Moving from Counting to Caring: Ambulatory Care Practice Panel

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Disclosures/Conflict of Interest

• Lauren Angelo declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

• Mary Ann Kliethermes is co-owner of Clinical Pharmacy Systems Inc.

• Ed Cohen declares the following: He is an employee and shareholder of the Walgreens company.
Objectives: Pharmacists

At the conclusion of this program, the pharmacist will be able to:

- Describe the obstacles pharmacies may encounter when implementing an MTM program and strategies to overcome these obstacles
- Discuss the importance of efficient pharmacy workflow when implementing MTM services
- Describe the medication-related star quality measures and opportunities for pharmacists in all areas of practice to improve performance on these measures
- List the 5 steps and a key element for each step within the standard pharmacists’ patient care process
- Describe new business models that will incorporate patient-centered care services
Objectives: Pharmacy Technicians

At the conclusion of this program, the pharmacy technician will be able to:

• Identify barriers encountered when implementing an MTM program and strategies to overcome these barriers.

• Discuss the importance of efficient pharmacy workflow when implementing MTM services.

• Define quality as it pertains to pharmacy and list the components of quality measurement.

• Provide examples of ways in which patient-centered care can be provided.
Medication Therapy Management

Overcoming Implementation Challenges
Which of the following is integral to providing medication therapy management (MTM)?

A. Reducing the quantity of medications patients take

B. Dispensing medications to the patient

C. A thorough, comprehensive review of a patient’s medications

D. Services must be provided by community pharmacists
When you hear the phrase “MTM,” what comes to mind?

- Patient-centered care
- Adherence
- Documentation
- Medication lists
- SOAP notes
- Time constraints
- Payment issues
- Chronic disease
- Action plans
- Medication problems
- Medication reviews
- Quality measures
- Medicare
- Quality measures
When your patients hear the phrase “MTM,” what comes to their minds?

Huh?
What obstacles might pharmacies encounter when implementing MTM?

A. Pharmacy is too slow

B. Too many patients are interested

C. Accessible reimbursement for services

D. Limited access to patient records
MTM Implementation Challenges

Pharmacist-Reported Barriers:
- Reimbursement issues
- Lack of time
- High workload
- Inadequate staff
- Inability to access patient records
- Lack of collaborative practice agreements
- Lack of provider status
- Inconsistent health plan criteria

Patient-Reported Barriers:
- Lack of awareness
- Lack of interest
- No perception of need
- Low willingness to pay
- Pharmacy and pharmacist access issues
- Fear of conflicting recommendations

Physician-Reported Barriers:
- Too many recommendations made
- Poor communication
- Providing services to those not in need
- Payment

Blake KS, Madhavan SS. Ann Pharmacother 2010;44.
How can pharmacies overcome these challenges to implementing MTM?

A. Assign MTM technician to counsel patient  
B. Schedule MTM appointments during peak hours  
C. Offer free brochures to promote program  
D. Require all patients to participate in program
Challenge 1: Marketing and Patient Recruitment

• Create clear, succinct, patient-friendly messages
  • Flyers, brochures, letters, phone-hold messages, senior centers

• Identify eligible patients
  • Lists from third-party payers
  • Database queries
  • Point-of-service/dispensing recommendations

• Schedule appointments (with reminders)
### Examples of Marketing Messages

<table>
<thead>
<tr>
<th>Marketing Message</th>
<th>Intended Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you meet with us to for a medication review, we will look for ways to lower your medication costs and keep you healthy.</td>
<td>Patients</td>
</tr>
<tr>
<td>Get your medication check-up at ____ Pharmacy. This will give you the opportunity to meet face-to-face with a clinical pharmacist and ensure that the medications you are taking are appropriate for you.</td>
<td>Patients</td>
</tr>
<tr>
<td>Pharmacists who provide MTM continuously look for ways to improve medication use, decrease medication costs, reduce hospitalizations and sick days, improve adherence and understanding of their patients’ drug therapy, and enhance quality and continuity of care.</td>
<td>Media, physicians</td>
</tr>
<tr>
<td>I am excited to inform you that Medication Therapy Management (MTM) services are now available at ____ Pharmacy. This presents a great opportunity for your patients with chronic conditions and multiple medications to improve their medication use and lower their health care costs.</td>
<td>Physicians</td>
</tr>
</tbody>
</table>
Marketing Suggestions from the Perspective of the Patient

• Use different terminology and definitions (e.g., “medication checkup,” “medication management”)
• Spell it out—don’t abbreviate
• Make it personal
• Identify a wellness champion for employer-based programs
• Use brochures
• Have the pharmacist speak with the patient

Medicare Part D Plans and Eligibility

View Plan Medication Therapy Management (MTM) Program Eligibility Information (2015)

If you are in a Medicare drug plan and take medications for different medical conditions, you may be eligible to receive free services through an MTM program. These services help make sure that your medications are working to improve your health. You can talk with a pharmacist or other health professional and find out how to get the most benefit from your medications. You can ask questions about costs, drug reactions, or other problems. You will get your own action plan and medication list after the discussion. These can be shared with your doctors or other health care providers.

You May Qualify for an MTM Program

You may qualify if you’re in a Medicare drug plan and meet these 3 requirements:

1. Have more than 1 chronic health condition, and
2. Take several different medications, and
3. Use medications that cost more than $3,139 for the year combined (your costs and your plan’s costs).

Contact each drug plan for details about their MTM program and if you may qualify for it. ([https://www.medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan))

Two ways to find an MTM Program

2. Match Your Health Condition and Drugs.

<table>
<thead>
<tr>
<th>Requirement 1: Your Conditions</th>
<th>Requirement 2: Drugs You Take</th>
</tr>
</thead>
<tbody>
<tr>
<td>You must have AT LEAST this many health conditions</td>
<td>You must be taking AT LEAST this many Part D drugs</td>
</tr>
<tr>
<td>Chronic Heart Failure (CHF)</td>
<td>Any chronic or maintenance drug</td>
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<tr>
<td>Diabetes</td>
<td>Any chronic or maintenance drug</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>Any chronic or maintenance drug</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Any chronic or maintenance drug</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Any chronic or maintenance drug</td>
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<tr>
<td>Asthma</td>
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<td>Chronic Heart Failure (CHF)</td>
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<td>Chronic Obstructive Pulmonary Disease (COPD)</td>
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<td>Hypertension</td>
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<tr>
<td>Cholesterol</td>
<td>Any chronic or maintenance drug</td>
</tr>
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</table>

Note: You must meet all 3 requirements to qualify for the MTM program.

www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html
Challenge 2: Time

• Develop a systematic process
• Use a checklist
• Identify an MTM pharmacist
• Schedule MTM time
• Incorporate student pharmacists and residents
Systematic Approach to MTM

1. Prepare for the appointment
2. Collect information from the patient or caregiver
3. Assess the patient’s disease states and medications
4. Identify medication-related problems
5. Prioritize problems
6. Develop a plan to resolve the problems
7. Document the encounter
8. Follow-up with the patient and other health care providers
The Pharmacists’ Patient Care Process

Scheduling Appointments

How much time should be allotted for each appointment?
When will the appointments take place?
Who will contact the patient to schedule the appointment?
How will the patient be contacted?
Who will place reminder calls?
What will be communicated to the patient?
Pharmacy Workflow and Workload

• Conduct workflow and workload observations at each site to identify barriers and challenges

• Common issues:
  • Pharmacy layout—physical obstructions, limited counter space, minimal patient consultation space
  • Workflow processes—lacks unidirectional flow, no defined workstations
  • Personnel responsibilities—pharmacists often involved with technical tasks
  • Patient interaction—minimal patient counseling
Dispensing and Operational Activities

In your pharmacy, who does the following:

- Receives prescription from the patient
- Enters data into the computer
- Tackles insurance problems
- Retrieves stock bottles
- Counts and pours
- Reconstitutes suspensions
- Compounds

- Files completed prescriptions for pick up
- Gives the prescription to the patient
- Counsels the patient
- Answers the phone
- Obtains prescription refills
- Sends faxes
- Orders inventory
Based on findings from “A Needs Assessment and Gap Analysis to Facilitate the Implementation of MTM Services in Three Community Pharmacies” (study number HP-00047219)
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Educate Staff

• Hold staff meeting(s)
• Provide education modules
• Promote an MTM technician
Challenge 3: Payment

• Rates established by an intermediary vendor (e.g., Outcomes MTM, Mirixa)
• Flat rate
• Fee schedules
• Capitated rate
Challenge 4: Billing

• Contract with an intermediary vendor (e.g., Outcomes MTM, Mirixa)
• Submit claims directly to a third-party payer
• Contract with an employer that is willing to cover MTM for employees
• Collect payment from patients who pay out-of-pocket
• Provide the service for a state-run program that covers MTM
Which of the following does not promote patient-centered care?

A. Medication therapy management
B. Pharmacists’ patient care process
C. OBRA ‘90 counseling requirements
Which of the following is a barrier to MTM identified by physicians?

A. Patients do not need MTM
B. Too many recommendations are made
C. Patient records are not accessible electronically
D. Prior authorizations are needed
Which is an example of a pharmacist overcoming barriers to MTM?

A. Cold-calling patients to talk to them about MTM
B. Scheduling appointments when there is pharmacist or student pharmacist overlap
C. Adding an auto-refill service
D. Increasing script count per hour
Your Role in Quality Measurement: Looking Toward the Stars
What is Value-Based Purchasing?

A. Reimbursement based on patient outcomes and cost
B. Reimbursement strategy used in the commercial market
C. Reimbursement based on quantity of services provided (FFS)
D. Describes how all pharmacies are currently being reimbursed
The transition to value based purchasing and reimbursement

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<td>Quality incentives</td>
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<td>ACO/PCMH</td>
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<td>P4P</td>
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<tr>
<td>Bundled Payments</td>
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</tbody>
</table>

Where are we?

Past

FFS

Volume

Paid for a service

Future

VBP

Volume

Population

Paid for a service
2015 Announcements

Better, Smarter, Healthier (HHS)

FFS  Quality or value through alternative payment models (ACO, bundled)
30% end of 2016
50% end of 2018

Remainder of FFS 85% tied to quality by 2016, 90% by 2018

Major providers, insurers plan aggressive push to new payment models

Task force  Contracts with incentives for quality and lower cost
75% by 2020

http://www.modernhealthcare.com/article/20150128/NEWS/301289934
Value Based Payment Models (VBP)

- Pay for performance (65%)
- Quality incentives and disincentives
- ACO/PCMH
- Care Coordination
- Capitation, global payment, total cost of care payment (64%)
- Episodes of care/bundled payment (59%)
- Shared savings with only upside (46%)
- Shared savings with up and down risk (29%)

Defining Quality

The Institute of Medicine (IOM) defines quality as the degree to which health services for individuals or populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Which is the best way to determine quality in healthcare?

A. Through claims derived data.
B. Payer mandated quality measures.
C. Measuring what matters to patients.
D. Being held to accreditation standard measures.
Nuts and Bolts of Quality Measurement

**Structure**
- how resources and systems effect patient care

**Process**
- how the provider patient interactions and the care and services provided affect the patient

**Outcome**
- what happens to patients

ECHO Model

Outcomes
- Economic
- Clinical
- Humanistic

CMS

Triple Aim
- Reducing per-capita costs
- Better health for populations
- Better care for individuals
Quality

IOM Report: To Err is Human

1999

Over 100,000 deaths yearly due to error

iom.edu/Reports/1999/To-Err-is-Human-Building-A-Safer-Health-System.aspx
Mirror Mirror on the Wall

<table>
<thead>
<tr>
<th>COUNTRY RANKINGS</th>
<th>AUS</th>
<th>CAN</th>
<th>FRA</th>
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<td>3</td>
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</table>

Notes: * Includes ties. ** Expenditures shown in US$PPP (purchasing power parity); Australian $ data are from 2009. Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sick Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Sponcored 2011; World Health Organization; and Organization for Economic Cooperation and Development, OECD Health Data, 2013 (Paris: OECD, Nov. 2013).

Payers - Medicare

<table>
<thead>
<tr>
<th>Hospital Quality Reporting</th>
<th>Physician Quality Reporting</th>
<th>PAC and Other Setting Quality Reporting</th>
<th>Payment Model Reporting</th>
<th>“Population” Quality Reporting</th>
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<tbody>
<tr>
<td>Medicare and Medicaid EHR Incentive Program</td>
<td>Medicare and Medicaid EHR Incentive Program</td>
<td>Inpatient Rehabilitation Facility</td>
<td>Medicare Shared Savings Program</td>
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<td>PPS Exempt Cancer Hospitals</td>
<td>PQRS</td>
<td>Nursing Home Compare Measures</td>
<td>Hospital Value-based Purchasing</td>
<td>CHIPRA Quality Reporting</td>
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<td>Impatient Psychiatric Facilities</td>
<td>eRx Quality Reporting</td>
<td>LTCH Quality Reporting</td>
<td>Physician Feedback/Value-based Modifier</td>
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<td>Inpatient Quality Reporting</td>
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<td>Hospice Quality Reporting</td>
<td>ESRD QIP</td>
<td>Medicare Part C</td>
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<td>HAC Reduction Program</td>
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<td>Home Health Quality Reporting</td>
<td>ACO measures</td>
<td>Medicare Part D</td>
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<td>Outpatient Quality Reporting</td>
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<td>CAHPS</td>
<td>Five-Star Quality Rating System</td>
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<tr>
<td>Ambulatory Surgical Centers</td>
<td></td>
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</tbody>
</table>

What is a Star Rating?

A. Measurement of how well a pharmacy is performing
B. Measurement of how well a practice is performing
C. Measurement of how well a prescription plan is performing
CMS: Medicare Part C and D Plan Evaluation

Star Ratings

• Annual rating of Medicare plans available on Medicare Plan Finder on CMS web site.

• Ratings displayed as 1-5 stars

  1. ★ = poor performance
  2. ★ ★ = below average performance
  3. ★ ★ ★ = average performance
  4. ★ ★ ★ ★ = above average performance
  5. ★ ★ ★ ★ ★ = excellent performance

http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/index.html?redirect=/PrescriptionDrugCovGenIn/06_PerformanceData.asp
Overall Star Rating

- Staying healthy – prevention
- Managing Chronic Conditions
- Member experience
- Member complaints and changes in performance
- Customer Service
Medicare Star Ratings for PDP

• Medicare drug plans receive an overall rating on quality as well as four domain scores (18 individual measures in total)

• Domain on *pricing & safety* contains six measures:
  • 1 measure of price accuracy and stability
  • 2 measures of medication safety
    • High risk medications in the elderly
    • *Appropriate treatment of blood pressure in persons with diabetes (to be retired)*
  • 3 measures of medication adherence
    • Oral diabetes medications
    • Cholesterol medication (statins)
    • Blood pressure (renin-angiotensin-aldosterone inhibitors)
Future Star Measure for 2016 (Pharmacy Quality Alliance - PQA)

Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews (Part D)

Star ranking of 1
Weighting of Star Ratings

Process Measure x1
Price Stability / Accuracy
Access / Patient Experience Measure x 1.5
Pharmacy Hold Time
Members choosing to leave the plan
Intermediate Outcome Measure x3
All five Pharmacy Quality Alliance measures

Due to the higher weighting of intermediate outcomes, the PQA measures account for 47% of Part D summary ratings in 2012
### Ratings for MA-PD Contracts

<table>
<thead>
<tr>
<th>Overall Rating</th>
<th>2012</th>
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<td></td>
<td># of Contracts</td>
<td>%</td>
<td>Enrollment Weighted (%)</td>
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<td>Total Number of Contracts</td>
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[http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html](http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html)
## Ratings for PDP Plans

<table>
<thead>
<tr>
<th>Overall Rating</th>
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<th># of Contracts</th>
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<th>Enrollment Weighted (%)</th>
<th># of Contracts</th>
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<th>Enrollment Weighted (%)</th>
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</tr>
<tr>
<td>4 stars</td>
<td>8</td>
<td>12.50</td>
<td>7.51</td>
<td>17</td>
<td>24.29</td>
<td>12.20</td>
<td>16</td>
<td>22.22</td>
<td>5.29</td>
<td>17</td>
<td>27.87</td>
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<tr>
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<td>15</td>
<td>23.44</td>
<td>9.39</td>
<td>17</td>
<td>24.29</td>
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<td>18</td>
<td>25</td>
<td>52.39</td>
<td>18</td>
<td>29.51</td>
<td>40.40</td>
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<tr>
<td>3 stars</td>
<td>15</td>
<td>23.44</td>
<td>57.78</td>
<td>17</td>
<td>24.29</td>
<td>55.08</td>
<td>17</td>
<td>23.61</td>
<td>14.16</td>
<td>7</td>
<td>11.48</td>
<td>0.61</td>
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<tr>
<td>2.5 stars</td>
<td>18</td>
<td>28.13</td>
<td>22.52</td>
<td>9</td>
<td>12.86</td>
<td>3.23</td>
<td>8</td>
<td>11.11</td>
<td>5.62</td>
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<td>4.92</td>
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<td>3</td>
<td>4.69</td>
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<td>1.43</td>
<td>0.77</td>
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<td>1</td>
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<td>0.00</td>
<td>1</td>
<td>1.39</td>
<td>19.07</td>
<td>1</td>
<td>1.64</td>
<td>0.27</td>
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<tr>
<td><strong>Total Number of Contracts</strong></td>
<td><strong>64</strong></td>
<td></td>
<td></td>
<td><strong>70</strong></td>
<td></td>
<td></td>
<td><strong>72</strong></td>
<td></td>
<td></td>
<td><strong>61</strong></td>
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</tbody>
</table>

**Note:** The table above displays the ratings and enrollment weighted percentages for PDP plans over the years 2012 to 2015. The table includes the number of contracts, their enrollment percentages, and the weighted enrollment percentages for each rating category.
### Importance of Ratings?

<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Less than 3 stars</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3 stars</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>3.5 stars</td>
<td>3.5%</td>
<td>3.5%</td>
<td>0%</td>
</tr>
<tr>
<td>4 stars</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>4.5 stars</td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>5 stars</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*QBP is a percentage increase in payment to the plan above the standard rate. For plans with less than 5 stars, the standard rate may be capped at pre-ACA rates. For more details, visit [this link](http://www.cms.gov/Medicare/Prescription-Drug-overage/PrescriptionDrugCovContra/Downloads/Announcement2012final.pdf) or [this link](http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2015.pdf).*
High Risk Medication Use 2015
Diabetes Treatment: ACEI/ARB Use 2015
Adherence to DM Medications 2015

**Medication Adherence for Diabetes Medications: MAPD**

<table>
<thead>
<tr>
<th>Year</th>
<th>5 Star</th>
<th>4 Star</th>
<th>3 Star</th>
<th>2 Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>78.8</td>
<td>74.9</td>
<td>70.7</td>
<td>67.4</td>
</tr>
<tr>
<td>2013</td>
<td>79</td>
<td>75.7</td>
<td>72</td>
<td>68.3</td>
</tr>
<tr>
<td>2014</td>
<td>77</td>
<td>74</td>
<td>71</td>
<td>69</td>
</tr>
<tr>
<td>2015</td>
<td>81</td>
<td>77</td>
<td>73</td>
<td>69</td>
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</tbody>
</table>

**Medication Adherence for Diabetes Medications: PDP**

<table>
<thead>
<tr>
<th>Year</th>
<th>5 Star</th>
<th>4 Star</th>
<th>3 Star</th>
<th>2 Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>79.2</td>
<td>75.8</td>
<td>75.6</td>
<td>72.3</td>
</tr>
<tr>
<td>2013</td>
<td>79.6</td>
<td>77.3</td>
<td>73.3</td>
<td>69.4</td>
</tr>
<tr>
<td>2014</td>
<td>82</td>
<td>76</td>
<td>73</td>
<td>74</td>
</tr>
<tr>
<td>2015</td>
<td>85</td>
<td>79</td>
<td>79</td>
<td>74</td>
</tr>
</tbody>
</table>
Adherence to HTN medications 2015

Medication Adherence for Hypertension (RAS antagonists): MAPD

Medication Adherence for Hypertension (RAS antagonists): PDP
Adherence to Statins 2015

**Medication Adherence for Cholesterol (Statins): MAPD**

**Medication Adherence for Cholesterol (Statins): PDP**
Other PQA measures used by CMS

• Display Measures
  • Drug-drug interactions
  • Excessive doses of oral diabetes medications
  • A number of medication related measures

http://www.cms.gov/PrescriptionDrugCovGenIn/o6_PerformanceData.asp
## Top performing plans MA with PD 2015

<table>
<thead>
<tr>
<th>Contract</th>
<th>Contract Name</th>
<th>Enrolled 10/2014</th>
<th>Non-EGHP Service Area</th>
<th>EGHP Service Area</th>
<th>5 Star Last Year</th>
<th>SNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0524</td>
<td>KAISER FOUNDATION HP, INC.</td>
<td>973,110</td>
<td>31 counties in CA</td>
<td>Not applicable</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>H0630</td>
<td>KAISER FOUNDATION HP OF CO</td>
<td>92,545</td>
<td>17 counties in CO</td>
<td>Not applicable</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>H1019</td>
<td>CAREPLUS HEALTH PLANS, INC.</td>
<td>95,169</td>
<td>19 counties in FL</td>
<td>Not applicable</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>H1230</td>
<td>KAISER FOUNDATION HP, INC.</td>
<td>29,529</td>
<td>3 counties in HI</td>
<td>Not applicable</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>H2150</td>
<td>KAISER FNDN HP OF THE MID-ATLANTIC STS</td>
<td>58,067</td>
<td>D.C., 11 counties in MD, 9 counties in VA</td>
<td>Not applicable</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>H5050</td>
<td>GROUP HEALTH COOPERATIVE</td>
<td>82,872</td>
<td>13 counties in WA</td>
<td>Not applicable</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>H5262</td>
<td>GUNDERSEN HEALTH PLAN</td>
<td>14,292</td>
<td>5 counties in IA, 11 counties in WI</td>
<td>Not applicable</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>H591</td>
<td>MARTINS POINT GENERATIONS, LLC</td>
<td>28,412</td>
<td>16 counties in ME, 2 counties in NH</td>
<td>Most of the U.S.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>H6380</td>
<td>HEALTHSPAN INTEGRATED CARE</td>
<td>16,205</td>
<td>7 counties in OH</td>
<td>Not applicable</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>H8003</td>
<td>KAISER FOUNDATION HP OF THE NW</td>
<td>74,627</td>
<td>9 counties in OR, 4 counties in WA</td>
<td>1 county in OR, 1 county in WA</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>H8047</td>
<td>PROVIDENCE HEALTH PLAN</td>
<td>44,711</td>
<td>13 counties in OR, 1 county in WA</td>
<td>2 counties in OR</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
### Top performing plans PDP 2015

<table>
<thead>
<tr>
<th>Contract</th>
<th>Contract Name</th>
<th>Enrolled 10/2014</th>
<th>Non-EGHP Service Area</th>
<th>EGHP Service Area</th>
<th>5 Star Last Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1822</td>
<td>HEALTHPARTNERS, INC.</td>
<td>1,105</td>
<td>Not applicable</td>
<td>34 regions</td>
<td>No</td>
</tr>
<tr>
<td>S5743</td>
<td>WELLMARK IA &amp; SD, &amp; BCBS MN, MT, NE, ND, &amp; WY</td>
<td>317,950</td>
<td>1 region - Upper Midwest and Northern Plains (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming)</td>
<td>33 regions</td>
<td>No</td>
</tr>
<tr>
<td>S5753</td>
<td>WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION</td>
<td>24,447</td>
<td>1 region - Wisconsin</td>
<td>38 regions</td>
<td>No</td>
</tr>
</tbody>
</table>
## Low Performing Plans 2015

<table>
<thead>
<tr>
<th>Contract</th>
<th>Contract Name</th>
<th>Parent Organization</th>
<th>Reason for LPI</th>
<th>Enrolled 10/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0084</td>
<td>CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY</td>
<td>UnitedHealth Group, Inc.</td>
<td>Part C</td>
<td>24433</td>
</tr>
<tr>
<td>H1903</td>
<td>WELLCARE OF LOUISIANA, INC.</td>
<td>WellCare Health Plans, Inc.</td>
<td>Part C or D</td>
<td>8323</td>
</tr>
<tr>
<td>H3327</td>
<td>TOUCHSTONE HEALTH HMO, INC.</td>
<td>Touchstone Health Partnership, Inc.</td>
<td>Part C</td>
<td>13880</td>
</tr>
<tr>
<td>H5294</td>
<td>SUPERIOR HEALTH PLAN, INC.</td>
<td>Centene Corporation</td>
<td>Part D</td>
<td>2774</td>
</tr>
<tr>
<td>H5698</td>
<td>WINDSOR HEALTH PLAN, INC.</td>
<td>WellCare Health Plans, Inc.</td>
<td>Part C or D</td>
<td>36971</td>
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<tr>
<td>H5887</td>
<td>FIRST MEDICAL HEALTH PLAN, INC.</td>
<td>First Medical Health Plan, Inc.</td>
<td>Part D</td>
<td>9405</td>
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<td>R6801</td>
<td>CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY</td>
<td>UnitedHealth Group, Inc.</td>
<td>Part C or D</td>
<td>69023</td>
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Pharmacists’ Patient Care Process

<table>
<thead>
<tr>
<th>JCPP Strategic Plan: Consistent patient care process identified as key driver for achieving the JCPP vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Supports the profession’s provider status activities</td>
</tr>
<tr>
<td>• Needed to meet demands of evolving health care system focused on triple aim</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collaboration of national pharmacy organizations working to develop a standardized pharmacist patient care process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Purpose: to stimulate consistency, predictability, and measurability in pharmacists’ service delivery</td>
</tr>
</tbody>
</table>
Need for Consistency, Predictability, and Measurability

Outcomes based payment

Objective comparisons between individual and groups of pharmacists

Consistent expectations for diverse stakeholders

Comparative effectiveness research
Pharmacists’ Patient Care Process

- Approved by JCPP organizations in May 2014
- Supported by 13 national pharmacy organizations

Pharmacists’ Patient Care Process

- Collect
- Assess
- Plan
- Implement
- Follow-up: Monitor and Evaluate
The pharmacist assures the collection of necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient. Information may be gathered and verified from multiple sources.

Collect:

• A current medication list and medication use history for prescription and nonprescription medications, herbal products, and other dietary supplements

• Relevant health data that may include medical history, health and wellness information, biometric test results, and physical assessment findings

• Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that impact access to medications and other aspects of care
The pharmacist assesses the information collected and analyzes the clinical effects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care.

Assess:

- Each medication for appropriateness, effectiveness, safety, and patient adherence
- Health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care
- Immunization status and the need for preventive care and other health care services, where appropriate
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

The plan:

• Addresses medication-related problems and optimizes medication therapy

• Sets goals of therapy for achieving clinical outcomes in the context of the patient’s overall health care goals and access to care

• Engages the patient through education, empowerment, and self-management

• Supports care continuity, including follow-up and transitions of care as appropriate
Implement

The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

The pharmacist:

- **Addresses medication- and health-related problems, and engages in preventive care strategies, including vaccine administration**
- **Initiates, modifies, discontinues, or administers medication therapy as authorized**
- **Provides education and self-management training to the patient or caregiver**
- **Contributes to coordination of care, including the referral or transition of the patient to another health care professional**
- **Schedules follow-up care as needed to achieve goals of therapy**
Follow-up: Monitor and Evaluate

The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

Monitor and evaluate:

- Medication appropriateness, effectiveness, and safety and patient adherence through available health data, biometric test results and patient feedback
- Clinical endpoints that contribute to the patient’s overall health
- Outcomes of care, including progress toward or the achievement of goals of therapy
The following are each examples of a quality health care measure except?

A. Patient knowledge on how to use a respiratory inhaler.
B. Collection rate from billed patient care services.
C. Pharmacists services effect on systolic blood pressure.
D. Hospitalization rates for opioid overdose attributed to a community pharmacy.
The pharmacist standard patient care process allows for measurement of pharmacist impact on patient outcomes across all pharmacy practice settings.

A. True

B. False
The quality of your work, in the long run, is the deciding factor on how much your services are valued by the world.

Orison Swett Marden
(1850 - 1924) was an American inspirational author who wrote on success in life and how to achieve it
Community Partnerships to Reduce Readmissions, Lower Costs, and Improve Quality

Ed Cohen, PharmD, FAPhA
Senior Director, Health Outcomes Field Team
Objectives: Pharmacists

At the conclusion of this program, the pharmacist will be able to:

• List three barriers to medication adherence potentially contributing to readmissions.

• Identify three medication-related gaps in care associated with hospital admissions and/or readmissions.

• Explain how health systems’ partnerships with community pharmacy might positively impact readmission rates through improved, safe and effective medication use.
According to IMS reports, about how many prescriptions are taken **incorrectly**?

A. 70%
B. 50%
C. 45%
D. 30%
How are pharmacies helping to improve medication adherence?

A. Deterring away from transitions of care counseling.

B. Discouraging communication with physician offices.

C. Improving patient-pharmacist relationship.

D. Refraining from consultation in retail setting.
Today’s Discussion

- Evolving role of Community Pharmacy
- Digital Health
- Healthcare Landscape
- WellTransitions
  - Collaboration in Patient Care
  - Reducing Preventable readmissions
Extensive healthcare services

- More solutions to meet the demands of the greater community
TOC Healthcare Offering

Medication Management
- MTM
- Specialized Pharmacies
- New to Therapy Interventions
- Adherence Management
- Specialty Pharmacy

Quality Improvement
- Gap Closure at Retail Pharmacies
- Immunizations
- Health Testing
- Site of Service Optimization

Care Coordination
- WellTransitions®
- Bedside Delivery
- BDM
- 340(b) Services

Primary Care Extension
- HealthCare Clinics
- Infusion and Respiratory
- Digital Health Programs
- Patient Messaging
- Patient Outreach

Analytics/Reporting
Patient Engagement
Connectivity

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Omni-Channel Digital Health
Driving mobile health innovation

**Refill by Scan**
The quickest way to refill

“This is so great... It makes me wish I had more prescriptions!”
- App user

**Pill Reminders**
Promoting Rx adherence

“Thank you for your pill reminder. Not only do I use it, I help my patients set it up as well...”
- App user

Source: Walgreens Internal Data
Partners can leverage our proven engagement platform

152,032,053 Miles logged

1,581,838 Active users

2,585,388,740 Healthy points awarded

"I found out about taking healthy Steps with Balance Rewards while watching Celebrity Apprentice. Since then I have gone through a few pedometers and met many friends along the way."
- Joseph Merrill

"Having been in an auto accident, I reached out to the community to help me get back to my routine of walking. I've had no struggles tracking my progress on Steps with Balance Rewards."
- Joann Stachewicz

"Now that I'm taking Steps with Balance Rewards, I pay more attention to the country side where I exercise. I enjoy taking pictures of the sights to post for my friends in the community."
- Eric M.
Digital Coaches/Pharmacy Chat

It's not just about apps and devices, it's about the full experience.

Customer: I just have a question about daily heartburn medications. I was taking Prevacid while I was pregnant but now I am post partum. Is there a daily medication that works better?
Paul O. Pharmacist: I'm happy to assist you.
Paul O. Pharmacist: Is the Prevacid not working for you?
Customer: I am still getting heartburn, but it was the one recommended during pregnancy. So now that that is not a factor, I was hoping something else might work better.
Paul O. Pharmacist: You probably need to be re-evaluated. The may try prilosec or protonix.
Paul O. Pharmacist: Your doctor may I mean.
Customer: Are both of those available over the counter to try?
Extended Health Services

Collaboration in Patient Care
# Rate of Medication Drop Off – Nearly 1 in 3 Patients Don’t Fill

<table>
<thead>
<tr>
<th>Prescriptions</th>
<th>Brought to Pharmacy</th>
<th>Picked up</th>
<th>Are Taken Properly</th>
<th>Are Refilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>50% - 70%</td>
<td>48% - 60%</td>
<td>25% - 30%</td>
<td>15% - 20%</td>
</tr>
</tbody>
</table>

Source: IMS

©2015 Walgreen Co. All rights reserved.
Hospital discharge teaching:
- Less than half of patients can tell you the diagnosis that they left the hospital with
- Less than half can tell you all the medications they take
- Fewer than a quarter can tell you the side effects or how the medication work or even when to take them
- Patients taking more than 3 prescriptions medication are more likely to have issues with medication knowledge

MakaryusAN, Friedman EA. Patients’ understanding of their treatment plan and diagnosis at discharge. Mayo ClinProc. 2005; 80: 983
Extended Patient Care

Focused on reducing preventable readmissions by ensuring necessary next steps in the care continuum

Risk of Readmission

• Studies show 28% of patients don’t fill new prescriptions, and lack of adherence to medication regimens is a major factor in preventable hospital readmissions

Enhanced Patient Care

• By increasing the frequency of patient outreach, WellTransitions develops a more accurate patient profile, allowing each provider in the care cycle to make informed decisions for patient care
Redefining the Role of Pharmacy

- Interventions utilizing evidence based guidelines
- Follow-up calls reinforce patient self-care, including medication education and ensuring compliance with PCP appointments
- Discharge Medication Lists allows pharmacist to review physician based care plan
- Complement to other intervention initiatives and activities
- Collaboration efforts with interdisciplinary healthcare teams
Enhanced Pharmacy Functions - Bridging the Gap

**Patient Population:**
- Target high-risk, complex patients in conjunction with hospital or health system
- Focus on disease states most commonly associated with readmissions

**Clinical Collaboration:**
- Conduct patient follow-up after discharge to ensure PCP visit, elevate medication adherence
- Key point of integration focused on the value of a patient’s relationship with a community pharmacist

**Comprehensive Reporting and Performance Tracking:**
- Analyze trends in avoidable readmissions, patient satisfaction and operational procedures
- Identify gaps in care, collaborate with hospital discharge team for process improvement
### Hospital Focused Capabilities of WellTransitions

<table>
<thead>
<tr>
<th>WellTransitions Capabilities</th>
<th>Matched with Hospital Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proactive approach to patient care and complement to other intervention initiatives and activities</td>
<td>Reducing preventable readmissions</td>
</tr>
<tr>
<td>Web based system utilizes data feed extraction from hospital ADT system to identify eligible patients upon admission</td>
<td>Early assessment of high risk patients</td>
</tr>
<tr>
<td>Post discharge clinical calls are based on pharmacist review of discharge medication list with patient</td>
<td>Support of physician based care plan</td>
</tr>
<tr>
<td>Bedside delivery of medications</td>
<td>Increase patient satisfaction/HCAHPS scores</td>
</tr>
<tr>
<td>Follow-up calls reinforce patient self-care, including medication education and ensuring compliance with physician/specialists appointments</td>
<td>Coordinate care with community providers</td>
</tr>
<tr>
<td>Functions/Features</td>
<td>Strategic Benefits</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Medication History</td>
<td>• Information is clearly presented and organized by newest date</td>
</tr>
<tr>
<td></td>
<td>• Timely return of information</td>
</tr>
<tr>
<td></td>
<td>• Provides both PBM and pharmacy fill data</td>
</tr>
<tr>
<td></td>
<td>• Reduces time spent validating patient medication history</td>
</tr>
<tr>
<td></td>
<td>• More complete than hospital EMR – provides PBM data only</td>
</tr>
<tr>
<td></td>
<td>• Returns up to 70% of both national and local plan data</td>
</tr>
<tr>
<td>Medication Delivery</td>
<td>• Convenient access to medications</td>
</tr>
<tr>
<td></td>
<td>• Offer of initial counsel prior to discharge</td>
</tr>
<tr>
<td></td>
<td>• Drives patient satisfaction</td>
</tr>
<tr>
<td>Clinical Pharmacists</td>
<td>• Raises health awareness</td>
</tr>
<tr>
<td></td>
<td>• Promotes care plan as written</td>
</tr>
<tr>
<td></td>
<td>• Encourages medical home</td>
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<tr>
<td>Risk Alerts</td>
<td>• Patient behavior can be influenced at time of risk</td>
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<td></td>
<td>• Communication for collaborative care</td>
</tr>
<tr>
<td>Outcomes Reporting</td>
<td>• Provides program results to reduce cost of care</td>
</tr>
<tr>
<td></td>
<td>• Effectively manage chronic patients and identify gaps in care</td>
</tr>
<tr>
<td>8,000 Points of Care</td>
<td>• Community based collaborative care</td>
</tr>
<tr>
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<td>• Scalable solutions for most health systems</td>
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Patient Engagement and Bedside Enrollment

Pharmacy tech follows all hospital protocols and procedures:

• Pharmacy tech logs into health navigator for daily list of eligible patients
• Meets with hospital point person to review
• Pharmacy tech reviews WellTransitions® benefits with patient/caregiver using patient journey, setting expectation for intervention calls
• Offer of bedside delivery, receives signature on enrollment form
Benefits Beyond Reduction in Readmissions

Health System
- Expertise of pharmacists skilled in medication review and complex therapies
- Assists in providing medication history for validation by health system
- Improves health system discharge process

Patient
- Ensures patient follow-up with proper medical providers
- Raises health awareness and optimizes community healthcare support system
- Decreases medication complications

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Bridging the Gap—Coordinating Care

Health System

- Offered as part of patient care services
- If necessary, identifies and targets high risk patients
- Integrated into daily workflow
- Provides feedback and is an advocate of benefits

Walgreens

- Medication history provided at admission, medication review, alignment
- Ease of transition, follows patient in own environment, reviews medication instructions
- Documents any change in therapy, alerts health system and community provider to any issues

Health Navigator Platform

- Determines patient eligibility based on pre-select health criteria
- Collects and maintains data points (medical and pharmacy)
- Pushes tasks and communications based on role/responsibility and severity
- Integrates data points – EMR, ADT, alerts

Community Health Providers

- Integrated into care continuum with two-way communications
- Educated on health status of patient
- Enhances patient/provider relationship with full view of medication history

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Which barriers to medication adherence might increase a patient’s readmission risk.

A. Lack of effective counseling.

B. Providing patient with updated list of active medications.

C. Counseling patient on medication treatment with every transition of care.

D. Collaborating with physicians about therapy concerns.
How are community pharmacies extending their health services to decrease readmission rates?

A. Offering financial incentives to promote inadequate health results.

B. Hindering adherence with mobile refill and ready reminders.

C. Answering questions ambiguously through online pharmacy chat programs.

D. Partnering with local hospitals to complete discharge counseling.
Thank You!

Any questions?

Pharmacy

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