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Where We Are and Where We're Going: Pharmacy Practice and Policy in 2011 and Beyond




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Experts in geriatric medication management.
Improving the lives of seniors.

Disclosure

- The speakers have no financial disclosures or potential conflicts of interest to disclose.



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Partnership for Patients American Society of Consultant Pharmacists



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Center for Medicare and Medicaid Innovation
November 17, 2011

**The Affordable Care Act
Improves Health Care Quality**

- Helping to cover millions of previously uninsured Americans.
- Reducing costs while improving the experience of being a patient, being a caregiver, and being a health care provider.
- *The Partnership for Patients* is one example of how the President is using provisions of the Affordable Care Act to make health care in America safer, more efficient, and less costly.




Meet Josie King




**Unfortunately, Josie King's
story is not rare.**

- On any given day, 1 out of every 20 patients in American hospitals is affected by a hospital-acquired infection.
- Among chronically ill adults, 22 percent report a "serious error" in their care.
- One out of seven Medicare beneficiaries is harmed in the course of their care, costing the federal government over \$4.4 billion each year.
- Medical harm is the fourth leading cause of death in the U.S. Each year, 100,000 Americans die from preventable medical errors in hospitals— more than auto accidents, AIDS, and breast cancer combined.
- Despite pockets of success — we still see massive variation in the quality of care, and no major change in the rates of harm and preventable readmissions over the past decade.

We can do much better — and we must.



**Partnership for Patients:
Better Care, Lower Costs**

New nationwide public-private partnership to tackle all forms of harm to patients. Our goals:

40% Reduction in Preventable Hospital Acquired Conditions over three years

- 1.8 Million Fewer Injuries
- 60,000 Lives Saves

20% Reduction in 30-Day Readmissions in Three Years


- 1.6 Million Patients Recover Without Readmission

Potential to Save \$35 Billion in Three Years




How Will Change Actually Happen?

- There is no “silver bullet”
- We must apply many incentives
- We must show successful alternatives
- We must offer intensive supports
 - Help providers with the painstaking work of improvement



National Vision

- *Strong, Public Leadership Commitments* – The Boards of all “Partnership” hospitals publically embrace the aims of the initiative and remove barriers to progress.
- *“Raise the Floor”* – Every hospital in the nation adopts and completely implements a set of evidence-based interventions.
- *“Raise the Bar”* – Vanguard hospitals seek to define and eliminate all-cause harm and preventable readmissions on an extremely ambitious timeframe (making their work transparent to all others with interest).
- *Smooth Transitions between Care Settings* – Hospitals, communities, patients and families will devote new attention to making sure that transitions out of the hospital are well coordinated.



Improving Patient Safety

- The Centers for Medicare and Medicaid Services has committed up to **\$500 million to help hospitals and health care organizations to improve patient care to:**
 - Provide national-level content for anyone and everyone
 - Support every facility to take part in cooperative learning
 - Establish an Advanced Participants Network for ambitious organizations to tackle all-cause harm
 - Engage patients and families in making care safer
 - Improve measurement and data collection, without adding burdens to hospitals
 - Make data transparent



Areas of Focus

- Partnership for Patients have identified nine areas of focus:
 - Adverse Drug Events
 - Catheter-Associated Urinary Tract Infections
 - Central Line Associated Blood Stream Infections
 - Injuries from Falls and Immobility
 - Obstetrical Adverse Events
 - Pressure Ulcers
 - Surgical Site Infections
 - Venous Thromboembolism
 - Ventilator-Associated Pneumonia




Coordination of Care Between Hospitals and Long Term Care Facilities

- One of the highest rates of hospital readmissions is from long term care facilities
- Hospitals/health systems receiving incentives/disincentives for readmissions may prefer LTC facilities with a good continuum of care
- Health information exchanges are being advanced by the Office of the National Coordinator to share critical pieces of clinical information in real time
- Pharmacist real-time engagement can improve medication use and care transitions, compared to retrospective review




Community Based Care Transitions Program
(CCTP)
Section 3026 of the Affordable Care Act



Community-based Care Transitions Program (CCTP)

- The CCTP provides the opportunity for community based organizations to partners with hospitals to improve transitions between care settings.
 - \$500 million available for this program over 5 years.
 - Applications now being accepted and awarded on a rolling basis.
- The goals of the Community-based Care Transitions Program are to:
 - Improve transitions of beneficiaries from the inpatient hospital setting to home or other care settings.
 - Reduce readmissions for high risk beneficiaries.
 - Document measurable savings to the Medicare program.
- The program will run for 5 years with the possibility of expansion beyond 2015




Eligible Applicants for CCTP

1. Acute Care Hospitals with high readmission rates in partnership with a community based organization
2. Community-based organizations (CBOs) that provide care transition services

Note: There must always be a partnership between the acute care hospital(s) and the CBO


Preference will be given to proposals that :

- include participation in a program administered by the AoA
- provide services to medically-underserved populations, small communities and rural areas




Additional Key Points

- Applicants will not be compensated for services already required through the discharge planning process under the Social Security Act and stipulated in the CMS Conditions of Participation.
- CBOs will be paid a per eligible discharge rate
- Rate is determined by:
 - the target population
 - the proposed intervention(s)
 - the anticipated patient volume
 - the expected reduction in readmissions (cost savings)




For more information on CCTP

- The solicitation and application are available on for CCTP program web page at <http://go.cms.gov/caretransitions>
- Or visit: www.healthcare.gov/partnershipforpatients
- Please direct any additional questions to CareTransitions@cms.hhs.gov



What will be different about hospital care?

Hospital experience of Today	Hospital Experience of Tomorrow
<ul style="list-style-type: none">• Irregular leadership review of quality data• Hodge-podge of different quality programs• Sometimes outcomes change, sometimes they don't. Hospitals get credit for participating• Limited work on readmissions; no clear strategy for care transitions• Patients and families not an active part of the process; unable to advocate for the highest-quality care	<ul style="list-style-type: none">• The Board demands more attention to quality; the hospital administrator reviews safety and quality data every week.• The organization has a portfolio of 10-12 improvement projects.• Major incentives to change outcomes (payment at risk, increased transparency and media scrutiny).• Dedicated staff and programming around seamless care transitions• The organization interfaces with the patient and family movement, supported by the Partnership.



How to Get Involved

Join the 5,000+ partners – including nearly 3000 hospitals.
Sign the Pledge Today!

Hospitals, Clinician organizations, consumer organizations, community based organizations, patient groups, employers, unions, health plans, and State governments.



Visit www.healthcare.gov/partnershipforpatients

THANK YOU!
QUESTIONS?



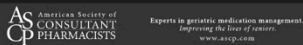
ASCP-QS/1 Business Benchmarking Survey 2011

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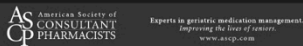
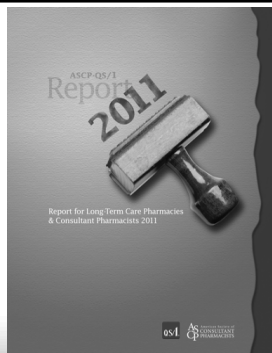


Benchmarking Survey 2011

- This will be the third annual report for Long-Term Care Pharmacies and Consultant Pharmacists.
- This report is the culmination of a joint effort by the American Society of Consultant Pharmacists and QS/1® to provide insight into the senior care pharmacy marketplace.



**COMING
SOON!**



METHODOLOGY

- This report was compiled from survey questionnaires completed by owners/managers/directors of pharmacies that service long-term care, along with consultant pharmacists.
- ASCP members and other long-term care pharmacy representatives were invited to participate.



METHODOLOGY

- The survey was conducted during September and October 2011.
- The survey was administered online and the report was prepared by an independent market research firm.
- The survey questions and the final report are being reviewed by the Survey Advisory Group comprised of twelve ASCP members from varied backgrounds and pharmacy practices.



Primary Business of Respondents

- Independently owned LTC Pharmacy (closed door) - 35.0%
- Independent consulting practice - 32.0%
- Publicly-traded/chain LTC pharmacy (closed door) - 18.0%
- Independently owned retail pharmacy servicing LTC facilities - 8.5%
- Nursing facility with on-site or in-house pharmacy - 6.5%




Position of Respondents

- Pharmacist that primarily consults and is employed by the pharmacy or firm - 48.5%
- Pharmacist that owns a consulting-only firm - 23.0%
- Manager/Director of Pharmacy - 11.5%
- Pharmacist that primarily works in a dispensing role and regularly consults to facilities - 6.0%
- Owner of Pharmacy - 5.5%
- Pharmacy Executive - 5.5%




Content of Report

- LTC PHARMACY OPERATIONS
 - Number of Prescriptions Processed per Month
 - Number of Residents Served by Types of Facility
 - Number of Facilities Served
 - Average Capture/Saturation Rate of Residents Served in Assisted Living Communities
 - Time Spent in Providing Various Services
 - Packaging Systems Used
 - Deliveries: scheduled and stat
 - Consultant Services

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Content of Report

- FINANCIAL INFORMATION
 - Revenue
 - Profit: EBITDA, Gross Profit Margins
 - Revenue by Service Provided
 - Revenue by Facility Type
 - Revenue per Resident
 - Types of Contracting
 - Inventory Turns; Cost of Goods
 - Collections

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Content of Report

- WORKFORCE
 - Number of Employees
 - Positions
 - Salaries

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Content of Report

- **INDEPENDENT CONSULTANT PHARMACIST**
 - Number of Employees
 - Revenue and Profits
 - Revenue by Facilities Served
 - Number of Residents & Facilities Served
 - Revenue per Resident per Month
 - Salaries
 - Basis of Payment
 - Consultant Productivity: time per activity/services provided



Content of Report

- **TECHNOLOGY UTILIZATION**
 - ePrescribing
 - eMARs
 - Remote Dispensing
 - Automated Packaging





**Pharmacy e-Health Information
Technology Collaborative**

Pharmacy e-HIT Collaborative
Overview

Shelly Spiro, RPh, FASCP
Director, Pharmacy e-HIT Collaborative

Collaborative Members

Founding Organizations	<ul style="list-style-type: none">• 9 Professional Pharmacy Associations• Represents over 250K members in all practice settings
Founding Members	<ul style="list-style-type: none">• AACP-ACCP-ACPE-AMCP-APhA-ASCP-ASHP-NASPA-NCPA
Associate Members	<ul style="list-style-type: none">• Surescripts – NCPDP – RelayHealth – Medco - Mirixa

Pharmacy e-Health Information Technology Collaborative 34

Primary Goal – Why the Collaborative Exists

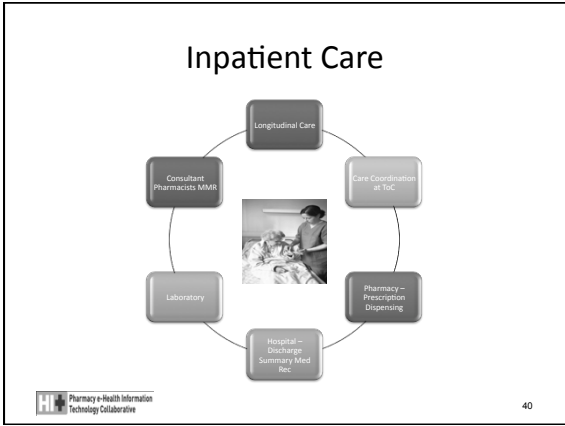
Effective Medication Use	<ul style="list-style-type: none">• To assure the meaningful use of standardized electronic health records (EHR) that supports safe, efficient, and effective medication use, continuity of care, and provides access to the patient-care services of pharmacists with other members of the interdisciplinary patient care team.
Pharmacist's Role in HIT	<ul style="list-style-type: none">• To assure the pharmacist's role of providing patient-care services is integrated into the National HIT interoperable framework

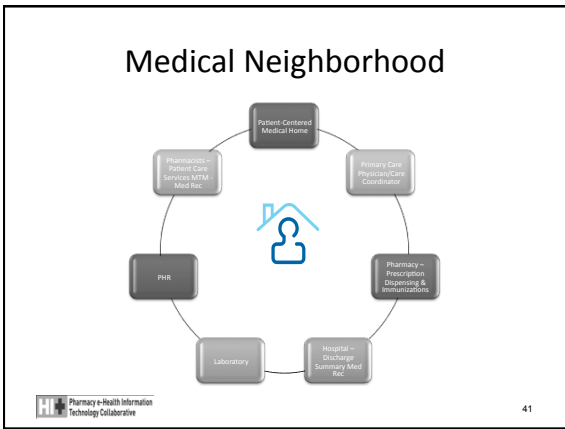
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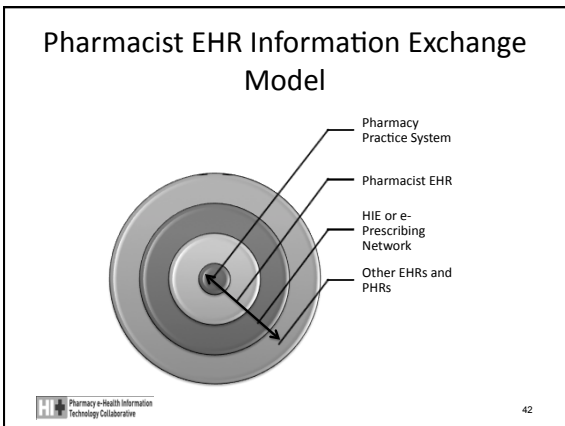
Education and Outreach

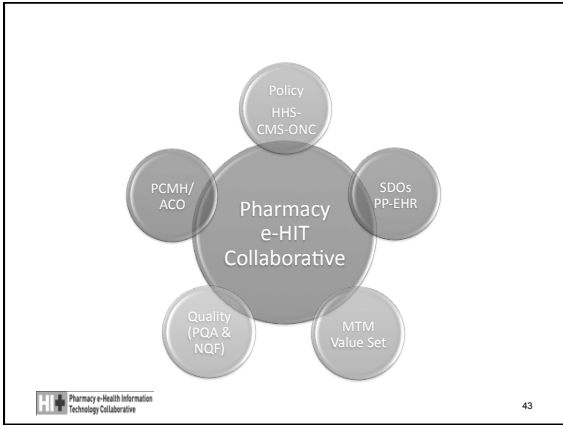
Inside	<ul style="list-style-type: none">• Pharmacists-Faculty-Students-Pharmacy Staff
Ancillary	<ul style="list-style-type: none">• Providers-vendors-networks-payers• Researchers
Outside	<ul style="list-style-type: none">• Policymakers-healthcare providers• Patients-consumer organizations

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