Medication Therapy Management Fishbowl

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American Health Care

Scaling and Spreading Innovation
Strategies to Improve Cardiovascular Health
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Description of Innovation
Asheville Model

Pharmacist/Educator
- Electronic Record
- Integrated Patient Data
- Gaps in Care Identified
- Plan of Care Reinforced
- Outcome Reports Generated

Employers

Physician

Patient w Chronic Condition
Meets every 1-3 months (between doctor visits)

Reduced Rx Copayment
Fee for Service

Patient Keeps Dr. Visits
Communicates summary of session & makes recommendations
### Business Case, Cost–Benefit, Return on Investment

#### Financial Outcomes:

<table>
<thead>
<tr>
<th>Program</th>
<th>PPPY Savings</th>
<th>Total Savings</th>
<th>PPPY Savings</th>
<th>Total Savings</th>
<th>Total Program Savings</th>
<th>Cumulative ROI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$137.07</td>
<td>$4,022.20</td>
<td>$1,111.53</td>
<td>$24,453.37</td>
<td>$28,475.57</td>
<td>4.0:1</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>$20.01</td>
<td>$780.24</td>
<td>$522.84</td>
<td>$6,325.42</td>
<td>$7,105.66</td>
<td>1.86:1</td>
</tr>
<tr>
<td>Hypertension</td>
<td>$23.11</td>
<td>$1,317.30</td>
<td>$81.01</td>
<td>$1,863.31</td>
<td>$3,180.61</td>
<td>(0:1)</td>
</tr>
<tr>
<td>Totals</td>
<td>$180.19</td>
<td>$16,119.74</td>
<td>$1,715.38</td>
<td>$32,642.10</td>
<td>$38,761.84</td>
<td>2.14:1</td>
</tr>
<tr>
<td>Combined Total Program Savings:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$38,761.84</td>
<td>2.14:1</td>
</tr>
</tbody>
</table>

*Red Number indicates a negative savings*
Business Case, Cost-Benefit, Return on Investment

### Pre- & Post-Disease Management Health Care Costs

- **Year Prior to Enrollment (April 2008 - March 2009)**
  - PPPY Pharmacy Cost: $2,315.07
  - PPPY Medical Cost: $8,659.40
  - Combined Total: $10,974.47

- **The First Year of Participation**
  - PPPY Pharmacy Cost: $2,131.02
  - PPPY Medical Cost: $7,934.78
  - Combined Total: $10,065.80

**Combined Total: $12,989.54 PPPY**

### Pre- & Post-Disease Management Health Care Cost for Non-Participants

- **Year Prior to the Program’s Implementation (April 2008 - March 2009)**
  - PPPY Pharmacy Cost: $2,071.94
  - PPPY Medical Cost: $6,949.61
  - Combined Total: $9,021.55

- **The First Year of Program (April 2009 - March 2010)**
  - PPPY Pharmacy Cost: $1,930.68
  - PPPY Medical Cost: $10,278.69
  - Combined Total: $12,209.38

**Combined Total: $12,209.38 PPPY**
Lessons Learned/Spread

• Is possible to decrease cardiovascular events & lower health care costs for patients with cardiovascular risk with a preventive care approach


• Pushback from physicians has been minimal & should not be a significant barrier to spread
  – Plan is to emphasize how the program helps physicians improve their “report card”, without significantly increasing their time investment
  – Plan is to emphasize the physician remains the decision maker, but is able to make some important decisions in a more informed manner

• Skepticism from payers continues to be a barrier to spread (“burned” on programs that didn’t work)
  – Plan is to use the growing amount of objective data showing financial/clinical benefit of the model to overcome skepticism
  – Plan is to use the employer’s own data to expose their problem areas (speaks more strongly than “national” data)
  – Plan is to use the simplest of financial outcome measures as benchmark of success, “Does the program save more than it costs?”
Lessons Learned/Spread Issues

• There continues to be a barrier of competing models (telephonic vs. face-to-face, wellness approach vs. chronic disease focus)
  – Plan is to focus on individuals with chronic conditions taking chronic medications

• Patient engagement continues to be a barrier to program participation
  – Plan is to emphasize the effectiveness of financial incentives (reduced Rx co-payments, premium incentives)

• The skill set of pharmacists matches very well with individuals with cardiovascular risk, for whom medications are frequently a fundamental risk reduction strategy
  – Plan is to advocate the use of pharmacist’s clinical skills to improve therapy

• Pharmacists are very accessible, but not all pharmacists are available to provide the service
  – Plan is to develop networks of qualified pharmacists who have time to provide service
  – Plan is to take advantage of pharmacy’s large national footprint (both an opportunity and a challenge)
The Opportunity
National Distribution of Provider Groups

* HPSA: Health Provider Shortage Area
Disclaimer

The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the Agency for Healthcare Research and Quality.