Clinical Pharmacy Networks: What Value Do They Bring to Independents?

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Disclosure

Ashley Branham, PharmD, BCACP, serves as the Director of Network Development for CPESN® USA. This conflict of interest was resolved by peer review of the content.
Objectives

1. Discuss the need to provide medication use supports to thrive in the outcomes marketplace
2. Learn how community pharmacies can partner with providers to help them improve their performance metrics
3. Discuss how community pharmacies are partnering together to help improve the quality of care of a targeted patient population
4. Discuss best practices for workflow integrations and implementations of enhanced services
Pharmacy is Changing, The Industry is Aggregating

**Business**

**Amazon Buys Online Pharmacy PillPack for $1 Billion**
Retail giant outbid Walmart for startup that gives it nationwide access to prescription business

**Markets | Deals**

**Cigna Agrees to Buy Express Scripts for More Than $50 Billion**
Deal expands portfolio of health services

**Business | Health Care**

**Stockholders Approve CVS Health’s Acquisition of Aetna**
CVS Health agreed in December to buy health insurer for about $69 billion in cash, stock

**Business**

**Walgreens Has Made Takeover Approach to AmerisourceBergen**
Drugstore giant in early-stage talks to buy portion of Amerisource it doesn’t already own
Loehle Pharmacy closes after 136 years in business

Andrew Kulp, Lebanon Daily News   Published 6:10 a.m. ET April 18, 2018

Shorewood's Hayek's Pharmacy closing after 100 years of business
One of only a few old-school pharmacies left

Lyons Pharmacy closes its doors after 142 years | Business ...

www.cecildaily.com

ELKTON — Lyons Pharmacy closed its doors Wednesday after 142 years in business due to continued financial pressures on the store.
The Future of Filling Prescriptions
Fast, Accurate, and Cheap

Kroger shoppers may notice changes, cuts to pharmacy

CVS to Buy Target’s Pharmacy Business for $1.9 Billion
Deal includes about 1,700 pharmacies within Target stores

Wal-Mart is cutting hundreds of jobs to slash costs

Krystina Gustafson | @KrystinaGustafs
Published 4:19 PM ET Tue, 11 April 2017 | Updated 8:50 AM ET Wed, 12 April 2017
Who Needs Medication Optimization?
In a World of Limited Resources

MOST LIKELY TO BENEFIT FROM INTERVENTION
One Size Doesn’t Fit All Patients

PATIENT ONE
1. Adherence Coaching

PATIENT TWO
1. Home Visit
2. MTM Action
3. Med Monitoring and Follow-up

PATIENT THREE
2. PCP Visited
3. Education

PATIENT FOUR
1. Patient Interview
2. Transitional Care Outreach
3. 14D PCP Follow-up
4. Behavioral Health Referral

CARE MANAGER
TELEPHONIC COACH
PHARMACIST
PSYCHOLOGIST/SOCIAL WORKER
PHYSICIAN

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Leveraging Frequent Patient “Touches” to Improve Medication Management

Leveraging Required Enhanced Services to Improve Medication Management

All member pharmacies are capable of providing the following core services:

• Medication Reconciliation: Comparing a patient’s medication orders to all of the medications the patient has been taking to avoid medication errors during care transitions when they are vulnerable to medication errors.

• Clinical Medication Synchronization: Aligning a patient’s routine refills to be filled at the same time each month and in conjunction pharmacist’s clinical disease state management and monitoring, to progress toward desired therapeutic goals.

• Immunizations: Screening patients for ACIP recommended immunizations, educating patients about needed immunizations, and providing immunizations or referring to other health care providers.

• Comprehensive Medication Reviews: Providing a systemic assessment of medications to identify medication-related problems, prioritize those problems, and create a patient-specific plan to resolve them working with the extended healthcare team.

• Personal Medication Record: Creating a comprehensive list of current patient medications manually or from dispensing software.
Leveraging Care Team Collaboration to Improve Medication Management

CPESN® pharmacies assist primary care physicians, care managers and others within the patient's care team with patient engagement, patient management, and to:

- Remove barriers preventing optimal medication adherence such as health literacy or cognitive deficits
- Offer specialized medication-related services such as non-English labeling or specialized packaging
- Support the patient’s understanding of medication administration and special storage instructions

98% of patients utilizing CPESN Network pharmacies felt that their care was coordinated amongst their various providers
Who is Interested in This Savings?

Benefits of Providing Medication Use Support Integrated with Primary Care

- ~25% ↑ PCP Utilization
- ~20% ↑ Pharmaceutical Utilization
- ~45% ↓↓ Inpatient Admissions
- ~35% ↓↓ Preventable Admissions
- ~35% ↓↓ Preventable Readmissions
- ~15% ↓ Emergency Department Visits

Healthcare Spend in America

Medical/Non-Pharmacy Spend: 90%
Outpatient Medication/Pharmacy Spend: 10%

Threats to Community Pharmacy

Pharmacies Can’t Sell Drugs Below Cost

Pharmacies Need to Be in Narrow Networks
Your New Leverage Base

Payment Leverage

- Employee Productivity
- Lower Blood Pressure
- Fewer Hospitalizations
- Lower HgA1C
- Lower Total Cost of Care
- Fewer ER Visits

Happier Patients
CPESN® Pharmacies are Focused on More than just Filling Prescriptions

- Provide medication optimization activities and enhanced services for patients
- Collaborate with the extended care team to improve patient health
- Focus on interventions that change patient behavior lead to better health
Strategic Considerations for Community-Based Pharmacy Networks

• History of NC CPESN Model
• Construct of CPESN Networks
• Overview of States/Regions with CPESN Development Underway
Starting an Enhanced Services Network

Goal: Create a network of community pharmacies who are willing to provide enhanced services and coordinate care with the broader care team

Launch Date: Started in January 2014 with official launch in April 2014

Network Size: Open network which includes ~ 280 North Carolina community-based pharmacies
North Carolina CPESN Network
North Carolina CPESN Network

Core CPESN Services
- Ability to integrate with and augment Managed Care coordination and care management infrastructures
- Establish an ongoing professional relationship with the patient
- Provide in depth review of patient education regimens to identify opportunities to optimize therapy
- Work with providers and other health care professionals to resolve any concerns with the patient’s medications
- Contribute to development of a patient-centered care plan
- Provide care coordination and additional motoring between provider office visits for patients, especially those who are non-adherent to medications and/or are medically complex
- Engage in clear, clinically-relevant communication with the provider and care team

CPESN NC Services
Provide a minimum set of enhanced services including, but not limited to:
- Medication reconciliation
- Clinical Medication Synchronization
- Adherence Packaging
- Immunizations
- Complete Medication Reviews with Chronic Care Management
Types of Enhanced Services

- Medication Synchronization
- Adherence Packaging
- Home Delivery
- Home Visits
- Point-of-Care Testing
- Collection of Vital Signs
- Nutritional Counseling
- Smoking Cessation
- Compounding
- Long-Acting Injections
- 24-Hour Emergency Services
- Multi-Lingual Capabilities
Shared Accountability for Global Outcomes

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Possible Points</th>
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<tr>
<td>Risk-adjusted total cost of care</td>
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</tr>
<tr>
<td>Risk-adjusted inpatient hospitalizations</td>
<td>2</td>
</tr>
<tr>
<td>Risk-adjusted emergency department visits</td>
<td>2</td>
</tr>
<tr>
<td>Adherence to antihypertensive medications*</td>
<td>1</td>
</tr>
<tr>
<td>Adherence to statin medications*</td>
<td>1</td>
</tr>
<tr>
<td>Adherence to diabetes medications*</td>
<td>1</td>
</tr>
<tr>
<td>Patients adherent to multiple chronic medications</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL POINTS</strong></td>
<td><strong>11</strong></td>
</tr>
</tbody>
</table>

*Medicare STAR measures
Launching Enhanced Services Networks

PHASE 01
DETERMINING INTEREST OF PHARMACIES

PHASE 02
DEVELOPMENT OF NETWORK FRAMEWORK

PHASE 03
PREPARING TO LAUNCH THE NETWORK

PHASE 04
NETWORK LAUNCHED
Local Network Growth by Launch Phase

August 2016

[Map showing network growth by launch phase across the United States, with states in different colors indicating different phases of network development.]
Local Network Growth by Launch Phase

August 2018

August 2018

CPESN
Launched
Contact
Established
Phase 1 -
Determining Interest
Phase 2 - Develop
Network Framework
Phase 3 - Preparing
to Launch

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Local CPESN® Networks are Forming, but what is CPESN USA?

CPESN USA is a Limited Liability Corporation with two member-owners: Community Care of North Carolina or CCNC with 50% ownership and the National Community Pharmacists Association or NCPA with 50% ownership.

CPESN USA was established to develop and sustain local networks of community-based, high performing pharmacies that provide enhanced services for their patients. CPESN USA will empower its local networks, not compete with them. The formation of a nationwide network of local networks establishes a national marketplace presence for our collective CPESN brand.

CPESN USA is governed by a Board of Managers.
CPESN® USA is a true “Community Pharmacy” Network

Led by
- CPESN USA is directed by a board of community pharmacy owners appointed by their local CPESN Network

Comprised of
- CPESN USA is comprised of over 40 geographically unique CPESN Networks of community pharmacies

Operating for
- CPESN USA is focused on building and supporting local CPESN networks
CPESN® USA is a Clinically Integrated Network of Pharmacy Providers
CPESN® USA was Built to be Clinically Integrated

• High quality, high integrity, high performing pharmacies currently have no way of organizing to express their value and clinical contribution to the rest of the care team

• Concern that the providers themselves (the pharmacies) do not play an active role in engagement of payers and payer contracting

• Concern that clinical programs of the future will involve other care team members that are clinically integrated (physicians, others)

• Simply put: no clinical integration → no exploration or negotiation of new payment models or improvements on existing payment models. You are 1 of 80,000 pharmacies and you cannot be different than the rest.
CPESN® USA “Clinical Integration” Attributes

1. More than 50% of CPESN USA’s funds are spent on quality assurance, quality improvement and best practices dissemination.

2. CPESN USA is provider managed

3. CPESN USA maintains quality assurance and network inclusion standards

4. CPESN USA is non-exclusive, but may remove pharmacies from participation for non-performance

5. CPESN USA pharmacies have a shared investment in activities and reporting.
1,700+ Pharmacies, 44 Networks
Deployment of an Enhanced Services Model

- Workflow Evaluation
- Communication to Networks & Participating Pharmacies
- Logistics of an Enhanced Services Model
  - eCare Plan Functionality
  - Quality Reporting
- Lessons Learned from Existing Networks
CPESN® USA Work Group Structure

- **Service Sets**
- **Network Operations & Communications**
- **Quality Assurance and Quality Improvement**
- **Payer and Partner**
Pharmacist eCare Plan Overview

Standard Sections of the Pharmacist eCare Plan:
1. Patient Demographics
2. Encounter Type and Reason
3. Prescription Fill History or Active Medication List
4. Patient-Centered Goals
5. Health Concerns (Drug Therapy Problems)
6. Interventions
7. Health Status Evaluation and Outcomes
Pharmacist eCare Plan Training

Pharmacist eCare Plans are essential to quality assurance, quality improvement and Clinically Integrated Networks status. 24 vendors have received training:

Group I
- STRAND
- Computer Rx
- Pioneer Rx
- QS/1
- P2CO
- VIP Pharmacy Systems

Group II
- assurecare
- BestRx
- MCKESSON
- PDX
- Pharnetika
- PrescribeWellness

Group III
- ABC Healthcare
- AZOVA
- DocsInk
- DocStation
- FUSE
- FDS
- Ips
- Micro Merchant Systems
- Smartlink Health
- Speed Script

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Pharmacist eCare Plan
Current and Future State

**CURRENT**

<table>
<thead>
<tr>
<th>Patient Demographic Information</th>
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<tbody>
<tr>
<td>Encounter Reasons and Type</td>
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<tr>
<td>Payer Information</td>
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<tr>
<td>Allergies</td>
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<tr>
<td>Medications (Prescription Fill History and/or Active Medications)</td>
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<td>Medication Therapy Problems</td>
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<td>Interventions and Education</td>
</tr>
<tr>
<td>Referrals</td>
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<tr>
<td>Care Coordination</td>
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<tr>
<td>Patient Goals</td>
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<td>Outcomes</td>
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**FUTURE**

<table>
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<th>Problem Observation and Encounter Diagnosis</th>
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<tr>
<td>Assessments</td>
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<td>Self Care Activities</td>
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<tr>
<td>Mental Status Observation</td>
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<td>Smoking Status</td>
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<tr>
<td>Functional Status Observation</td>
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<tr>
<td>Lab Results</td>
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<td>Social History</td>
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<td>Vital Signs</td>
</tr>
<tr>
<td>Caregiver Characteristics</td>
</tr>
<tr>
<td>Immunizations</td>
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</tbody>
</table>
## Pharmacist eCare Plan Phases of Validation

**Phase 1: File Format Validation**
(Able to Transact Using the Standard)

**Phase 2: Basic Clinical Data Validation**
(Able to transmit information like: patient medication list, drug therapy problems, interventions, and patient-centered goals)

**Phase 3: Advanced Clinical Data Validation**
(Able to transmit assessments, social history, and lab values)

### Empowering Community Pharmacies to Improve Care Coordination and Health Outcomes with Use of Pharmacist Electronic Care Plans

**Status of eCare Plan Development - April 2018**

<table>
<thead>
<tr>
<th>Technology Vendor</th>
<th>Developing eCare Plan Capabilities</th>
<th>Basic eCare Plan Capabilities Active in Marketplace</th>
<th>Advanced eCare Plan Capabilities Active in Marketplace</th>
<th>Signed Agreement for Data Sharing with CPESN® Networks</th>
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<tr>
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Pharmacist eCare Plan
Functionality Active in the Marketplace

8 Technology Companies with eCare Plan active in the marketplace

7 Technology Companies with eCare Plan active in the marketplace via integration

<table>
<thead>
<tr>
<th>Technology Vendor</th>
<th>Advanced eCare Plan Capabilities Active in the Marketplace</th>
<th>Partner</th>
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<tr>
<td>Amplicare</td>
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<td>Liberty Software</td>
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<td>McKesson Systems</td>
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<td>VIP</td>
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<td>PrescribeWellness or STRAND</td>
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Clinical Documentation via the Pharmacist eCare Plan

• Enables vendor to share data with CPESN USA on the pharmacy’s behalf

• CPESN USA’s use of the data is limited to:
  • Quality assurance, quality improvement, & best practices
  • Care coordination
  • Program implementation

• Pharmacy retains ownership its Pharmacist eCare Plan data
Fee for Service

Pre-Encounter: x
Encounter: $$$$$
Post-Encounter: x
Disengaged: x

Population Health Management

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

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Panel Management & Risk Stratification

- Managing a panel of patients is new to community pharmacy workflow

- Patients at different levels of risk need different types of intensities of services from enhanced service pharmacies
  - Assists with targeting intensive activities toward highest risk, most complex patients
Community Pharmacy Care Management (CPCM)

CPCM – Care management services provided locally by a community pharmacy in close coordination with other care team members, including other care managers that focus on optimal drug use.

*The objective of CPCM is to procure, update and re-enforce a team-based, patient-centered pharmacy care plan over time.* This service line is *longitudinal and coordinated* with the rest of the care team.
Enhanced Services Networks – Key Lessons Learned

Network Size: A SMALL, HIGHLY ENGAGED AND HIGH-PERFORMING NETWORK is better than a larger network with variable quality.

Workflow: Enhanced services and Community Pharmacy Care Management MUST BE INTEGRATED INTO WORKFLOW FOR EFFECTIVE, EFFICIENT DEPLOYMENT; this includes HIT and efforts to coordinate with the care team.

Staff Engagement: CPESN concepts, including Community Pharmacy Care Management, are TRANSFORMATIONAL CHANGES in the way the pharmacy operates THAT REQUIRE A CULTURE SHIFT. To be successful, ALL STAFF SHOULD BE TRAINED AND ENGAGED.
What Makes the CPESN Model Different?

- Community-based pharmacies that focus on high risk patients in a chronic care model
- Patient targeting
- Whole patient orientation
- Accountability on global outcomes and quality
  - Shared metrics with the rest of the care team
- **Local** care team integration and care coordination
- Change packages and network support to enable practice transformation
- Approach to HIT
  - Pharmacist eCare Plans
Questions?
Thank You