

Health Plan Perspective On Medication Management

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HealthPartners

HealthPartners at a glance

Serves more than 1.5 million medical and dental health plan members nationwide

Largest consumer governed nonprofit health care organization in the nation

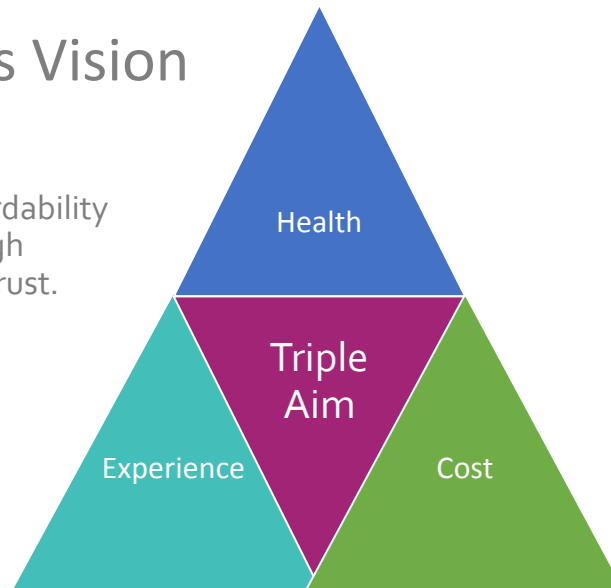
Founded in 1957 as a cooperative

Integrated health care organization providing health care services and health plan financing and administration

Offer an MTM benefit across our population delivered by a network of community based pharmacists

HealthPartners Vision

Health as it could be, affordability
as it must be, through
relationships built on trust.



HealthPartners MTM Program Pillars

MTM services must leverage pharmacists unique skill set to optimize the medication use experience for patients

MTM services are most effective when delivered through existing patient relationships and when they are integrated with primary care

Drug therapy problems are identified and resolved in the context of the whole patient

Optimal medication use occurs on a continuum and requires ongoing assessment and support

The results are in...

Total Cost

- 11:1 ROI in a high risk targeted MTM population
- \$4000/engaged member savings
 - Savings net of fully loaded expenses
 - No difference in pharmacy cost
 - Cost savings driven by reduction in ED/Hospital utilization

Experience

- Consistently high patient experience

Health

- Consistent improvement in clinical markers of disease control

So What's the Problem?



The Catch 22

- We need more CMM
- Until a patient experiences CMM, they think they already get this from their doctor and/or pharmacist
- Almost no plans pay pharmacists for this service and those that do underpay
- Not enough pharmacists provide the service to meet the needs of health plan membership
- Not enough pharmacists provide the service to enough patients to get good at doing it



Responsibility and Opportunity

- The health care world is changing
- We are the best equipped profession to improve medication use
- Improving medication use leads to better health and lower total costs
- We need to take responsibility for medication related outcomes

Where pharmacists need to be



- “Pay me to improve the health of your members”, not “pay me to provide a CMR for your patients”
- Think population
 - Need to take care of the people not showing up as well as those that do
- Think “how much of my population has controlled blood pressure” not “How much of my population is adherent to their RAS agent”
- Think “how many of my diabetics are reaching their HbA_{1c} goal” not “how many diabetes medication changes recommendations did I have accepted”

Partnerships with local physicians/physician groups

Information systems that support population health work integrated with the care provider teams you support

Medical records access

HealthPartners Current Approach to CMM Reimbursement

- No required or provided documentation platform
- Required documentation elements that indicate CMM provided
- Continuity of Care Document
 - Allows for collection of CMS required data reporting elements and minimal clinical outcome data
- CMS Standard format/CCD creator for those without capability to generate
- Fee for service payment

HealthPartners Current Approach to Alternate Reimbursement of Pharmacies

- Partners in Excellence
 - Adherence
 - Persistence
 - Patient Satisfaction
- Pilot programs
 - BP control
 - Asthma adherence and total cost of care



HealthPartners Future Approach to CMM Reimbursement

- Continued use and expansion of CCD
- Partners in Excellence in 2016
- Value based reimbursement in 2017
 - Withhold portion of FFS payment that has opportunity to be earned at the end of the year when quality measures met

HealthPartners Future Approach to Pharmacy Reimbursement

- Expansion of successful pilots
- Continue exploration of partnerships with pharmacies willing to take responsibility for outcomes
 - Pressure to become integrated with local providers
 - CPAs
 - Medical record access

