

Learning Objective #1

Review evolving healthcare systems and the emerging accountability measures



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MACRA, MIPS, and APMs...What is THIS?

Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)

- **MACRA** makes three important changes to how Medicare pays those who give care to Medicare beneficiaries. Ends the **Sustainable Growth Rate** (SGR) formula for determining Medicare payments for health care providers' services.
- Creates a new framework for rewarding health care providers for giving better care, not more just more care.
- Combines existing quality reporting programs into one new system.
- **Merit-Based Incentive Payment System (MIPS)** and **Advanced Alternative Payment Models**.
- "We are able to reward high value, high quality Medicare clinicians with payment increases - while at the same time reducing payments to those clinicians who aren't meeting performance standards"- CMMI



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MACRA, MIPS, and APMs...What is THIS?

The Merit-Based Incentive Payment System (MIPS)

* The MIPS combines parts of the **Physician Quality Reporting System (PQRS)**, the Value Modifier or Value-based Payment Modifier, and the Medicare Electronic Health Record (EHR) incentive program into one single program in which **ELIGIBLE PROFESSIONALS (EPs)** will be measured on:

- Quality
- Resource use
- Clinical practice improvement
- Meaningful use of certified EHR technology



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Pharmacists' Clinical Output? Not so Fast!

- * AWP (+/-)
- * DIR Fees
- * MTM (Merixa, Outcomes)- document patient adherence and encounters (not visibly tied to patient health outcomes); some immunization data appears
- * Income tied directly to dispensed product, not clinical outcomes
- * PBM - Reimbursed Fees and Rebates not directly tied to clinical outcome or patient population health outcomes
- * Removes the "clinical" from reimbursement model
- * Does not recognize or "value" the direct patient outcome
- * Outside databases are not capable of feeding into physician EMR databases (PDMP, 3rd party pharmacy formularies, etc)



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Medicare Fee Schedules traditionally set the foundation for reimbursement!



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Medicare Fee-For-Service Schedule

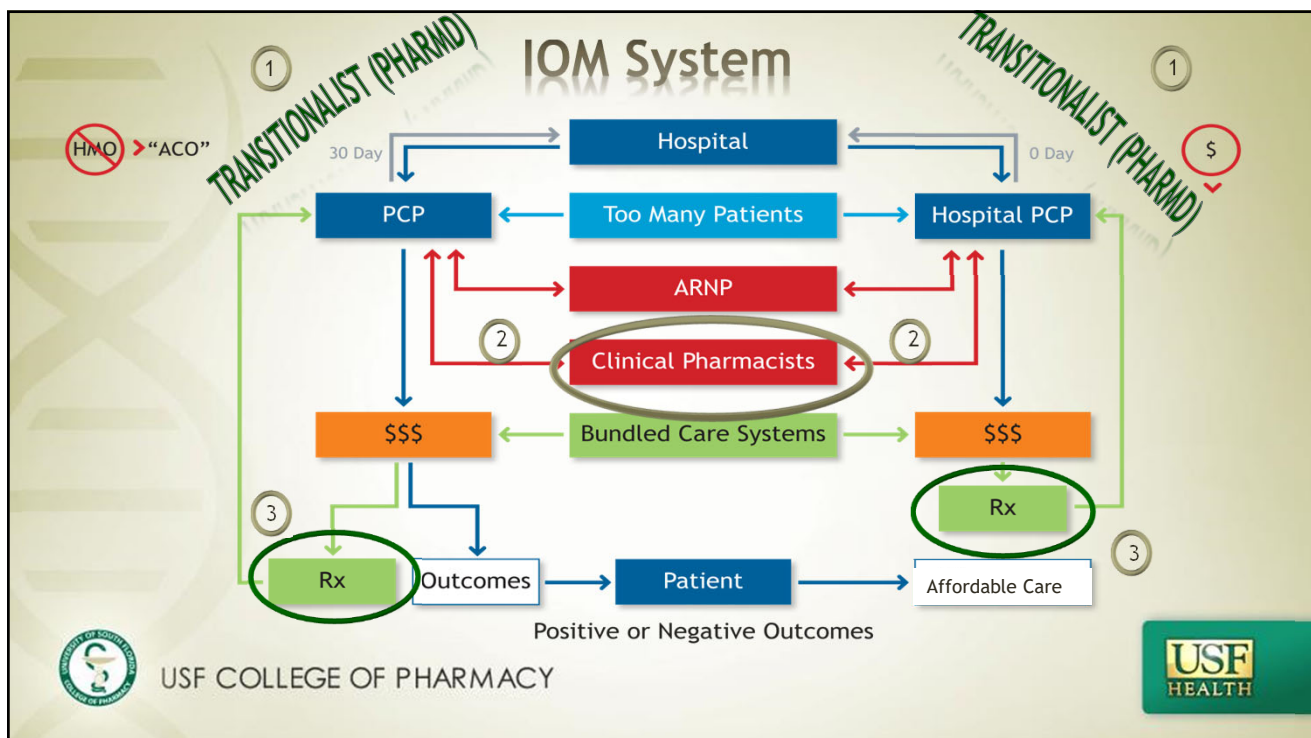
PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE	EHR LIMITING CHARGE**	PQRS LIMITING CHARGE***	EHR/2014 eRx LIMITING CHARGE**	EHR + PQRS LIMITING CHARGE****	+ PQRS LIMITING CHARGE****
99204		165.76	157.47	181.09	177.47	177.47		173.91	
99204		132.42	125.80	144.67	141.77	141.77		138.93	
99205		208.27	197.86	227.54	222.99	222.99		218.52	
99205		172.18	163.57	188.11	184.35	184.35		180.65	
99211		19.63	18.65	21.45	21.02	21.02		20.60	
99211		9.32	8.85	10.18	9.97	9.97		9.78	
99212		43.13	40.97	47.12	46.17	46.17		45.25	
99212		25.60	24.32	27.97	27.40	27.40		26.85	
99213		72.74	69.10	79.47	77.88	77.88		76.33	
99213		51.77	49.18	56.56	55.43	55.43		54.33	
99214		107.22	101.86	117.14	114.79	114.79		112.49	
99214		79.38	75.41	86.72	84.99	84.99		83.28	
99215		144.82	137.58	158.22	155.05	155.05		151.95	
99215		112.51	106.88	122.91	120.45	120.45		118.05	

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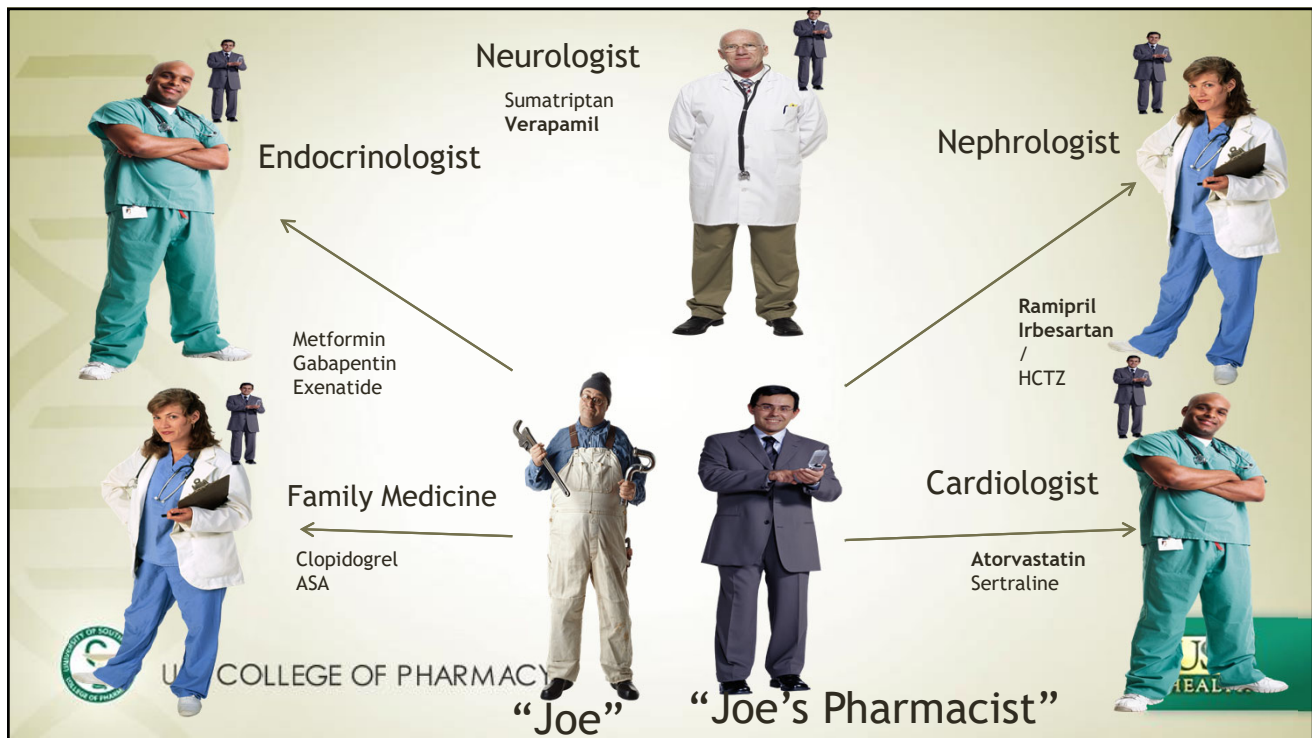
Quality Measures (Metrics)

Parameter	Star Ratings	HEDIS	Typical Accountable Care Measures	Quality Rating System (QRS) 2016	Value-Based Purchasing
Author	CMS	NCQA	CMS	CMS	CMS
Affects	Health Plans	Health Plans	Health Plans ACOs PCMHs	Health Plans	Hospitals
Patient Population	Medicare	Commercial Insurance	ACOs/Medical Homes	Obama Care	Medicare
Total Measures	48	41	33	50	38
Rx Measures	15	15	17	16	21

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Pharmacists Embrace the Opportunity for Disruption

- ❑ Education and Healthcare have been lacking in adoption of disruptive technologies and transformational change
- ❑ Medication **OPTIMIZATION** is imperative to achieve health metrics
- ❑ Currently working on advanced technologies, health system transformation (**PROACTIVE ANALYTICS**)
- ❑ New Model → Workforce Development and Apprenticeship



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Learning Objective #2

Review an example of value-based healthcare clinical application



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Appendix A: 2016/2017 Reporting Year ACO Quality Measure Benchmarks

Domain	Measure	Description	Pay-for-Performance Phase In R= Reporting P= Performance			30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
			PY1	PY2	PY3							
Patient/Caregiver Experience	ACO - 1	CAHPS: Getting Timely Care, Appointments, and Information	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO - 2	CAHPS: How Well Your Doctors Communicate	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO - 3	CAHPS: Patients' Rating of Doctor	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO - 4	CAHPS: Access to Specialists	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Patient/Caregiver Experience	ACO - 5	CAHPS: Health Promotion and Education	R	P	P	56.27	57.44	58.27	59.23	60.17	61.37	63.41
Patient/Caregiver Experience	ACO - 6	CAHPS: Shared Decision Making	R	P	P	73.45	74.06	74.57	75.16	75.84	76.6	77.66
Patient/Caregiver Experience	ACO - 7	CAHPS: Health Status/Functional Status	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Patient/Caregiver Experience	ACO - 34	CAHPS: Stewardship of Patient Resources*	R	P	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Care Coordination/Patient Safety	ACO - 8	Risk-Standardized, All Condition Readmission	R	R	P	15.32	15.19	15.07	14.97	14.87	14.74	14.54
Care Coordination/Patient Safety	ACO - 35	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)*	R	R	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Care Coordination/Patient Safety	ACO - 36	All-Cause Unplanned Admissions for Patients with Diabetes*	R	R	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Care Coordination/Patient Safety	ACO - 37	All-Cause Unplanned Admissions for Patients with Heart Failure*	R	R	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Care Coordination/Patient Safety	ACO - 38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions*	R	R	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Care Coordination/Patient Safety	ACO - 9	Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	R	P	P	70.00	60.00	50.00	40.00	30.00	20.00	10.00
Care Coordination/Patient Safety	ACO - 10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	R	P	P	25.04	22.16	19.67	17.28	14.95	12.01	8.31
Care Coordination/Patient Safety	ACO - 11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00

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Technology for Pharmacists is Here

- * Telehealth/ telemedicine involving pharmacists has been shown to be effective and accepted^{1,2}
 - * 73% of BP participants recorded & reported the BP 6x/ week
 - * 88% maintained scheduled telephone appointments
 - * A team-based approach to healthcare involving pharmacists is now being implemented
- * EHRs/ EMRs/ Mobile Applications (mApps) are changing how healthcare is delivered



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1. Kerby TJ, Asche SE, Maciosek MV, O'Connor PJ, Spert-Hillen JM, Margolis KL. Journal of Clinical Hypertension. 2012;14(10):668-74.
 2. Carter BL, Bosworth HB, Green BB. Journal of Clinical Hypertension. 2012;14(1):51-65.
 3. Ronquillo JG. How the electronic health record will change the future of health care. Yale Journal of Biology & Medicine. 2012;85(3):379-86.
- Kabachinski J. Mobile medical apps changing healthcare technology. Biomedical Instrumentation & Technology. 2011;45(6):482-6.



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The Case for Enhanced Pharmacists' Involvement in Collaborative Patient Care

- * Multiple studies show the value of team-based care in improving the health of patients when pharmacists are involved.
- * Chronic-care conditions with patients are a specific target for collaborative care (DM, HTN, HF, etc...)
- * Enhancements in technology can create the trust necessary for effective team communication between clinicians
- * **Medicare patients & chronic-care patients are positioned to bankrupt the healthcare system (Transition to PCMHs & ACOs)**



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1. St Peter WL, Farley TM, Carter BL. Current Opinion in Nephrology & Hypertension. 2011;20(5):498-503. Jacobson PD,
2. Jazowski SA. Journal of General Internal Medicine. 2011;26(8):934-7.
3. Dey RM, de Vries MJ, Bosnic-Anticevich S. International Journal of Pharmacy Practice. 2011;19(1):21-9.



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All Health Practitioners are in trouble!



DeanKBSneed

@KevinBSneed

May 31

I'm almost afraid to say it, but it appears that #data and #analytics may become more important than clinicians. #CDoM #ChangelsHard

[View details](#) ·



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How Will Biometric Data Collection Work?

- * GOAL: achieve healthcare outcome, leading to enhanced \$\$ for services
- * Next 3 months= HgA1C: 7.8% (GOAL ACHIEVED); Risk Share finances



	Star Rating Rx Measure (2015)	Wt.
D10	High Risk Medication	3
D11	Diabetes Treatment	3
D12	Medication Adherence - Diabetes	3
D14	Medication Adherence - Cholesterol (Statins)	3



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Objective #3

Pharmacists are at the Core of the Next Big Healthcare DISRUPTION!



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Is Amazon getting into the pharmacy business? This is what you need to know

By [Emma Court](#)

Published: Nov 8, 2017 7:30 a.m. ET

Drugstore chains and pharmacy-benefit managers are likely at risk, Wall Street analysts say



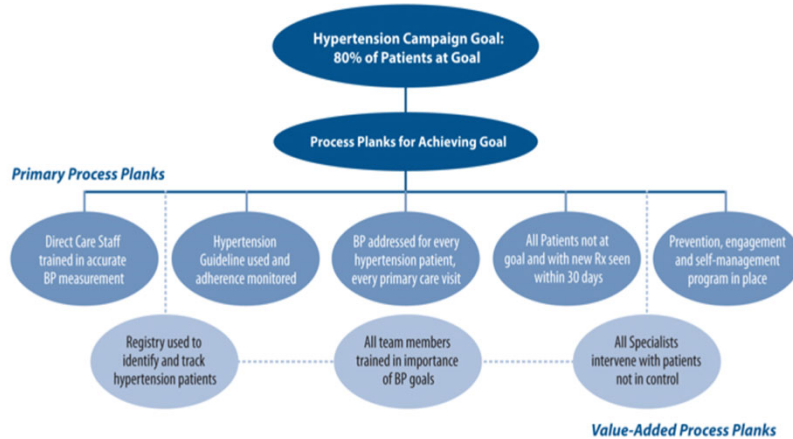
MarketWatch photo illustration/Getty Images, iStockphoto

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Medical Groups are ready to Embrace Team-Based Care



Campaign Planks



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Motivation for Pharmacy Plus

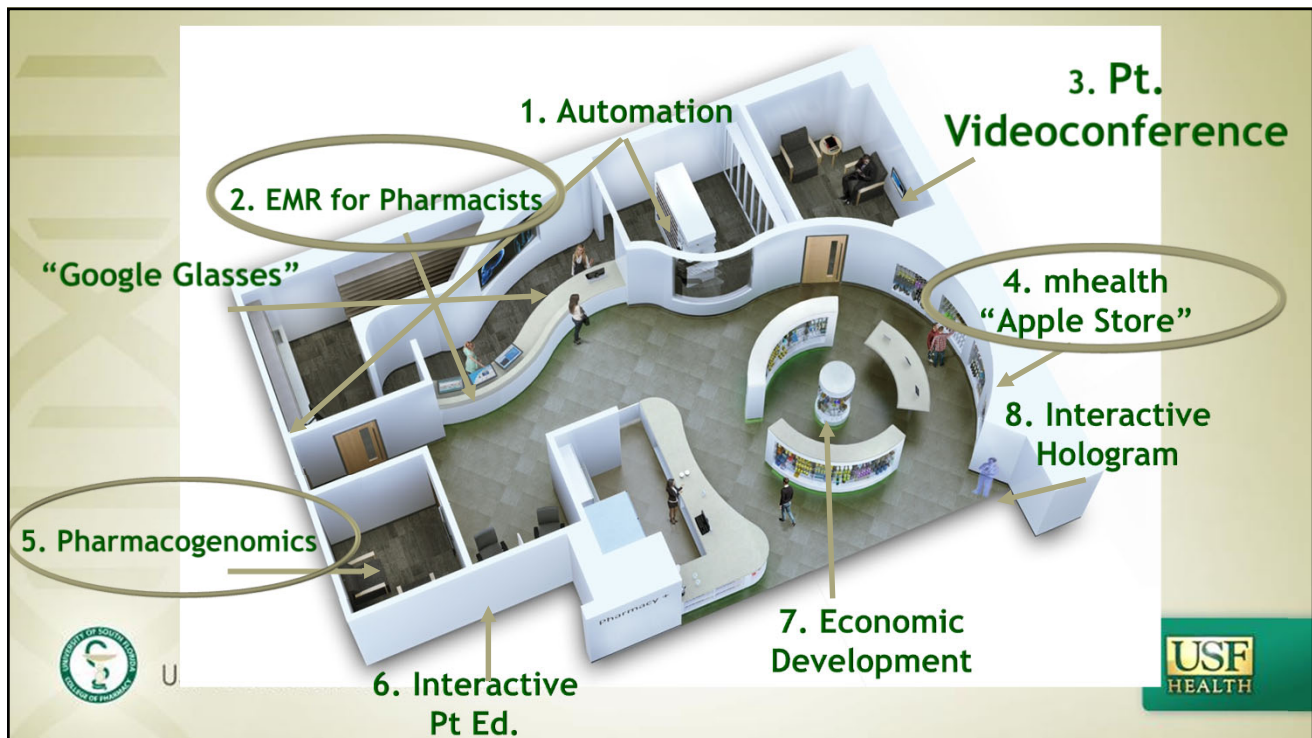
- * Students were not experiencing the “Pharmacy of the Future”
- * The Triple Aim - It is the Future that will Save our communities
- * Interprofessional clinical collaborations are essential to achieving improved patient outcomes
- * New model Provider Care Plan (recorded in EMR/ PHR)
 - * Prescribe a **MEDICATION**
 - * Prescribe an **APP (mHealth)**



* Prescribe **Knowledge**
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USF Health Pharmacy+™

DNA-MATCHED PRESCRIPTIONS

Which drugs work best? Get screened at the Pharmacogenomics Clinic.

Call for an appointment: **813-974-0133**

The advertisement features a large, stylized DNA double helix with colorful base pairs (red, yellow, green, blue, purple) against a light green background. The USF Health logo is present in the top right and bottom right corners.

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Pharmacists Future Directions

■ Entrepreneurial Academy

- Focus on business analytics, Big Data, Entrepreneurship
- Innovation contests, small business creation, crowd sourcing

■ HIGHLY FUTURISTIC SIMULATIONS (Augmented Reality, Virtual Reality)

- (Law enforcement, airline pilots, military, PHARMACISTS, etc)

■ FUTURISTIC WORKFORCE DEVELOPMENT – Major task for academic health care centers.



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The Purpose: *Never Forget!*



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