CPC
Comprehensive Primary Care

Medication Management: Strategies for the High-Risk Patient A Pharmacist's Perspective

CPC Regional Webinar

RLF Facilitators:

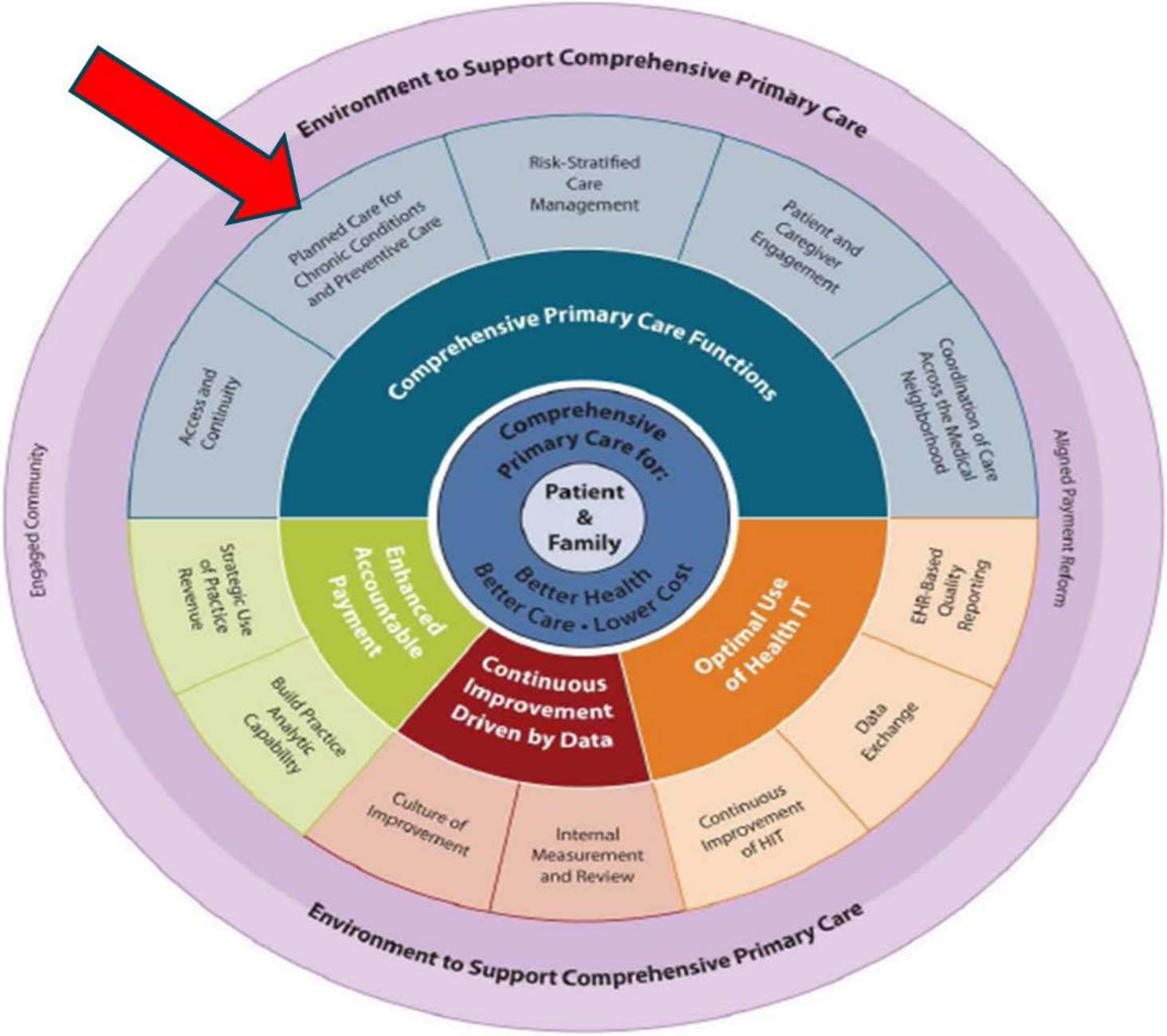
Maria Strohmeyer, MSN, RN, CCM

Holly Miller, MD, MBA, FHIMSS

February 23, 2015

An Important Reminder

- ***Your attendance at this webinar will only be recorded by <u>completing the survey</u> offered once you exit the webinar***


Environment to Support Comprehensive Primary Care
Risk-Stratified Care Management
Planned Care for Chronic Conditions and Preventive Care
Patient and Caregiver Engagement
Access and Continuity
Coordination of Care Across the Medical Neighborhood
Comprehensive Primary Care Functions
Comprehensive Primary Care for:
Patient & Family
Better Health
Better Care • Lower Cost
Engaged Community
Aligned Payment Reform
Strategic Use of Practice Revenue
Enhanced Accountable Payment
Optimal Use of Health IT
EHR-Based Quality Reporting
Build Practice Analytic Capability
Continuous Improvement Driven by Data
Data Exchange
Culture of Improvement
Internal Measurement and Review
Continuous Improvement of HIT
Environment to Support Comprehensive Primary Care

Comprehensive Primary Care Initiative Change Package

Primary Driver – 1.0

Comprehensive Primary Care Functions

SECONDARY DRIVER	CHANGE CONCEPT	CHANGE TACTICS
1. Planned Care for Chronic Conditions and Preventive Care		chronic conditions; and advance care planning.
		Use condition-specific pathways for care of chronic conditions (e.g., hypertension, diabetes, depression, asthma and heart failure) with evidence-based protocols to guide treatment to target.
		Use pre-visit planning to optimize team management of patients with chronic conditions.
		Use panel support tools (registry functionality) to identify services due.
		Use reminders and outreach (e.g., phone calls, emails, postcards, patient portals and community health workers where available) to alert and educate patients about services due.
	C: Manage medications to maximize efficiency, effectiveness and safety.	Periodic medication reconciliation.
		Coordinate medications across transitions of care settings and providers.
		Integrate a clinical pharmacist as part of the care team.
		Conduct periodic, structured medication reviews.
		Develop a medication action plan for high-risk patients.
		Provide collaborative drug therapy management for selected conditions or medications.
		Provide support for medication self-management.

2015 Milestone 2

Maintain the implementation of, and further refine, one or more of the following three specific advanced care management strategies for patients in higher risk cohorts (beginning with those at highest risk):

1. Integration of behavioral health
2. Self-management support for at least 3 high-risk conditions
3. ***Medication management and review***

2015 Milestone 2, continued

Maintain the implementation of, and further refine, one or more of the following three specific advanced care management strategies for patients in higher risk cohorts (beginning with those at highest risk):

1. Integration of behavioral health
2. Self-management support for at least 3 high-risk conditions
3. ***Medication management and review***

Don't forget: MM can also impact quality of care for all pts, TOC and utilization

Has a patient or patients in your practice experienced a medication-related adverse event in the last 3 years?

Shared Learning

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Review medication management change concepts and tactics for the secondary driver entitled "Planned Care for Chronic Conditions and Preventive Care"

Understand how implementing optimal medication management will reduce the occurrence of Adverse Events and decrease utilization

Hear from a NY CPC Regional pharmacist on how to manage medications to maximize efficiency, effectiveness and safety for the high-risk patient

Review implemented tools that assist practices with medication management for MS 2 and MS 6 Transitions of Care.

Today's Panelists

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Practice Name: Phelps Memorial Hospital Center

Location: Sleepy Hollow, NY

Panelists:

Judy Sapione, RN, QI Manager

Dara Becker, PharmD

4 Practice Sites with 13 Providers

EHR: eClinicalWorks

Judy Sapione, RN

QI Manager

Phelps Memorial Hospital Center

Why Medication Management as opposed to SMS or BH?

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- Joint Commission NPSG –medication reconciliation
- Medication Management increases patient safety
- Medication adherence may in turn decrease hospital readmissions and ER utilization

How did you hire your pharmacist?

- We searched for a clinical pharmacist with both inpatient and community pharmacy experience

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- We searched for a clinical pharmacist with both inpatient and community pharmacy experience
- Experience with patient counseling and education regarding medication management

Can you talk about the development of your Role Based Work Flow process for Medication Management?

- Identifying the high-risk patients from each practice

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- Identifying the high-risk patients from each practice
- Reviewing medication lists: identifying potential drug interactions, duplications, medication effectiveness, overall safety issues
- Review of disease processes (multiple comorbidities), lab values and vital signs
- Interaction with health care team and care management, referrals from teams and availability at sites

Dara Becker, PharmD

Clinical Pharmacy Coordinator, CPCi
Phelps Memorial Hospital Center

How are the high-risk patients being referred to you, and how do you communicate with the care team about the patients?

- Rounding with care management team at practice sites, interaction with hospital pharmacist with regard to discharged patients, identification of patient population in eCW

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- Communicate with care management team via daily huddles, e-mail , shared spread sheet and within the eCW system (jelly beans)
- Patients may also self-refer and on site at practices

How are patients' periodic medication reconciliation being performed?

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- Patients are given updated medication lists and are asked to bring them at each appointment
- Patients are also asked to bring their medications in if list not available

Is medication reconciliation being performed by the provider after each patient Transition of Care?

- Yes, after each hospitalization or ER visit

What are the barriers to integrating a clinical pharmacist as part of the care team?

- Provider trust

What are the barriers to integrating a clinical pharmacist as part of the care team?

- Provider trust
- Change practice work flow

Do you conduct periodic, structured medication reviews?

- Yes, through of a structured medication template

Do you develop a medication action plan for high-risk patients?

- Yes, a documented patient goal and interventions

Do you provide collaborative drug therapy management for selected conditions or medications?

- Not at this time but will be developing the program

Do you provide support for Self-Management Support strategies that involve medications or for development of Shared Decision Aids that highlight medication choices?

- Not at this time but we are in the process of developing such tools for Smoking Cessation and Hypertension

Can you share with us some of your tools that may be useful for other practices participating today?

- Cover Letter to Patients

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- Medication Review Worksheet Pharmacist's Letter

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- Medication List

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- Cover Letter to Patients
- Medication Review Worksheet Pharmacist's Letter
- Medication List
- Medication Management Process Steps

If a practice cannot engage a pharmacist, what would you say is the most important action(s) a practice can take to prevent medication-related adverse events?

- Medication reconciliation is paramount

If a practice cannot engage a pharmacist, what would you say is the most important action(s) a practice can take to prevent medication-related adverse events?

- Medication reconciliation is paramount
- Care management education with regard to medications with follow-up

Are any of you planning to implement medication management as a secondary advanced care management strategy for MS 2?

Yes

No

Practice Sharing, Questions, Comments

to Our Panelists Dara and Judy!

Important Announcements:

CPC Audit

- 21 CPC practices will be selected from this region, as well as nationally to undergo a CPC Audit between March and July of this year
- If chosen, you will receive a letter from Bland & Associates with additional information on the Audit process including completing an online training module
- You must comply with all aspects of this request
- CMS has respectfully requested that RLF not interfere with the audit process, therefore any and all communications and queries need to be directed to the auditors directly

Important Announcements, cont'd

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AHRQ offering SDM Training to Faculty and Practices using SHARE Approach

- 1 day 'train the trainer course' with 5 modules
- Cost is free
- Location – Denver
- Date – June
- Co-sponsored by Anthem and Wellpoint
- Some limitation in terms of attendance
- Looking for any practices and RLF to attend (if possible)
- Will offer additional locations for this training later this summer and early Fall

Upcoming Events – Regional

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NY Regional Events:

- Medical Leadership
  - February 24 (6-7:30 p.m.)
- Regional Webinar
  - March 23 (Noon-1:00 p.m.): Addressing Barriers to Implementation of Effective Care Management

Upcoming Events – National

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National Webinars: All National Webinars are posted on the Events Calendar on the CMS Collaboration Website.

- March 25 (Noon EST) – Continuity of Care: Tracking for Quality

Upcoming Events – National, continued

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Action Groups:

- Milestone 2 – These groups will meet again in April and June.
- Milestones 3, 4, 6 and 7 – These groups will meet again in May.

NOTE: Milestone 2 Action Groups. In 2015 it is a requirement for every practice to participate in at least one Milestone 2 Advanced Primary Care action group. Practices can register for action groups online here: http://survey.tmf.org/CPC/AGRegistration

Upcoming Events – National, cont'd

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Affinity Groups (specific to NY CPC Region):

- March 12 (2-3:00 p.m. EST) GE Centricity

Resources – National

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Look for New Guides on the CMS Collaboration Website:

- PY 2015 Curriculum Guide (January to June)
- PY 2015 Implementation Guide and Reporting Summary
- CMS First Annual Report

Use the Forum on the CMS Collaboration Website to post questions, suggestions, and get feedback from other CPC practices

- Action Groups
- Affinity Groups

Taconic Regional Learning Faculty

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Questions

Networking

Direct E-mail connection

cpc@taconicipa.com

Evidence-based tools

Site-specific concerns

Taconic