Manager time/effort/acumen/desire...)

>32,000 Individuals received CCNC Transitional Care Support in 2015

North Carolina CPESN[SM]
(Community Pharmacy Enhanced Services Network)

Goal: create a network of pharmacies who are willing to provide services and care coordination that *transcend* currently offered outpatient pharmacy program requirements / contracts.

This includes pharmacies that are willing and able to perform highly intensive, highly coordinated, and longitudinally-oriented medication optimization activities through a method of co-management with primary care providers, their care management teams, and the extended medical neighborhood.
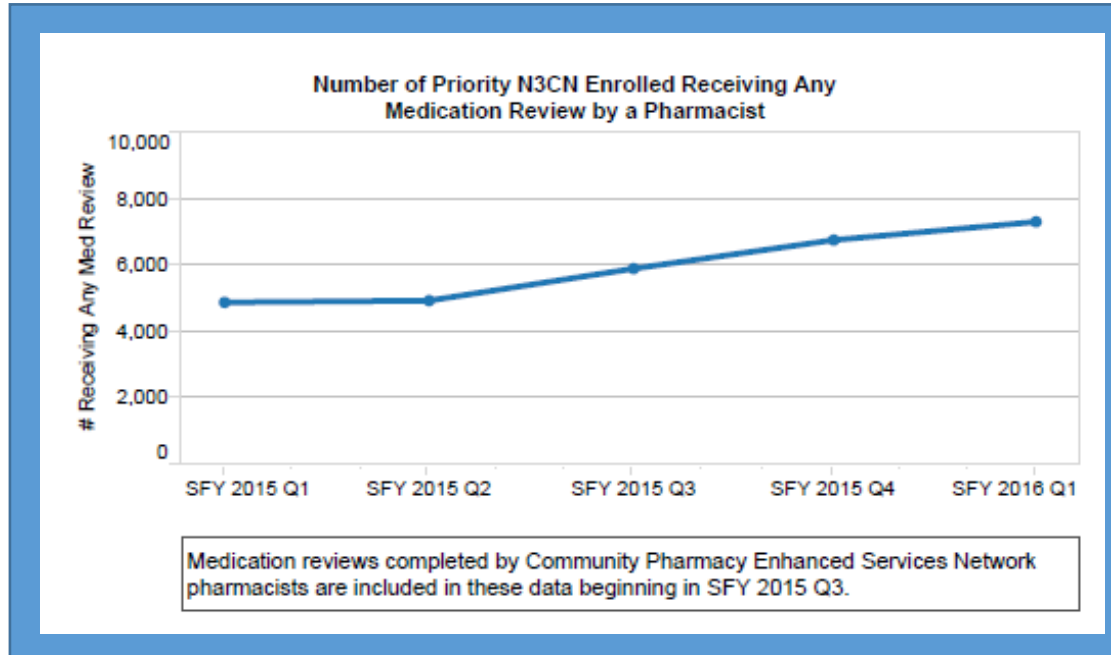
The Community Pharmacy Enhanced Services Network (CPESN)
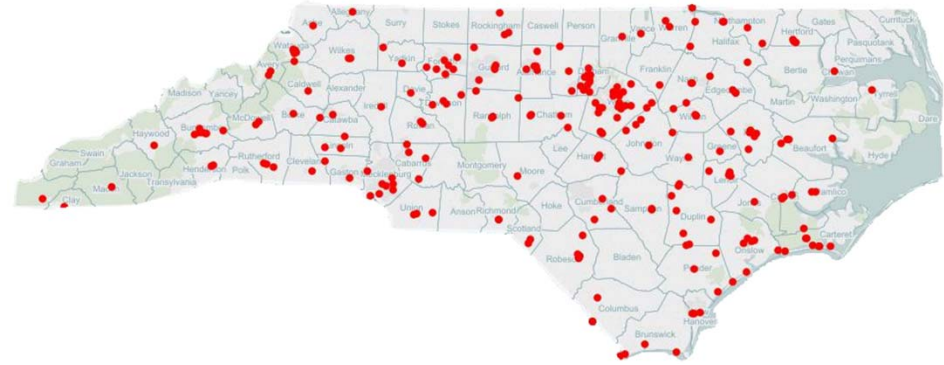
	CCNC Enrollees	CCNC Enrollees with total medical cost > $10,000	Enrollees on CCNC Priority list	Enrollees on TC Priority list	Enrollees on Medication Management Priority list
Total number of members	1,348,229	112,529	17,753	153,241	6,377
Total medical cost	$ 4,078	$ 27,527	$ 23,813	$ 18,215	$ 25,345
# of Inpatient visits	0.11	0.52	1.41	0.45	1.04
Inpatient costs	$ 369	$ 3,464	$ 5,337	$ 2,924	$ 6,456
# of mental health inpatient vi	0.01	0.04	0.04	0.04	0.04
ED visits	0.67	1.65	2.94	1.74	3.05
ED cost	$ 178	$ 745	$ 1,262	$ 816	$ 1,657
Outpatient visits	4.30	9.43	12.04	8.70	12.28
Mental health outpatient visit	0.62	1.88	1.04	1.53	1.14
PCP visits	2.09	2.91	2.53	2.65	3.52
Pharmacy visits	**4.97**	**19.63**	**16.95**	**23.05**	**35.03**
Pharmacy costs (Pre Rebate)	$ 721	$ 5,177	$ 3,342	$ 4,298	$ 6,183

"Shared Metrics"

Number of Priority N3CN Enrolled Receiving Any Medication Review by a Pharmacist

Medication reviews completed by Community Pharmacy Enhanced Services Network pharmacists are included in these data beginning in SFY 2015 Q3.

"New Findings, New Target Populations"

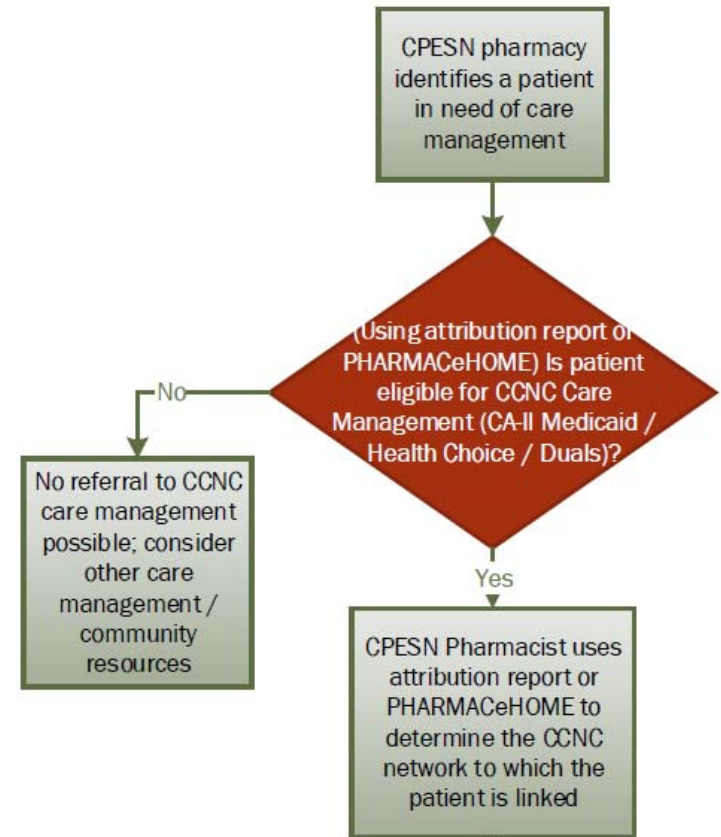| Attribution Group	Num_Patients	IP_PMPM	IP_PMPM_Expected	IP_Index	ED_PMPM	ED_PMPM_Expected	ED_Index
CPESN	26,800	0.014521	0.017911	0.81073	0.1044	0.11628	0.89782
Non-CPESN	362,904	0.012342	0.013229	0.93296	0.09148	0.10482	0.87276
Other	50,466	0.025947	0.023872	1.08693	0.14165	0.12176	1.16336

North Carolina CPESN^{SM}
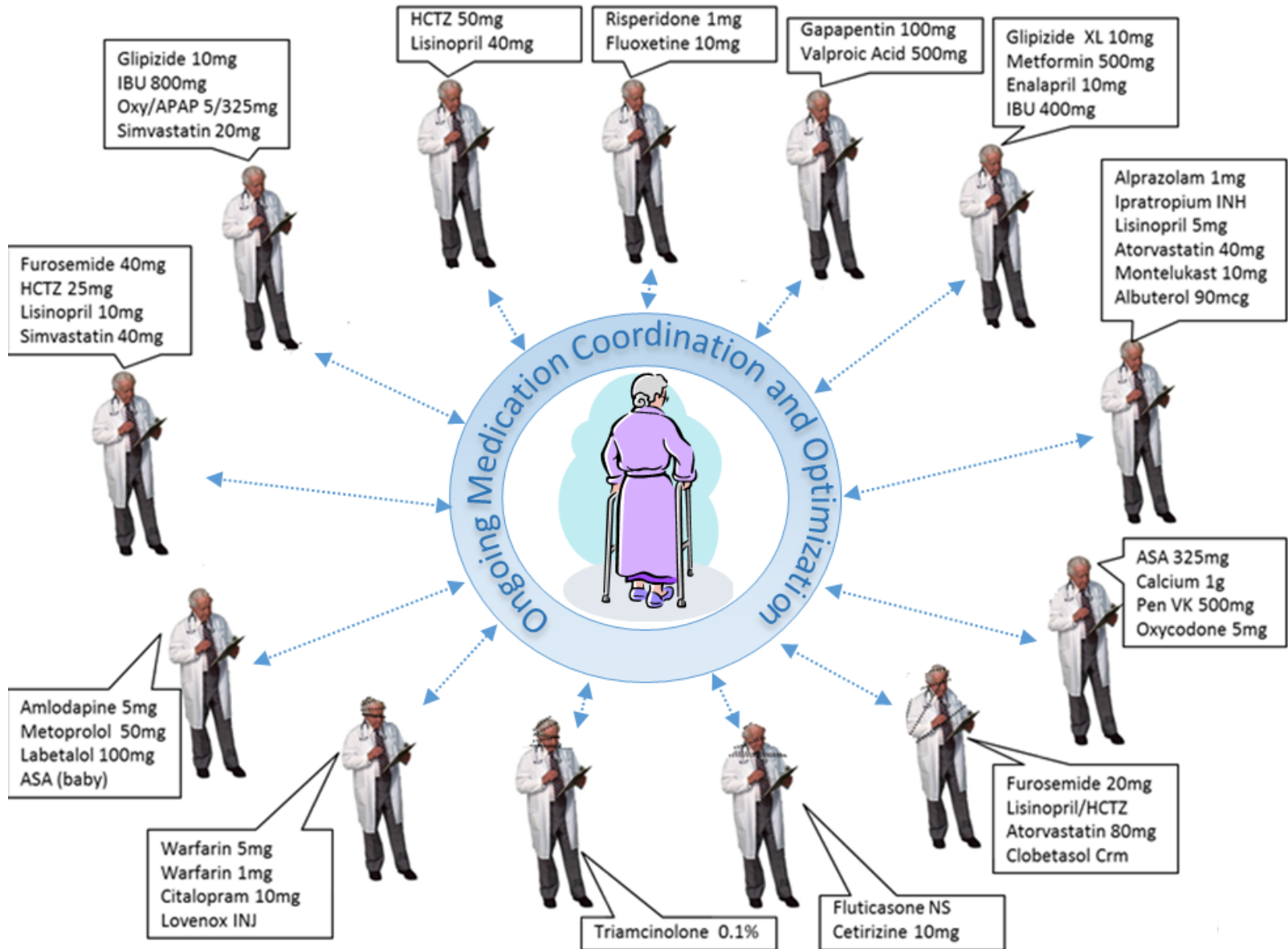## (Example Referral Process-Ways of Working)

Initiation of Co-Management/Referral
CCNC Care Manager → CPESN Pharmacy

Care Manager identifies currently managed patient who needs medication management and / or enhanced community pharmacy services

Care Manager initiates care management with a patient who will need medication management as part of heavy/medium CM services

Care Manager consults the Provider Portal Care Team Summary to see if patient is already attributed to CPESN pharmacy

Care Manager reviews CCNC priority report, ADT report, or Provider Portal Care Team Summary to see if patient is already attributed to CPESN pharmacy

Patient already using a CPESN pharmacy?

Yes

Initiation of Co-Management/Referral
CPESN Pharmacy → CCNC Care Manager

CPESN pharmacy identifies a patient in need of care management

(Using attribution report or PHARMACeHOME) Is patient eligible for CCNC Care Management (CA-II Medicaid / Health Choice / Duals)?

No

No referral to CCNC care management possible; consider other care management / community resources

Yes

CPESN Pharmacist uses attribution report or PHARMACeHOME to determine the CCNC network to which the patient is linked

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COMMUNITY CARE OF NORTH CAROLINA *Improving care through shared knowledge*

Challenge Solved.

Questions?

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