



JANUARY 27, 2021

Evolving Models to Support the Expanding Role of the Pharmacist

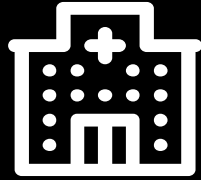
AMCP Webinar

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4.6% Reduction in total PMPM in
Wellmark Blue Cross and Blue Shield pilot



2.1

average reduction in
A1c by pharmacist
led care at Geisinger

35X per Year

patients visit a pharmacy
(Pharmacy Check-Up survey 2019)

80%

gaps closed
at Thrifty
White for
cases sent to
them

100%

**BEHAVIORAL HEALTH
ADHERENCE...within 6
months by CPESN**

95% of US
lives within

**5
Miles**

of a pharmacy



5M

Gaps-in-care that
community pharmacies
intervene on per year
with Tabula Rasa



13%

Reduction of
PMPM spend for
Diabetics at
Geisinger



4-9%



Documented lower hospitalizations and
ER visits by Enhanced Medication
Services (EMS) company

Source: Content from interviews and public information (see endnotes)



A soon to be realized future should be envisioned where **pharmacists are embedded in primary care settings as PCPPs**. Having a pharmacist involved at the point-of-prescribing (i.e., in clinics) provides tremendous **benefits to providers and patients** alike including appropriate medication selection, adherence to therapeutic guidelines, conformance with prescription formularies, and soon, precision medicine realized through pharmacogenomics.



Source: [Concept for Embedded Primary Care Pharmacist Practitioners \(PCPPs\): A Disruptive Value-Proposition](#) by George E. MacKinnon III, Founding Dean and Professor at MCW School of Pharmacy

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REALIZED VALUE



Reduction in Adverse
Drug-Related Events



Improved Clinical
Outcomes



Enhanced Medication
Adherence



Higher CMS
Stars Ratings



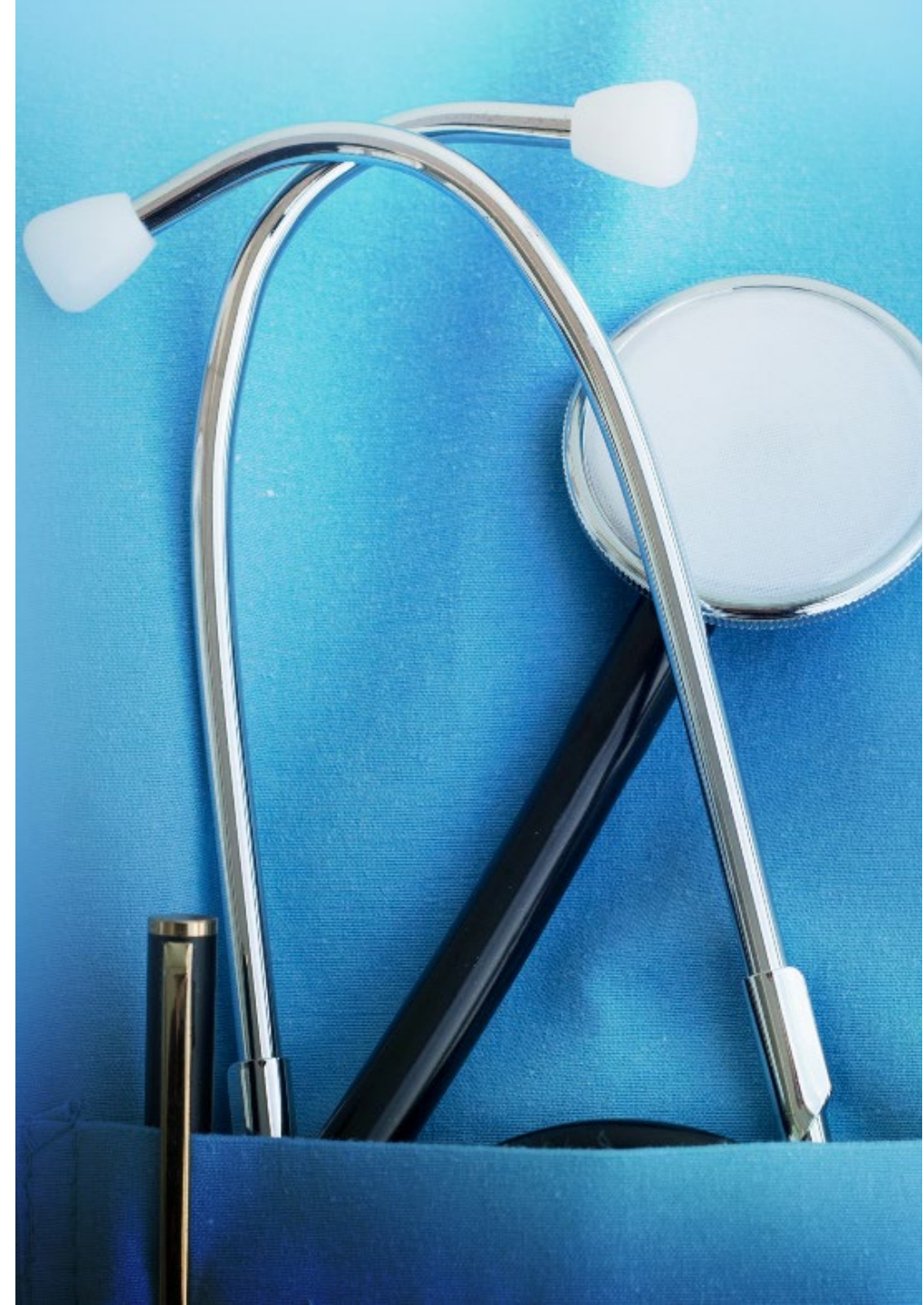
Greater Physician and
Patient Satisfaction



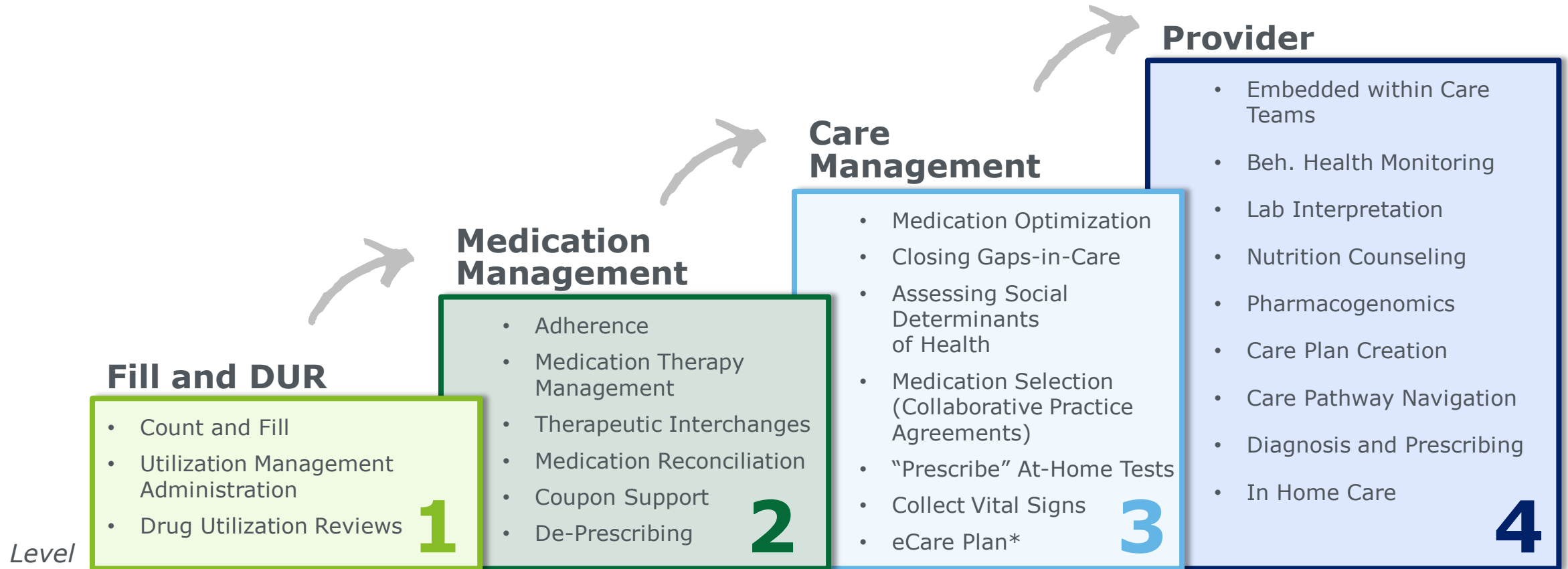
Reduction in Inappropriate
Healthcare Utilization
(e.g., ER Visits, Hospitalizations)

Source: [Concept for Embedded Primary Care Pharmacist Practitioners \(PCPPs\): A Disruptive Value-Proposition](#)
by George E. MacKinnon III, Founding Dean and Professor at MCW School of Pharmacy

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Elevating The Pharmacist's Care Responsibilities



* Pharmacist eCare Plan is an interoperability standard. More information at <https://www.ecareplaninitiative.com/>

Diversified Roles For Future Pharmacists

Future pharmacists may need to specialize...

DIGITAL

Help patients and providers to select, implement, and manage digital therapeutics and non-drug solutions (e.g., food) that will meet their needs

MEDICAL

Specialize in the treatment and management of complex diseases and poly-chronic patients with a deep understanding of genetics

BEHAVIORAL

Focus on mental health and necessary behavioral changes needed to stay compliant and address Social Determinants of Health (SDoH)

...to meet patients where they are



Virtually



Medical Centers



In the Community

**“There are over
100 career
paths for
pharmacists.”**

Dean Lamar Pritchard
*University of Houston,
College of Pharmacy*

Source: [WillTalk Podcast with Dean Lamar Pritchard](#)

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Historical Barriers And Drivers Of Change



Regulatory

COVID has accelerated the federal adoption of pharmacists as providers



Operations

Pharmacists are shifting to provide care virtually and beyond the counter



Technology

Changes in technological capabilities are removing manual work and freeing pharmacists to provide patient care



Economic Model

Reimbursement models are shifting to recognize and reward pharmacists for their role in the care team

Regulatory Changes Are Enabling An Expanded Role

State Regulations

47

States have authorized **pharmacists as Providers**

13

States allow pharmacists to **prescribe medications**

10

States implemented pharmacist clinical services **billing to Medicaid**

5

States allow **billing Fee for Service** across all payer segments

193

Medications that pharmacists can prescribe in aggregate across all states

Federal Regulations

2

Federal Bills (one in the House and one in the Senate) to **give pharmacists Provider Status** to bill Medicare Part B services as states allow

80%

Pharmacist reimbursement rate compared to physician/nurse reimbursement at Federal level

120

CLIA-waived diagnostic tests like the COVID diagnostic test available for pharmacists



Pharmacists at VA Hospitals have had provider status for decades **with proven value**

Operational Changes Are Freeing Up Time

Historical Barriers



Order Entry

Patient registration, insurance capture, and new script entry



Prior Authorization

Pharmacists and pharmacy techs on the phones



Script Fulfillment

Manual fulfillment with robotics reserved for the highest volume pharmacies



Point of Sale

Long lines at peak times of day (e.g., lunch time and dinner time) and days of the week and month



Inventory Management

Basic inventory tracking and manual spot checks



Reverse Distribution

Manual inventory check for recalls and returns



Warehouse Replenishment

Manual time putting inventory away

Examples of Changes

- Digital pre-registration
- Insurance card image upload and process automation
- Workload balancing and virtual oversight

- Electronic Prior Authorizations (ePA)
- EMR benefit check options
- Artificial intelligence (AI)

- Central fill 2.0 with predictive refills
- Robotics for pharmacies filling >700/week

- Digital pharmacies and home delivery (not just mail)
- Script synchronization

- Smart inventory systems using predictive algorithms to detect anomalies

- Smart inventory lockers that reduce reverse waste

- Smart Lockers use efficient, random locations per bottle and LEDs to find them

Technology Changes Enable Interventions



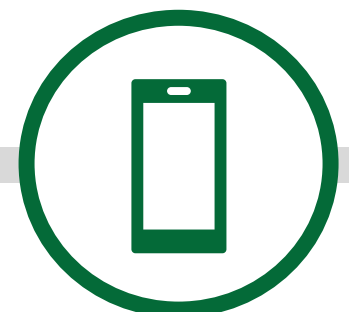
**Data
Interoperability**



**Cloud Platforms
to Integrate
Dispensing and
Clinical**

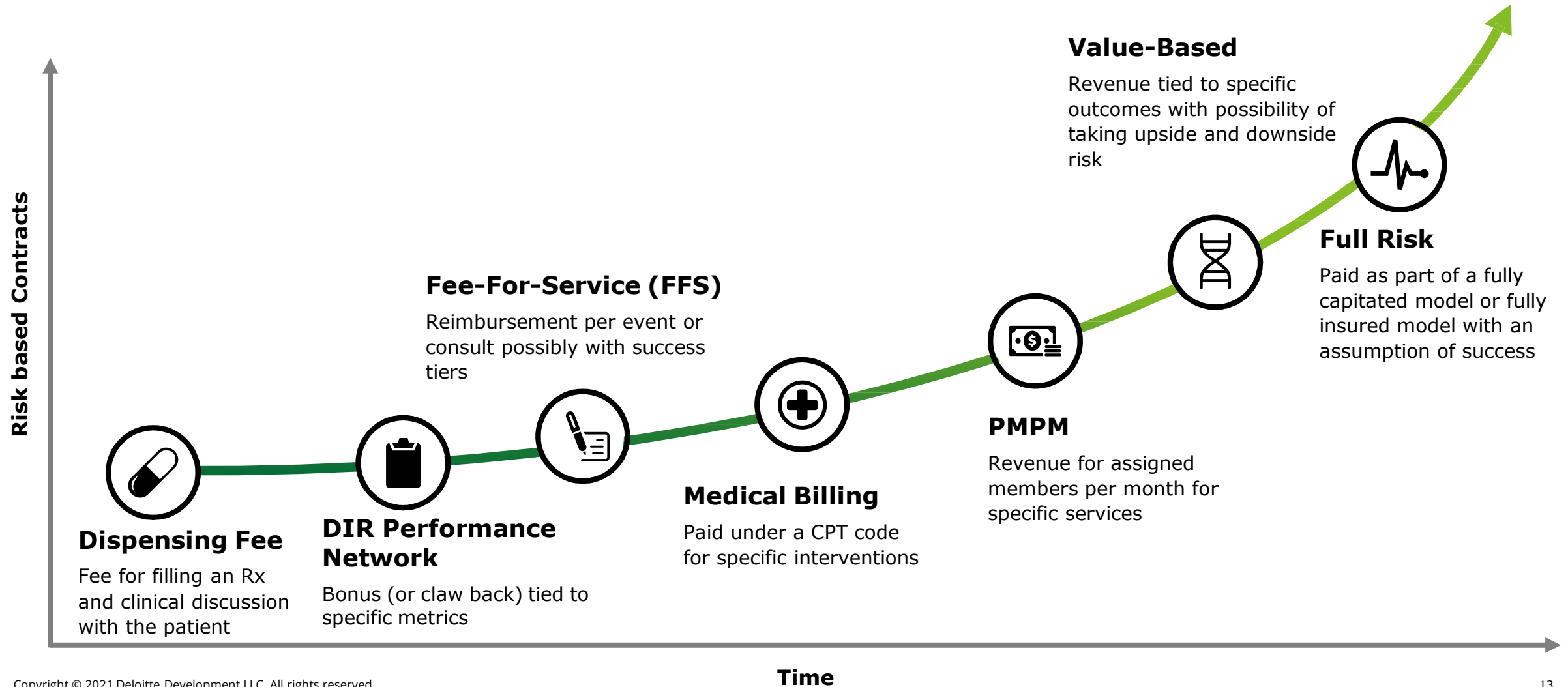


**Predictive
Analytics and
Artificial
Intelligence**

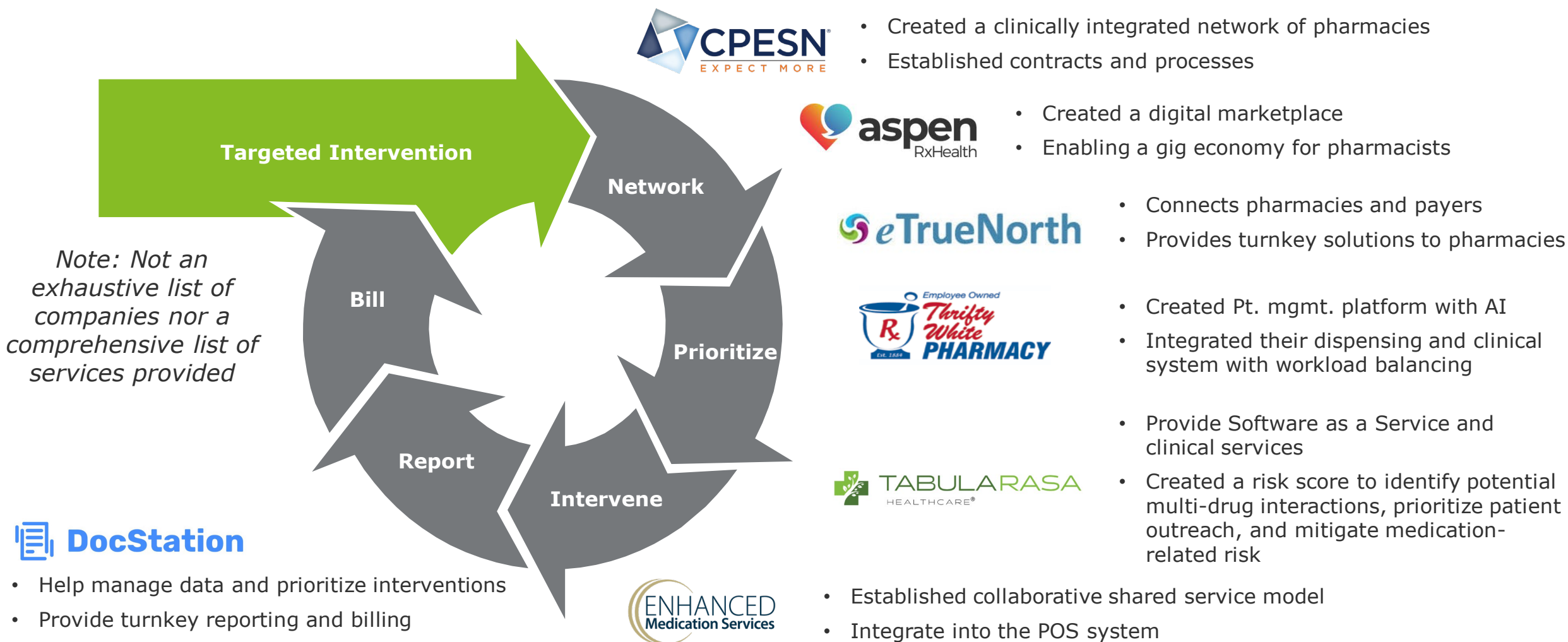


**Virtual Health
and Digital
Marketplaces**

Economic Models Are Rapidly Evolving



Multiple Companies Are Enabling This Ecosystem



Payers Are Embracing Pharmacists



- Medicare Advantage plan in North Carolina using CPESN
- Leverages pharmacists for annual wellness visits, addressing gaps-in-care, and helping them apply for LIS, SDOH programs and Medicaid
- Pays pharmacists \$30-50 PMPM for care management



- Have embedded pharmacists focused on disease management (diabetes, COPD, hyperlipidemia, hypertension) and comprehensive medication management in their senior focused care sites ([65 Forward](#))
- For diabetes and HepC, follow-up care (post Dx) is done by a pharmacist leading to improved clinical outcomes (e.g., 2 pt reduction in A1c and 13% reduction in PMPM for diabetes)








- Take a patient centric (not Rx or disease) focus on who to target and how to intervene using over 1,500 clinical pharmacists
- Leverage their integrated model to create insights based on medical, pharmacy, lab, and SDOH data to personalize interventions
- Developed centralized services, technology, and digital services to free up pharmacist time at POS

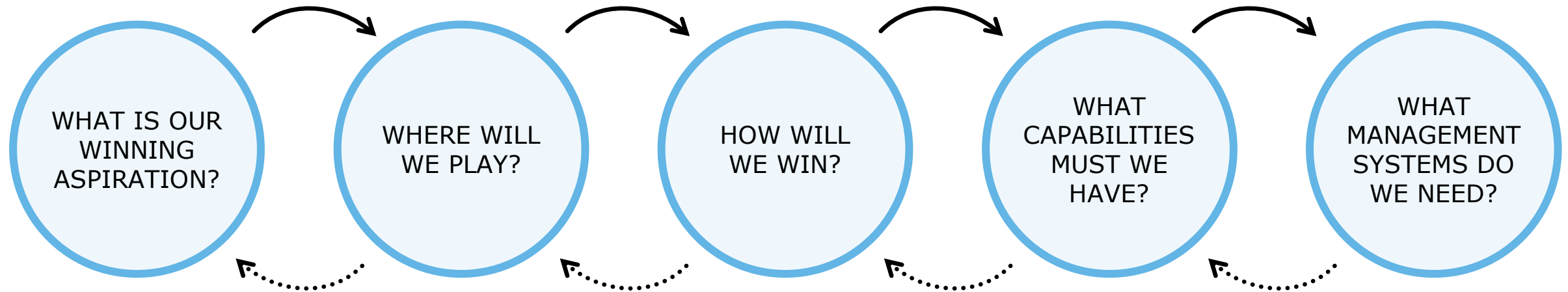


- BCBS plan in Iowa and South Dakota that conducted a pilot with community pharmacies around enhanced services
- Saw a 4.6% reduction in PMPM costs based on real-world outcomes relative to total cost of care (stabilizing at 3% post pilot)
- Directly contract with pharmacies and reimburse them on PMPM basis for attributed members linked to performance

Lessons Learned

	 <p>Metrics</p>	 <p>Care Team</p>	 <p>Physician</p>	 <p>Data</p>	 <p>Acceptance</p>
PROBLEM	<p>Some performance metrics were difficult to improve because information was not clear or easily ascertained</p>	<p>Physicians and Nursing teams might see the pharmacist involved in care gaps as a threat</p>	<p>Changes in patient attribution when physician is assigned as their primary care in complex diseases</p>	<p>Seeing all medical records instead of just pharmacy claims (and only their pharmacy claims data)</p>	<p>Patient acceptance towards a pharmacist being a part of their care team</p>
SOLUTION	<p>Medical and pharmacy data needs to be integrated and results clearly tracked</p>	<p>Focus on opportunities for collaboration and Rx heavy disease states</p>	<p>Assure that final solutions include a clear closed loop process to link back to physician</p>	<p>Integration of medical, Rx, lab, and demographic data will enhance interventions</p>	<p>Pharmacists are already highly trusted and have to demonstrate coordination with the provider</p>

It's critical to choose **where to play and how to win**



1. What **metrics** do you want to impact?
2. What is the **segment** of your population that you're struggling to engage?
3. Which **conditions** should you focus on?
4. Do you need a network, a software solution, or a turnkey **approach**?
5. How do you want to **pay** for the program?
6. How much **data and insights** can you provide?
7. Should you **integrate** this into your standard offering?

**Pharmacists can be the
next generation of
primary care providers**



Thanks to...

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Geisinger Health System

Additional Relevant Articles And Studies

- [Pharmacy in 2021: Trends to Transform an Evolving Profession](#)
- [Embedded Pharmacists Primary Care Model](#)
- [Assessing Trends in Enhanced Services and Medication Support with Value-Based Payment Models in Medicaid](#)
- [Impact of Pharmacist Interventions to Close Care Gaps for Patients with Diabetes](#)
- [Impact of a pharmacist-led diabetes management on outcomes, utilization, and cost](#)
- [A Sleeping Giant: Community Pharmacy's Potential Is Unrivaled](#)
- [PQA: Value-Based Pharmacy Program: Building a Medical Neighborhood Through Partnership](#)
- [Care At The Counter: Technology And Policy Are Empowering Pharmacists](#)
- [Pharmacy Check-up Survey 2019](#)
- [Pharmacist Burnout: A Cry for a Transformative Approach to Traditional Pharmacy Practice](#)



Thank you!

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