



ThoughtSpot

# The Evolution and Future of Value-Based Care in Pharmacy

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PQS by Innovaccer

# Speaker



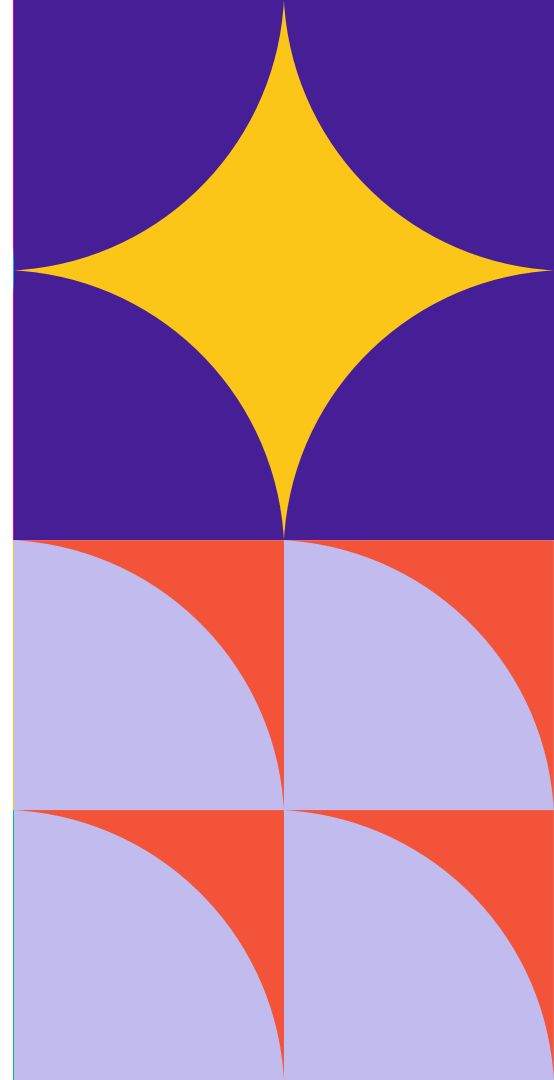
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# Disclosure Statement

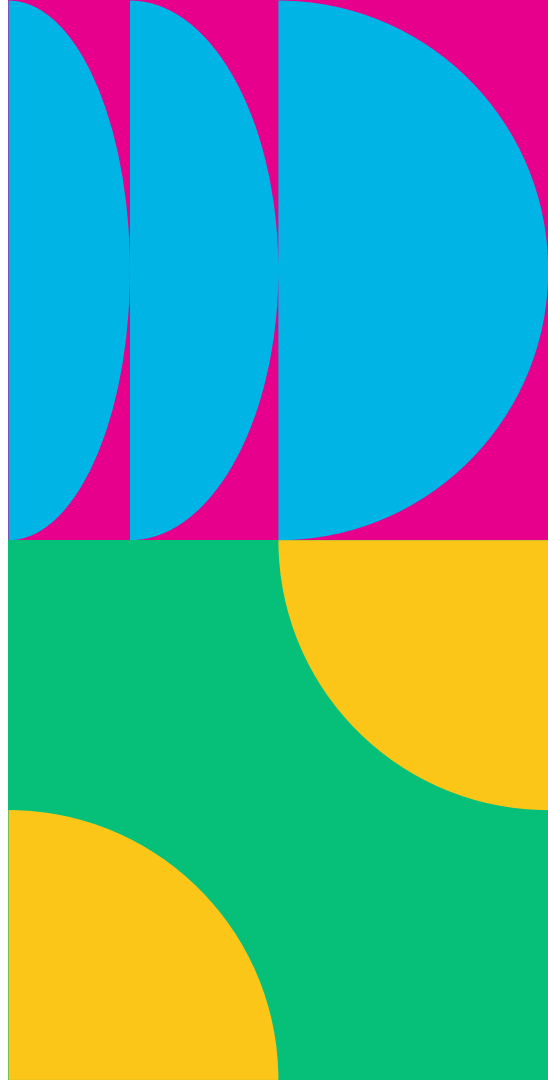
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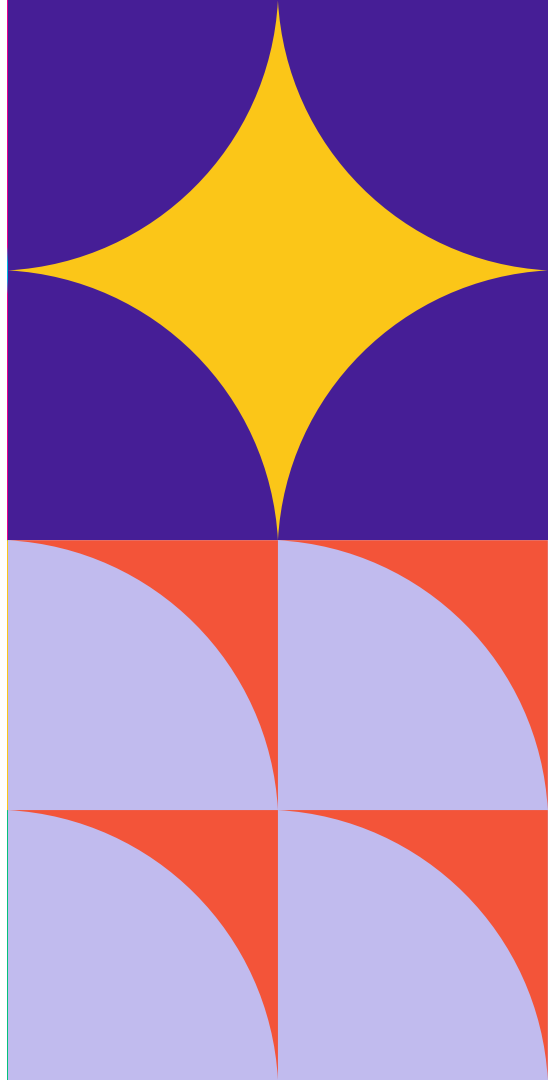
# Learning Objectives

1. Identify different models and aspects of value-based care and their payment methods.
2. Review how value-based care models in pharmacy impact the patient experience and health outcomes.
3. Discuss strategies and workflow considerations for empowering staff to implement patient-centered care models.



# Has your pharmacy been a part of a value-based contract?

- Was your pharmacy contracted by itself or as part of a network?
- Was the agreement upside only or did it include downside/at-risk payments?
- Who at the pharmacy was aware of the value-based contract?
- How likely is it that your pharmacy will be participating in value-based contracts next year?  
In 3 years? 5 years?



# Intent – everybody wins!

## Value-Based Health Care Benefits

### PATIENTS

Lower Costs  
& better  
outcomes

### PROVIDERS

Higher Patient  
Satisfaction  
Rates &  
Better Care  
Efficiencies

### PAYERS

Stronger Cost  
Controls &  
Reduced Risks

### SUPPLIERS

Alignment of  
Prices with  
Patient  
Outcomes

### SOCIETY

Reduced  
Healthcare  
Spending &  
Better Overall  
Health

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# Reality – everybody has work to do!

1. Patients may lack access to providers when and where they need them
2. Providers are overburdened and left with many administrative tasks, taking away from actual patient care
3. Payers are aligning patient access with reasonable payments to providers along with reasonable bids to employers and federal programs
4. Suppliers continue to innovate and provide therapies
5. Society is managing access and payment to support programs

# How can the pharmacy profession contribute to value-based care?

- Examples of improved outcomes?
- Examples of cost reduction?
- Accessible in the community?
- Preferred by the patient?

## The Impact of Inadequate Healthcare Access on Society





# Who is pharmacy “against”?

## Payers

- May prefer in-house solutions
- Does payment match expectations?
- Do patients KNOW they can receive this service at the pharmacy?

## Other Providers

- Have already been providing these services, in many cases
- Have robust data sets to prove value and results
- May be cheaper or more willing to take on risk-based contracts

## Pharmacy

- “Early bird gets the worm”
- Limited capacity and bandwidth to learn new data and make it operational
- Economics of pharmacy landscape mean thin margins and new programs require extensive background

# Future Landscape

- More than 60% of Medicare dollars are tied to a VBC-model
- Mostly driven by Medicare-Advantage
- VBC is bi-partisan (although the particulars are different!)
- Medicare-Advantage is growing

**KFF**

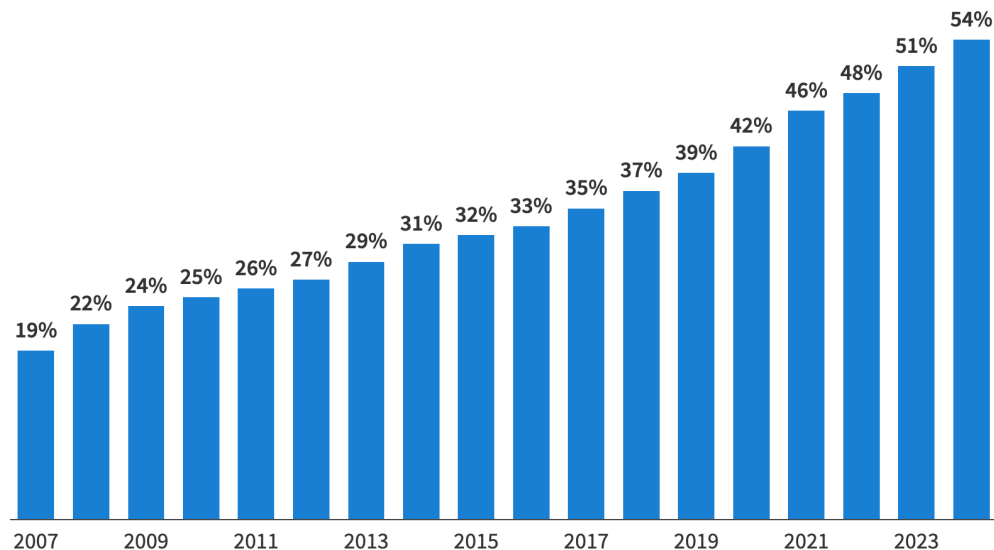
The independent source for health policy research, polling, and news.

2007 to 54% in 2024 (Figure 1).

Figure 1




## Total Medicare Advantage Enrollment, 2007-2024

Medicare Advantage Penetration | Medicare Advantage Enrollment



Note: Enrollment data are from March of each year. Includes Medicare Advantage plans: HMOs, PPOs (local and regional), PFFS, and MSAs. About 61.2 million people are enrolled in Medicare Parts A and B in 2024.

# What does VBC look like to pharmacy?

	Fee-for-service	Value-based
 Volume and costs in relation to profit (or reimbursements)	Increasing the volume and increasing charges can increase profit.	Decreasing the volume (of high-cost populations) or decreasing costs can increase profit.
 Payment variability	Payments vary not based on the population's health but complexity of visits and the number of patient services.	Payments vary based on risk and may vary based on the population's health, i.e., payments are usually higher in higher-cost populations.
 Risk to providers, payers, and patients	<p>Providers bear little risk because they get paid based on each service they will provide.</p> <p>Payers bear short-term risk but can increase premiums next year to offset losses.</p> <p>Patients bear long-term risks because payers can increase premiums.</p>	<p>Providers bear short-term risk because costs may exceed revenues as it is hard to predict high-cost outliers.</p> <p>Payers bear long-term risks because providers can increase their contracts at renewal.</p> <p>Patients still bear the ultimate risk because payers can increase premiums.</p>

# Design for Value-Based Programs

## Performance Network Programs

- Individual or Group performance
- Will be influenced BY measures that health plans are held to
- Focus remains on medication use
- Can be standalone OR include components of other programs!

## Member-Level Incentives

- Programs that focus on individual patient details, rather than population
- Example: Is this patient adherent?
- May focus on patients that missed a “goal” from prior year, or look at the entire population
- May be informed by predictive models

## Clinical Care/”Gap Closure”

- Based on clinical guidelines and recommended therapies
- Example – Statin use, currently
- May include opportunities beyond medications!
- BP readings, A1C, etc.
- May include FFS and #Value components for reimbursement

## Annual Reviews/ Patient Surveys

- Annual Wellness Exams
- CMR
- Immunization Assessment
- SDOH screenings

# Pharmacy's Version: Design for Value-Based Programs

## Performance Network Programs

**Example:** based on achieving performance thresholds for a health plan's adherence goals your pharmacy can earn bonus dollars

## Member-Level Incentives

**Example:** based on documentation of targeted outreach or gaps closed, the pharmacy may receive payment for these opportunities

## Clinical Care/ "Gap Closure"

**Example:** pharmacy may receive payment for a patient that starts a therapy indicated by clinical guidelines or receives a recommended vaccine!

## Annual Reviews/ Patient Surveys

**Example:** pharmacy may receive payment for working a patient through a survey or even for providing reminders of the survey!

# Do pharmacy-based programs improve outcomes?

- Yes, but...
- We need more evidence!
- Most important piece is not the “how much” but “the how”!

RESEARCH ARTICLE

[HEALTH AFFAIRS](#) > [VOL. 33, NO. 8](#): VARIETY ISSUE

## The Pennsylvania Project: Pharmacist Intervention Improved Medication Adherence And Reduced Health Care Costs

[Janice L. Pringle](#), [Annette Boyer](#), [Mark H. Conklin](#), [Jesse W. McCullough](#), and [Arnie Aldridge](#)

[AFFILIATIONS](#) ✓

PUBLISHED: AUGUST 2014 **No Access**

<https://doi.org/10.1377/hlthaff.2013.1398>

# Do pharmacy-based programs improve outcomes?

- Pharmacists & pharmacy – now a leading profession and site for immunization delivery (didn't use to be that way)
- Adherence Management – picking up meds vs managing meds?
- Blood pressure readings, A1C, Lipid Panel...
- What other services could patients receive at a pharmacy that ties back to CMS initiatives and VBC?



# Health plan measures & future opportunities?

Measure ID	Measure Name	Weighting Category	Part C Summary and MA-PD Overall
C01	Breast Cancer Screening	Process Measure	1
C02	Colorectal Cancer Screening	Process Measure	1
C03	Annual Flu Vaccine	Process Measure	1
C04	Monitoring Physical Activity	Process Measure	1
C05	Special Needs Plan (SNP) Care Management	Process Measure	1
C06	Care for Older Adults – Medication Review	Process Measure	1
C07	Care for Older Adults – Pain Assessment	Process Measure	1
C08	Osteoporosis Management in Women who had a Fracture	Process Measure	1
C09	Diabetes Care – Eye Exam	Process Measure	1
C10	Diabetes Care – Kidney Disease Monitoring	Process Measure	1
C11	Diabetes Care – Blood Sugar Controlled	Intermediate Outcome Measure	3
C12	Rheumatoid Arthritis Management	Process Measure	1
C13	Reducing the Risk of Falling	Process Measure	1
C14	Improving Bladder Control	Process Measure	1
C15	Medication Reconciliation Post-Discharge	Process Measure	1
C16	Statin Therapy for Patients with Cardiovascular Disease	Process Measure	1



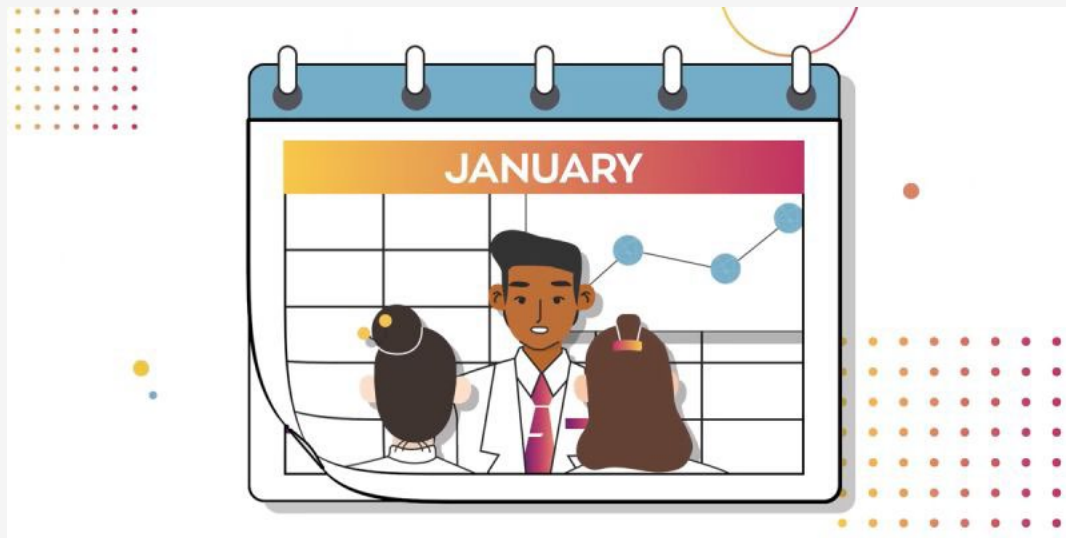
# Going alone or together?

- VBC in pharmacy is NOT just for pharmacists to complete the work!
- Anything & everything clinical – yes, the pharmacist!
- Just about everything else can be done by non-pharmacist team members
  - Data evaluation
  - Contracting
  - Finances & payment
  - Patient Scheduling
  - Patient outreach
  - Patient forms and admin



# Keys to success

- Do your homework
- Create a plan
- Follow the data
- Adjust your plan (as necessary)



# Workflow

## Optimizing workflow & patient expectations for their pharmacy experience go hand-in-hand

- Identify care gaps and management opportunities for patient
- Patient outreach and communication
- Informing the patient – at the counter or ahead of the visit?
- Get used to hearing “no” or “why is my pharmacist asking about this?”



# Pharmacy Experience of the Future



## RX DISPENSING

- Continue to dispense medications for Point-of-Sale reimbursement

OR



## RX DISPENSING

- Continue pharmacy dispensing services



## EXPAND SERVICES

- Utilize data and workflow to optimize quality performance
- Engage with clinical services opportunities

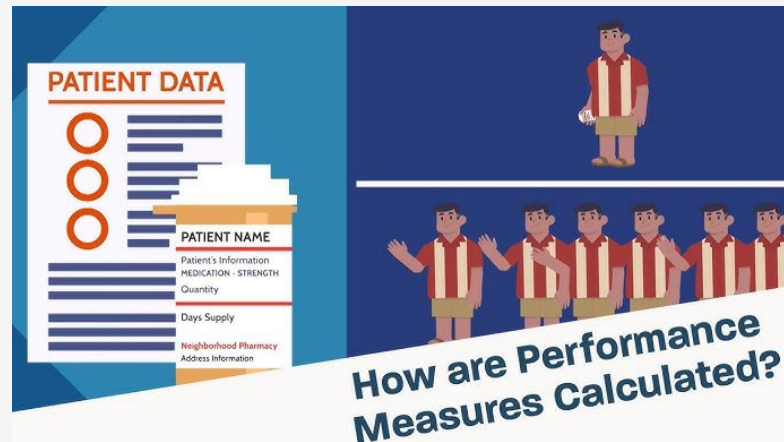


## INCREASE REVENUE

- EXECUTE!
- Leverage core competencies to engage with payer programs
- Hold teams accountable to maximizing completions

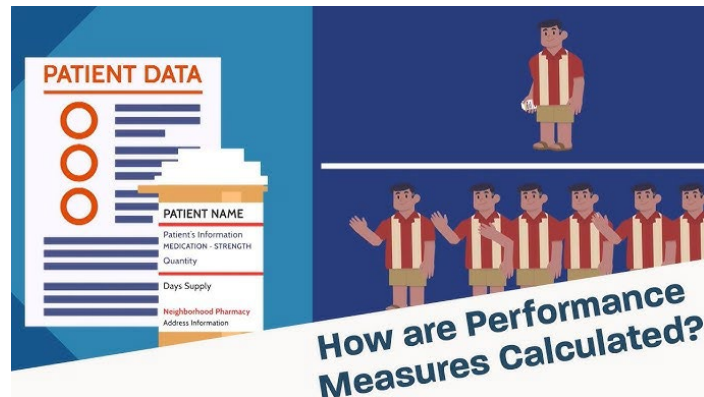
# Demonstrate Your Pharmacy's Value

1. Your pharmacy IS competing against other pharmacies, other providers, and the payer to close gaps and maximize outcomes!
2. Early Adopters and positive attitude make the biggest difference!
3. No engagement or bad data = no more opportunity?



# Engage with Opportunities that drive impact!

1. Time is limited in the pharmacy:
  - What services drive the most impact for outcomes?
  - What services drive the most revenue for your pharmacy?
  - What services drive the best customer experience?
  - What services drive the best experience for your staff?
  - Rank these items with your team – if something doesn't add up to a big “YES”, don't do it! Or learn how others are doing it!
2. Measure what matters and know when to “cut the fat”



# Prepare for the future of pharmacy practice - TODAY

- Become an ace at patient outreach
- What services (and immunizations) are you offering?
- Dispensing medication is PART of the service of your pharmacy
- The pharmacy is a Community health center!



# Questions?



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