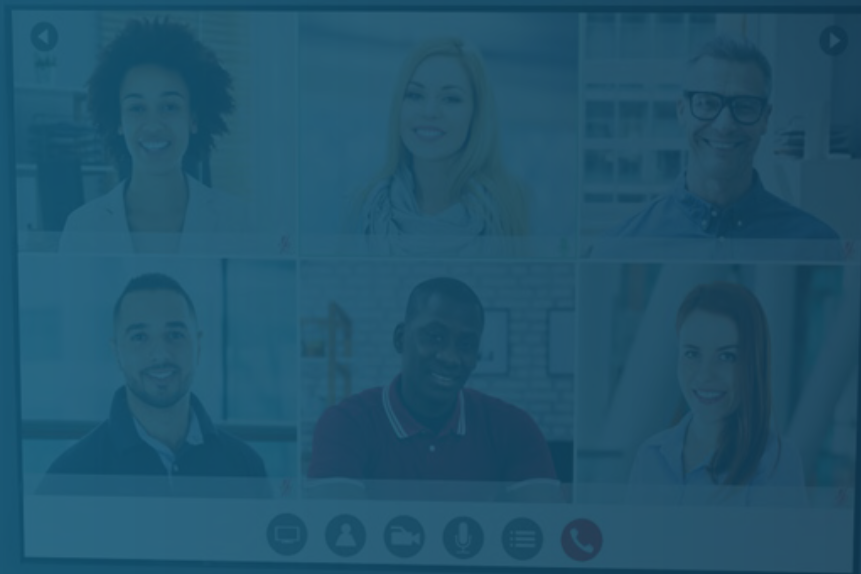




Health System Specialty Pharmacy as a Care Management Platform to Support Value-Based Care



Agenda

1. Stage Setting (UMass Memorial Hospital, UMSP, Diabetes Clinic)
2. Care Coach Program Overview
3. Patient Case Studies
4. Program Results
5. Implications for Value-Based Care and Population Health

Poll

The first question is “for those of you from organizations that employ AmCare pharmacists, are you strategically pairing those pharmacists with high-utilizing patients associated with your value-based care contracts?”

Our second question is “for those health systems in the audience, how many of you struggle to financially justify additional AmCare pharmacists in your clinics?”

UMass Memorial Health

Largest Health System in Central Massachusetts

 **500,000**
Patients Annually

 **2,500**
Physicians

 **4**
Campuses

 **1,300**
Beds

 **4**
Star CMS Rating

UMass Memorial Specialty Pharmacy

Launched in 2012

 **34**
Clinics Supported

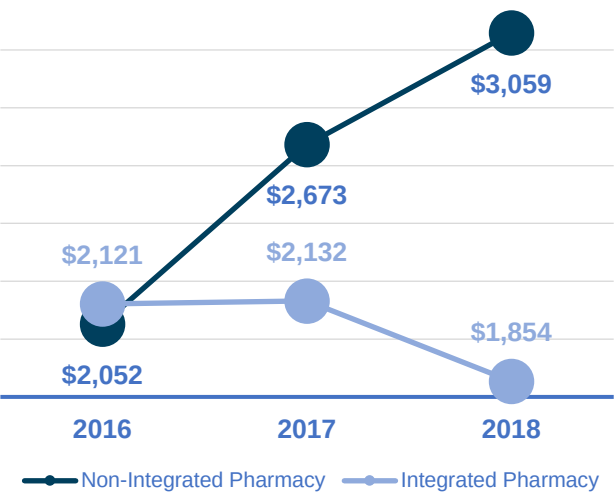
 **28**
Disease States Covered

 **14K**
Patients Served Annually

Pharmacy Liaisons
Embedded
in Each Clinic

Clinical Pharmacists
Support All Patients
on Specialty Med


\$1.2k
Monthly PMPM Savings



UMass Diabetes Center of Excellence

 **10,000**
Patients Annually

 **MDs
Nurses
Educators**

 **1,500**
Patients with A1C > 9.0

Challenges

- Comorbidity
- SDOH hurdles
- Mental health
- Poor lifestyle
- Financial stress

UMass Memorial Health **Diabetes Care Coach Program**

An “AmCare Pharmacy plus” model built on regular touchpoints with the highest-utilizing, most disengaged patients integrating medication management and lifestyle counseling



Blood Glucose Monitoring



Medication Refill and Adherence



Medication Dosing and Titration



Nutrition and Lifestyle Counseling



SDOH Screening



Mental Health Referrals



Motivational Support

Key Program Features



Designed for patients with chronically high A1Cs (> 9.0) / provider referred)



Coaches are specialty pharmacists and also CDCES'



Weekly touchpoints with a Coach, gradually staged to monthly



Patients given option to fill with the UMass Specialty Pharmacy (which 75% do)



SP revenue allows program to be free to patients



Coach serves as lead care manager for patient

Patient Care Story 1: Melissa

Medications

- Omnipod insulin pump with U-200 insulin
- Daily Tresiba injections
- Humalog U-200 injections
- Dexcom CGM
- Plavix, Zetia, Crestor, Spironolactone, Imdur, Nitrostat

SDOH

- Mental health referral via PCP resulting in receiving care from a behavioral health psychologist
- Has enhanced Melissa's buy-in and follow through of Care Coach recommendations



Outcomes

- Most recent A1C: 7.7%
- Restored trust in healthcare providers and medications
- Improved clinic visit attendance
- Dependable self-manager of her care



Patient History

- 39-year old female
- Type 1 Diabetes for 20 years
- Entered program with A1C of 9.4%
- Recent MI, obesity, PTSD, Munchausen by Proxy, Gastroparesis, PCOS, HLD, HTN
- Non-adherent to medications



Intervention

- Focused on multiple small wins
- Restoring patient trust in medications and providers
- Educating patient on insulin pump capabilities and reviewing CGM trends
- Simplifying regimen by eliminating additional insulin injections
- Behavioral changes
- Diet and lifestyle



Patient Care Story 2: Marie

Medications

Initial:

- Trulicity 1.4mg weekly
- Lantus 60 units daily
- Humalog 10 units before each meal
- Dexcom CGM

Current:

- Mounjaro 10mg weekly
- Dexcom CGM

SDOH

- Helped patient navigate a housing crisis by referring her to a care coordinator through her insurance
- Prevented a situation in which patient and children may have been homeless



Patient History

- 51-year old female with type 2 diabetes
- Entered program with an A1C of 9.3%
- PMH notable for nephropathy, retinopathy, and peripheral vascular disease
- Struggled to manage diabetes for 11 years prior to entering program
- Difficulty maintaining routine and nonadherent to medication regimen



Intervention

- Improved adherence through medication education, lifestyle modification, and filling with UMass Specialty pharmacy
- Medication regimen simplification: Eliminating need for insulin
- Implementation of behavioral changes – carb counting, bolusing before meals, avoiding overcorrecting of low blood sugars, trusting her CGM
- Diet and lifestyle modifications – incorporating protein and fiber into each meal



Outcomes

- Last three A1C's were under 6.5%
- Need for insulin was eliminated
- Patient has graduated from the program and is able to manage her diabetes with just one injection a week

Program Outcomes



\$2,649 Reduction in Total Medical Expense



15 Fewer ED Visits (per 100 patients)



22 Fewer Hospital Admissions (per 100 patients)



3.7 Fewer Hospital Days (per 100 patients)



1.5% Average Reduction in A1c

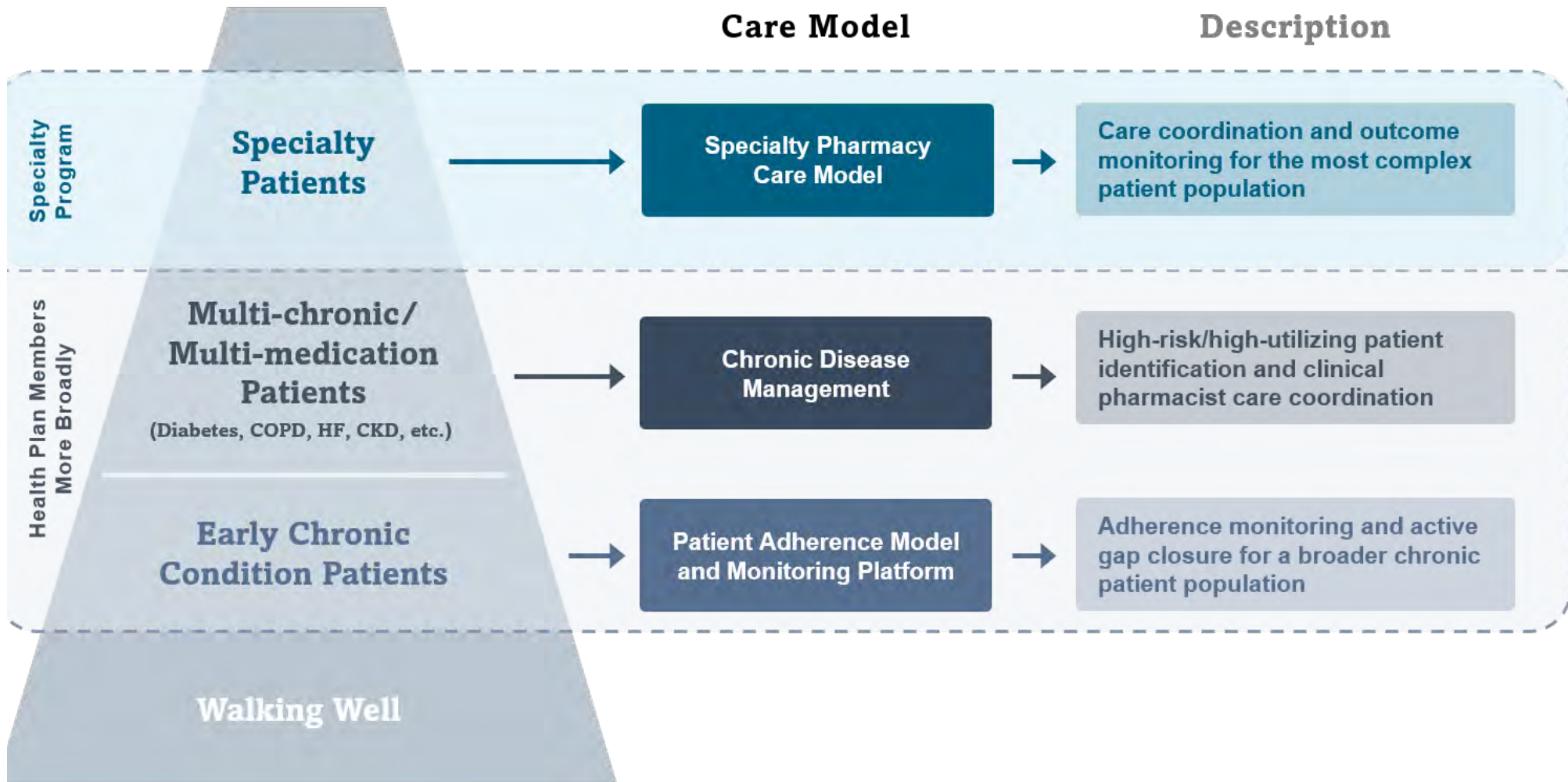


>90% PDC Adherence



<\$10.00 Average CoPay

HSSP as a Population Health Platform



Key Takeaways



Specialty pharmacist skillset can be considerably leveraged to provide comprehensive care management and drive significant cost savings as well as pharmacy revenue



Particularly impactful for high-utilizing populations under VBC arrangements



HSSPs who can do this at scale can significantly impact a health system's population health objectives



Integration with HSSP supports the financial sustainability for these types of initiatives

THANK YOU

FOR YOUR VALUABLE TIME

PLOS One Care Coach Study:

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0345534>

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