

Viable Solutions: Six Steps to Transform Healthcare Now

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Patient Engagement and Adherence

- By asserting more responsibility in healthcare planning and decision making, the consumer can drive change throughout the healthcare system. Likewise, without an engaged healthcare consumer, it is difficult for health organizations to drive patient-centered, coordinated care.
- Technology can be a tools to promote therapy adoption and adherence
- While many adherence programs exist, these programs often overlap or do not coordinate or are not evidence-based.

Viable Solutions

- Development of comprehensive care planning principles
- Agreeing on improvements to medication therapy management (MTM) in Medicare

Comprehensive Care Planning and Patient Adherence

- Over 80% of seniors have at least one chronic condition, and 50% have at least two of these illnesses.
- Fragmentation of care can lead to a myriad of difficulties such as lack of patient adherence.
- Studies have shown that, on average, 50% of medications for chronic disease are not taken as prescribed, costing the healthcare system as much as \$300 billion annually.
- Improved care coordination and adherence can have a dramatic effect on population health while significantly reducing health system costs.

Three Principles of Care Planning

- Comprehensive care planning must address the population's multiple co-morbidities and complex care needs.
 - This principle addresses the fragmentation of the health delivery system for people with diabetes (and other chronic illnesses). Team-based care should be viewed as essential in care planning.
- Chronic disease programs must address these illnesses across the entire continuum of care.
 - Care planning must promote not only screening and identification of risk factors for patients all along the disease spectrum, but also focus on hospital-to-home care transitions for chronic disease patients.
- Comprehensive care planning must be cognizant of issues related to the individual and community-level context.
 - Care plans must equip patients with tools they need to successfully manage their conditions and proactively address the challenge of inadequate health literacy in the patient population as well as specific cultural beliefs about health.

Improving MTM

- Misaligned incentives have prevented the medication therapy management (MTM) program, part of the Medicare Part D prescription drug program, from achieving significant benefits.
- In September 2015, the Centers for Medicare & Medicaid Services (CMS) announced its intent to form a Part D Enhanced MTM Model.

Recommendations for Enhanced Model (general)

Positive Features	Areas for Improvement
<p>Emphasis on regulatory flexibility will allow targeting of high-risk beneficiaries and provide appropriate level and intensity of services (allows PDPs to stratify services by beneficiary risk; allows different levels and types of MTM services).</p> <p>Waivers will allow various providers to offer interventions of a type that are not usually furnished in traditional MTM programs</p>	<p>Timing of the model delays beneficial change. The model will result in a potential delay of seven to 10 years from today before the model's benefits can be extended to all beneficiaries since the model does not start until 2017, runs for five years, and will be evaluated.</p> <p>The design does not address the value of offering these benefits to all Part D members to achieve better alignment of PDP sponsor and government financial interests and optimize therapeutic outcomes. Restriction of the model to five years creates unfair competitive disadvantage for plan sponsors outside the designated regions.</p>

Recommendations for Enhanced Model (specific)

Positive Features	Areas for Improvement
<p>Payment Incentives</p> <ul style="list-style-type: none">• “Prospective payment for more extensive MTM interventions that will be “outside” of a plan’s annual Part D bid”; and• “A performance payment, in the form of an increased direct premium subsidy, for plans that successfully achieve a certain level of reduction in fee-for-service expenditures and fulfill quality and other data reporting requirements through the [Enhanced] model.”	<ul style="list-style-type: none">• CMS should invest in research to determine whether these payment incentives will offset participating plan sponsors’ increased resources in the Enhanced MTM model.

Recommendations for Enhanced Model (specific) - cont'd

Positive Features	Areas for Improvement
<p>Quality Measures</p> <ul style="list-style-type: none"> “CMS will develop new MTM-related data and metric collection requirements for both monitoring and evaluation purposes.” 	<ul style="list-style-type: none"> CMS should provide participating plans with an opportunity to participate in developing the quality indicators that comprise the uniform set of MTM data elements. CMS should rely on measures that have been developed through an intensive, transparent development and evaluation process such as employed by national quality organizations like the Pharmacy Quality Alliance (PQA) and the National Quality Forum (NQF). CMS should work with stakeholders to choose measures that address clinical outcomes for the conditions selected by plans for enhanced MTM services to determine any potential effect that these services have on overall quality of care. CMS should employ a public comment process that allows a full range of stakeholders to provide input into the final measure set, performance standards (e.g., for purposes of determining performance-based payments), and evaluation methods.
<p>Emphasis on learning activities and plans to promulgate lessons</p>	<ul style="list-style-type: none"> CMS should be more explicit about how plans’ proprietary information can be appropriately protected. Lessons learned should be shared with plans outside of the model’s geographic limitations.
<p>Stakeholder Collaboration</p>	<ul style="list-style-type: none"> CMS should reconsider its stance regarding manufacturer and health plan collaborations to allow for appropriate interactions that will result in improved medication adherence.

Conclusions

- Comprehensive care planning requires a holistic, patient-centered approach that spans the continuum of care.
 - Care planning for diabetes may provide useful lessons for action to address other chronic diseases.
- MTM improvements can drive adherence as well as engagement.