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Defining High-Value Pharmacists for ACO Partnerships

A leader's guide to potential partner assessment

As the health care industry moves toward population-based models of care, providers are seeking partnerships to help manage the continuum of services. Many will rely on existing partnerships while others will need to develop new relationships. The overall brief series is designed to give provider leadership guidance on how to begin that evaluation process in a time when performance data is scarce. This brief looks particularly at pharmacists and the specific considerations that should be included in a qualitative assessment of a potential pharmacy partner.

AN ESSENTIAL PARTNER

Pharmacists, whether in a retail or clinical setting, represent one of the most widely available provider touchpoints in U.S. health care¹ and as such will be essential in an ACO's efforts to achieve the triple aim. For many of the neediest and most expensive patients, medication has become an integral part of health care,² putting them squarely within the skillset of pharmacists. Moreover, as medication treatment options have grown in both number and complexity,³ pharmacists have become invaluable in their specialized knowledge and experience with drug administration and adherence issues.^{4,5}

OPPORTUNITIES FOR PHARMACISTS IN AN ACO

As ubiquitous and potentially frequent touchpoints in most health care markets, ACOs can leverage pharmacists to help patients of all types better understand their medications, remind them to re-connect with their primary care provider, or encourage preventive care like vaccinations or screenings. Pharmacists can also play a central role in helping high-acuity patients adhere to their medication regimens, thereby preventing escalation of various conditions that frequently lead to preventable admissions and readmissions.⁶ Such efforts will be most effective when pharmacists are able to lend their expertise in medication therapy management in either a consultative role or as an integral member of the care team.⁵

EVALUATING PHARMACISTS

One of the first steps for any ACO pursuing a partnership with a pharmacy provider is to determine what combination of retail versus clinical pharmacy resources will have the greatest positive impact on their population.^{7,8} Many national retail pharmacies carry brand recognition, geographical coverage, and uniformity, but local pharmacies or pharmacist groups will have significant flexibility in their operating strategy making them especially attractive pilot partners. Additionally, as with any provider partner, quality outcomes should be a primary criterion but narrowing a pharmacist network to only the highest quality providers would necessarily diminish their ubiquity – an attribute that makes them especially valuable in population management. Finally, pharmacy integration is so novel that the most valuable attribute at this point may be a willingness to experiment with a variety of care and payment models until the right combination emerges.⁹

The following page includes a table with a list of suggested high-value indicators (or characteristics) along with potential questions for the evaluating provider to consider.

EXAMPLE HIGH-VALUE ATTRIBUTES

- Patient engagement ability
- Flexibility to offer services for a variety of patient needs
- Openness to sharing data with provider partners
- HIT connectivity
- Willingness to align on accountability for total cost of care, patient experience, and clinical outcomes
- Flexibility to adjust to open network arrangements

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RESEARCH METHODOLOGY

Research findings represent an 18-month project which included: (1) Literature review of resources discussing high value in health care; (2) Expert panel meeting with 13 leaders from a variety of health care sectors to establish high-value domains and provider categories; (3) Interviews with ACOs and provider associations to field-test high-value criteria; (4) Transcript coding and qualitative analysis of interview findings.








"Retail Pharmacy" definition: an independent, supermarket, chain, or mass merchandiser pharmacy that dispenses medications to the public at retail prices.

"Clinical Pharmacist" definition: a provider trained in the direct patient care environment who ensures that prescribed medications contribute to the best possible outcome for the patients

Example settings:

- Community pharmacy
- Hospital and medical centers
- Clinics
- Group pharmacy practice

1. NACDS Industry Profile Reports, DSN. 2. National Center for Health Statistics 2015 Report. 3. Medication Complexity in Adults, Pharmacy Practice. 4. Impact of oncology pharmacist-managed oral anticancer therapy, Journal of Oncology Pharmacy Practice. 5. Complex Patients; Pharmacists Take the Leading Role in Community, Iranian Journal of Pharmaceutical Research. 6. Looking to Pharmacy for Better Hospital Care, HH&N. 7. Correcting The Blind Spot In Accountability: The Role Of Pharmacy Care, Health Affairs Blog. 8. The Role of the Clinical Pharmacist in Achieving Clinical and Quality Outcomes in Diabetes Management, AJMC. 9. Pharmacists offer MTM services to support ACOs, Managed Healthcare Executive

HV DOMAIN	CHARACTERISTIC/ABILITIES	POTENTIAL CRITERIA
 Patient-centeredness	Patient engagement ability	<ul style="list-style-type: none"> Do they utilize behavioral economics to engage patients? Do they use motivational interviewing to engage patients?
	Consultative abilities	<ul style="list-style-type: none"> What patient education programs do they have in place? What is their reputation for working with providers as medication consultants?
	Understand patients of varying demographics	<ul style="list-style-type: none"> Do they hire pharmacists with high emotional quotient?
 High Value Culture	Flexibility to offer services for a variety of patient needs	<ul style="list-style-type: none"> Can they offer specific services for both preventive care (e.g. vaccinations, screenings) and acute care (e.g. asthma, burns, migraines)?
	Prepared to collaborate and contribute to everyday patient care	<ul style="list-style-type: none"> Do they have any type of disease management programs in place? Are they willing to be a part pharmacy and therapeutics committee? Do they have a clear strategy for how they could help the ACO?
 System & Public Accountability	Openness to sharing data with partners	<ul style="list-style-type: none"> What examples do they have of sharing performance data with partners?
	Transparency of process	<ul style="list-style-type: none"> Are they open about quality metric determination? Willing to share how value-based contracts are structured?
	Cost and quality accountability	<ul style="list-style-type: none"> How frequently are quality and cost reports shared with employees?
 Team Based Care	Ready to form part of broader care team	<ul style="list-style-type: none"> What is their reputation for consulting with specialists and PCPs? Do they have communication protocols with primary physicians? Are they able to provide services outside their traditional wheelhouse?
	Ability to understand both inpatient and outpatient settings	<ul style="list-style-type: none"> Do they have pharmacists who are residency trained?
	A clear team approach to managing high-need patients	<ul style="list-style-type: none"> Does the staffing model support the building of relationships between pharmacists and other members of the care team? Do they have tools to facilitate inter-disciplinary communication? Do they have pharmacists that can fill in at multiple levels (including pharmacy technicians)?
 HIT Systems	HIT connectivity	<ul style="list-style-type: none"> Can they connect with the ACO and the potential variety of EHR platforms? Can they show how their pharmacy information systems enable treatment of more patients?
	HIT proficiency	<ul style="list-style-type: none"> Do they make use of the full patient record? Do they know how to make use of ACO data? Can they demonstrate ability to protect personal health information?
	Data analytics capability	<ul style="list-style-type: none"> Do they have some platform for patient analytics?
 Performance Improvement	Willingness to align on accountability for total cost of care, patient experience, and clinical outcomes.	<ul style="list-style-type: none"> Are they aligned with the ACO on cost, quality, and patient experience goals?
	Willing to form/participate in clinical collaboration committees to work on improvement planning	<ul style="list-style-type: none"> Are they currently a part of any committees?
	Experience delivering on patient outcomes (even intermediate or avoidable cause outcomes)	<ul style="list-style-type: none"> Do they have experience specifically improving Medicare Part D star ratings? Do they have a quality improvement strategy for all patients regardless of payer type?
 Financial Readiness	Can adjust to open network arrangements	<ul style="list-style-type: none"> Do they have a clear communication strategy to help patients choose better resources?
	Can assist the system in making cost-effective recommendations and switches in medication	<ul style="list-style-type: none"> Can they measure their generic vs. name brand prescription rates?
	Financially committed to new care models	<ul style="list-style-type: none"> Are they willing to sign some sort of value-based contract?