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The *voice* of the
community
pharmacist.



Bringing LTC Pharmacy Services to Your Patients' Doorstep: How to Operationalize and Optimize a Medical At-Home Pharmacy Program

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Disclosure Statement

Lindsay Dymowski Constantino is an owner of Centennial Pharmacy Services, Incorporated; and an owner of The Centennial Management Group, LLC; There are no relevant financial relationships with ACPE defined commercial interests for anyone else in control of the content of the activity.



Learning Objectives

1

Define medical at home and discuss the current industry initiatives.

2

Describe payer landscape and documentation considerations.

3

Discuss how to build your medical at home population.





Medical **at** Home



LTC at Home

- Appointment Based Model + Adherence + LTC Level of Support
- Enhanced pharmacy support for those living with chronic conditions in their home.





LTC@H is NOT



Pharmacy Delivery

List any updates to or other business important benefits to your team.



Convenient Adherence Packaging



Why is @H Important?

Medication
Adherence

Decrease
admissions to
hospitals and
emergency
rooms

Decrease
admissions
to facilities

Better quality of life
for the aging and
chronically ill

Less expensive
health care costs for
patients needing
complex chronic
care



The 2030 Problem is Real

65+ Population
21% (15%)

Medicare enrollees
from 2018-2028 will
DOUBLE

85+ Population
TRIPLE

The # of Dementia Patients
is expected to grow to
13.8M

70% of the population is expected to need LTC, but
**There aren't enough beds. They
can't make enough beds. It's too
expensive to provide facility-based
care.**



Pharmacy Care Impact's Health Care

Annually, Americans suffer from an estimated 45-50 million adverse effects from prescription drugs – of which 2.5M to 4M are serious, disabling, or fatal

50% of readmissions, ER visits, deaths within or 30 days are medication-related

44% of people were non-adherent to at least one medication change post discharge



“ While our existing guidance provides only ALFs and other congregate residential settings as examples where costs associated with specialized services, such as special packaging and delivery, are reasonable pharmacy costs for the typical enrollee that meets the same level of care need as an enrollee in a long-term care facility, the same logic holds for enrollees residing in their homes with the same level of care needs. Therefore, CMS clarifies that such additional costs are reasonable pharmacy costs for these enrollees residing in their homes. Part D sponsors continue to have the flexibility to establish their own policies for determining which enrollees residing in non-institutionalized settings, including their own homes, meet this threshold. ”

CMS 2021 Memo



Recognition & Initiatives



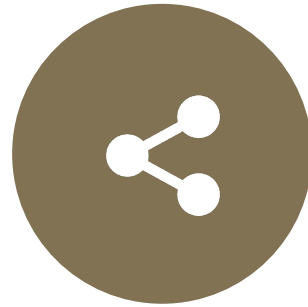
CMS

2021 Memo recognizing the care model @H and the ability to pay for @H services



Alliance for LTC at Home Pharmacy Services

New Coalition organized by ASCP, NCPA, and SCPC



Industry Drivers

New Special Purpose Networks launching specifically for LTC@H



Important "Players"

PBMs, Medicare Advantage Programs, Managed Medicaid, Insurance Companies, PSAOs, GPOs, etc.



NCPDP @H Level of Service

Added to External Code List

Supports pharmacies providing special services to @H patients

Level of Service = 07

For @H individuals with special pharmacy services identical to LTC beneficiaries with the exception of emergency kits

Residence Code = 1

Patient Residence Code (PRC)
HOME

Service Type = 5

Pharmacy Service Type (PST)
Long Term Care Pharmacy

PBMS must agree to pay for Level of Service

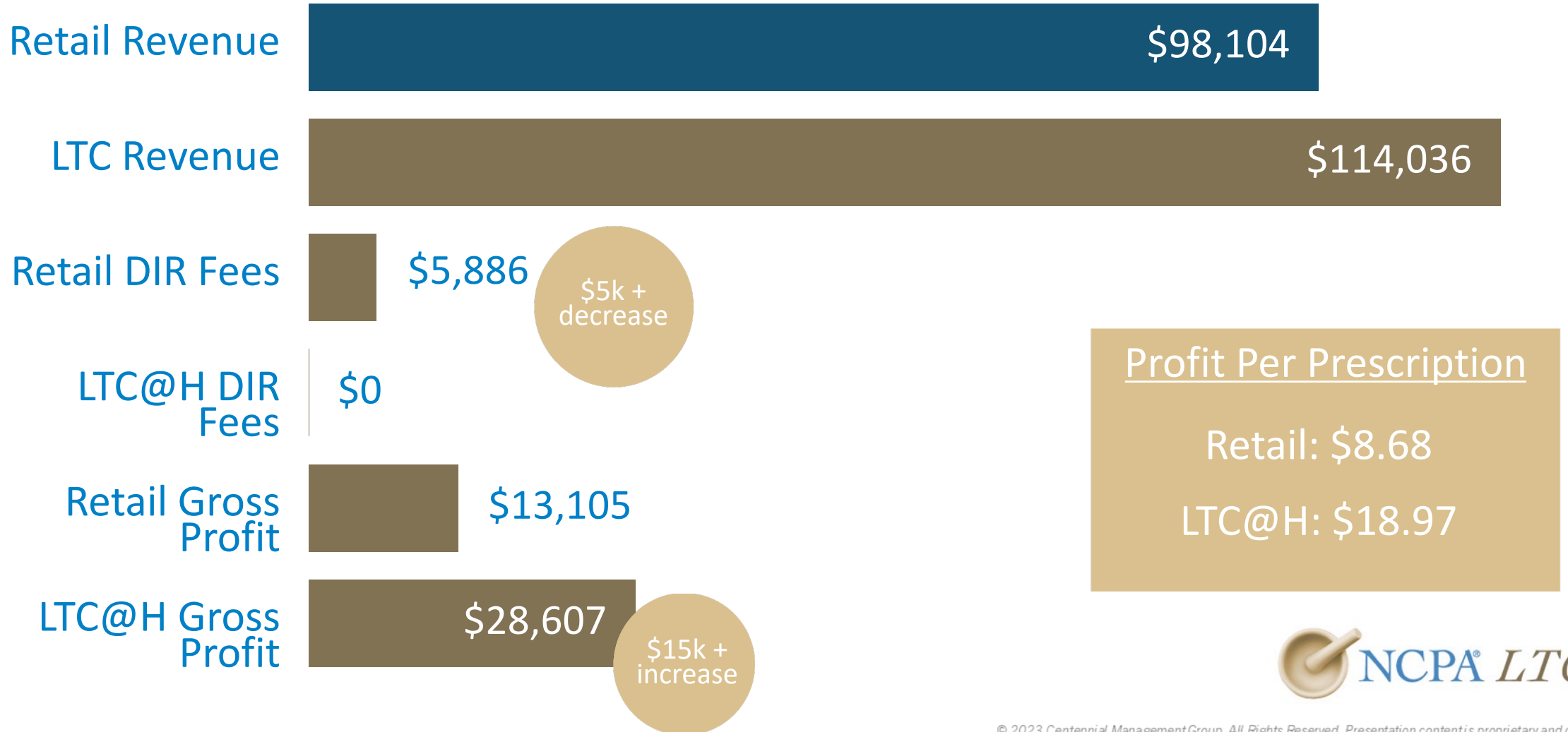
Several payers pay at service type rates above, others pay retail rates for LTC patients in home.





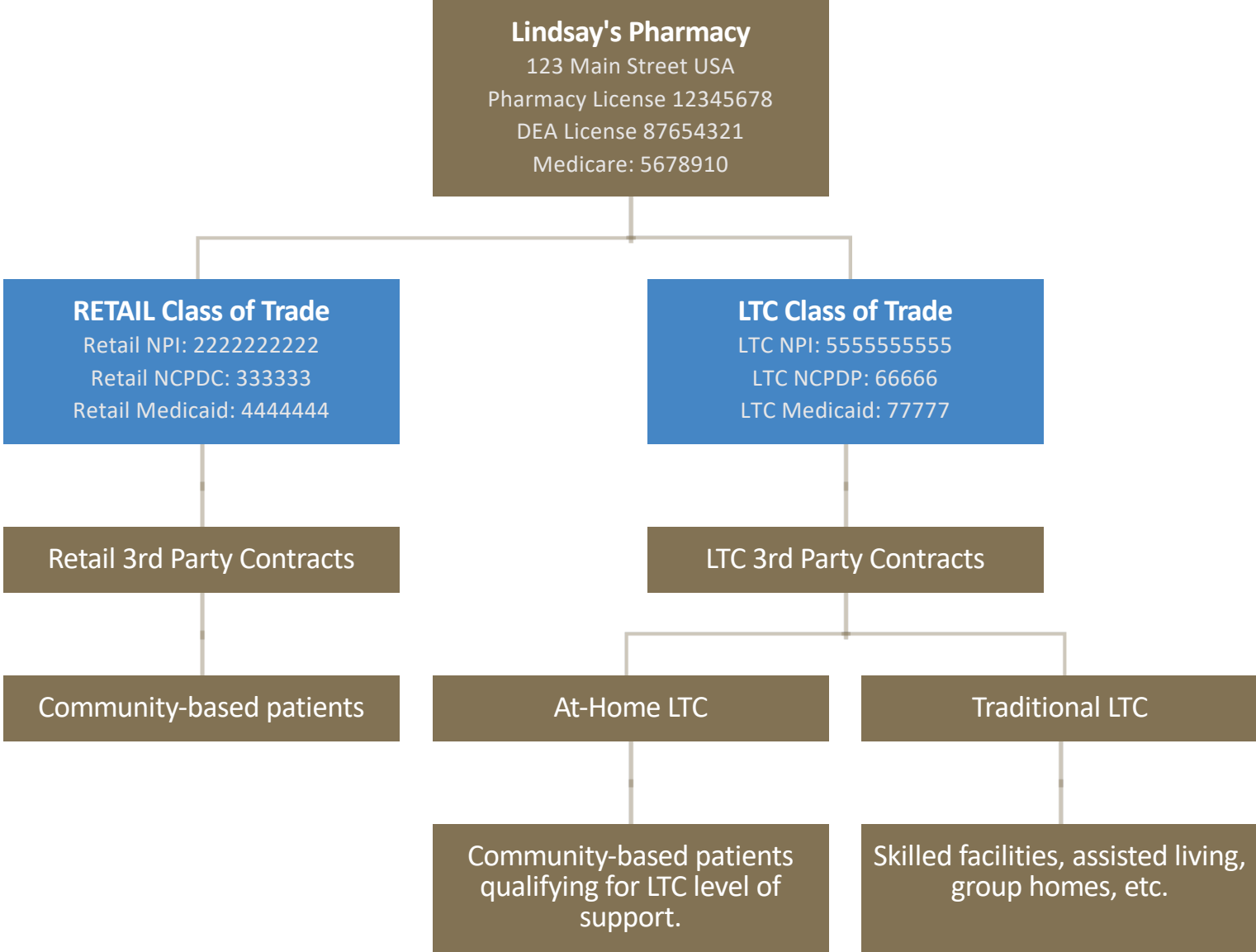
Pharmacy @H Payer Potential

Based on 1 BIN for 1 National Payer - 150 Patients - 1508 RXs - 4 Week Survey



What Pharmacies are Eligible to Service the @H Population?

Via combo-shop or closed door LTC



CMS LTC Performance and Service Criteria

Needed for CMS Network Contracts

1. Comprehensive Inventory and Inventory Capacity
2. Pharmacy Operations and Prescription Orders
3. Special Packaging (adherence packaging)
4. IV Medications
5. Compounding (Alternative Forms of Drug Composition)
6. Pharmacist On-Call Service
7. Medication Delivery
8. Emergency Boxes
9. Emergency Log Books
10. Miscellaneous Reports, Forms, and Prescription Ordering Supplies



What Services are Being Provided to the LTC@H Patient

Above and beyond typical community patients + CMS LTC requirements

1. Compliance Packaging with Medication Synchronization

Out of necessity to manage medications, NOT convenience.

2. Delivery

Out of necessity due to limited mobility, NOT convenience.

3. Medication Review with Provider Coordination

At minimum monthly to identify potential adverse drug reactions and inappropriate drug usage (such as excessive or duplicative dosing, excessive duration, etc.) and communication with prescribers as appropriate.

4. Care Coordination

Aggregate and coordinate care across providers, caregivers, and compound/infusion/specialty pharmacies to create a holistic understanding of an individual's needs.

5. Transition of Care Management

Support the needs of patients transitioning between levels of care.

6. 24/7 Availability

Support to provide dispensing and clinical services 24 hours a day, 7 days a week including via tele-health when applicable.



Documenting for @H

Necessary for validity of model and audits
Standardized qualification sheet being developed

Patient Qualification

- Attested by pharmacist
- Kept on file at pharmacy (electronic)

Patient Care

- Attested by pharmacist
- Kept on file at pharmacy (electronic)

What considerations?

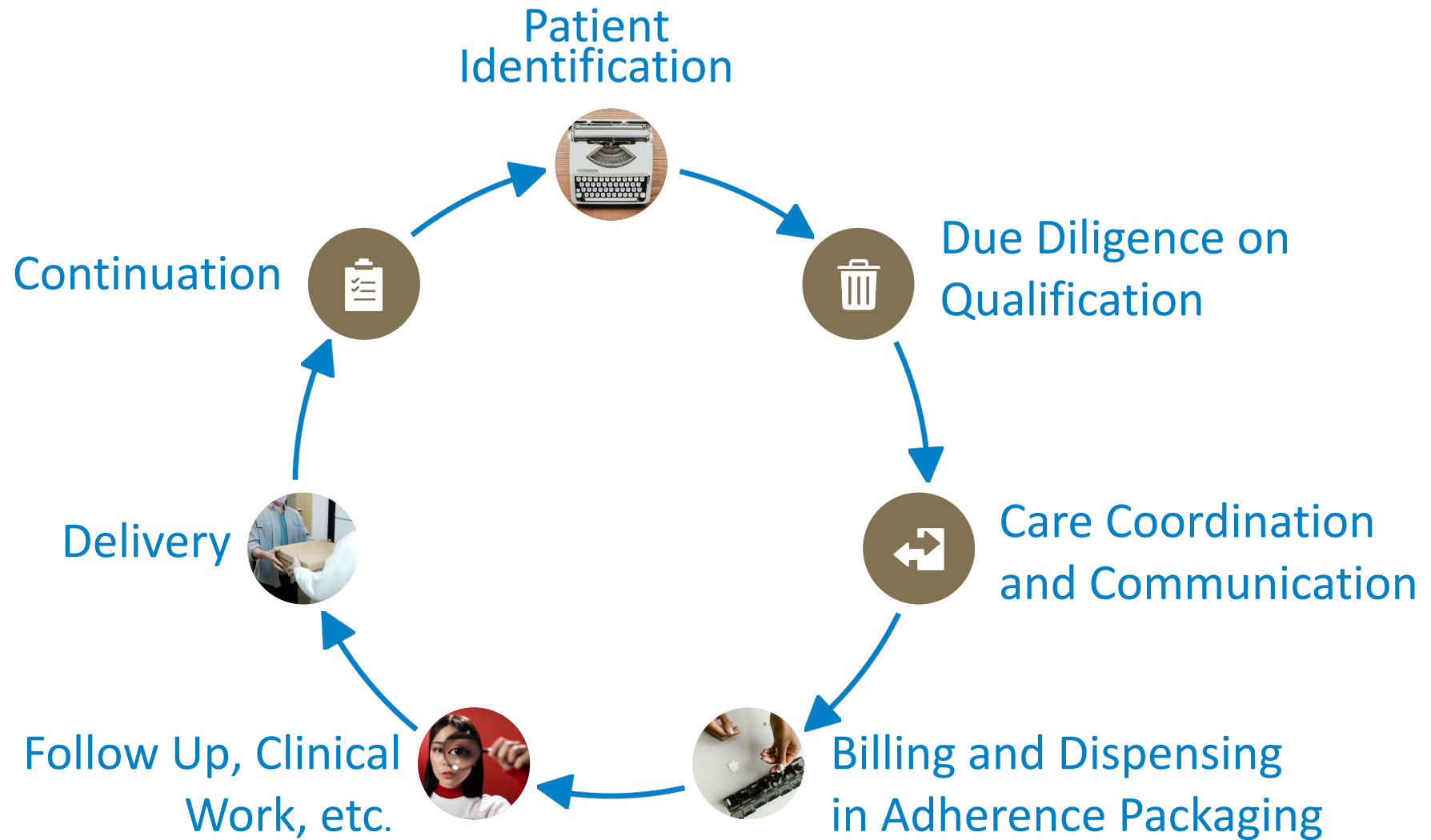
1. Patient medication list
2. Patient medical conditions
3. Patient program qualification
4. If patient is new, referral information

What touch points?

1. Services provided to patient (i.e. in-home vaccinee)
2. Medication reconciliation
3. Provider/Patient/Caregiver Communication
4. Care Coordination
5. Transition of Care
6. Delivery verification

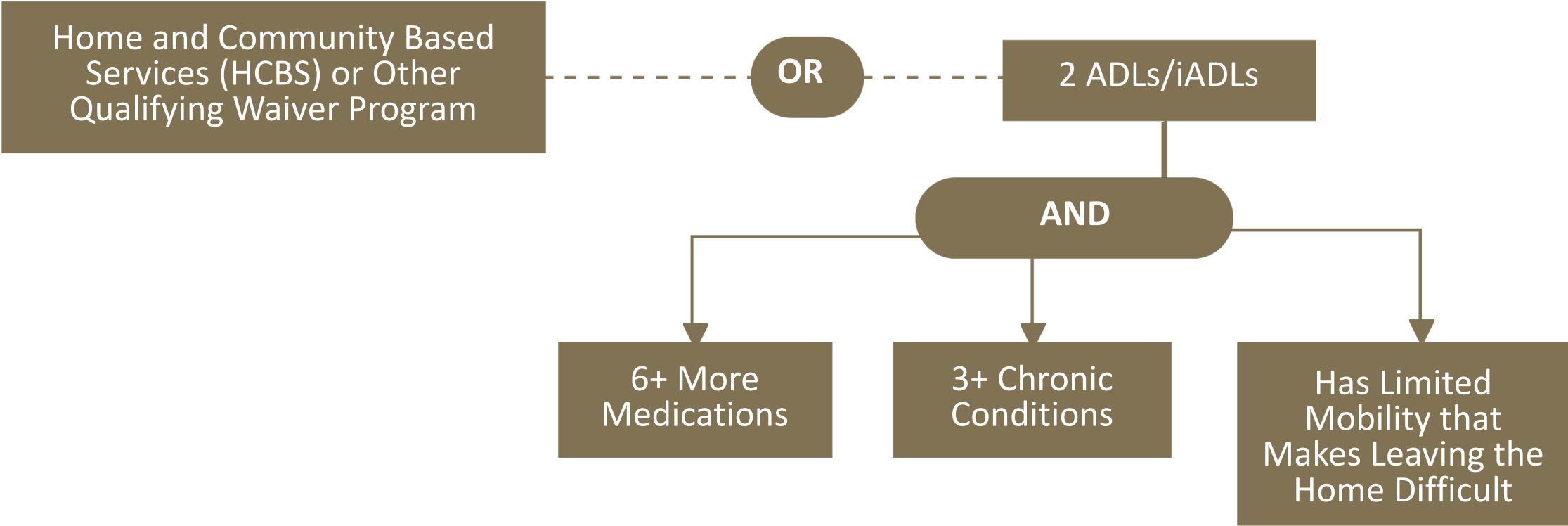


Workflow for @H



Who is the Community-Based Patient Eligible for LTC@H?

- 1. Community Dwelling
- 2. Functional/Medical Impairments that prevent them from leaving their homes independently
- 3. They need assistance with 2 or more ADLs



ADLs & iADLs

Activities of Daily Living (Instrumental)

ADLs are used to determine if someone is eligible for facility-based care.

ADLs

- Ambulating
- Feeding
- Dressing
- Personal Hygiene
- Continence
- Toileting

iADLs

- Transportation
- Shopping
- Managing Finances
- Meal Preparation
- House Cleaning
- Home Maintenance
- Managing Communications with Others (i.e. telephone and mail)
- Managing Medications (obtaining and taking them as directed)



Marketing for @H

Act like the health care provider you are.

And to be a partner to providers in your community.

Increasing Medication Adherence

Easing Medication Administration Burdens

Decreasing ER Visits, Readmissions, and Patients Needing Facility-based Care

Supporting Patients in the Care Setting of Their Choice

Increasing Quality Metrics





LTC@H Quality Metrics

	National Average (2019)	Control Group	Centennial Population
30-day Readmission Rate	16.1%	21.3 %	8.9%
ER Usage Rate	N/A	11.2%	9.1%
	PA State Average	Control Group	Centennial Population
Cholesterol PDC	93.9%	72.6%	98.6%
Diabetic PDC	93.2%	71.3%	98.2%
High Risk Medication Usage	8.7%	10.9%	3.4%
Statin Usage in Diabetes	79.2%	56.4%	97.2%
Statin Usage in Cardiovascular Disease	78.9%	N/A	97.8%
Patient Retention Post 90-Days with Centennial	N/A	N/A	97%



Where are the @H Patients?



Integrated Health Systems



Patient-Centered Medical Homes



Discharging from Rehab/SNF



Specialty Provider Offices



Managed Care Organizations



Waiver Program Participants



+ PHARMACY





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2. Health Services Research article “Failure to follow medication changes made at hospital discharge is associated with adverse events in 30 days,” Weir, Motulsky, et al. (2020)
3. Source: Health.gov, NEHI
4. National Center for Health Statistics. Long-Term care providers and services users in the United States: Data from the National Study of Long-Term Care Providers. 2015-2016