



Health Care Without Walls Presentation to the Joint Commission of Pharmacy Practitioners

Bringing the Strategic Plan to Life – Discussion 1

Tom Hubbard, NEHI
February 5, 2020

WHO WE ARE

NEHI is a national nonprofit, nonpartisan organization composed of stakeholders from across **all key sectors of health and health care.**

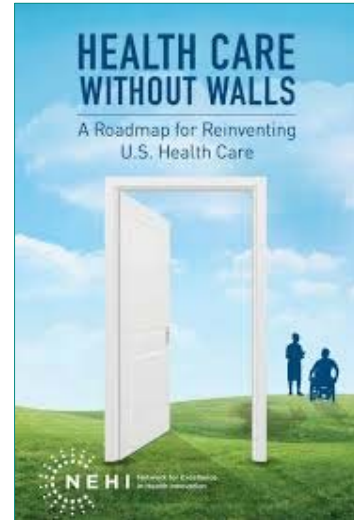
Our mission: to advance innovations that improve health, enhance the quality of health care, and achieve greater value for the money spent.



THE HEALTH CARE WITHOUT WALLS PROJECT



- Led by former NEHI CEO Susan Dentzer
- Funded by the Gordon and Betty Moore Foundation; Sanofi; California Healthcare Foundation, the Jewish Healthcare Foundation, Advanced ICU Care, and Inframark LLC
- Launched in 2017, e-book published October 2018
- Envisioning a U.S. health care system that “meets people where they are” and the policies needed to achieve it



3

3

HEALTH CARE WITHOUT WALLS: A POLICY FRAMEWORK TO ADDRESS



- High health care costs and a needed shift towards lower-cost services
- Needs of under-served populations and underserved areas
- Convenience for occasional users of health care
- Chronic disease management (such as type 2 diabetes care)
- Unmet mental/behavioral health needs
- Longstanding health care disparities

4

4

PRIMARY THRUST OF THE PROJECT



- Technology
 - Technologies that enable **distributed** health care services and **virtual** health care services
- Non-physician professionals
 - Nurses, nurse practitioners, advanced practice nurses
 - Pharmacists and pharmacy techs
 - Community health workers
- Top-of-the-license practice is a core concept

5

HEALTH CARE WITHOUT WALLS – VISION FOR THE FUTURE



SCENARIO 1:
A MAN SEEKING STATE-
OF-THE-ART CANCER
CARE IN A REMOTE
SETTING

- Technically, technologically, state-of-the-art cancer care in a very remote (island in Alaska) setting is largely possible now.
- But it is not in place today because of:
 - Inertia
 - Friction in the system
 - Payment

6

BUT INNOVATION IS AT WORK IN THE FIELD



SCENARIO 3:
A TEEN WITH DIABETES
AND FATHER WITH
CONGESTIVE HEART
FAILURE STAY AT HOME
WITH THEIR
CONDITIONS
CONTROLLED

SCENARIO 4:
A CHRONICALLY ILL
COUPLE IN A RURAL
AREA

7

VALUE ADDED BY PHARMACISTS - AS SEEN BY HCWW WORK GROUPS



- **Macro level:** Providers and insurers set global budgeting or population health management goals
 - Improvement in care coordination through use of pharmacists as care team members
 - In particular: greater utilization of pharmacists in chronic care management to achieve population health management goals, (example: diabetes education and diabetes medication management)
- **Micro level:** Pressure for lower unit costs
 - Greater cost efficiency of care through assumption of tasks by pharmacists or delegation of tasks to pharmacists
 - In particular: greater use of pharmacists in the care of high-need patients with complex medication needs

8



JCPP Vision for Pharmacist's Practice

"Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare."

HCWW RECOMMENDATIONS FAMILIAR TO PHARMACISTS



Technology	<ul style="list-style-type: none"> Expanded use and reimbursement for telehealth
Payment and Reimbursement	<ul style="list-style-type: none"> Pharmacist Provider Status in Medicare Part B Payment models and performance incentives for coordinated care and medication management; Experiments with new payment models
Regulatory Issues	<ul style="list-style-type: none"> Expanded Scope of Practice at the State Level
Work Force	
Human Factors	

Recommendations excerpted from "Health Care Without Walls: A Roadmap for Reinventing U.S. Health Care"

THE ROLE OF THE COMMUNITY PHARMACY SETTING



11

11

LOOKING AHEAD



- How does – or how could – the Health Care Without Walls framing match up with major trends that are of interest or concern to pharmacists and the pharmacist community?
- A few thoughts...

12

12

VALUE-BASED CARE/ALTERNATIVE PROVIDER PAYMENT MODELS



OUR GOAL STATEMENT

Accelerate the percentage of US health care payments tied to quality and value in each market segment through the adoption of two-sided risk alternative payment models.

	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2020	15%	15%	30%	30%
2022	25%	25%	50%	50%
2025	50%	50%	100%	100%

2019 Goal Statement of the Health Care Payment Learning & Action Network

13

13

SITE NEUTRALITY



CMS' Positive Step on Site-Neutral Payments and the Case for Going Further

August 10, 2018 | By Loren Adler, Matthew Fiedler, PhD, Paul Ginsburg, PhD, Will Palmisano and Andres de

US-Brookings Schaeffer Center analysis, August 10, 2018

US District Court Rules Against Hospitals for 2020 in CMS Site Neutral Payment Plan

By Thomas Sullivan Last Updated Jan 20, 2020

CMS

Policy and Medicine newsletter, January 20, 2020

Despite Court Ruling, CMS To Move Forward With Site-Neutral Payments For Doctor's Visits

Kaiser Health News, November 4, 2019

14

14

RETAILIZATION



A Clinic on Every Corner: The Retailization of Healthcare

Modern Healthcare, September 13, 2017



15

15

BEHAVIORAL HEALTH



Walgreens Forms Unique Collaboration with National Council for Behavioral Health and American Pharmacists Association to Offer Mental Health First Aid Training for Pharmacists and Team Members

01 May 2019

Specialized training to become available for pharmacists industry-wide through Walgreens commitment to workplace wellness and the health and well-being of communities

May 1, 2019

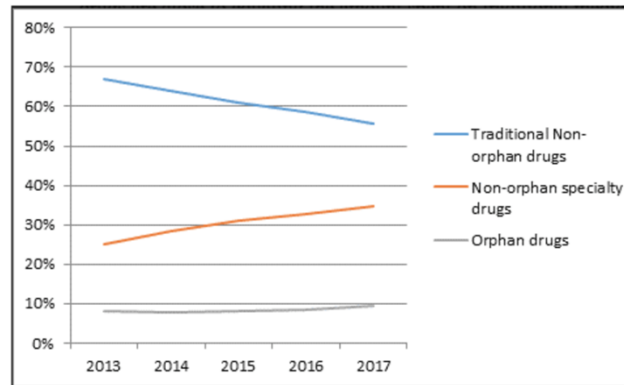
16

16

SPECIALTY PHARMACY SERVICES



Percentage of Drug Spending in the U.S. by Type (2013 to 2017)



IQVIA: Orphan Drugs in the United States, Growth Trends in Rare Disease Treatments, October 2018

17

17

DEATHS OF DESPAIR



WHAT ARE SO-CALLED DEATHS OF DESPAIR? EXPERTS SAY THEY'RE ON THE RISE

BY **BLAKE DODGE** ON 1/14/20 AT 6:00 AM EST

18

18

THANK YOU

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19