



# Quality-Driven Healthcare

## *Finding Opportunity for Population Health Management in Your Practice*

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Clinical Pharmacist, Ambulatory Internal Medicine, Managed Care

Clinical Assistant Professor, University of Illinois at Chicago College of Pharmacy

TCPi National Faculty



# Continuing Education Disclosures

- Commercial support or sponsorship – None
- Speaker or planner relationships with commercial interests – None
- Requirement for CME credit or attendance certificate
  - Full session attendance and completion of online evaluation
- Evaluation link available at the end of the session





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# Objectives

- Describe a value-based clinical service model for diabetes care within a primary care setting
- Apply the value-based clinical service model to patient populations with other chronic conditions
- Identify strategies to develop metrics for measuring the success of a value-based service model
- Recognize current and potential challenges in achieving continued success in a value-based service model



# Rationale for Clinical Pharmacist Integration into Value-Based Care Models

- Evolving healthcare landscape
  - Value over volume
  - Focus on population health
- Payer contracts have significant pay-for-performance or value-based care financial components
- Pharmacist expertise to manage chronic disease states
  - Measured and incentivized

# A Story of Opportunity for Population Health:

Integration of Value-Based Clinical Pharmacy Services within a  
Primary Care Setting



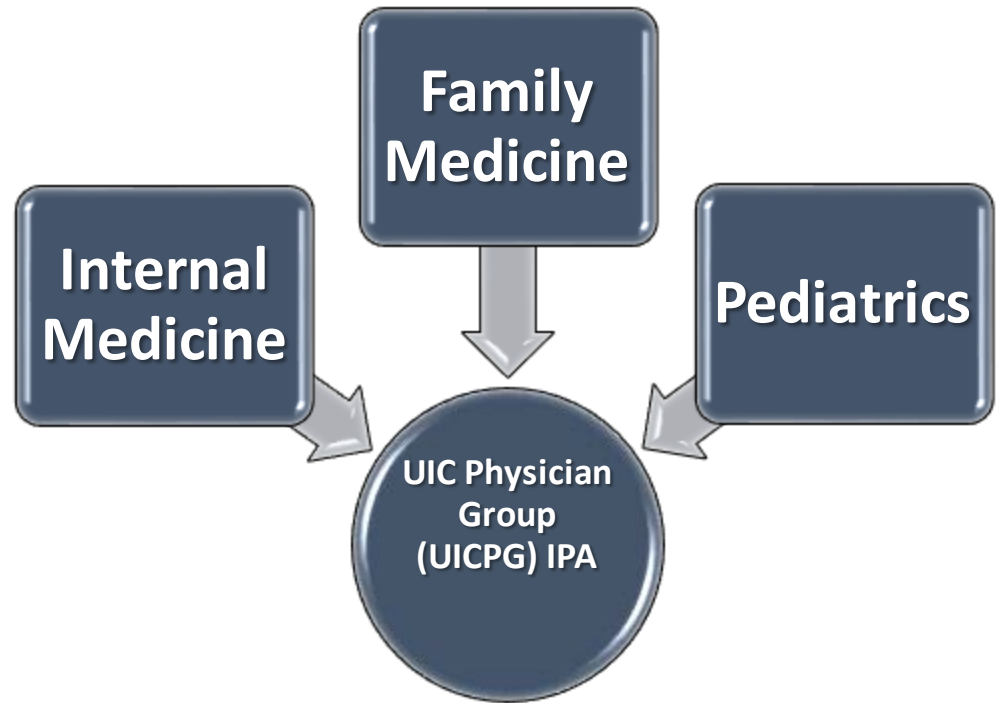
# Excellence Health of Illinois\*

- Provides benefits to more people than any other company in the state
  - Over 7 million people
  - Offer the designated HMO for city/state employees
- Largest commercial insurance provider at UI Health
  - 16,000 UI Health Patients have Excellence HMO
  - Major source of revenue per-member-per-month

\*Actual name withheld

# Excellence Health of Illinois Quality Improvement (QI) Incentive Program

- Standards based on HEDIS or Excellence Health internal data
- Capitation-based monetary incentives for quality care
  - UI Health sites report as one





# QI Projects Focus on Preventative Health and Chronic Diseases

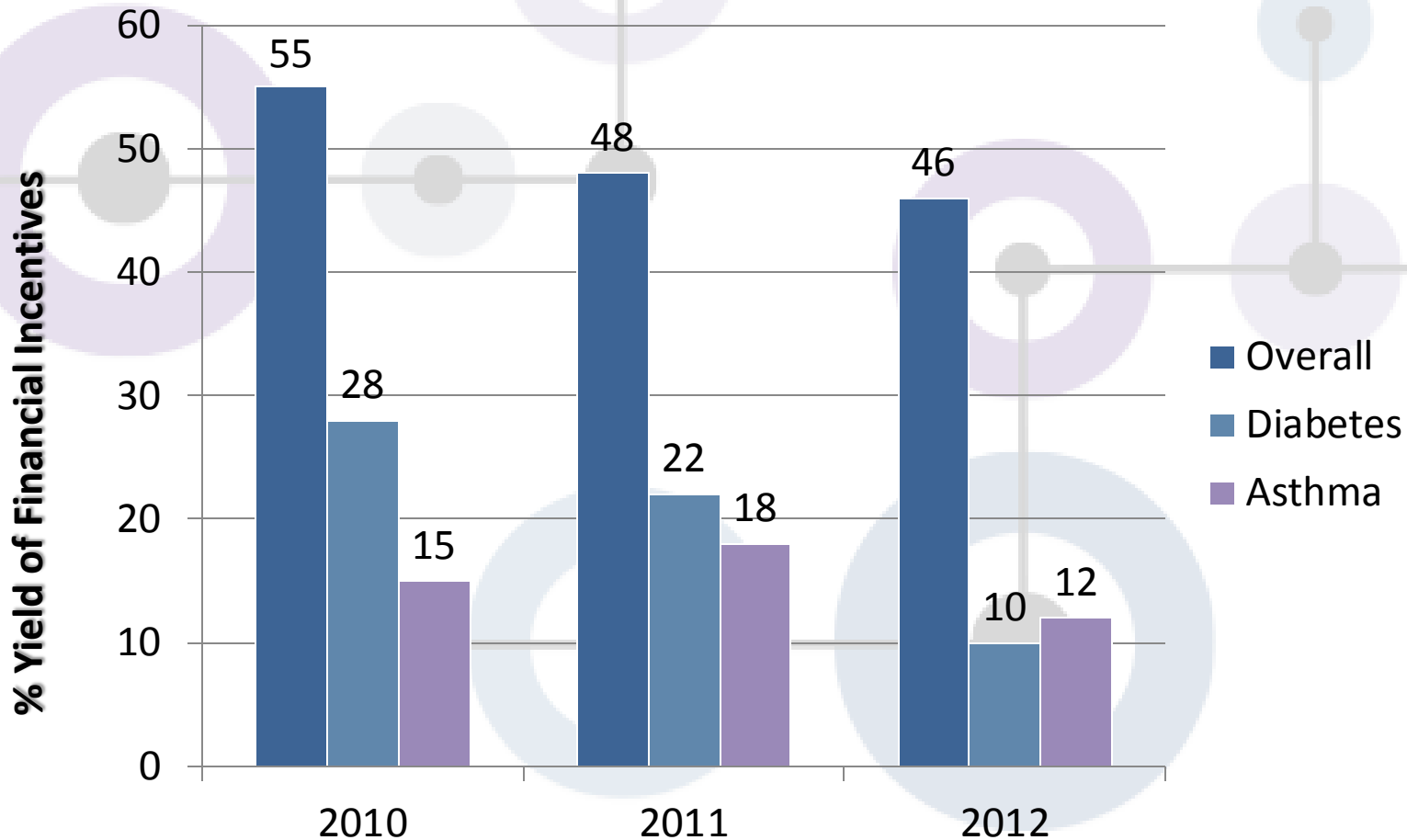
Clinical Quality Projects	
Asthma	Hypertension
Diabetes	Breast cancer screening
Childhood Immunizations	Colorectal cancer screening
Behavioral Health	Cardiovascular disease
Adult wellness	Cervical Cancer Screening
Pediatric wellness	Physician and member outreach



# Diabetes Performance Metrics

Performance Measures—Diabetes
HbA1c is controlled (achieve A1c <8%)
Retinal eye exam performed in past calendar year
Patient on statin therapy
Renal function test performed
Blood pressure controlled (<140/<90)
Depression screening performed

# Decline in Financial Gain from Excellence HMO QI Incentives from 2010-2012



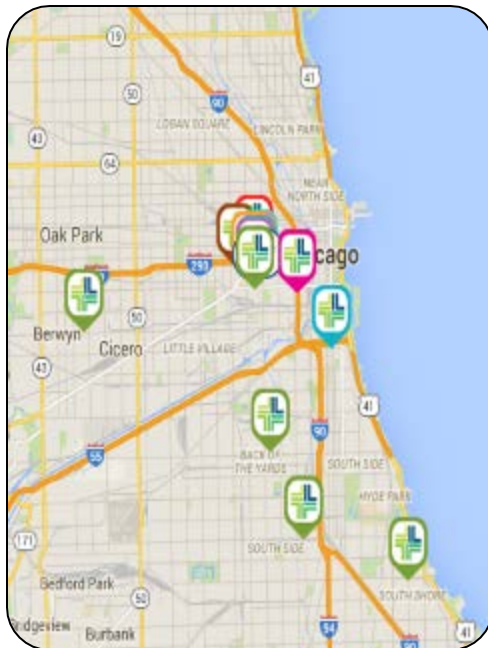
# Reasons for Quality Gaps Are Multifactorial

## Patient-Centered

- Lower health literacy of population
- Lower socioeconomic status of patients served

## System-Centered

- Lack of resources
- Lack of up-to-date data
- Lack of understanding of QI benchmarks
- Insufficient documentation in eHR
- Physicians do not have enough time during visits



# Closing the Gap at UI Health in 2013



**Clinical Pharmacist interventions and Population Health Management can be linked to dollars outside of the traditional fee-for-service structure**

# Pharmacy Services In Action

- Internal Medicine Outpatient Clinic
  - 1 pharmacist in 2013 → 2 pharmacists in 2016
  - Supported by Managed Care, IT
- Chronic disease state and population management
  - Focus on Excellence HMO QI but see all-comers
  - Disease state co-management protocols
  - Six half-day clinic blocks/week, evenings 1 day/week
  - Dedicated clinic space for pharmacist



## Identify

- MD referral via PharmD consult order
- eHR data → reports ★
- Claims data ★

## Stratify

- Prioritize based on risk-level
- *Diabetes: A1c control*
- *A1c > 9% or no A1c in past 12 months*

## Manage

- Co-manage under protocol
- PharmD clinic visits: 40 or 60 minutes
- Face-to-face, phone, portal message

## Collaborate

- Refer back to MD or triage
- Document in eHR, payer portal
- Progress updates from Managed Care

# Prospective Identification of Patient Needs at Physician Visits

- Assess patient needs prior to primary care visit
  - eHR and claims data to build reports → biweekly
- Identify information that is lacking
  - Place orders for labs, diagnostic test
- Act upon results that are not at goal
  - Bring in for PharmD visit or triage to MD





# Prospective Identification of Patient Needs at Physician Visits—Example Report

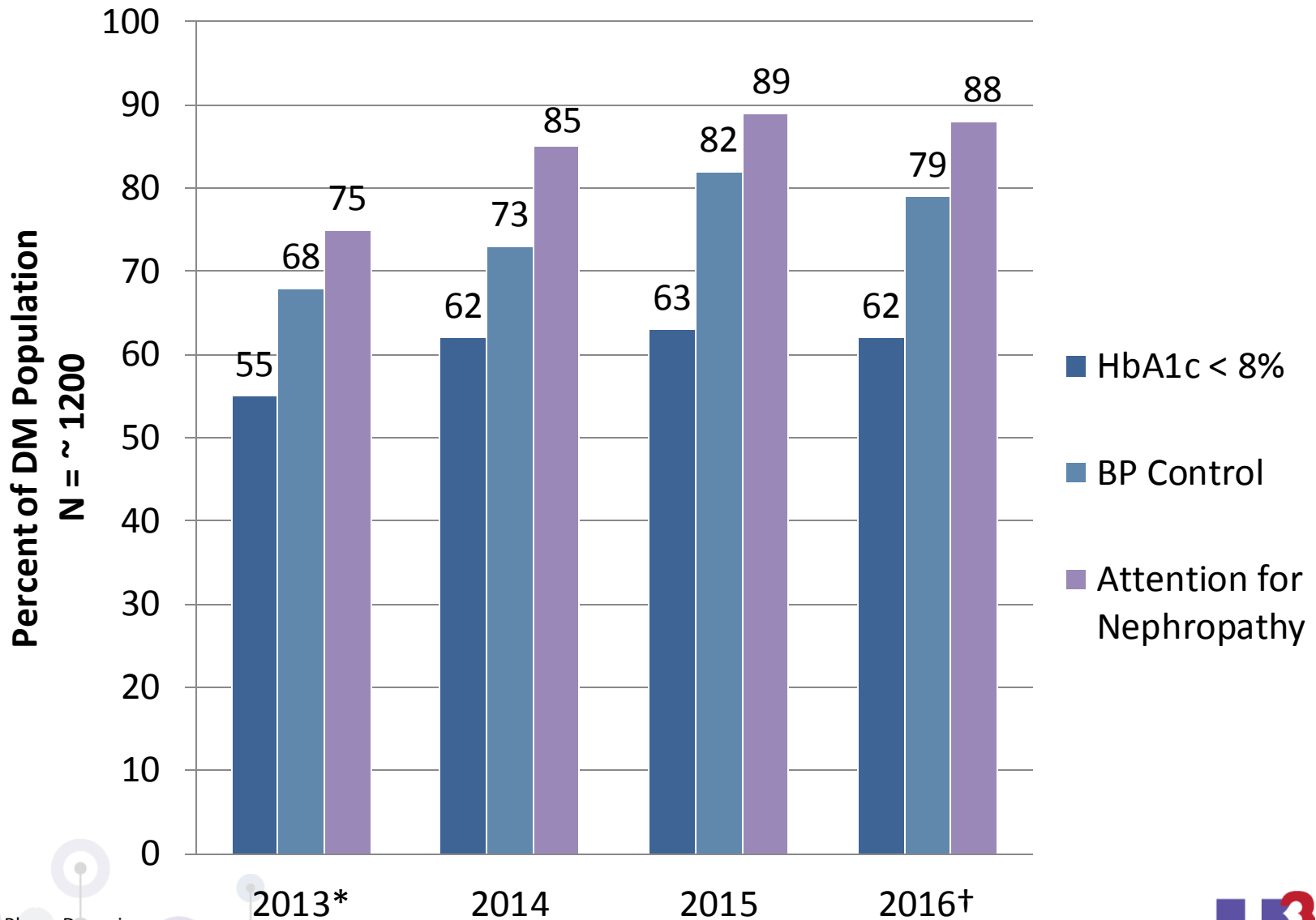
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INT MED G	03/09/2018 01:20:00 PM	xxx	xxx	xxx	Rajagopal MD, Nimmi										HTN	2/22/18	170/85	Not Met	Met	Not Met	
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# Diabetes Population—Example Risk Stratification Report Based on HbA1c

LAST	FIRST	MRN	DOB	ADDRESS	Clinic	A1C DATE	A1C	Goal?	BP Date	Blood Pressure	Goal?
XX	XX	XX	XX	XX	MEDICINE	2/22/17	8.7	Not Met	2/22/17	146/97	Not Met
XX	XX	XX	XX	XX	MEDICINE	3/6/17	9.7	Not Met	3/6/17	159/88	Not Met
XX	XX	XX	XX	XX	MEDICINE	4/17/17	9.1	Not Met	4/17/17	156/85	Not Met
XX	XX	XX	XX	XX	MEDICINE	4/20/17	8.8	Not Met	4/20/17	125/86	Met
XX	XX	XX	XX	XX	MEDICINE	5/4/17	8.6	Not Met	12/26/17	126/81	Met
XX	XX	XX	XX	XX	MEDICINE	5/31/17	8.5	Not Met	1/1/18	140/78	Not Met
XX	XX	XX	XX	XX	MEDICINE	6/13/17	9.9	Not Met	7/26/17	136/85	Met
XX	XX	XX	XX	XX	MEDICINE	6/16/17	9.1	Not Met	6/16/17	137/79	Met
XX	XX	XX	XX	XX	MEDICINE	6/19/17	8.4	Not Met	7/20/17	122/78	Met
XX	XX	XX	XX	XX	MEDICINE	6/26/17	8.3	Not Met	6/26/17	144/77	Not Met
XX	XX	XX	XX	XX	MEDICINE	7/15/17	8.4	Not Met	7/16/17	131/75	Met
XX	XX	XX	XX	XX	MEDICINE	7/25/17	8.7	Not Met	7/25/17	153/94	Not Met
XX	XX	XX	XX	XX	MEDICINE	7/27/17	8.5	Not Met	5/30/17	100/70	Met
XX	XX	XX	XX	XX	MEDICINE	7/28/17	8.7	Not Met	7/28/17	122/61	Met
XX	XX	XX	XX	XX	MEDICINE	8/17/17	9.1	Not Met	2/1/18	169/97	Not Met
XX	XX	XX	XX	XX	MEDICINE	9/5/17	8.5	Not Met	9/19/17	139/73	Met
XX	XX	XX	XX	XX	MEDICINE	9/6/17	8.2	Not Met	11/13/17	146/86	Not Met
XX	XX	XX	XX	XX	MEDICINE	9/12/17	9.3	Not Met	10/16/17	137/74	Met
XX	XX	XX	XX	XX	MEDICINE	9/22/17	8.3	Not Met	3/10/17	139/82	Met
XX	XX	XX	XX	XX	Medicine	9/25/17	9.1	Not Met	9/28/17	112/58	Met
XX	XX	XX	XX	XX	MEDICINE	9/28/17	8.3	Not Met	1/22/18	105/77	Met
XX	XX	XX	XX	XX	MEDICINE	9/29/17	8	Not Met	1/23/18	138/78	Met
XX	XX	XX	XX	XX	MEDICINE	9/29/17	9.3	Not Met	12/22/17	116/74	Met
XX	XX	XX	XX	XX	MEDICINE	10/3/17	9.4	Not Met	12/1/17	106/62	Met
XX	XX	XX	XX	XX	MEDICINE	10/4/17	8.5	Not Met	1/19/18	123/73	Met
XX	XX	XX	XX	XX	MEDICINE	10/5/17	8.8	Not Met	10/5/17	122/60	Met
XX	XX	XX	XX	XX	MEDICINE	10/5/17	8.6	Not Met	10/5/17	121/60	Met
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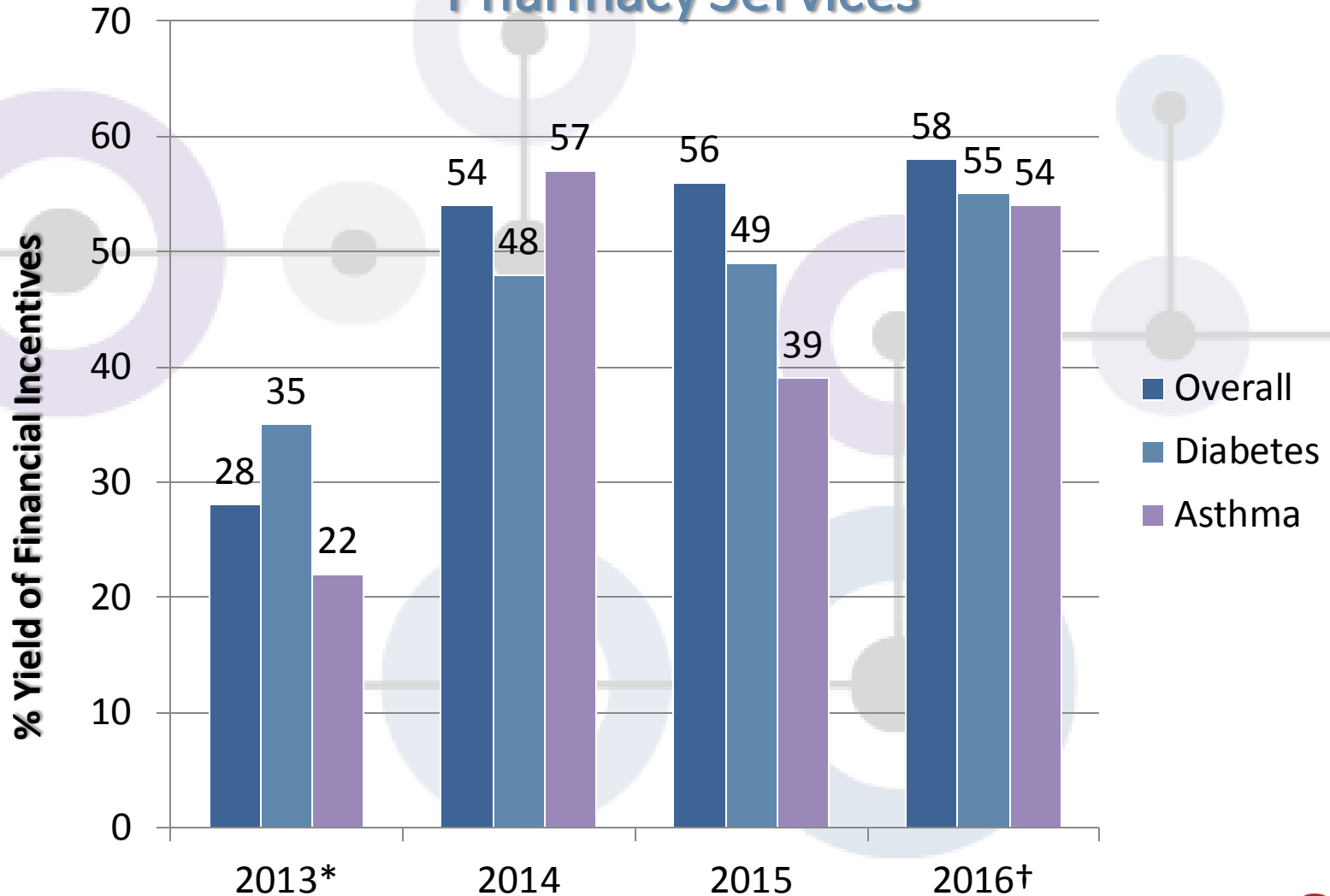
# Improved Performance in Diabetes Over Time



\*Before PharmD services

†Expansion to two PharmDs in June 2016

# Improvement in Financial Gains from Excellence HMO QI Projects After Implementation of Value-Based Clinical Pharmacy Services



\*Before PharmD services

†Expansion to two PharmDs in June 2016

# Additional Areas of Pharmacist Impact

Generic  
Prescribing  
Incentives

Clinician Education

Case Management  
Programs

Prospective  
Identification of  
Gaps in Care

Clinician-Specific  
Data Reports



# Additional Areas of Impact for Population Health Management

- Hypertension
  - Percent of patients with controlled BP
- Asthma
  - Asthma control based on Asthma Control Test
  - Percent of patients with Asthma Action Plan
- Immunizations

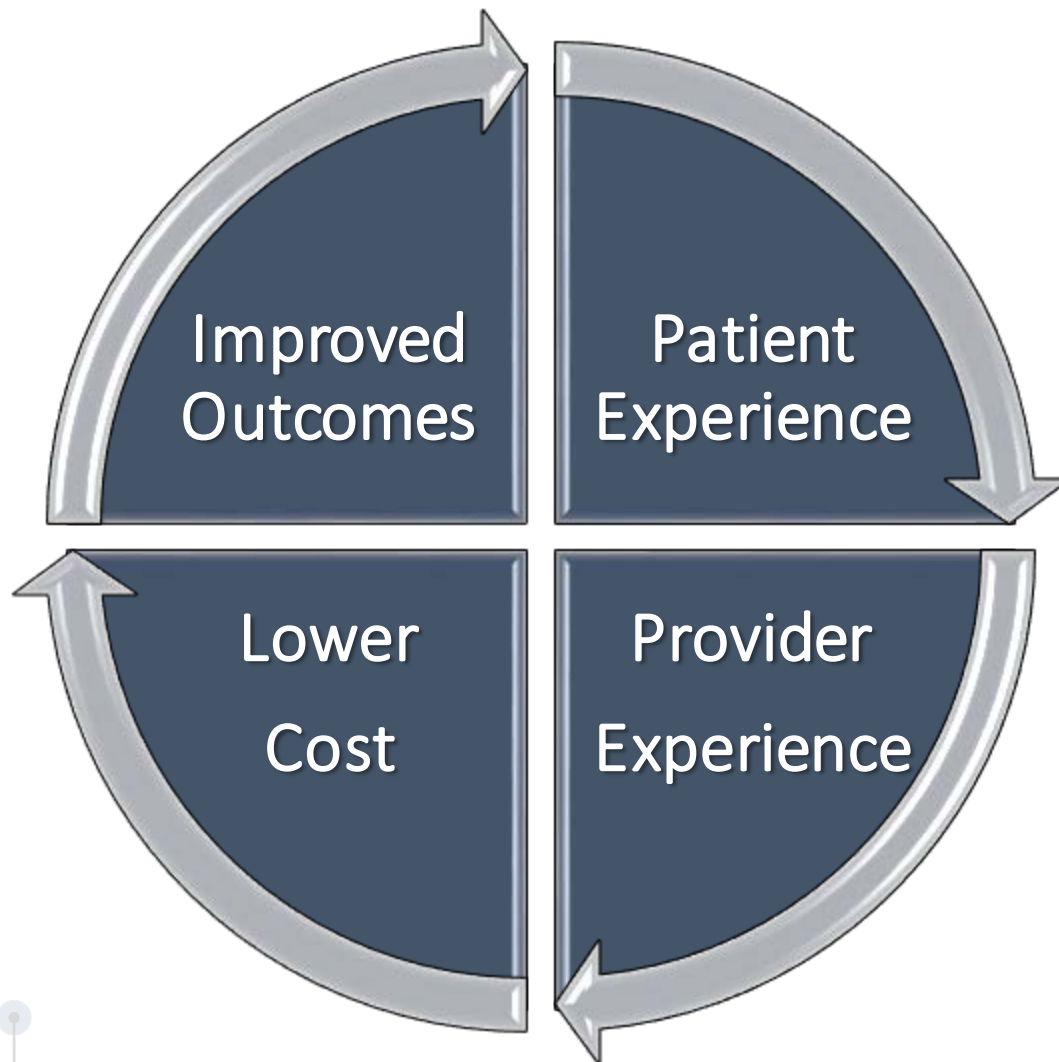


# Ongoing and Future Considerations

Strengths	Weaknesses
Expertise of pharmacists	Large number of patients
Access to patients, physicians, data	Difficult to prioritize patients
Team-based approach	Moving clinical benchmark targets
Alignment with legislation	Reliance on appropriate eHR documentation
	Process/data assessment for performance
Opportunities	Threats
More favorable incentive targets	Changes in benchmarks and money
Healthcare reform	Potential for contract cancellation
Other insurance companies	Competitors



# Value-Based Clinical Pharmacy Services Align with the Quadruple Aim





# Key Takeaways

- ✓ Opportunities exist within current payer contracts to focus on population health
  - ✓ Provide measures of interest
  - ✓ NCQA, HEDIS
- ✓ Identify patients with chronic conditions and high medication management risk as your population of interest
  - ✓ Start small but think big
  - ✓ Create scalable processes



# Contact Information

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# Continuing Education Certificate

For CME credit or attendance certificate -

Full session attendance and completion of on-line evaluation:

<https://www.surveygizmo.com/s3/4192700/March-29-2018-H3-Quality-Driven-Healthcare>

**OR**

<http://bit.ly/2Bi2cgG>

Thank you!

