



EMPLOYERS' FORUM OF INDIANA

Addressing the challenges of the local healthcare marketplace

Medication Management: Where do we go from here?

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How did we get here?

- Pharmaceutical Care concept introduced in mid 1990's
- Medication Therapy Management (MTM) as part of Medicare Part D
- Expansion of MTM to Commercial plans
- Medication Reconciliation is adopted by JCAHO in 2005
- Med Rec Standard definition continues to expand to multiple points of care
- The Healthcare reimbursement landscape evolves to put providers at risk for readmissions and cost
- MTM transitions to medication Management Management-
Transitions of Care



Where do we go from here?

- Barriers
 - Financial
 - Technical
 - Business
- What does Nirvana look like?
 - Medication Management as part of a team approach
- Where do we start?
- What is feasible today?



Barriers

■ Financial

- What is the business model for Medication Management?
- Who pays? Who accrues value?
- Is a pharmacist Medication Management model sustainable?
 - Payer pays \$1 to \$2 per minute for Medication Therapy Management (MTM) and a pharmacist can't bill out 8 hours of MTM in an 8 hour work day
 - Average margin for a prescription is about \$15. A pharmacist can be responsible for 125 to 150 filled prescriptions per day
- Cost of technology and data



Barriers

■ Technical

- What are the sources of Medication History?
- What is the latency?
- What about other clinical information (e.g., labs, Medical History, etc.)?
- How do you get Medication History into workflow?
- Does the application make use of all the data provided?
- Does the application turn data into information?

At the end of the day, a digital Medication History still needs a clinician to verify authenticity with the patient!!!



Barriers

- Data sources
 - Doing business with the data sources or the application provider
 - BAAs with a Covered Entity
- Data rights
 - Is the data being utilized within the contractual data rights provided by the data source?
- Consent mechanism
 - How and when is consent given, and to whom? How is it stored?
- Security and Privacy Concerns
 - HIPPA
 - Local and State laws
 - Security and Privacy P&Ps



What does Nirvana look like?

- Patient Centric Medical Home
 - Medications
 - Diet
 - Exercise
 - Vital Signs
 - Additional Therapy
 - Follow up visits with Care Managers, Home Health and Primary Care



Where do we start?

What is feasible today?

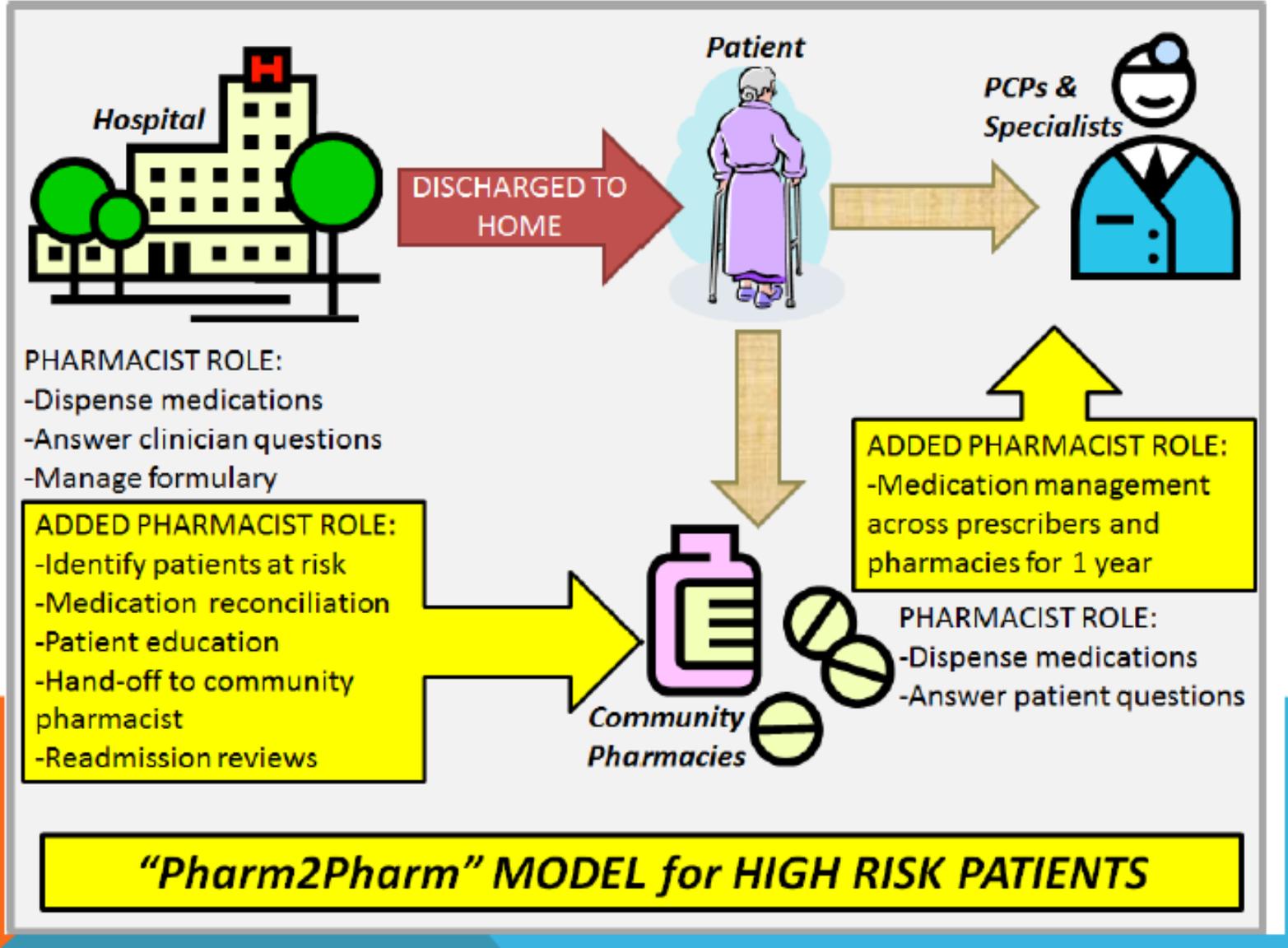
What do you have an appetite for?



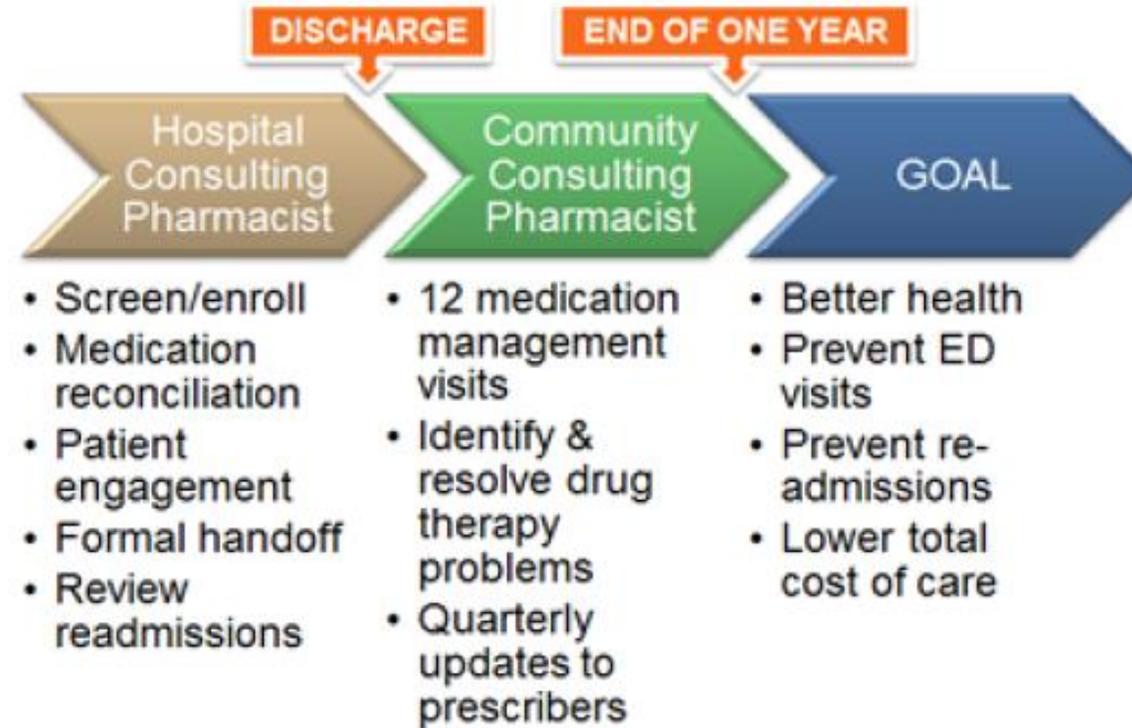
Pharm2Pharm

- A Medication Management Program funded by CMS
- Looked at Hospital Discharge Medication Reconciliation
- Measured changes in Healthcare cost for ED visits and readmission





Pharm2Pharm Patient Timeline



MEDICATION MEASURES THROUGH MARCH 2014...

81% of patients' medications were reconciled by the Community Pharmacist within 30 days post discharge

1,833 drug therapy problems were identified

44% of drug therapy problems identified were resolved by the next patient visit

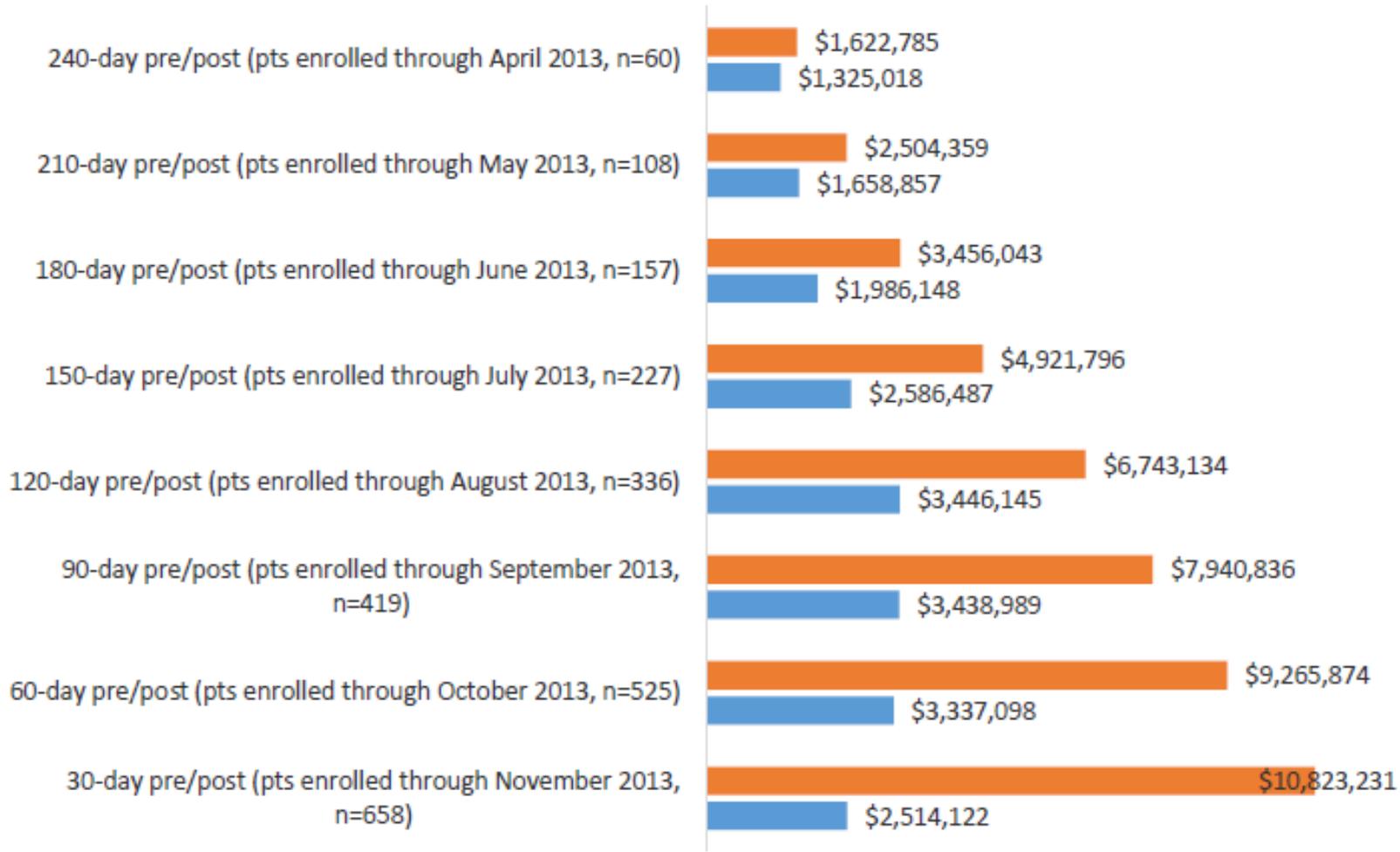
In 8% of visits with the Community Pharmacist, the patient reported medication access problems

40% of medication access problems were resolved by the Community Pharmacist



TOTAL Acute Care Costs (hospital, observation, ER)
Pre/Post Pharm2Pharm Enrollment/Hand-off

PRE POST



Can we focus on ...

- ... a hospital discharge medication reconciliation program for high risk patients?
- Why?
 - Discharge from a hospital creates a medication conundrum.
 - What are the discharge medications?
 - What medications are sitting at home?
 - What has been added, deleted or changed?
 - Does the patient understand this?



Opportunity to highlight Medication Management as a critical Step 1 process!

- Decrease Discharge Adverse Drug Events
- Decrease readmission to the hospital
- Decrease ED visits
- Increase the ability of a high risk patient to understand what they have to do to manage their chronic condition



Next Steps

- Discussion
- New and better ideas
- Workgroup formation





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