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ENHANCING PRESCRIBER RELATIONSHIPS: MAKING IT A WIN-WIN JULY 12, 2017 3:00 – 5:00 PM

ACPE UAN: 0107-9999-17-105-L04-P 0.2 CEU/2.0 hr

Activity Type: Knowledge-Based

Learning Objectives for Pharmacists: *Upon completion of this CPE activity participants should be able to:*

1. Identify key community pharmacy strengths that meet provider needs based on quality metrics
2. Discuss specific solutions to common prescriber challenges
3. Discuss methods to position your pharmacy as a prime provider partner
4. Create a plan to enhance prescriber relationships at your practice site

Speaker: John Gregg, PharmD

John M. Gregg currently serves as Founder and Chief Operations Officer for Thrive Pharmacy Solutions. He is an experienced healthcare consultant and leader with a proven track record of improving health, operational, and financial outcomes in a community pharmacy setting. John graduated from the University of Florida with his Doctorate of Pharmacy Degree in 2003, and joined Target Pharmacy as a pharmacist. In his time with Target, he served in many different leadership roles, including district manager, group manager, and regional director where he managed over 500 pharmacies and clinics and \$1 Billion + in sales. In 2014, John decided to join Health Mart Inc., the Independent Pharmacy Franchise division at McKesson Corp. He assumed the role of Director of Pharmacy and Clinical Operations, focusing on developing operational and clinical practices for the franchises to deliver best in class clinical outcomes and build the independent pharmacy's business. In 2015, John became an entrepreneur and started Thrive Pharmacy Solutions as a joint venture with Stratifi Health. Thrive Pharmacy Solutions is an independent pharmacy that provides integrated, high touch medication management solutions to improve the health and wellbeing of our community. John currently resides in Prosper, Texas with his wife, Kristin, and 2 wonderfully energetic daughters, Juliette and Evangeline.



Speaker Disclosure: John Gregg reports no actual or potential conflicts of interest in relation to this CPE activity. Off-label use of medications will not be discussed during this presentation.



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Enhancing Prescriber Relationships Making It A Win-Win

John M. Gregg, PharmD

Disclosure

- John M. Gregg reports no actual or potential conflicts of interest associated with this presentation

Learning Objectives

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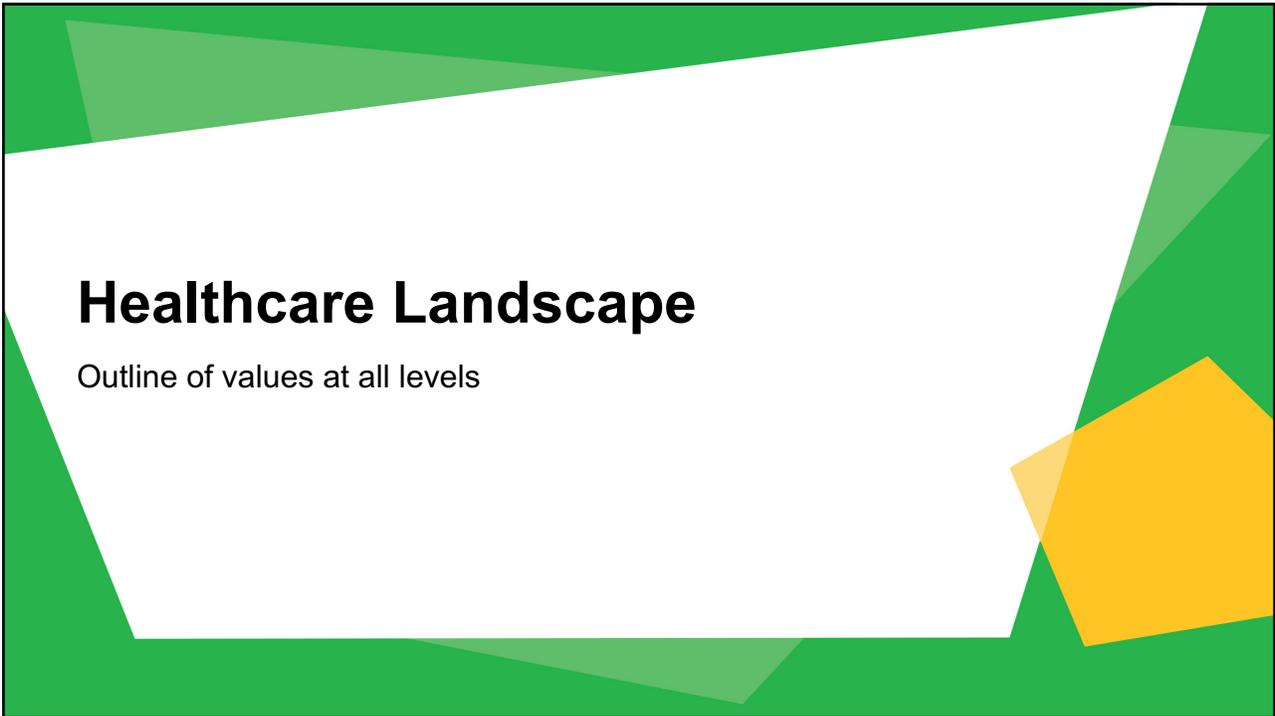
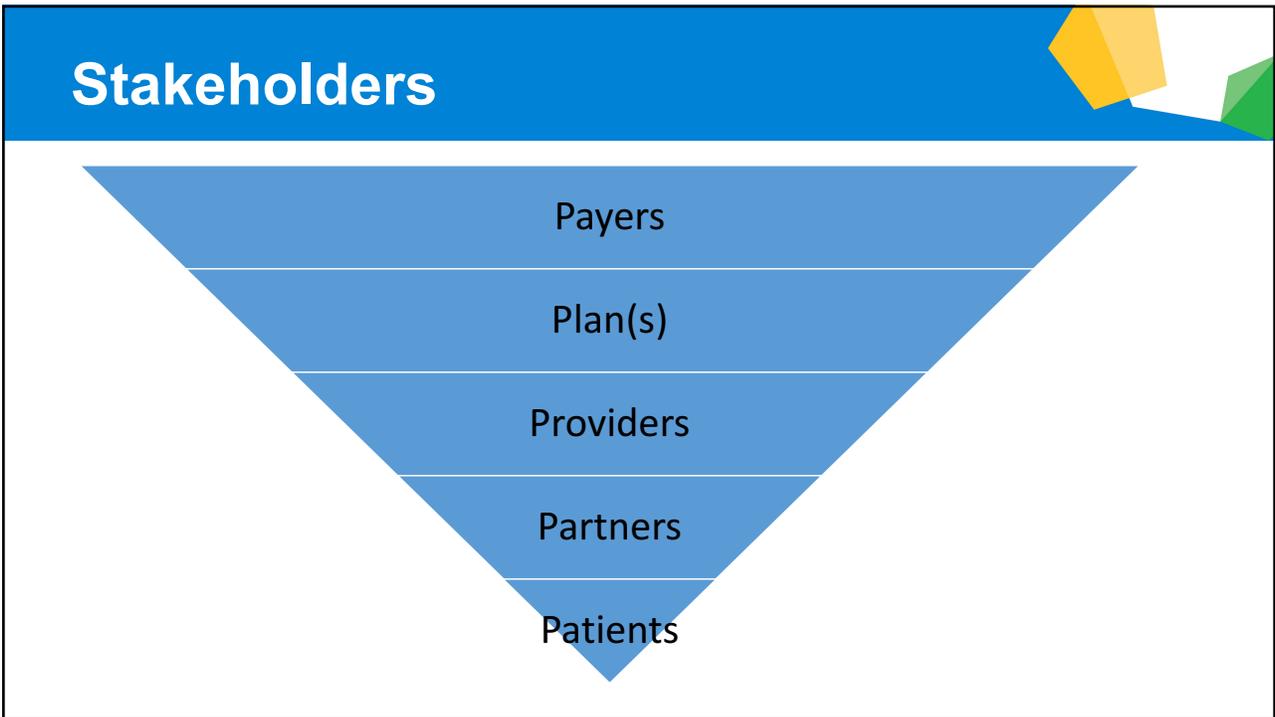
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Presentation Sections

- Current Landscape
- Health Plan Structures and New Laws
- Pharmacy Involvement
- Developing Relationships
- Process Optimization

Healthcare Landscape

Outline of values at all levels

The slide features a white central area with the title "Healthcare Landscape" and subtitle "Outline of values at all levels". The background is a vibrant green with abstract, overlapping geometric shapes. A prominent yellow pentagon is located on the right side of the slide.

What's Important to Payers*

- **Total Cost of Care**
- Member Satisfaction
- Quality of care (sick days)
- Operational Efficiencies

Payers can be:

- Government
- Employers
- Health Plans

What's Important to Plans

- **Things that drive profit (savings) and new business**
 - Total Cost of Care
 - Member Satisfaction
 - Operational Efficiencies
 - Quality
- Network Capacity

What's Important To Providers

- Reimbursement
- Volume
- Patient Satisfaction and Retention
- Outcomes

What's Important To Pharmacy

- Reimbursement
- Volume
- Patient Satisfaction and Retention
- Outcomes

What's Important to Patients?

- Cost of Care
- Quality of Care
- Access to Care
- Relationship with HCPs

What Is Quality

- Known, measurable indicators that improve quality of life for the patient and reduce total cost of care
 - Flu Shots
 - Adherence
 - Foot/Eye exams
 - Med Rec/CMR
 - BP, BMI, A1C

Health Plan Structures and New Laws

Health Plans—Government

- Medicare Advantage
 - Capitated rates
 - Quality tied to reimbursement
 - Total cost of care importance
 - Unique payment models
- Traditional Medicare and Part D plans
 - Separate carve out for drug spend
 - Have misaligned values on surface
 - Rapidly changing due to MACRA

MACRA

- Medicare Access and CHIP Reauthorization Act
- Passed in 2015, amended in 2016, started 2017
- Fundamental change in how Providers are paid
 - Incentives paid for delivering on quality of care, and eventually cost
- Combined many former metrics and guidelines for Medicare

MACRA Payments

- Participants:
 - Medicare Part B providers with >\$30,000 in payments AND >100 attributed patients (MIPS track)
 - Advanced Payment Model participants with >25% of Medicare revenue in this model
- Participants can receive bonus payments of up to 5% first year (won't go down)*
- Non Participants--4% drop in Medicare payment*
- Bonus % escalates gradually to 9% in 2022*

* <https://qpp.cms.gov/> accessed 5/25/17

MACRA Models—2 Options for participation

- APM—Advanced Alternative Payment Models
 - Next Gen ACOs, MSSP 2 and 3, other specialty organizations
 - Risk based association/health system approved by Medicare
 - 5% bonus every year (if achieve quality targets)
- MIPS—Merit-Based Incentive Payment System
 - Designed for those not involved in APMs
 - Self submitted data (emr, web portal, vendor)
 - 4 components to achieve bonus
 - Quality metric submission (60% weight)*, Improvement Project (15% weight)*, Advancing Care (meaningful use 25% weight), Cost (not used in 2017)

* <https://qpp.cms.gov/mips/what-to-report> accessed 5/25/17

Quality Metrics For Providers

- Awareness is expanding
 - Operational pressures
 - Role of other HCPs (including pharmacists)
- Reimbursement tied to quality
- Enhanced fees when in a “coordinated” plan with risk share

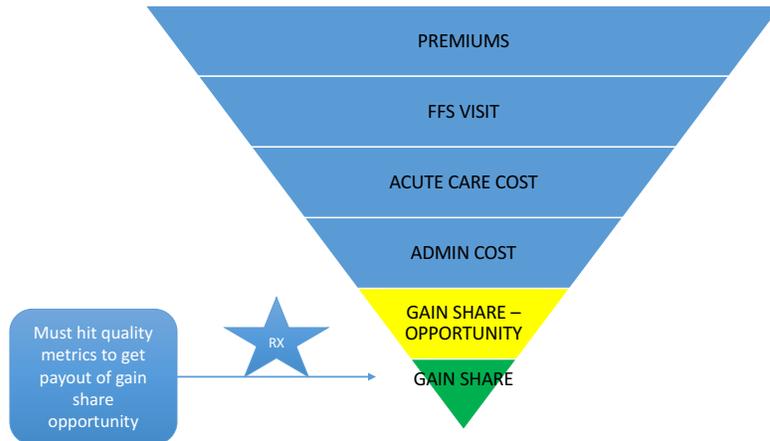
Wait—Are These 5 Star Metrics?

- MACRA applies to physician reimbursement (Part B)
- CMS star rating system applies to Plans (MA, HMO)
- Some overlap

Non Government Funded Plans

- Employer Sponsored and Marketplace
 - Self insured/Plan insured
 - Lower overall cost of care drives profit and new membership
 - Quality is important to many payers now beyond Medicare
 - Unique offerings inside larger plans

Commercial ACOs



Pharmacy Involvement

Population Ecology

- 5% of the population account for almost half (49%) of healthcare spending ¹
- The top 15 disease states account for 44% of all spending¹
- Heart disease, diabetes, cancer, dementia, COPD, and arthritis are the most costly diseases (respectively)²

1. Centers for Medicare & Medicaid Services, Office of the Actuary: Table 1. National Health Expenses Aggregate and Per Capita Amounts, Percent Distribution, and Average Annual Percent Growth, by Source of Funds
2. Ward BW, Schiller JS, Goodman RA. Multiple chronic conditions among US adults: a 2012 update. *Prev Chronic Dis.* 2014;11:130389

Pharmacy's Impact

- \$290 Billion wasted due to medication non-adherence ¹
- 1% increase in drug spend reduces overall cost by 0.2% ¹
- \$1 more spent on diabetes medication reduces overall costs by \$7.10 ²
- Medication adherence lowers morbidity rates, work days missed, and a happier workforce

1. Congressional Budget Office. November 2012. Offsetting Effects of Prescription Drug Use on Medicare's Spending for Medical Services
2. M. Sokol et al., (2005)"Impact of Medication Adherence on Hospitalization Risk and Healthcare Cost," *Journal of Medical Care* 43 (6). Notes: Adherence is the extent to which patients take medicines as prescribed, in terms of dose and duration. Return on Investment estimates reflect spending attributable to the condition listed.

Aligned Incentives

- Pharmacy and Provider have closest alignment of incentives
 - Reimbursement pressure
 - Quality metrics/outcomes
 - Volume pressures
 - Operational Efficiencies
- Providers are undergoing change rapidly

Independent Pharmacy Is Well Positioned

- Healthcare is very local
- Partnerships with large chains have not panned out
 - Operational gaps, consistent execution, differing visions
- Ability to move fast and adapt
- Independent pharmacy is known for “problem solving”

Our Model

- Commercial and MA based accountable care organization
- Embedded and virtual pharmacist seeing patients with providers
 - In clinic
 - Tx of care
 - Referrals
- Provide integrated medication reconciliation and chronic care management built on med sync foundation
- Directly engage both payers and plans on quality, total cost, and “network design”

Pharmacy Choice

- Convenience
- Service level
- *Plan Steerage*
- *Physician relationship transfer*

Developing Relationships

Leverage Partners

- Drug reps
- Health plan sales reps (MA)
- Aggregators

Once In

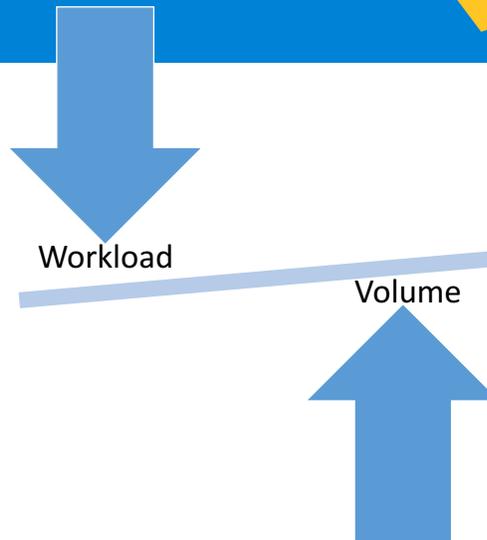
- Listen to pain points
- Assess level of understanding on new payment models
- Solve one problem today
- Ongoing education
- Bite off chunks later

Know Your Numbers

- Quality metrics
- Population ecology
- Patient successes
- Provider's scope of practice
- Have a value prop

Understand Values

- Similar between pharmacy and provider
- Pathway to success in any practice
- Expand revenue streams



Problem Solving

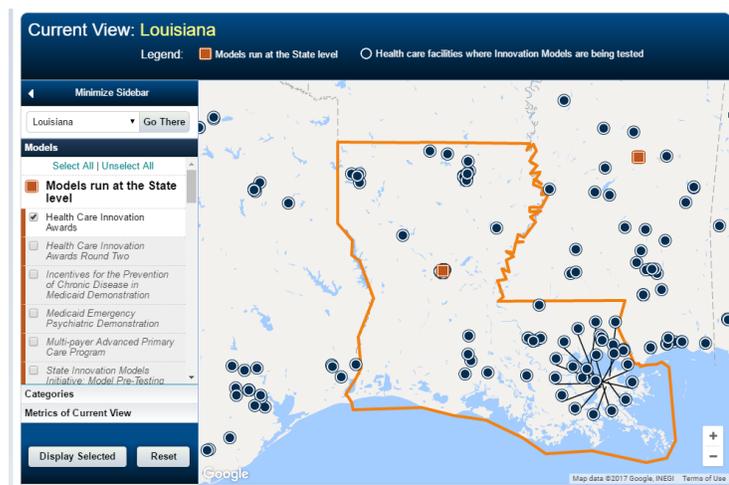
- Call volume
 - Refills, PA's, non-formulary
- Patient adherence
 - Cost
 - Convenience
- Patient appointment schedule
- Data
- MIPS improvement project

What can you do?

- Take 10 minutes at your table to discuss your value prop:
 - Niche offerings
 - Workload reduction
 - Clinical enhancements
 - Others?

Where to find practices

- CMS's website
- Aggregator
- Health system extensions
- Universities



Process Optimization

Integrate

- BAA or CPA
- Streamline technology
 - Phones
 - Pharmacy system (access)
 - EMR management
 - Other communication tools
- Marketing and patient facing materials
 - Co-brand

Provider Workflows

- Identify high risk (value) patients
- Referral process
 - Medical assistants
 - Care team (if applicable)
 - Physician referral
- Appointment based or phone based
- Communication routines

Start With Med Sync

The foundation for what you do

- Creates appointment with patient
- Less likely to skip all meds
- Workload management
- Cash flow
- Patient experience

On Board The Patient

- Don't transfer if you can cancel and reissue
- Obtain all specialist RXs
- Med Rec
- Determine sync plan
- Overcommunicate with team, streamline with patient
- One page take away of plan

Routines

- Consistent pharmacist for patient
 - Technicians can be heavily involved
- Adapt to patient preferences
 - Communication
 - Level of involvement

Workflow in Rx

- Position based jobs
- Order versus prescription
- Phone triage
- Get rid of autorefill (well, mostly)
- Just in time delivery

Try, Learn, Fail

- Common pitfalls
 - Discipline
 - Technology
- Investment required
- CQI
- Volume adjustments
- Communicate success

What We Have Learned

- Patience
- Patients
- Investment
- Reward

Conclusion

- Pharmacy's role IS expanding
- You are the evangelist
- Don't be afraid to ask
- Solve Problems
- Most available HCP, and you have "product"
- It's all about the patient

Questions?

John M. Gregg, PharmD