Medication Trauma Crisis: Primary Care Innovations

Session Code: D25, E25
# Speakers and Disclosures

<table>
<thead>
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<th>Disclosures</th>
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Objectives

Identify the impact of medication trauma on high-risk or disadvantaged patients

Illustrate ways in which primary care can integrate clinical pharmacy services to address medication trauma

Recognize innovative clinical pharmacist roles in patient care
CareOregon Mission & Vision

• Our mission is building individual well-being and community health through shared learning and innovation.
• Our vision is healthy communities for all individuals, regardless of income or social circumstances.
CareOregon Background

- CareOregon's foundation is the idea that health care should be available to everyone.
- We were created in 1993 by a partnership of safety-net providers, including the Multnomah County Health Department, Oregon Primary Care Association and Oregon Health & Sciences University.
- Our health plan opened February 1994 with 9,500 members in 14 Oregon counties. In April 1997, we became an independent, nonprofit 501[c]3 corporation serving Medicaid and Medicare members.
- CareOregon and our partner Coordinated Care Organizations (CCOs) and now serve more than 250,000 Oregonians.
- We do so through 4 CCOs (CPCCO, HSO, JCCO, YCCO) and a special needs Medicare plan with members in 11 different Oregon counties.
- We have relationships with 392 primary care clinics, 44 hospitals, 2400 specialty clinics, 82 FQHCs, 24 rural health clinics and 48 dental clinics.
*IHI Quadruple Aim

Oregon

CCO Objectives

*Better Outcomes

Improved Clinician Experience

*Lower Costs

*Improved Patient Experience

Better Outcomes

Improved Clinical Experience

Lower Costs

Improved Patient Experience

Best Practices to manage and coordinate care

Paying for outcomes and health

Transparency in price and quality

Sustainable rate of growth

Shared responsibility for health

Measuring Performance

BETTER HEALTH

BETTER CARE

LOWER COSTS

better together
Oregon

High in opiate misuse

Education-Class Size
Oregon Rank #3
Source: NEA

Food Insecurity
1 in 6 - 2015
Source: USDA

Uninsured Rate
1 in 13 - 2015
Source: Gallup

Unemployment
1 in 19 - 2015
Source: Bureau of Labor Statistics

Homelessness per capita
1 in 300 - 2015
Source: HUD

High in behavioral health risk
trau·ma
ˈtroumə, ˈtrômə/

noun

1. a deeply distressing or disturbing experience.
   "a personal trauma like the death of a child"

2. MEDICINE  physical injury.
synonyms: injury, damage, wound;

Source:
The National Council for Behavioral Health and Kaiser Permanente’s Trauma-informed Primary Care Initiative
Medication Trauma

“Medication trauma is medication complexity and lack of coordination that overwhelm the patient’s, caregiver’s and provider’s resources, creating fear, confusion and error, which lead to poor adherence, compliance and outcomes.”

Jim Slater, PharmD.
Executive Director of Pharmacy
CareOregon
Medication Trauma Prevalence

• Drug Therapy Coordination Risk Score (DTCR*)
  – Score of 8 or greater
    • 1:20 or 5% (9,568) Medicaid members
    • 1:7 or 15% (1,713) Medicare SNP members

• High Rx Risk Patient Goals
  – Empanelment and surveillance
  – Direct patient care intervention (phone, face-to-face)
  – Improve quality through medication coordination
  – Improve patient and provider experience

*Patent pending
Medication Patterns are Powerful Predictors

- Medication use patterns reflect the whole healthcare ecosystem
- Medication use patterns reveal the state of coordinated care
- Key patterns (Dx + Rx) predict future ER and hospital use better than many current analytic models
- Medication coordination/management is a very amendable intervention for a pharmacist with an engaged patient
Drug Therapy Risk Distribution

Clear linear relationship between medication risk derived from pharmacy and medical claim patterns and total cost—Pharmacists to manage Pharmacy Risk Score 8 or greater.
Sneak Preview of Case Study

Rx Risk score change with RPh management

Overwhelmed with self-management of medications
Taking her medications 68% of the time

Taking an active role in self-management
Taking medications consistently
Visible physical improvement

Jan-16  Feb-16  Mar-16  Apr-16  May-16  Jun-16  Jul-16  Aug-16  Sep-16  Oct-16
High Risk Activities in Last 90 Days for HSO OHP Plus

Legend - High Risk Activities
- # High Risk Members
- ED Visits Last 90 Days
- New Mbrs Last 90 Days
- Admits Last 90 Days
- PCP Visits Last 90 Days
- # Recent Meds

January: 6,689 (9.0%), 6,741 (8.8%)
February: 7,141 (9.2%)
March: 6,821 (9.0%)
April: 6,474 (8.7%)
May: 6,454 (8.9%)
June: 6,048 (8.7%)
July: 5,935 (8.3%)
August: 6,055 (8.2%)
September: 6,131 (8.5%)
October: 6,131 (8.5%)

CareOregon
better together
High Risk Medicaid Population: Medication Burden

- Average of 10 chronic medications for 8 chronic conditions
  - 53% have depression
  - 53% have a chemical dependency
- 68% taking at least one high risk medication
  - 32% taking an opioid (or multiple opioids)
- 37% using multiple pharmacies
- Medication list up-to-date only 15% of the time
Role of Medication – Goals of Care

Healthy / Reversible Illness

Serious, Progressive Conditions that Limit Daily Activities

Hospice

The Health Continuum

Advanced Illness

Palliative Care

Manageable, Early or Stable Chronic Conditions

Hospice Eligible

Adapted from C-TAC

CareOregon

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Transformation
“A thorough or dramatic change in form or appearance.”
Health plan work

- Increase medication coordination

Clinic staff benefits

- Reduce medication conflicts

Patient benefits

- Reduced medication complexity
  - Increased adherence

- Expanded ability to treat

- Improved outcomes

- Efficient use of time
  - Less error and frustration

- Medications received faster
  - Increased adherence
Pharmacist Role – Medication Success

- Right Person
- Right Drug
- Right Dose
- Right Route
- Right Time
- Right Documentation
- Right Problem
- Right History
- Right Coordination
- Right Method
- Right Education
- Right Support

13,280
- Drug/Dosage/Strength Options

3,174
- Any utilization

427
- Most often used
  - >100 claims per month

228
- High Cost
  - >$2,000 /claim
Pharmacy, Pharmacist and Medication Settings

- Home Delivery
- Community
- Long Term Care
- Home Infusion
- Skilled Nursing Facility
- Hospital
# Keys to Pharmacist Success

- Goals of care clear
- Patient engagement
- Medication access
- EMR access
- Part of healthcare team
- Can follow patient over time
- Reimbursement of services
Intensity of Pharmacist Support

- Prescribing
- Management
- Coordination
- Reconciliation
- Dispensing
- Review
- Education
Drug Therapy Coordination Plan

Dispensing pharmacist

Pharmacist collaborative prescribing

- Dashboard
- Empanelment
- Utilization monitoring
- Interdisciplinary teams

Coordinated fill visits

Clinic pharmacist

Medication reconciliation

Hospital pharmacist

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# High-Risk Population Strategy

<table>
<thead>
<tr>
<th>Health Plan Pharmacist</th>
<th>Clinic Pharmacist</th>
<th>Community Pharmacist</th>
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</thead>
<tbody>
<tr>
<td>Data analytics</td>
<td>F2F med mgmt.</td>
<td>F2F med review</td>
</tr>
<tr>
<td>Panel tracking</td>
<td>Health care team coordination</td>
<td>Coordinated fills</td>
</tr>
<tr>
<td>Telephonic med review</td>
<td>Case work-up</td>
<td>Adherence monitoring</td>
</tr>
<tr>
<td>Refill reminder calls</td>
<td>Med consult</td>
<td>90-day conversions</td>
</tr>
<tr>
<td>90-day fill conversions</td>
<td>Phone follow-up</td>
<td>Ongoing education</td>
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Leveraging Network Pharmacists

- Credentialing process to allow for reimbursement
- Contracts to set reimbursement rates
- Partnership with community pharmacists
- Alignment of high risk population and priorities
- Data sharing, common documentation platform
- Clinical Pharmacist Collaborative
Top 10 Drug Therapy Problems

- Med underuse/poor adherence
- Other (please specify)
- Treatment suboptimal
- Drug dosing not adequate
- Untreated medical problem
- Drug dosing excessive
- Adverse drug reaction (ADR)
- Inadequate pt self-mgmt of lifestyle/non-drug variables
- Dose discrepancy b/n pt use and prescribed therapy
- Polypharmacy/duplication
Adverse Drug Reactions

1337 patients

1101 potential ADRs

514 ADRs

393 ADRs with no harm

121 ADRs with harm
Barriers to Patient Engagement

- Language
- Cognition
- Hearing
- Speech
- Limited readiness
- Substance abuse
- Advanced illness
- Transportation
Health plan work

- Increase medication coordination
- Increase medication education
- Improve medication-related workflows

Clinic staff benefits

- Reduce medication conflicts
- Expanded ability to treat
- Efficient use of time
  - Less error and frustration

Patient benefits

- Reduced medication complexity
- Increased adherence
- Medications received faster
- Increased adherence

Improve medication-related workflows
Community Pharmacist Role

- Medication education
- Adherence monitoring
- Recommendations for de-prescribing
- Recommendations for closing gaps in care
- Reinforcement of provider’s treatment plans
- Continuity of care in the ambulatory setting
Community Pharmacist Experience: Jan-Oct 2016

- 590 pharmacies, 536 pharmacists
- 8445 adherence support and education provided
- 2636 medication reviews completed
- 257 gaps in therapy closed
- 88 potential hospitalizations avoided
- 82 potential ED visits avoided
- 72 adverse drug events avoided
- 1.9 encounters per patient
The MEDS Chart

- Helps patients express how well their medications are working for them
- Helps pharmacists/providers discover what’s really going on with a patient’s use of medications

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Why I Take This</th>
<th>How Do You Feel About It?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisinopril 10mg daily</td>
<td>blood pressure</td>
<td>🌻 🌻 🌻 🌻 ☹️</td>
<td>Extreme itching - hard to swallow.</td>
</tr>
<tr>
<td>Aspirin 81mg daily</td>
<td>heart health</td>
<td>🌻 🌻 🌻 🌻 ☹️</td>
<td>Feels reassured taking it.</td>
</tr>
<tr>
<td>Ibuprofen as needed</td>
<td>headaches</td>
<td>🌻 🌻 🌻 🌻 ☹️</td>
<td></td>
</tr>
<tr>
<td>Lantus insulin as directed</td>
<td>diabetes</td>
<td>🌻 🌻 🌻 🌻 ☹️</td>
<td>Hates the pen - jams every time he uses it.</td>
</tr>
<tr>
<td>Aspart insulin as directed</td>
<td>diabetes</td>
<td>🌻 🌻 🌻 🌻 ☹️</td>
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CareOregon sends prefilled MEDS chart to pharmacy listing all a person’s medications.

Pharmacist uses chart to review how medications are working for person – side effects, effectiveness, problems, etc.

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Medication reviews can help:

- Decrease hospital readmissions and medication-related emergency room visits
- Decrease medication errors while improving medication adherence
- Reinforce the importance of taking a medication
- Give patients a stronger voice in engaging with their medications
• Interactive continuing education seminars for health care professionals
• Focus on managing high-risk diseases in complex, disadvantaged patients (past topics include diabetes, Hepatitis C and cirrhosis, COPD, pain management)
• Bimonthly, 3-hour seminars at CareOregon
• Opportunities for team-based education at clinics
RN Education

MEDS Ed: Knowledge Self-Assessment

<table>
<thead>
<tr>
<th>General Knowledge</th>
<th>Medications</th>
<th>Patient ed/Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4.16</td>
<td>4.8</td>
</tr>
<tr>
<td>+3</td>
<td>+3.67</td>
<td>+3.2</td>
</tr>
</tbody>
</table>

Pre-Course (n = 16)

<table>
<thead>
<tr>
<th>General Knowledge</th>
<th>Medication Knowledge</th>
<th>Lifestyle Modifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>7.6</td>
<td>8.5</td>
</tr>
<tr>
<td>+2.48</td>
<td>+2.17</td>
<td>+.5</td>
</tr>
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Post-Course (n = 16)

Diabetes: The Ins and Outs of Insulin September 1st 2016
Health plan work

- Increase medication coordination

Clinic staff benefits

- Reduce medication conflicts
- Expanded ability to treat
- Efficient use of time

Patient benefits

- Reduced medication complexity
- Increased adherence
- Improved outcomes
- Medications received faster
- Increased adherence
Medication Workflow Assistance

• Reduce time wasted on inefficient processes
• Get needed medications to patients more quickly
• Improve patient and provider experience
Prior Authorizations – Background

• Almost all payers establish prior authorizations (PAs) on some medications

• Three purposes:
  – Ensure patient safety
  – Guide appropriate prescribing practices
  – Contain costs

• Frequently frustrating to providers:
  – Lack of transparency into formulary, PA criteria
  – Different requirements for different payers
  – Misleading / incorrect information from dispensing pharmacies
Improving Prior Authorizations

- Web links to formulary and PA criteria
- 1:1 training on how to use online resources
- New workflow to help staff avoid unnecessary PA submissions
- Ongoing support and reinforcement
Significant Results
Project Goal 1: Reduce

Staff hours per month on ALL PAs

Pre: 7.3  
Post: 3.4

Staff hours per month on UNNECESSARY PAS

Pre: 4.2  
Post: 2.0
Project Goal 2: Reduce Staff Frustration

Conducted listening campaign with clinic staff after intervention

– Asked “Please describe the PA process in one word”

**Awful, Convoluted, Tedious**

Reducing volume and time spent did not reduce staff frustration

– Exploring now
Project Goal 3: Reduce Time to Medications

- Clinic staff perceives a delay in getting medications to patients due to PAs
- This has proven challenging to measure
- Working on this in 2017
Next Steps for 2017

• Continuing PA work
  – Improving formulary transparency
  – Addressing staff frustration
  – Measuring delays in medication delivery

• Medication review at office visits

• Pharmacist involvement in transitions of care
*IHI Quadruple Aim

Oregon CCO Objectives

- Better Outcomes
- Improved Clinician Experience
- Lower Costs
- Improved Patient Experience

Better Health
Better Care
Lower Costs
Shared responsibility for health
Paying for outcomes and health
Sustainable rate of growth
Measuring Performance

Best Practices to manage and coordinate care
Transparency in price and quality
Clackamas Health Centers Case Study

- 50 y/o female smoker, wheel chair-bound
- Medical history:
  - Uncontrolled Type 2 Diabetes, insulin-dependent
  - CVA Hx, R hemiplegia
  - Hypertension
  - Hyperlipidemia
  - Incontinence
  - Meth abuse, recent as of 2015
  - Morbid obesity
  - Neuropathy
  - LV hypertrophy, though no heart failure
Clackamas Health Centers Case Study

• Referred to pharmacist for diabetic medication optimization
• Medication review
  – Prior to pharmacist involvement, was on 15 medications
  – High potential for confusion, medication trauma
• Problems found:
  – Inconsistent adherence with DM medications
  – Prior authorization required for two medications
  – Overdue for foot exam
  – Limited health literacy regarding diabetes
  – Insulin dose too high resulting in low AM blood sugars
  – Limited knowledge on diet and interaction w/ DM
Clackamas Health Centers Case Study

• **Pharmacist interventions:**
  – Decreased basal insulin dose and utilized secure patient email for sharing blood glucose levels
  – Switched 2 medications to covered formulary alternatives
  – Referred to dietician
  – Conducted foot exam
  – Discontinued 4 unnecessary medications

• **Diabetes management with pharmacist:**
  – Engaged patient to start checking blood sugars 3-4 times/day
  – Adjusted insulin and oral meds to reach fasting blood sugar goals
**DTCR Score Impact**

**Rx Risk score change with RPh management**

- **Jan-16**: DTCR Score 6.8
- **Feb-16**: DTCR Score 6.8
- **Mar-16**: DTCR Score 6.6
- **Apr-16**: DTCR Score 7.1
- **May-16**: DTCR Score 9.4
- **Jun-16**: DTCR Score 8.1
- **Jul-16**: DTCR Score 8.3
- **Aug-16**: DTCR Score 5.6
- **Sep-16**: DTCR Score 5.5
- **Oct-16**: DTCR Score 5.5

**RPh referral for DM meds**

- Overwhelmed with self-management of medications
- Taking her medications 68% of the time
- Taking an active role in self-management
- Taking medications consistently
- Visible physical improvement
Challenges

• Primary care residency trained pharmacists are rare and in high demand

• CDTM are helpful but also a challenge to determine scope - traditional PCP role vs expanded RN case management vs primary care pharmacist

• Building in time for real collaboration w/ PCP for new initiatives increases out of exam room demands on providers. This can increase stress if PCP productivity is not protected.
Sustainability

- Payor/CCO plays key role in initiating the program including recruitment and administration
- Goal is to transition pharmacist to be employed by clinic
- Barriers/issues for clinic
  - Medical leadership not familiar with supervising pharmacist
  - Ensuring data from CCO/payor continues
  - Getting other payors to provide similar data to maximize pharmacist impact on high risk patients
  - Pharmacists expensive and revenue generation is non-traditional
    - Revenue considerations: increase 340b, direct billing for pharmacist consultation, help achieve performance metrics
HRSA Conclusion

“Integration of clinical pharmacy services into primary health care improves patient health outcomes, reduces the incidence of adverse events, and reduces costs to the health care system overall.”

HRSA Special Report on Advancing Clinical Pharmacy Services