



AMCP Webinar Series

Are you leveraging your MTM program to fit your MCO's ACO Strategy?

Amanda Brummel, PharmD, BCACP | Fairview Pharmacy Services
Kendra Karagozian, PharmD | Magellan Health

10 December 2014



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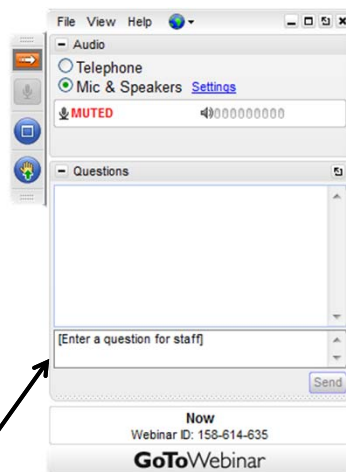


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AMCP MTM TOC Activities

- Report of the 2013 AMCP Partnership Forum on Electronic Solutions to Medication Reconciliation and Improving Transitions of Care (September 2014 – JMCP)
 - (<http://www.amcp.org/JMCP/2014/September/18487/1033.html>)
- Key Recommendations for AMCP:
 - Encourage the implementation of electronic solutions to the MedRec processes.
 - Work with MCO stakeholders and hospitals to pilot and measure different approaches to electronic solutions to MTM and transitions of care.
- Currently – AMCP is coordinating two pilot programs
 - Will measure: impact on 30-day readmissions, utilization and costs at 3 and 12 months (all-cause ER and hospital visits, adherence, evidence based medications, avoidance of high-risk medications, number and cost of medications)

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AMCP MTM TOC Activities

- Looking for other organizations interested to partner on creating a TOC Pilot Program
- Member survey (those involved in TOC programs)
 - Learn about best practices in care transitions
 - Help encourage implementation of electronic solutions and share best practices
- Access to complete the TOC Survey:
 - <https://www.surveymonkey.com/s/LTNJCQK>

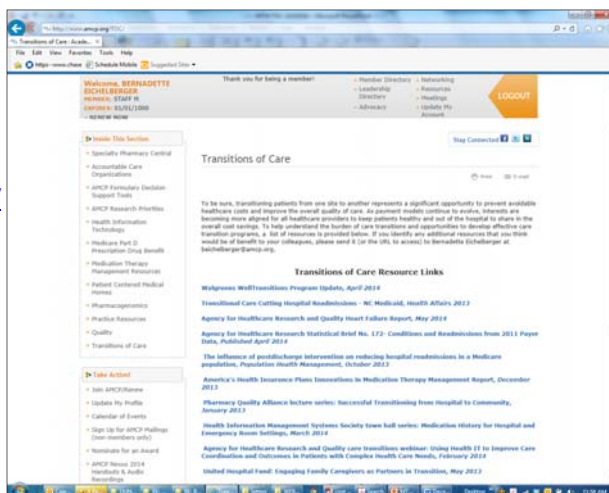
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AMCP TOC Resources Page

<http://www.amcp.org/TOC/>

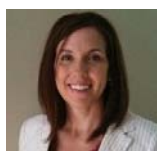


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Today's Speakers



Kendra Karagozian, Pharm D

Dr. Karagozian is a Pharmacist Account Executive for Magellan Rx Management, the PBM division of Magellan Health. In her current role, she supports cost and quality of care initiatives for two Florida Managed Medicaid plans.

Prior to joining Magellan Kendra worked in positions with a Workers' Compensation focus. She also brings retail pharmacy experience to her current role.

Kendra is the co-Diplomat for the University of South Florida and is a preceptor for the has been involved at the University of Florida – St. Petersburg.

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Today's Speakers



Amanda Brummel, PharmD, BCACP

Dr. Brummel is Director of Clinical Ambulatory Pharmacy Services for Fairview Pharmacy Services. She has responsibility for the MTM program and the clinical development and integration of pharmacy services in the Fairview Health Network including their transitions of care approach and retail clinical services. She works closely with the Fairview Medical Group and the Fairview Network in their population health approach and new payer product development.

Amanda is also an adjunct faculty member of the University of MN. She has published multiple articles on MTM and pharmacy's role in the care team.

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Fairview Overview

Fairview's focus areas of strategy

- Patient experience
 - Increase access
 - Enhanced communication with all members of the care team
 - Clear plan of care
- Population management approach/
increase quality of care
 - Care coordination
 - Appropriate care team referrals
 - Transitions of care focus
- Reduce total cost of care
 - Avoid readmissions, emergency room visits
 - Ensure right person, right role, right work



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Fairview Care Transitions

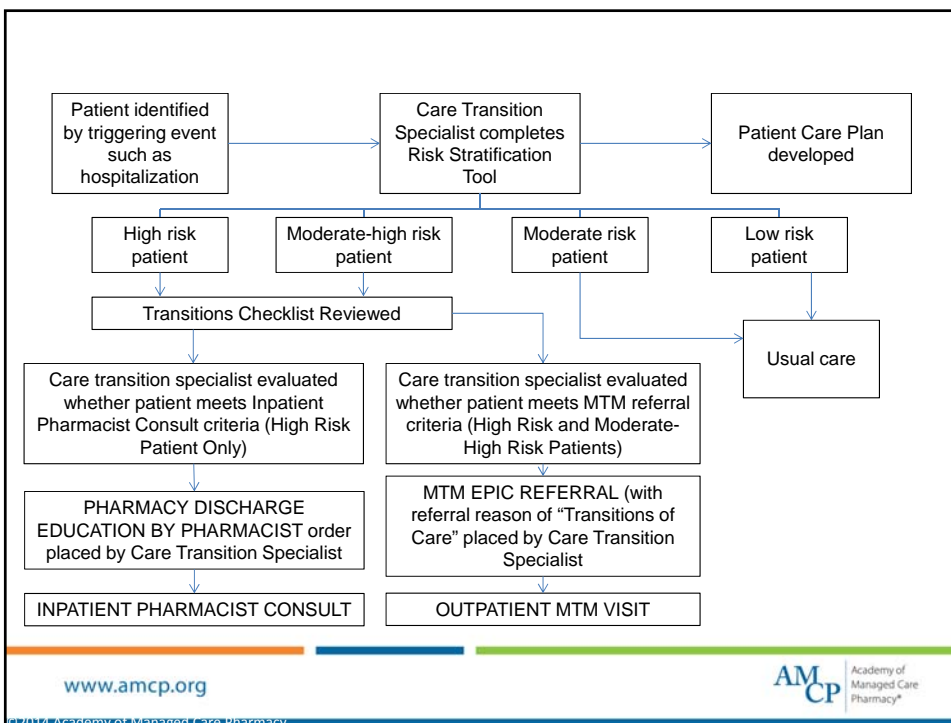
- Inpatient and Outpatient Pharmacy Services working together to reduce readmissions through improved medication management, reconciliation, and patient education
- Risk-stratifying the population and determining what interventions/resources are needed
 - Inpatient
 - Outpatient
- Working with nursing and care coordination in the inpatient and outpatient settings to facilitate referrals
- Goal is to see the patients referred within 7 days of discharge to reduce readmission risk



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MTM Referral Criteria

EMR Alert Fires

Diagnosis of diabetes, heart failure, COPD, or myocardial infarction + \geq 5 chronic medications

Outpatient medication list contains rifaximin or lactulose

Outpatient medication list contains immunosuppressant agents or oral chemotherapy

Outpatient medication list contains an anticoagulant and the patient is not followed by a clinic

The patient has been hospitalized or seen in the ED in the last 6 months + \geq 10 chronic meds

Documented medication non-adherence



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Referrals

April 2013- October 2014

- We have received 2,564 referrals
- We have scheduled 1,432 transitions of care visits
- We have sent over 300 referrals to other health systems (where the patient receives their primary care) for an MTM follow up
- 211 referrals were for patients who transitioned to a TCU/LTC

This represents ~ 15% of our MTM patients



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Setting Goals

- We wanted to improve upon the number of patients we were able to see within 7 days of discharge.
 - In 2013 we were at 57%
- We created a goal of seeing 75% of those referred within 7 days
 - We are at 72% on average in 2014

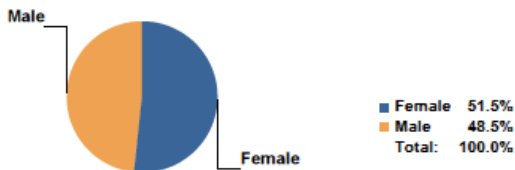
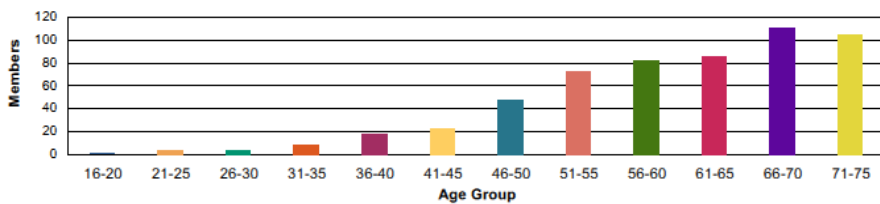


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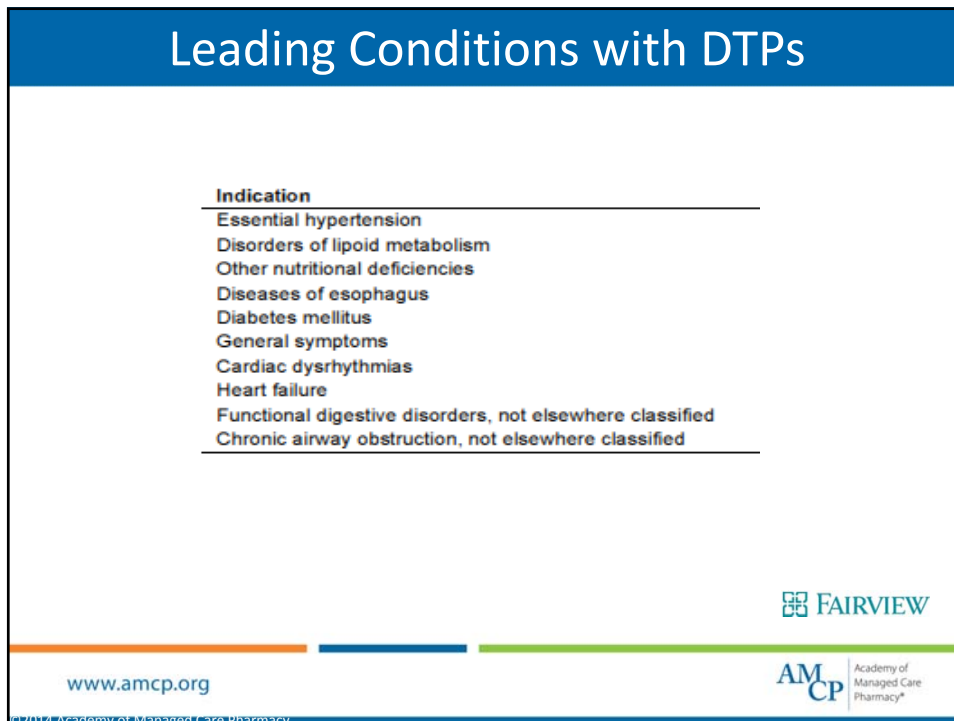
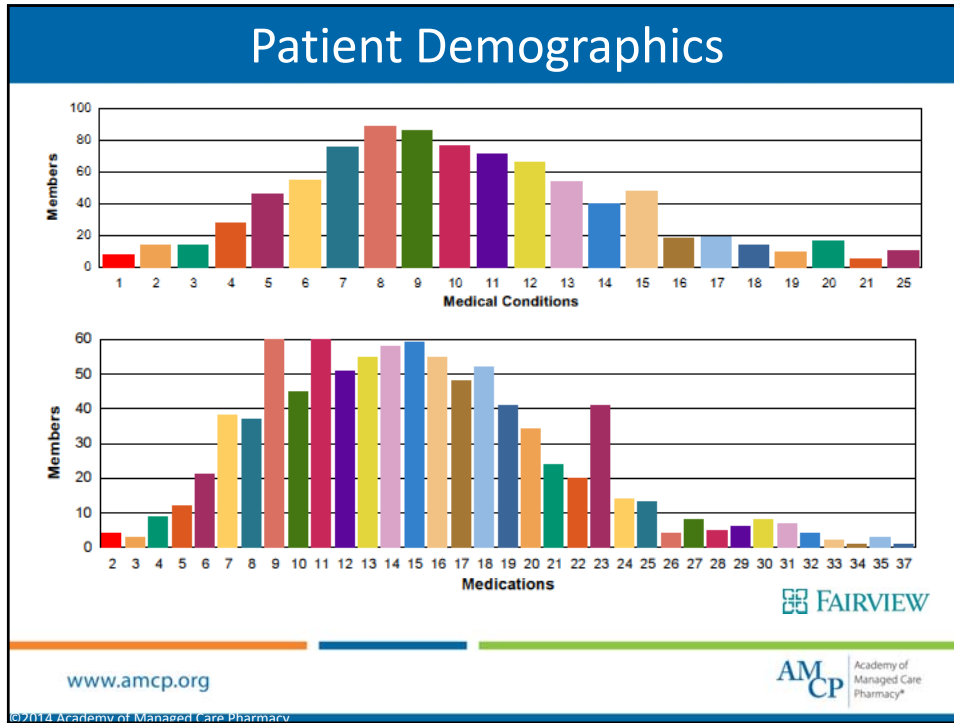
Patient Demographics



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Initial Findings

To assess the effectiveness of pharmacist Medication Therapy Management (MTM) services in reducing hospital readmissions in comparison to the general population discharged according to usual care.

Results: Of the 295 patients estimated to be at high-risk for readmission who had MTM intervention, 26 (8.8%) were readmitted within 30 days. In the comparator group, there were 4,730 patients admitted over the 11 month time period, and of them, 465 (9.8%) patients were readmitted within 30 days. Although the readmission rate for the intervention group was lower, analysis using the Fisher's exact test did not show statistical significance ($P = 0.68$).

- Impact of Post-Discharge Medication Therapy Management on 30-day Hospital Readmissions Submitted by Brittany Hogan, MTM Resident



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Patient Story

A patient who had discharged the day before with multiple medications changes was seen. I discovered that **three of the medication changes she was supposed to make did not happen**. She was supposed to stop one of her blood pressure meds and decrease her diuretic from twice to once daily due to significant hypotension. She also had elevated CK and LFT's and was supposed to hold her statin and had inadvertently continued taking this. Without the MTM call, she would have continued to take these medications until the next week when she would go in to see her PCP. This also led us to a deeper discussion between the three of us of how to safely and reliably set up medications. I will be seeing her next week for an in person follow-up with the pill bottles.



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Patient Story

70-year old couple both admitted for pneumonia. The husband was referred for MTM. Prior to phone appointment it was noted during chart review that **antibiotic was not prescribed for him at discharge as was the dictated plan**. Spoke to PCC and was able to start antibiotic during MTM visit so patient could complete his entire recommended course at home. Patient and wife were very appreciative that the missed medication was caught.



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Patient Story

Patient admitted for partial amputation and uncontrolled DM. Not established with PCC. Seen for MTM, we **started him on anticoagulation prophylaxis that was not added at discharge** following surgery and got him **scheduled with a new PCC** in clinic. Continues to be seen by MTM for diabetes management and is actively following with new PCC. Diabetes control has improved and the patient has been very engaged in his care.



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Provider Feedback

I cannot thank you enough for the work you did today. You spent an hour with this gentleman and his wife – time I don't have in my schedule. You used your expertise in the knowledge of patient assistance programs to help defray costs - something I know nothing about. And, you gave me clear recommendations on what I can do moving forward to be mindful of cost and compliance.

I sincerely appreciate this. Just wanted to say thank you for helping me and the patient out - I hope you realize the importance of your work.



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Questions?

Amanda Brummel PharmD, BCACP

Director, Clinical Ambulatory Pharmacy Services

Fairview Pharmacy Services

711 Kasota Ave SE | Minneapolis, MN 55414

arhode1@fairview.org | www.fairview.org



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Magellan Complete Care

The Florida Medicaid specialty health plan that helps members get quality care for their mind & body

Kendra Karagozian, PharmD



Why We Do What We Do



one *in* five

Americans live with
mental health challenges

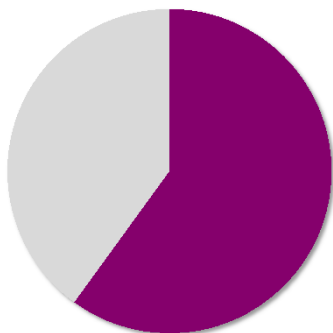
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Why We Do What We Do



60%

of adults with any mental illness are **untreated**

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Drug Management & Delivery Systems

Fragmentation across core health benefits

Primary care physicians are the de facto mental health provider for many patients



Co-morbidity rates are high among adults with mental health disorders¹

- **68%** with a mental health disorder have at least one co-morbid medical problem
- **29%** with a medical disorder have a co-morbid mental health condition

Patients typically take only half of their prescribed doses of medication

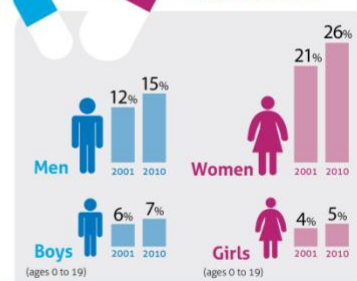


Drug costs and spend are on the rise²

- **\$18.2B** on antipsychotics for depression, bipolar disorder, and schizophrenia
- **\$11.0B** on antidepressants
- **\$7.9B** on treatment for ADHD

¹ Druss, B.G. and Walker, E.R. (February 2011). Mental Disorders and Medical Comorbidity. Research Synthesis Report
² IMS Health, 2011

More Medicated



Americans' use of mental-health medications has been on the rise over the past decade.*

* Percent of insured people on such drugs, based on prescription claims of more than two million Americans' use of antidepressants, antipsychotics, attention deficit hyperactivity disorder drugs and anti-anxiety treatments.
 Source: Medica Health Solutions

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Magellan Complete Care of Florida

We understand the unique mental and physical health needs of individuals living with **Severe Mental Illness (SMI)**

Our goal is to ensure that all members receive personalized, high-quality healthcare that is tailored to their medical, mental health, and social needs



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Eligibility

In order to be eligible for enrollment, applicants must have Medicaid benefits

..and be living with a Serious Mental Illness (SMI)

- Psychotic Disorders*
- Bipolar Disorders*
- Major Depression*
- Schizo-affective Disorder*
- Obsessive-compulsive Disorder*
- Delusional Disorder*



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Top Physical Health Conditions

Based on drug spend

- HIV
- Hepatitis C
- Diabetes
- Asthma
- COPD
- Pain
- High cholesterol
- Arthritis
- Hypertension

Top Drug Classes

- Antipsychotics
- Antivirals
- Diabetes
- Bronchial Dilators
- Antidepressants

Top Specialty Drugs

- Sovaldi
- Truvada
- Olysio
- Atripla
- Humira

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Model of Care Elements

Magellan Complete Care's enhanced services result in a unique model of care tailored for this population that requires that we work much more collaboratively to share information, coordinate care, and provide support for the enrollees and providers.



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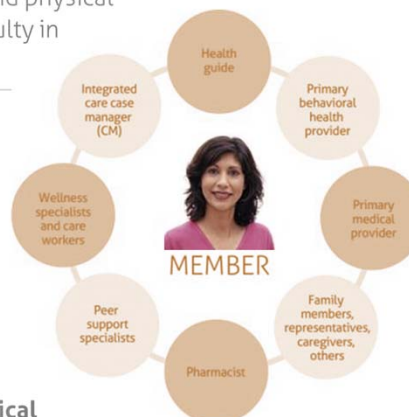
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Overcoming Barriers to Care

- Harder to adhere to a therapeutic regimen, keep follow-up appointments, or navigate the healthcare system
- Co-occurring substance use and co-morbid physical health conditions, which add to the difficulty in receiving care

Our care coordination team's high touch management helps members make appointments, arrange transportation to appointments, and adhere to treatment regimens, while our peer support programs support the member's health and wellness between appointments

The net result is improvement to the member's overall health—mental and physical



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Care Coordination Pharmacist Roles

- Calls all patients receiving HepC treatment with Sovaldi or Harvoni
- Meets with Regional Case Management teams at daily rounds
- Attends individual case conferences with medical director, case management and prescriber
- Provides lunch and learns and other educational support for clinical staff (ex. Medication adherence, Medication reconciliation, HepC)

Supports

- Whole Health Rx (Provider detailing using proprietary algorithms)
- Provider support specialists
- Integrated care case managers
- Health guides

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Case Examples

Duplication of therapy with benzodiazepines

- PCP and psychiatrist both prescribing
- Both prescribers contacted
- PCP d/c benzo and was unaware that patient already had a script
- Interaction with case management, prescribers, retail pharmacy, member

Duplication of therapy with statins (multiple patients)

- Prescribers, patient, and pharmacy notified

Discovered transplant patient with no transplant medication in Rx history

- Patient contact and informed pharmacist that meds were still on hand from previous plan
- Care manager set up appt with nephrologist due to recognized gap in care

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Common Themes

Pharmacy specific

- Duplication of therapy
- Medication adherence
- High dose antipsychotics
- Polypharmacy
- Potential substance abuse
- Multiple prescribers

Population

- Housing issues (i.e. lack of residential treatment facilities)
- Transportation issues
- Lack of follow up with PCPs/Psychiatrists

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Opportunities

- Enhanced Medication reconciliation program
- Additional pharmacy staff
- Integrate pharmacy support from CMHCs, FQHCs
- Continue developing relationships with provider network, pharmacies, community resources, hospitals
- Additional data analytics, ROI, and outcomes reporting
- Additional patient targeted medication management programs

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An Integrated Process Holistic Member Health Management

WHOLE HEALTH RX uses advanced proprietary clinical algorithms to identify prescribing patterns that are inconsistent with evidence-based, best practice guidelines and reaches out to the primary care or behavioral health provider to engage in a multi-modal personalized consultation



- Medical, behavioral, lab, and/or pharmacy data received by Magellan's data warehouse
- Algorithms identify non-evidence based prescribing patterns and stratify others
- Target both primary care and behavioral health providers
 - Multi-channel consultation
 - Educational materials
- Members communications
 - Educational materials
 - Online tools
- Changes in prescribing patterns
- Savings calculation demonstrating value
- ROI projections
- Activity tracking

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Whole Patient Health Management

Our Approach

Whole Health RxSM
Whole Health Rx is an all-inclusive product that addresses **BOTH** physical and behavioral health

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Pharmacist Involvement

Improves outcomes and curbs booming pharmacy costs

Whole Health Rx bridges the fragmented drug management and delivery systems across behavioral, medical and pharmacy benefits

Addresses patients with co-morbid conditions

- Uses medical diagnosis, behavioral, pharmacy claims and laboratory data to identify patients taking behavioral health medications who also have co-morbid conditions
- Also includes vulnerable pediatric and geriatric populations

Partners with providers

- Offers evidence-based quality metrics to evaluate and measure prescribing patterns, allowing for targeted interventions aimed at empowering providers and members
- Provider engagement will drive member safety and improve their overall well-being

Monitors prescription utilization

- Drives member safety, improved outcomes, and cost savings by identifying and resolving:
 - Inappropriate medication dosing (maximum and minimum)
 - Polypharmacy utilization-duplicate therapy
 - Polypharmacy utilization-multiple prescribers
 - Inappropriate use of medications
 - Failure of patients to fill their prescriptions in a timely fashion

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Potential Savings Opportunity

Targeted interventions improve prescribing practices, clinical outcomes, member safety, and reduce cost through:

- The combined strength of behavioral health and pharmacy expertise, ensuring appropriate prescribing practices for behavioral and physical health
- Evidence-based best practice guidelines and quality metrics that evaluate and measure prescribing practice patterns
- Proprietary clinical algorithms, developed by the Magellan Clinical Excellence Panel, that are evaluated and updated quarterly based on most recent literature
- Multichannel outreach capabilities that cross over to PCPs, psychiatrists, nurse practitioners, and physician assistants

Based on 2010 Maricopa County Magellan Pharmacy claims data
*comparing noncompliant scripts to compliant scripts for patients
18 years old or younger
**comparing noncompliant prescribing of Seroquel at non-therapeutic
doses to compliant prescribing at therapeutic doses

- Estimated annual 2:1 ROI
- Overall reduction in non-compliant prescriber behavior in contacted providers
- Represents net improvement in percentage of reduction of non-compliant scripts
 - 42% improvement in pediatric prescribing*
 - 41% improvement in inappropriate prescribing of Seroquel

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Summary & Wrap Up

Pharmacist involvement has been well received by all members of the care coordination team and prescriber community

Positive outcomes in this population are very dependent on patient stability (mental health and housing)

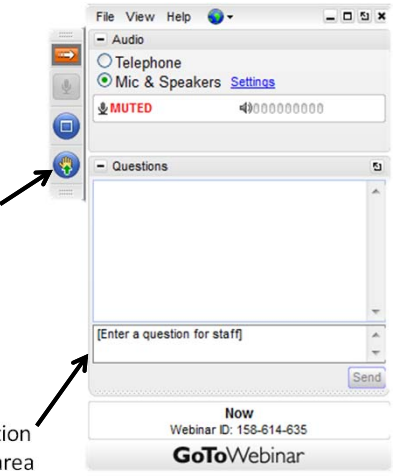
As managed Medicaid expands there will be increased opportunity for pharmacist delivered care to underserved populations

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Questions



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AMCP Webinars 2015—What do you need?

MTM:

- Innovative Approaches to Improve Transitions of Care: An update from the Hawaii Pharm2Pharm Initiative (September)
- Closing MTM Research Gaps: Understanding the research (April)

Specialty

- Integrating the Specialty Drug Benefit: AMCP Certificate Programs (August)
- Revisiting Competition Issues in the Follow-on Biologics Arena: Substitution and Naming (July)
- Biosimilars Naming: How Managed Care Data Consortiums Will Track Biosimilars (May)
- Biosimilars Surveillance: Applying the Science of Proven Data Consortium Models (March)

Electronic Prior Authorization as Part of E-Prescribing

- Overview of Electronic Prior Authorization (ePA) and Overcoming Barriers to Implementation (June)
- How managed care can ready their PA criteria for rapid implementation of electronic PA (May)

Health Care Delivery

- Role of Pharmacy Management in ACOs: An Environmental Assessment (August)

Managed Care Decision Making:

- eDossier: Tools for product evaluations - needs for today and plans for tomorrow (November)
- Breaking the Link Between Pain Management and Substance Abuse (November)
- Let's Build a List of Research Priorities Together! (October)
- Expanding Your Horizons: CER Continuing Education Certificate Program (July)
- Additional evidence, tools and insights to support evidence-based product reviews (June)

Legislative/Regulatory:

- Health Insurance Exchanges: What's Coming in 2015 and Beyond? (December)
- Prescription Drug Coverage in Health Insurance Marketplaces: What to Expect in 2015 (May)
- What AMCP Members Should Expect in Medicare Part D for 2015: Be the First to Know (February)
- AMCP 2014 Legislative & Regulatory Priorities (January)

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Bernadette Eichelberger
beichelberger@amcp.org

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