



Payer-Pharmacy Partnerships to Support Sustainable Community Pharmacy Patient Care Programs

Webinar Logistics

- **Send us your questions.** Use the “Q&A” feature at the bottom of the screen to send speakers your questions throughout today’s presentation.
- **Today’s forum is being recorded.** A copy of the slides and recording will be shared with PQA members within a week.
- **Give us your feedback.** A quick survey will launch at the end of today’s webinar.

Today's Presenters



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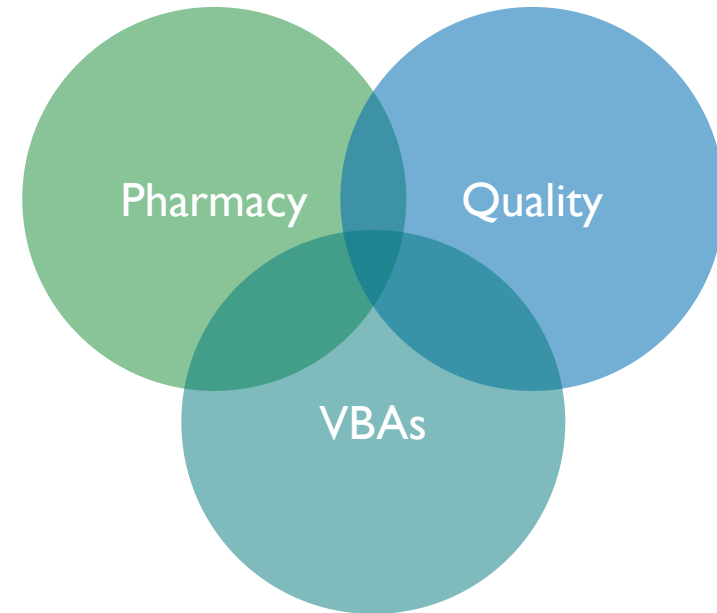
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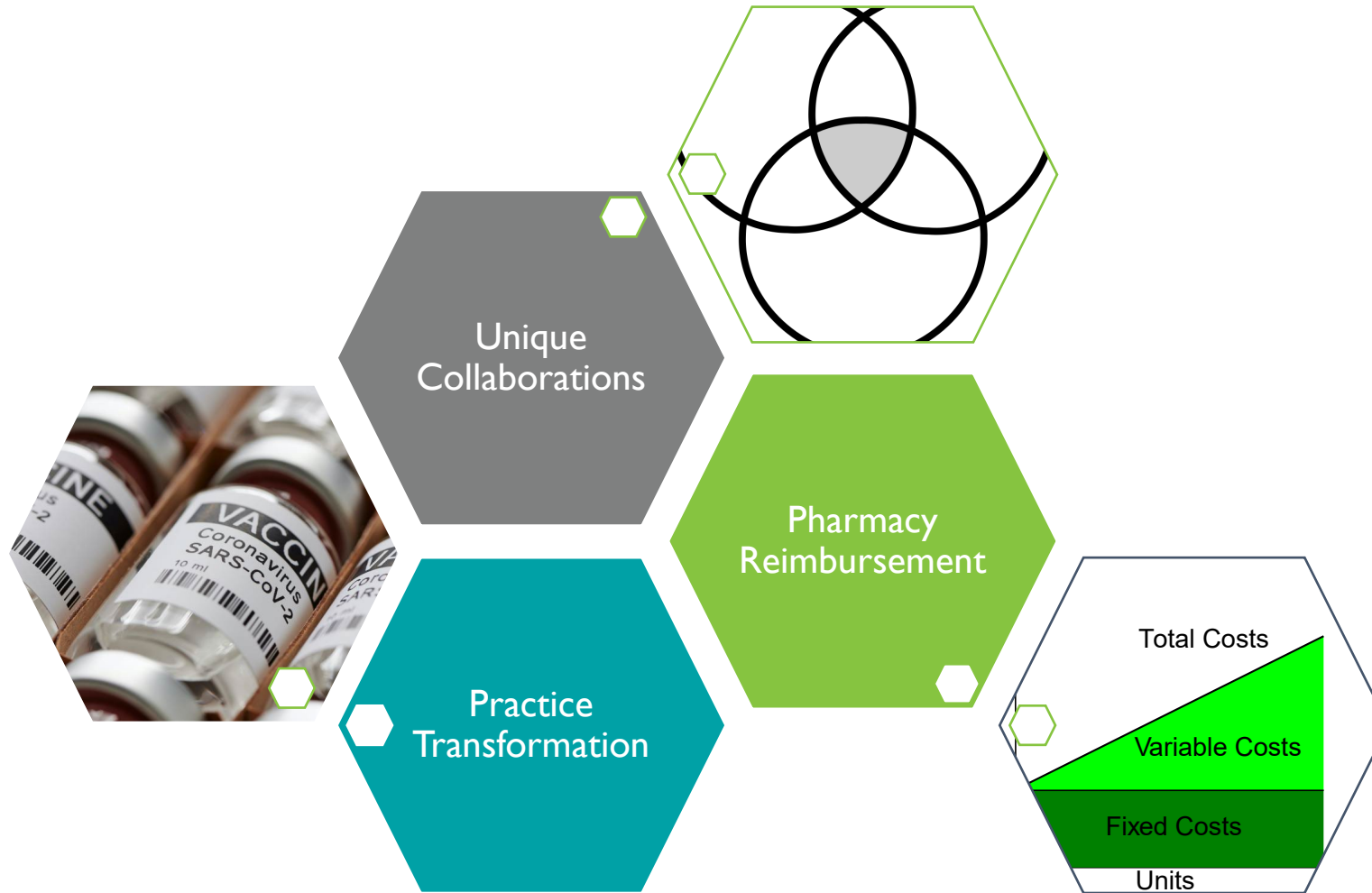
FUNDER ACKNOWLEDGEMENT

- Christopher Daly declares grant funding support from the Community Pharmacy Foundation, *“Scaling Payor and Community Pharmacy Partnerships for Patient Care,”* (#236). He is also a national task force member for the Academia-Community Transformation (ACT) Pharmacy Collaborative.
- PQA declares grant funding support from the Community Pharmacy Foundation, *“Piloting PQA Pharmacy Measure Concepts in Payer-Pharmacy Payment Models,”* as well as grant funding support from The Kroger Company.



Developing a Resource Guide for Payer-Pharmacy Partnerships

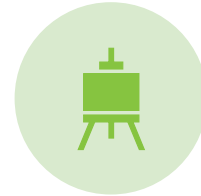
Community Pharmacy Transformational Change



Community Pharmacy Grant Approach



Goals



Design



Participants



Conceptual Model



**Data
Collection**



Data Analysis

Respondent Details

- 14 program facilitators completed the survey and semi-structured interviews

Program Facilitators Information

- Years of experience
 - 6 (43%): 1- 3
 - 8 (57%): 4 - 6
- Average weekly hours spent on activities
 - Engagement with stakeholders for new programs opportunities: 3.6
 - Maintenance of current programs: 13.8

Pharmacy Network & Program Details

- Network specifics
 - Average number of pharmacies: 119
 - Average cumulative programs: 7
 - Average managed programs: 3
- Payer types
 - Grant: 78%
 - Medicaid: 57%
 - Medicare: 43%

Key Findings

Major Themes Identified

Part 1: Engagement

Part 2: Program/intervention design

Part 3: Contract set-up

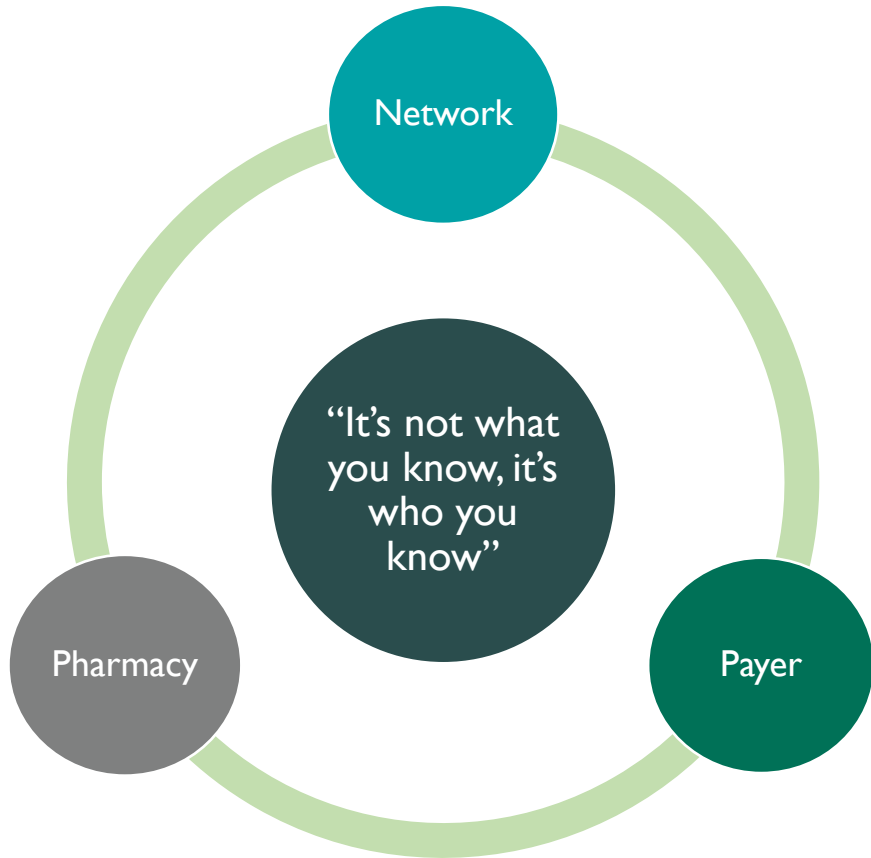
Part 4: Program collaboration

Part 5: Implementation training

Part 6: Outcomes assessment

Part 7: Data collection

Engagement



WHAT

What is the intended purpose/outcome of the meeting?

WHO

Who needs to attend this meeting?
Who will lead the meeting?

WHEN

What is the frequency of the meetings?

WHERE

Will the meeting be in-person or virtual?

HOW

Who is on point to create the agendas for the meetings?
What is the meeting structure (e.g. conversational, presentations)?
How will the meeting be executed (e.g. working groups)?

Program/Intervention Design

- Collaborative process to design the intervention



- Payer, network, and pharmacy goals and scope of practice need to align when determining patient care service

“...Connecting what service or goal the payer wants and what is actually feasible in [community] pharmacy workflow [optimizes outcomes] for all involved.”



“[Payers] might not realize that pharmacy can give them what they need in areas that they were not even thinking we could help and move that needle to make their outcomes better.”

Implementation Training

- Training is a vital component when preparing for patient care service implementation
- Components are generally required at start and ongoing
 - Typically determined in collaboration with the network and payer

“[Best practices include] workflow inclusivity within the team. It cannot just be one person's role.”



“What has seemed to help the most...pairing [network pharmacies] with another pharmacy that is somewhat comparable in size and [similar] pharmacy management system, so they can communicate best practices and what has worked.”

Outcomes Assessment

- Complete outcomes assessment includes both program data and pharmacy experience.
- Networks should have continued program assessment based on program performance measures.
- Internal network program assessment is more frequent and intensive than payers.
- See select references of example program evaluations.

EXAMPLES OF DATA UTILIZED IN PHARMACY NETWORK PAYER CONTRACTS

New Contracts	Map of community pharmacy locations, population demographics, existing patient care services/programs
Existing Contracts	Program adoption/utilization rates, intervention details, patient health outcomes (clinical and economic)
Quality Assurance	Pharmacy network compliance, Pharmacy engagement and program quality, clinical documentation accuracy

Next Steps



Collaboration between pharmacy networks and payers can expand patient care services in scale and quantity

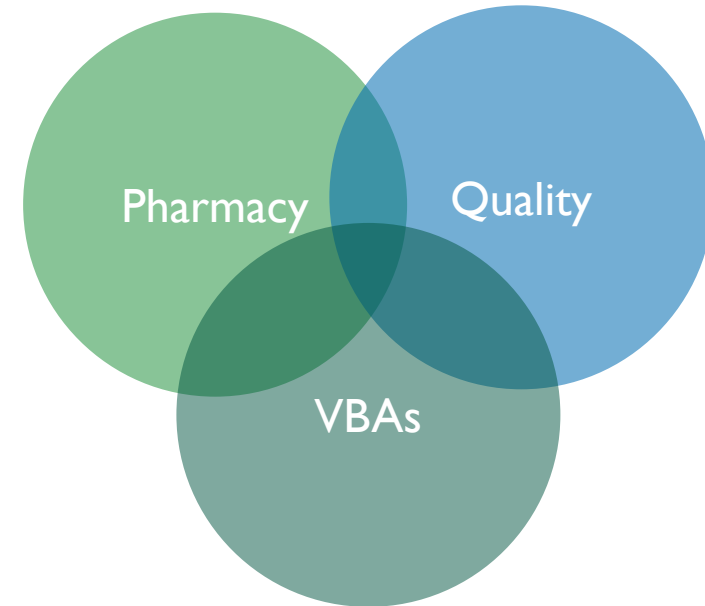


Resource guide to provide high level framework for multi-stakeholder outlining best practices for partnerships between payers and clinically integrated networks of community pharmacies

AIC & BP Proof-of-Concept Pilots

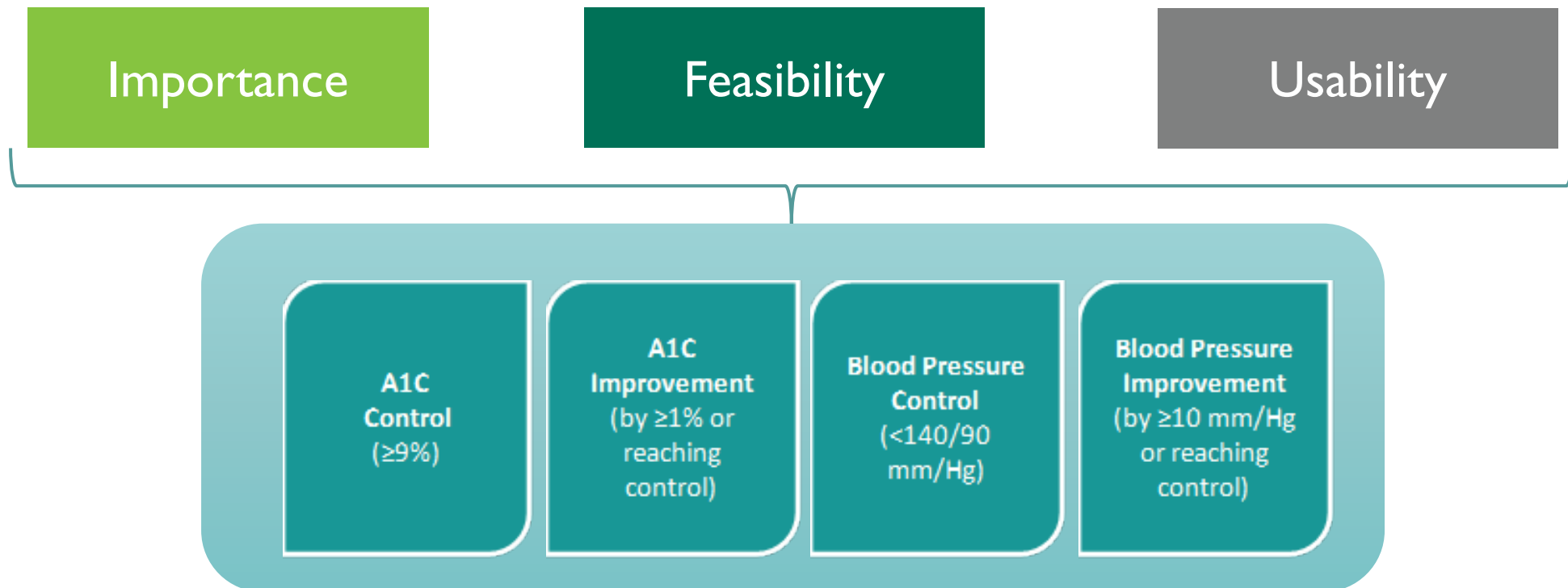
Intersection of Pharmacy, Quality, and Value-Based Arrangements (VBAs)

- Pharmacy interest in offering innovative services and engaging in VBAs with payers is growing
- Best practices for pharmacies to develop and implement impactful VBAs with payers are needed
- Standardized quality measures appropriate for use in VBAs are not widely available and used



Measurement Priorities: *Insight from Multistakeholder Summit*

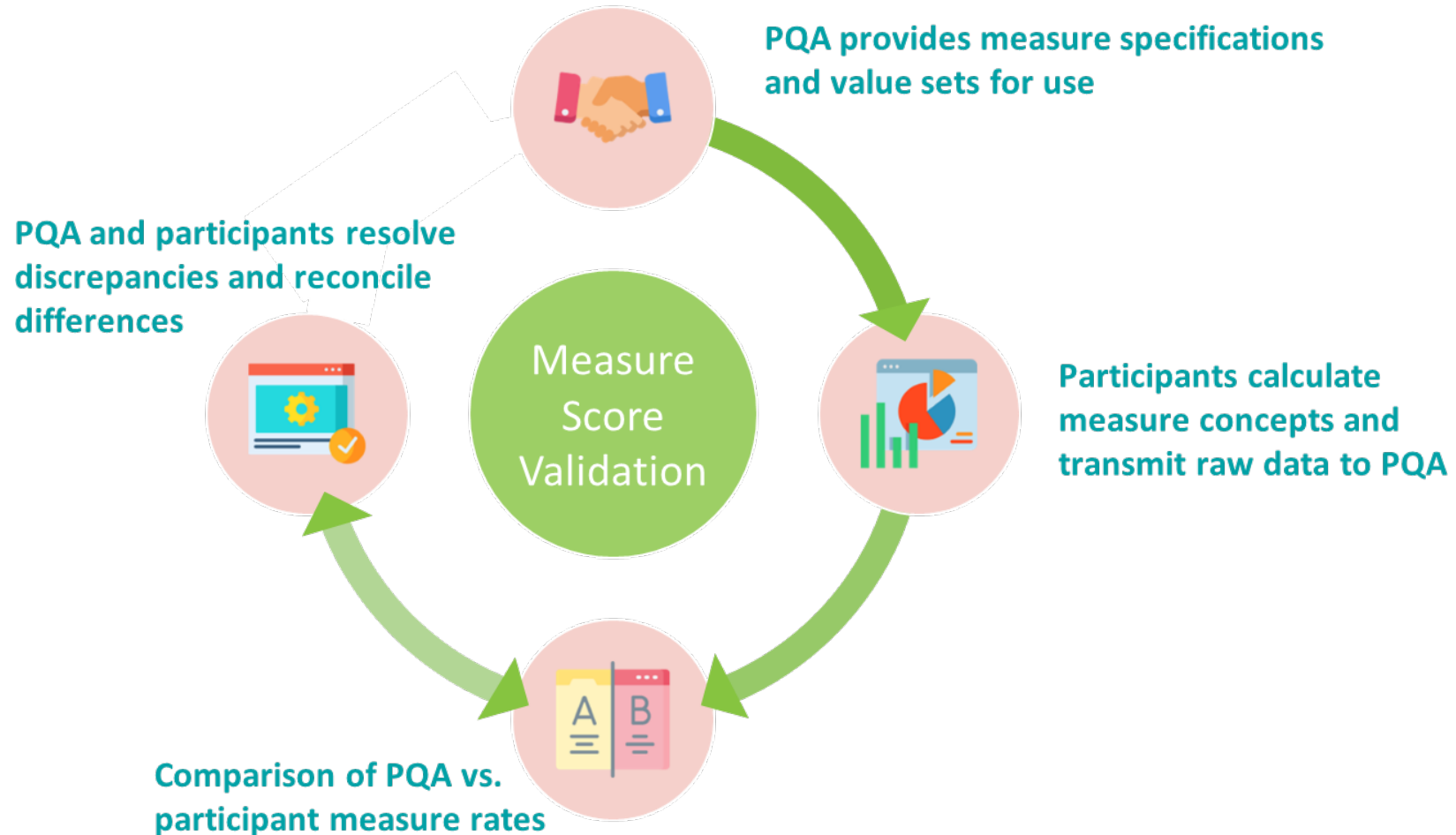
A1C and blood pressure control and improvement consistently ranked highly with stakeholders on key measure criteria



PQA AIC and Blood Pressure Pharmacy Measures Pilot Structure

Use	Validate	Document	Refine
<p>Include AIC/BP Improvement and Control in VBAs</p> <p>Engage with 2 pairs of payers and pharmacy networks</p>	<p>Compare and reconcile measure calculation</p> <p>Feedback to partners to reconcile differences</p>	<p>Document lessons learned from VBA models</p> <p>Payer and pharmacy perspectives; benefits and challenges</p>	<p>Revise specifications as needed</p> <p>Refined specifications informed by project</p>

PQA Pilot Measure Validation Process



Pilot Learnings: *Program Development*

- Strong interest from pharmacies and payers in participating in the pilot
 - 32 total respondents for a total of four spots (2 payer, 2 pharmacy)
- Contracting timelines can be extensive; the contracting process should be initiated as early as possible
- Competing business requirements can divert resources at times



Pilot Learnings: *Data Exchange*

- Measures using prescription claims, medical claims, and lab values are feasible in payer-pharmacy VBAs
 - However, not all organizations have consistent access to specific A1C or BP values (versus ranges)
- Consistent calculation of measure specifications can be challenging
- Disruptions in data exchange due to unanticipated technology challenges can require flexibility



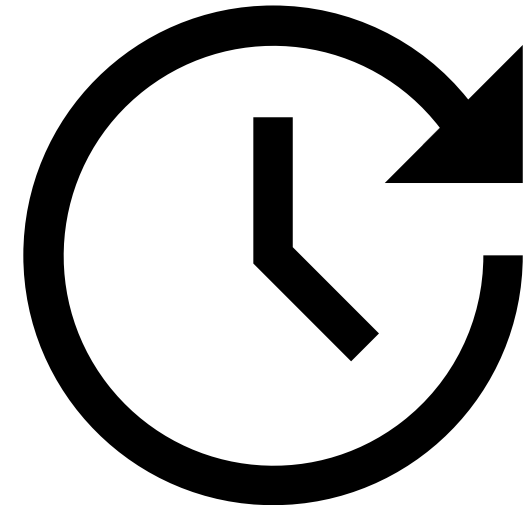
Pilot Learnings: *Pharmacy Impact*

Participant	Measure	Baseline Mean	Endpoint Mean	Absolute Change
Participant 1	A1C Control	36.94%	47.11%	10.17% ↑
	A1C Improvement	53.68%	54.28%	0.6% ↑
	BP Control	14.96%	21.46%	6.5% ↑
Participant 2	A1C Control	62.84%	65.07%	2.23% ↑
	A1C Improvement	44.74%	46.39%	1.65% ↑
	BP Control	51.84%	58.61%	6.77% ↑

Aggregated rates across NPIs within both participant pharmacy organizations showed **improvement from baseline to endpoint** across all reportable measures.

Future Directions

- [Full report on A1C/BP Pilot](#) published on PQA Website
- Collaborate and disseminate resource guide produced by University of Buffalo
- Execute three new PQA pharmacy measure pilots focused on adult immunizations
 - Document and disseminate lessons learned



References

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Question and Answer

Please submit your questions using the Q&A feature at the bottom of your screen

PQA Announcements

Registration Opens Soon



November 7, 2024
Arlington, Va.



November 7-8, 2024
Arlington, Va.



Next Quality Essentials Webinar: Medication Therapy Management

Thursday, August 14, 2024, 1-2 pm ET

Save the Date:

- **Q4 SAM: October 23, 2024, 1-1:30pm ET**



**PQA STAKEHOLDER
ADVISORY MEETINGS**