Community Medication Management

Presentation to the

Employers' Forum

November, 2014

The Indianapolis Medical Society

631 E New York St, Indianapolis, IN 46202

Biography

- Michael Melby, RPh, CEO of HealthLINC a non-profit health information exchange committed to improving care in Southern Indiana.
  - Coordinate health care information by providing a community-wide clinical data and information exchange
  - Improve quality outcomes by providing value-added services to ACO's, self insured employers, and other risk contractors
- Also Director of Pharmacy and Clinical Informatics, IUH Bloomington Hospital

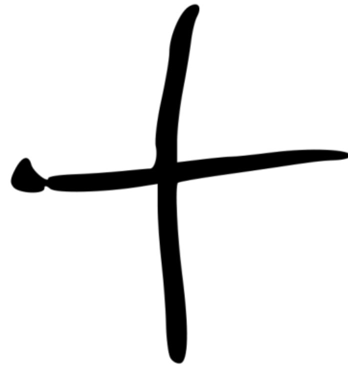
Employer's Unique Challenge

- Medical care costs increasing
- Drug spend increasing
  - New drugs and precision medicine will cost more
- Added cost of absenteeism due to employee and beneficiary illness
- Reduced productivity (presenteeism)
- Prescription drug abuse

The Traditional Approach to Managing Medications

- The Employer depends on the PBM
- The PBM
  - Uses its benefit structure to promote generics
  - Preauthorizes expensive drugs
  - Is paid by Pharma for use of Brands
- Minimal focus on clinical effectiveness
- Minimal focus on misuse and abuse
- Minimal focus on care coordination

CMM in Bloomington
How Did We Start?



Blue Ribbon Expert Committee on
Healthcare Cost Containment

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CMM in Bloomington Use Case

- 33 year old male with Type I diabetes since eighth grade
- Now has an above the knee amputation on one side, depression, Crohn's disease, thyroid disease and gastroparesis, just to name a few .
- He is an incredibly complicated patient who has frequent hospitalizations and multiple providers (see SIP PCP and Premier specialists).
- He is on anywhere from 13-20 medications at any given time, is always confused and can never be fully certain what has been changed.
- Community medication management has been a tool to help us review and track medication changes in him on a regular basis.
  - Our providers are more informed, the patient feels relieved to have consistent help and in the event that he is hospitalized, we are more confident in the medication history we can give.
  - Through these reviews, drug interactions have been identified, leading to changes in the regimen in a timely manner.

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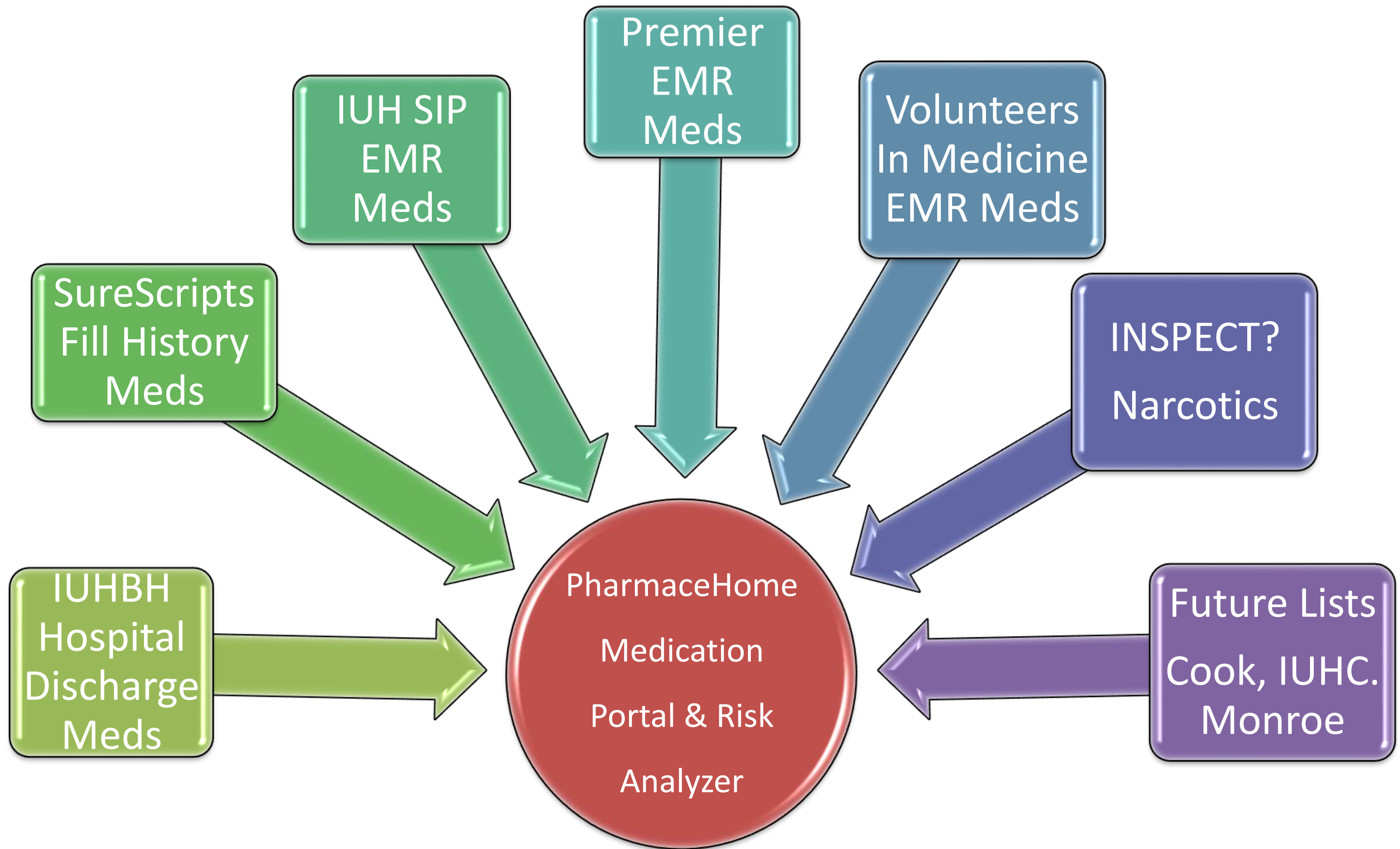
Community Medication Management - Data



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Community Medication Management - Process

Not a LIST, but a reviewed and aggregation of multiple "lists" to form a "medication narrative"

- Actor-settings (Troy has 46, we have 12)
- Patient and family are a missing but critically important part of the story

Primary Care	Specialty Care	Hospital Discharge	Fill History
	BRILINTA TAB 90MG 1 Twice daily | 60.00 | 0d RACHEL M O' CONNOR	BRILINTA TAB 90MG 90 mg twice a day0 | 0.00 | 60d JAMES VANNOY FARIS	BRILINTA TAB 90MG 3/3/2014 | 60.00 | 30d
	COREG TAB 3.125MG 1 Twice daily | 60.00 | 0d RACHEL M O' CONNOR		CARVEDILOL TAB 3.125MG 3/3/2014 | 60.00 | 30d
		CYMBALTA CAP 30MG 30 mg oral 0 | 0.00 | 0d JAMES VANNOY FARIS	
		DEPAKOTE ER TAB 500MG 500 mg oral 0 | 0.00 | 0d JAMES VANNOY FARIS	DIVALPROEX SODIUM ER TAB 500MG ER 8/19/2013 | 64.00 | 32d JOHN O'DONNELL
Community Med Aggregation			DOXYCYCLINE MONOHYDRATE CAP 100MG 1/21/2014 | 14.00 | 7d
GABAPENTIN TAB 800MG one 0 | 0.00 | 0d RYAN NIEHAUS	NEURONTIN TAB 800MG TID | 90.00 | 0d NARCISA CODRUTA GERMAN	GABAPENTIN TAB 800MG 800 mg 3 times daily0 | 0.00 | 0d JAMES VANNOY FARIS	GABAPENTIN TAB 800MG 2/20/2014 | 90.00 | 30d
HYDROCODONE/ACETAMINOPHEN TAB 10-325MG one 0 | 0.00 | 0d	NORCO TAB 10-325MG 1 Three times dailytid | 90.00 | 0d		HYDROCODONE/ACETAMINOPHEN TAB 10-325MG 3/3/2014 | 90.00 | 30d

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Employer Impact

Strategy	Employer/Provider Action	Impact on Costs and Productivity
Identify high risk members in real time	- Trigger care and meds management tools - Use embedded pharmacist	Reduce use of high cost services – ED and hospitalizations
Use existing technology and connectivity to share care alerts	Utilize secure communication among members of care team to coordinate care.	- Improve care transitions - Reduce time off for tests, procedures, visits - Identify drug seeking behaviors
Use HealthLINC pharmacist tools to access complete meds info and risk algorithm	Use embedded pharmacist - Identify medication gaps - Track patient adherence - Monitor patients on persistent medications	- Reduce adverse drug events - Reduce complications - Reduce absences - Reduce alertness problems - Reduce productivity problems

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ROI Analysis (1 of 4)

- Financial benefit of implementing a Medication Management Program
- Use employer data to estimate impact:
  - Number of covered lives
  - Medical spend
  - Drug spend
  - High cost conditions
  - Productivity losses to absenteeism and presenteeism
- Estimates financial impact over time

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ROI to Employers (2 of 4)

- Financial benefit in 3 categories of metrics:
  - Manufacturing process, e.g. avoidable absence and health-related performance issues
  - Employee health, e.g. outcomes of chronic disease management
  - Spending on medical, hospital, drug and other health services

Sample ROI to Employers (3 of 4)

- Approach – conservative sample
  - Apply the CCNC (North Carolina) experience to a hypothetical employee population's members
  - Focus on asthma and diabetes only
  - Assume population of 12,000 employees and family members
  - Calculate savings for reduced hospitalizations and ED visits alone
  - Reduce number by 30% for family members over 65

Sample ROI to Employers (4 of 4)

- For reduction in ED use and hospitalization for the limited population of asthma and diabetes, gross annual savings is across all covered lives is $591K to $853K:
  - $4.11 PMPM to $5.92 PMPM
- CCNC experienced an increase in pharmacy and PCP costs. Adjusting for that increase, net annual savings is $277K to $406K:
  - $1.92 PMPM to $2.82 PMPM

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More Use Cases

- Patient was discharged from hospital after heart attack. Routine medications given at discharge but review in pharmacy home revealed all medications were filled except Plavix. Pharmacy was contacted as to why and it was revealed that Plavix prescription has never been sent. Communicated to specialist office through pharmacy home to send prescription for Plavix, possibly preventing re-occlusion of the vessel.
- Patient who through review of primary care, specialty care, hospital and fill list in pharmacy home was noticed to be on warfarin, Plavix, Effient, aspirin and Pletal (all blood thinners). Worked through specialist office to decrease number of blood thinners and potentially prevent bleeding issues.
- I had an elderly gentleman who was transferred to an ECF after a hospitalization. He had been hospitalized for a COPD exacerbation, discharged on antibiotics and steroid taper, along with his usual home medications.

What We Have Learned

- Trained care coordination team
  - More focus on medications
  - Includes pharmacist who advises physician
  - Includes providers (behavioral health, etc.) with important input on meds use
- Engagement of Care Managers
- Mobilization of whole community, not just medical
- Technology provides more data on meds use and misuse across all patient touch points

DISCUSSION

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