

Pharmacy Name

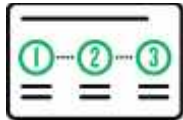
Presenter Name

Presenter Title

Date



How we can help your practice and patients



Reducing administrative burdens

- Reduce refill phone calls
- Streamline prior authorization process
- Establish protocols to reduce insurance issues

Maximizing practice revenue

- Chronic care management
- Transitions of care
- Medicare annual wellness visits

Improvement in quality measures

- HEDIS/MACRA performance
- Medication adherence
- Medication reconciliation
- Clinical outcomes

Reducing total cost of care

- Improving adherence
- Finding lower-cost medications
- Co-pay assistance
- Avoiding duplicate therapies

Providers are held to numerous quality measures

	HEDIS	Star Ratings (Part C & Part D)	MACRA (MIPS)
Who creates report?	NCQA	CMS	CMS
Plan(s) Impact	Commercial, Medicare & Medicaid	Medicare	Medicare
Reporting Source	NCQA & CAHPS surveys	HEDIS/CAHPS/HCAHPS/HOS/CTM/IRE/PQA	PQRS+VM+EHR =QPP → CPS
Target Provider(s)	Health Care System – may be an MCO, a PPO, a group practice, a hospital or other institutional setting that provides acute and non-acute care	CMS holds sponsors accountable for care provided to enrollees by physicians, hospitals, other providers	Physicians, physician assistants, nurse practitioners, clinical nurse specialists and nurse anesthetists. Starting in 2017, all affected providers will be required to report MIPS if not in an approved Advanced APM

MACRA

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a bipartisan legislation signed into law on April 16, 2015.

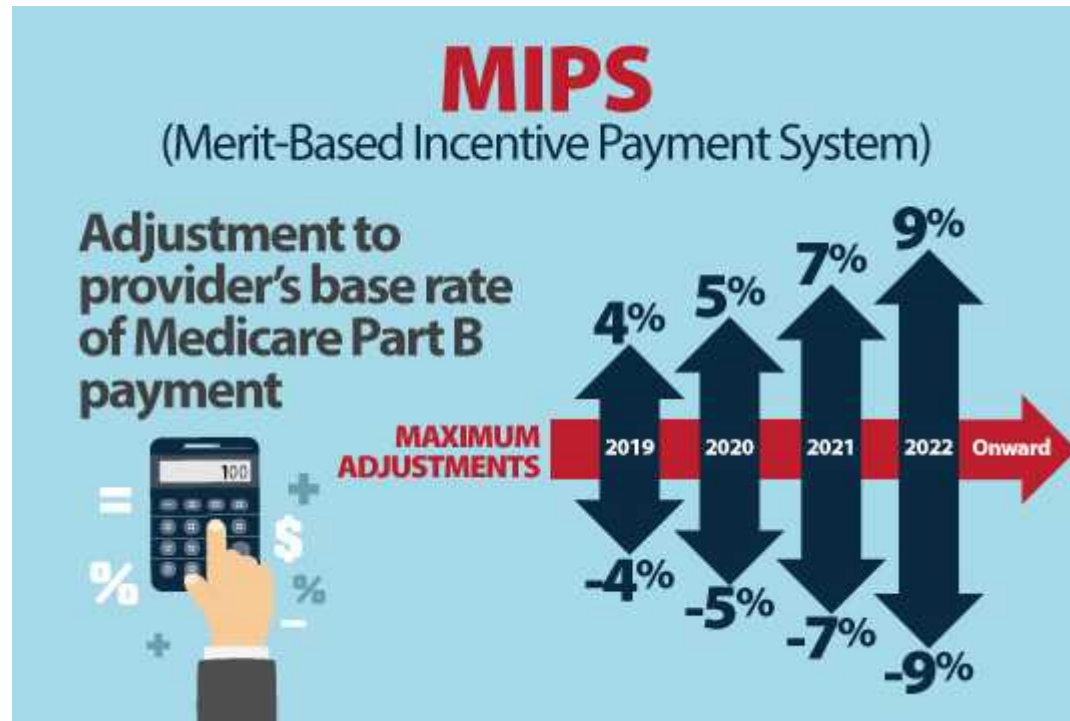
MACRA created the Quality Payment Program that:

- Repeals the [Sustainable Growth Rate](#) formula
- Changes the way that Medicare rewards clinicians for value over volume
- Streamlines multiple quality programs under the new Merit Based Incentive Payments System (MIPS)
- Gives bonus payments for participation in eligible alternative payment models (APMs)

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>



Bonus OR Claw back You Decide



Merit-based Incentive Payment System (MIPS)

Quality

This category covers the quality of the care you deliver



Advancing Care Information

This program replaces the Medicare EHR Incentive Program, commonly known as Meaningful Use.



Improvement Activities

This is a new performance category that includes an inventory of activities that assess how you improve your care processes, enhance patient engagement in care, and increase access to care.

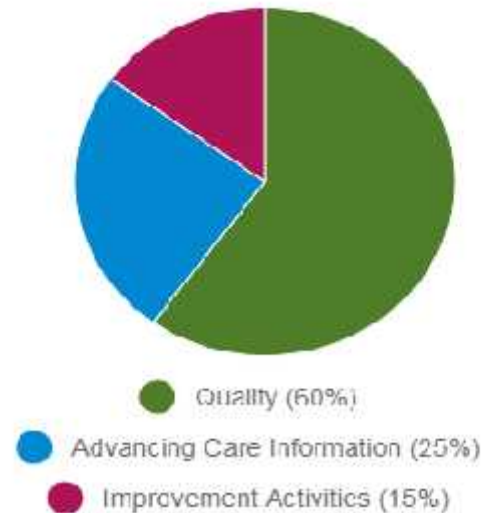


Cost

This performance category replaces the VBM. The cost of the care you provide will be calculated by CMS based on your Medicare claims.



2017 MIPS Performance



<https://qpp.cms.gov/>

Measures Pharmacy Can Impact

	HEDIS	Star Ratings (Part C & Part D)	MACRA (MIPS)
Who creates report?	NCQA	CMS	CMS
Plan(s) Impact	Commercial, Medicare & Medicaid	Medicare	Medicare
Reporting Source	NCQA & CAHPS surveys	HEDIS/CAHPS/HCAHPS/HOS/CTM/IRE/PQA	PQRS+VM+EHR = QPP → CPS
Target Provider(s)	Health Care System; A “health care system” may be an MCO, a PPO, a physician group practice, a hospital or other institutional setting that provides acute and non-acute care	CMS holds sponsors accountable for the care provided to their enrollees by physicians, hospitals, and other providers	Physicians, physician assistants, nurse practitioners, clinical nurse specialists and nurse anesthetists. Starting in 2017, all affected providers will be required to report MIPS if not in an approved Advanced APM
Pharmacy Related Measures*	30	12	24 (MIPS: Quality)** 11 (MIPS: Improvement Activities)

*reviewed metrics for impact by pharmacy, but several other metrics may be impacted indirectly by pharmacy support/interventions

**reviewed QPP metrics, Cost measures may also have Rx spend impact



HEDIS: Pharmacy Metrics

HEDIS Metrics	HEDIS Metrics
Medication Management for People with Asthma	Annual monitoring for patients on persistent medications
Asthma Medication Ratio	Medication reconciliation post-discharge
Persistence of Beta-Blocker Treatment after a Heart Attack	Potentially harmful Drug-Disease interactions in the Elderly
Statin Therapy for Patients with Cardiovascular Disease	Use of High-Risk Medications in the Elderly
Statin Therapy for Patients with Diabetes	Immunizations for Adolescents
Disease-Modifying anti-rheumatic drug therapy for Rheumatoid Arthritis	Flu Vaccinations for Adults 65 or older
Antidepressant medication management	Flu Vaccination for Adults (18 to 64)
Follow-up Care for children prescribed ADHD Medication	Pneumococcal Vaccination Coverage for Older Adults
Adherence to antipsychotic medications for Individuals with schizophrenia	Pneumococcal Vaccination status for older adults

HEDIS: Pharmacy Metrics cont.

HEDIS Metrics	HEDIS Metrics
Pharmacotherapy Management of COPD Exacerbation	Potentially Harmful Drug-Disease Interactions in the Elderly
Medication Management for People With Asthma	Use of Opioids at High Dosage
Controlling High Blood Pressure	Use of Opioids From Multiple Providers
Comprehensive Diabetes Care	Antibiotic Utilization
Annual Monitoring for Patients on Persistent Medications	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
Transitions of Care	Use of multiple concurrent antipsychotics in Children and Adolescents

MACRA (MIPS) Quality: Pharmacy Metrics

MIPS Quality	MIPS Quality
Medication Management for People with Asthma	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
Anti-Depressant Medication Management	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
Rheumatoid Arthritis (RA): Glucocorticoid Management	Hypertension: Improvement in Blood Pressure
Adherence to Antipsychotic Medications For Individuals with Schizophrenia	All-cause Hospital Readmission
Persistence of Beta-Blocker Treatment After a Heart Attack	Medication Reconciliation Post-Discharge
Opioid Therapy Follow-up Evaluation	Documentation of Current Medications in the Medical Record

MACRA (MIPS) Quality: Pharmacy Metrics

MIPS Quality	MIPS Quality
Preventive Care and Screening: Influenza Immunization	<u>Gap in Care</u> - Heart Failure (HF): (ACE) Inhibitor or (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Pneumococcal Vaccination Status for Older Adults	<u>Gap in Care</u> - Coronary Artery Disease (CAD): Antiplatelet Therapy
Childhood Immunization Status	<u>Gap in Care</u> - Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
Immunizations for Adolescents	<u>Gap in Care</u> - Heart Failure (HF): (ACE) Inhibitor or (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<u>Gap in Care</u> - Statin Therapy for the prevention and treatment of Cardiovascular Disease
Tobacco Use and Help with Quitting Among Adolescents	<u>Cap in Care</u> -Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Gap in Care)

MACRA (MIPS) Improvement Activities: Pharmacy Metrics

Sub-Category	Description	Priority	Opportunities for Pharmacist Involvement
Patient Safety and Practice Assessment	Consultation of PDMP prior to the issuance of a CII opioid prescription that lasts for longer than 3 days	HIGH	<ul style="list-style-type: none"> *Regular use of PDMP before dispensing any CII opioid prescription with a days supply exceeding 3 days *Identification and reporting of doctor shopping and polypharmacy
Population Management	Management recommendations for MIPS eligible clinicians who prescribe oral Vitamin K antagonist therapy (warfarin)	HIGH	<ul style="list-style-type: none"> *Comprehensive patient education *Systematic INR testing, tracking, and follow-up *Patient communication of results and dose adjustments *Management of warfarin dose in patients taking interacting medications, both acutely and chronically *Remote monitoring or telehealth communication with rural/remote patients
Integrated Behavioral and Mental Health	Offer integrated behavioral health services to support patients with behavioral health needs, dementia, and poorly controlled chronic conditions	HIGH	<ul style="list-style-type: none"> *Use evidence-based screening to identify at-risk individuals *Use evidence-based treatment protocols and goals *Integrate behavioral health services with pharmacy services to facilitate patient treatment when possible

MACRA (MIPS) Improvement Activities: Pharmacy Metrics cont.

Sub-Category	Description	Priority	Opportunities for Pharmacist Involvement
Integrated Behavioral and Mental Health	Offer integrated behavioral health services to support patients with behavioral health needs, dementia, and poorly controlled chronic conditions	HIGH	<ul style="list-style-type: none"> *Use evidence-based screening to identify at-risk individuals *Use evidence-based treatment protocols and goals *Integrate behavioral health services with pharmacy services to facilitate patient treatment when possible
Population Management	Manage medications to maximize efficacy, effectiveness, and safety	MEDIUM	<ul style="list-style-type: none"> *Integrate pharmacists into care team *Conduct periodic, structured medication reviews *Reconcile and coordinate medications across transitions of care settings *Identify and resolve drug utilization issues *Adjust strength, dosage form or recommend therapeutic substitutions as needed
Patient Safety and Practice Assessment	Implementation of an antibiotic stewardship program	MEDIUM	<ul style="list-style-type: none"> *Evaluate the appropriateness of antibiotic use *Utilize guideline recommendations for each condition *Utilize susceptibilities when available to select the "best" treatment option for each patient and condition *Educate patients to increase adherence and completion of antibiotic regimens

MACRA (MIPS) Improvement Activities: Pharmacy Metrics cont.

Sub-Category	Description	Priority	Opportunities for Pharmacist Involvement
Patient Safety and Practice Assessment	Implementation of fall screening and assessment programs to identify patients at risk for falls and address modifiable risk factors	MEDIUM	<ul style="list-style-type: none"> *Pharmacist-directed medication reviews to identify individual drugs or drug-drug interactions likely to increase a patient's fall risk *Remove of offending medications and recommendation of an alternative agent if available *Creation of EHR prompts for high-risk medications
Population Management	Proactively manage chronic and preventative care for patients	MEDIUM	<ul style="list-style-type: none"> *Utilize evidence-based protocols to guide treatment to target for chronic conditions (hypertension, diabetes, depression, asthma, heart failure) *Individualize care plans and educate patients *Utilize reminders and outreach tools to promote adherence (phone calls, emails) *Screen for comorbid conditions *Perform routine medication reconciliations
Beneficiary Engagement	Incorporate evidence-based techniques to promote self-management	MEDIUM	<ul style="list-style-type: none"> *Set goals with structured follow-up *Perform motivational interviewing of patients *Utilize the teach back method when education patients *Provide education materials at an appropriate literacy level (included in its own CPIA as well)

MACRA (MIPS) Improvement Activities: Pharmacy Metrics cont.

Sub-Category	Description	Priority	Opportunities for Pharmacist Involvement
Patient Safety and Practice Assessment	Implementation of fall screening and assessment programs to identify patients at risk for falls and address modifiable risk factors	MEDIUM	<ul style="list-style-type: none"> *Pharmacist-directed medication reviews to identify individual drugs or drug-drug interactions likely to increase a patient's fall risk *Remove of offending medications and recommendation of an alternative agent if available *Creation of EHR prompts for high-risk medications
Population Management	Chronic Care and Preventative Care Management for Empowered Patients	MEDIUM	<ul style="list-style-type: none"> *Utilize evidence-based protocols to guide treatment to target for chronic conditions (hypertension, diabetes, depression, asthma, heart failure) *Individualize care plans and educate patients *Utilize reminders and outreach tools to promote adherence (phone calls, emails) *Screen for comorbid conditions *Perform routine medication reconciliations
Beneficiary Engagement	Incorporate evidence-based techniques to promote self-management	MEDIUM	<ul style="list-style-type: none"> *Set goals with structured follow-up *Perform motivational interviewing of patients *Utilize the teach back method when education patients *Provide education materials at an appropriate literacy level (included in its own CPIA as well)

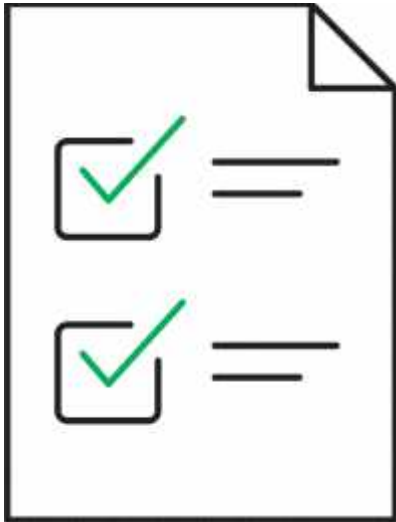
MACRA (MIPS) Improvement Activities: Pharmacy Metrics cont.

Sub-Category	Description	Priority	Opportunities for Pharmacist Involvement
Care Coordination	Care transition documentation practice improvements	MEDIUM	Implementation of practices/processes for care transition that include documentation of how a MIPS eligible clinician or group carried out a patient-centered action plan for first 30 days following a discharge (e.g., staff involved, phone calls conducted in support of transition, accompaniments, navigation actions, home visits, patient information access, etc.).
Beneficiary Engagement	Implementation of condition-specific chronic disease self-management support programs	MEDIUM	Provide condition-specific chronic disease self-management support programs or coaching or link patients to those programs in the community.
Population Management	Population empanelment	MEDIUM	Empanel (assign responsibility for) the total population, linking each patient to a MIPS eligible clinician or group or care team. Empanelment is a series of processes that assign each active patient to a MIPS eligible clinician or group and/or care team, confirm assignment with patients and clinicians, and use the resultant patient panels as a foundation for individual patient and population health management.

MACRA (MIPS) Improvement Activities: Pharmacy Metrics cont.

Sub-Category	Description	Priority	Opportunities for Pharmacist Involvement
Expanded Practice Access	Use of telehealth services and analysis of data for quality improvement	MEDIUM	<ul style="list-style-type: none"> *Monitoring, treatment management, and education of patients remotely *Allows for prompt identifications of medication-related problems
Integrated Behavioral and Mental Health	Integration of prevention and treatment interventions for tobacco use	MEDIUM	<ul style="list-style-type: none"> *Screening for tobacco use *Cessation counseling *Medication recommendations, both OTC and Rx *Follow-up education and monitoring *Identification of co-occurring conditions that increase the patient's risk for dependence

Your practice and patient needs



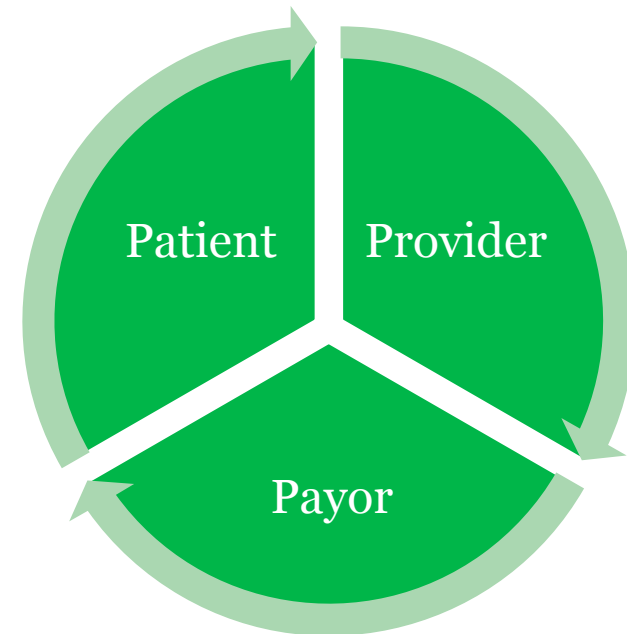
What are your specific needs and wants in regard to your practice site?

What are your needs and wants for your patients' care?

Provider Metrics...What's In It for Pharmacy

Build a Relationship of Mutual Benefits

- Pharmacy care impacts outcomes
 - Pharmacy impact is already defined in measures
 - Providers are being held accountable for pharmacy outcomes
 - Establish your pharmacy as a solution/support
- The collaboration between community pharmacists and physicians can lead to improved medical care and help improve access and efficiency of health care in the community.*
 - Physician referral of patients to the pharmacist for assistance with medications or chronic condition management*



*Centers for Disease Control and Prevention. *Creating Community-Clinical Linkages Between Community Pharmacists and Physicians*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2017.



What you can expect from [insert Pharmacy Name]

We go above and beyond standard prescription dispensing. **We're here to make your life easier and your patients' pharmaceutical care optimal.**

We can help you manage complicated patient needs and impact your quality measures:

- We offer: **Insert services like E-prescribing, wellness classes, education workshops, care coordination, medication adherence, medication synchronization, home delivery, adherence packaging, etc.**
- We can provide high-touch support with insurance coverage/issues
- We can help you positively impact outcomes and target metrics
- We would like to position our pharmacy as an extension of care for your practice

Insert picture of pharmacy team



Your support plan

Key point of contact:

- Medication management/refills — **Insert name**
- Prescription insurance resolution (e.g., prior authorizations) — **Insert name**
- Quality metrics management (e.g., MACRA) — **Insert name**

Next steps:



Schedule follow-up meeting to discuss opportunities to support your practice and patients

Partner with <insert pharmacy name>

Email

Phone #

Pharmacy website

