



Update on Pharmacy Practice: Indiana and Beyond

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NABP/AACP Regional IV
Meeting
Indianapolis, IN
10-16-19

Outline



Current Health Care
Landscape



Strategies to Engage
Stakeholders



Policy Updates in
Indiana



Determining the
Value of Hospital
Services

Official Objectives

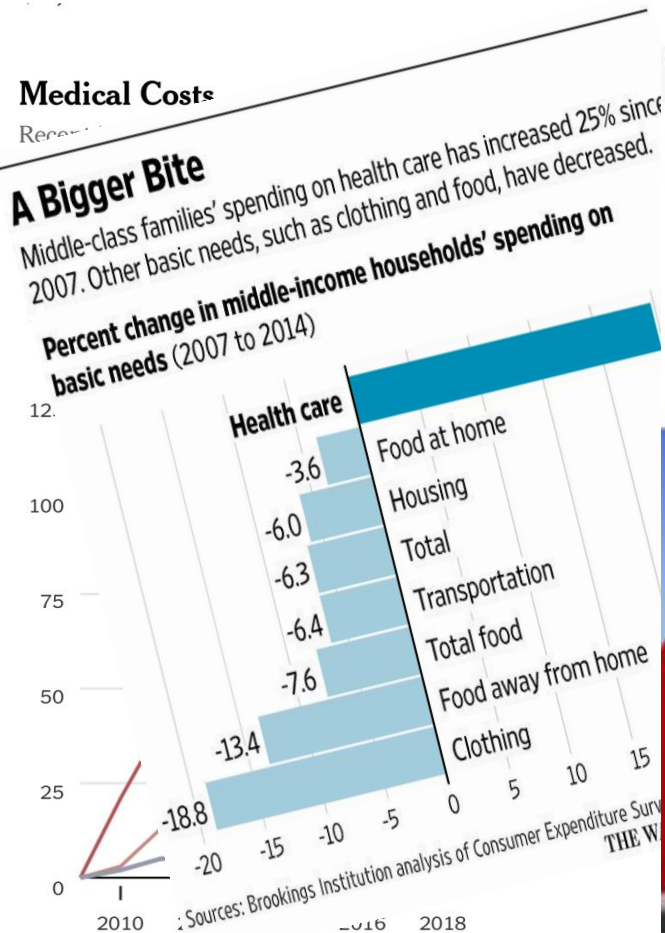
Identify How to Look Up a Hospital's Quality Performance on CMS Hospital Compare and relative hospital prices in 25 states.

What is THE Big, Messy Problem in Healthcare?

AFFORDABILITY

- $VALUE = \frac{\text{Quality}}{\text{Price} \times \text{Quantity}}$
- GOAL = Identify Best Quality at Best Cost

Healthcare Affordability – Politically Hot Topic



Risen, and s



By The New York Times | Source: Kaiser Family Foundation Employer Health Benefits Survey

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017



If You are Not at
the Table, You will
be on the Menu!

How To Get an
Invitation to the
Table?

Engagement with Healthcare Stakeholders

State or Regional Business Coalitions	<ul style="list-style-type: none">• Near all states have them – become an active member
Self-Funded Employers	<ul style="list-style-type: none">• ex. Purdue, Cummins have their own pharmacist at onsite clinics
Health Plans	<ul style="list-style-type: none">• Medicaid, MCEs, Commercial plans
Interprofessional Academic Policy Committees	<ul style="list-style-type: none">• ex. schools of Public Health, Medicine, Business
Data Warehouses	<ul style="list-style-type: none">• Health information exchanges, state data hub, local employee benefit consultants' database
Benefit Consultants	<ul style="list-style-type: none">• ask HR director who are the local big players, i.e. Mercer, Willis Towers Watson, etc.

Engagement with Payors

Medicare - national purview

- Need legislation for provider status, i.e. 2017-2018 bills S.109 & HR.592
- Based on existing STATE scope of practice

Medicaid – state purview

- Medicaid may have Managed Care Entities, i.e. CareSource
- May or may not need legislation for provider status to get change

Commercial – national and state purview

- Anthem, United Healthcare, Aetna, Cigna, Humana
- Self-Insured vs. Fully-insured
- TREMENDOUS OPPORTUNITY as they move towards value-based payment models

Engagement: How to Get Started?

READ

READ what payors and healthcare economists are reading

- Health Affairs is the most widely read health policy journal in US

PRESENT

PRESENT on how pharmacists add value to non-pharmacists

- Host Healthcare Summit and invite all stakeholders ...good way to get to know folks!
- State & national government conferences/committees regarding cost/access/outcomes

LEAD

LEAD within your state pharmacist association and be a SME in your community

- Make policy the priority to advance the profession

Key Point:

Stay Close to What is
Happening in
Healthcare as
Pharmacy is Just like a
Little Chick Following
Mother Healthcare. It
is Critical We Do Not
Get Too Far Behind.





Successful Policy Engagement in Indiana

Added 25 laws in past 9 years, including:

- Collaborative Drug Therapy Management
- All Immunizations
- Telepharmacy
- Medication Sync Payment
- Statewide Protocols for Tobacco

Pharmacy Stakeholders

- Indiana Pharmacist Association
- Board of Pharmacy
- Colleges of Pharmacy
- Community pharmacists
- Hospital and Ambulatory Care pharmacists

Non-Pharmacy Stakeholders

- State Department of Health
- physician groups
- school of public health
- patients

July 2019 State Health Commissioner, Dr. Box (blue dress) signed State-wide tobacco protocol allowing pharmacists to prescribe smoking cessation products....began August 2019!



Indiana Policy Strategy for 2020 and beyond: Attain Prescriptive Authority as Path to Payment/Provider Status



STATEWIDE PROTOCOL
FOR IMMUNIZATIONS



STREP AND INFLUENZA
TESTING AND TREATMENT



PAYMENT FOR MTM AND
OTHER SERVICES

9 STATES and Washington D.C. Recognize Pharmacists to Prescribe Contraceptives (without a collaborative practice agreement)

1. **Oregon HB 2879 – first in 2015**
2. California SB 493
3. Colorado SB 16-135
4. New Mexico
5. Maryland HB 613
6. Hawaii SB 513
7. Idaho
8. Utah
9. West Virginia
10. Washington D.C.



Tobacco 21yo Legislation is on the RISE

As of August
12, 2019,
T21 is law in

- **18 States**
plus D.C.
- 480
localities
too (cities,

States

Hawaii (effective 1/1/16)
California (effective 6/9/16)
New Jersey (effective 11/1/17)
Oregon (effective 1/1/18)
Maine (effective 7/1/18)
Massachusetts (effective 12/31/18)
Illinois (effective 7/1/19)
Virginia (effective 7/1/19)
Delaware (effective 7/16/19)

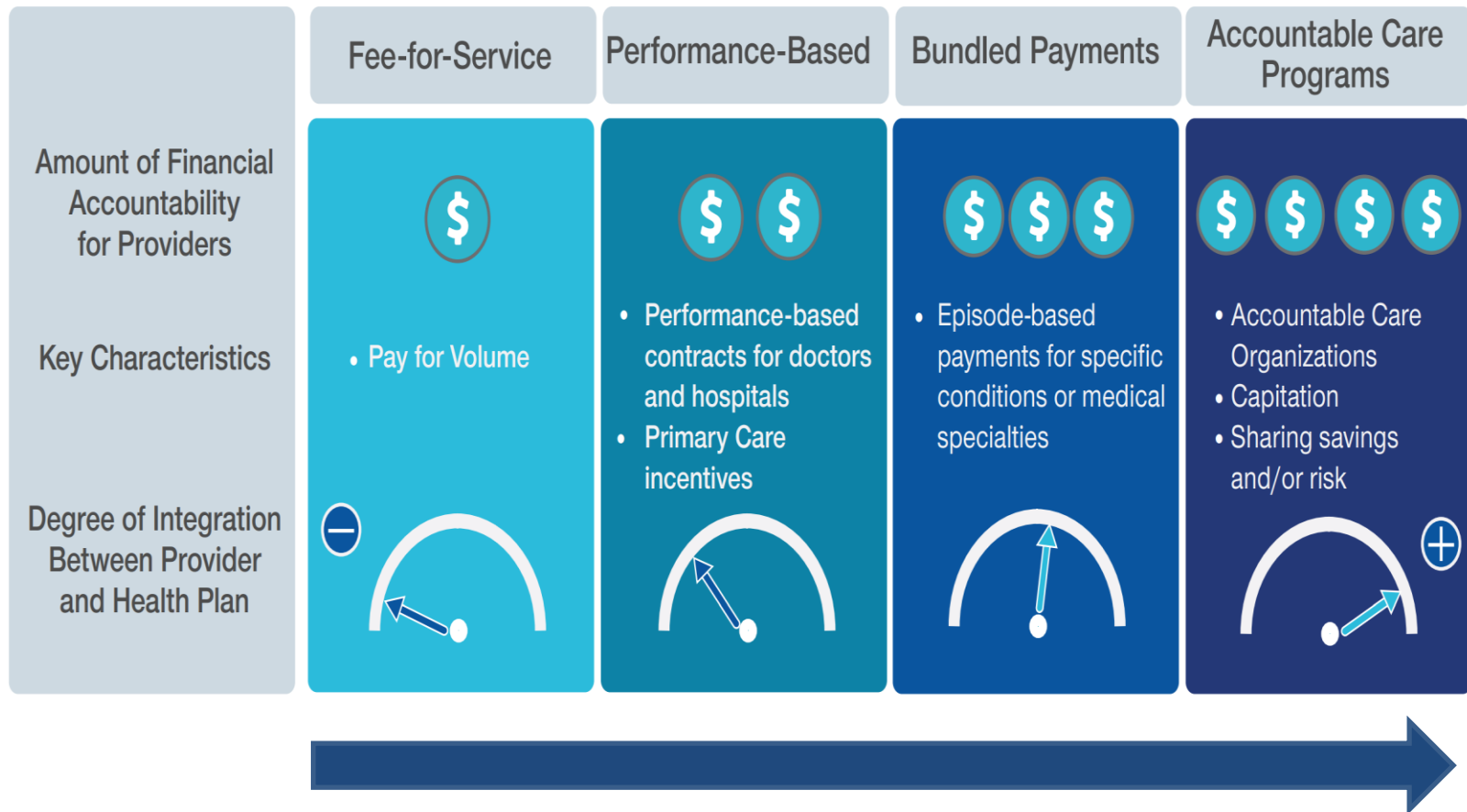
Ohio (effective 7/18/19)
Arkansas (effective 9/1/19)
Texas (effective 9/1/19)
Vermont (effective 9/1/19)
Connecticut (effective 10/1/19)
Maryland (effective 10/1/19)
New York (effective 11/13/19)
Washington (effective 1/1/20)
Utah (effective 7/1/21)

Optimistic Future
for pharmacists as
more health plans
and employers
embrace Value-
Based Payment
Models



Value-Based Payment Models

The Value-Based Care Spectrum





Price Transparency in Healthcare

- $\text{VALUE} = \text{Quality} \times \text{Price}$
 - **Price** x Quantity
- First Hospital Price Transparency Study at the hospital level, May 2019
 - Employer' Forum of Indiana commissioned RAND Corp to report what commercial hospital prices are as a percent of what Medicare prices
 - www.employerPTP.org
 - Report, Tableau map, Excel database

RAND 2.0 FINDINGS: Includes 25 States

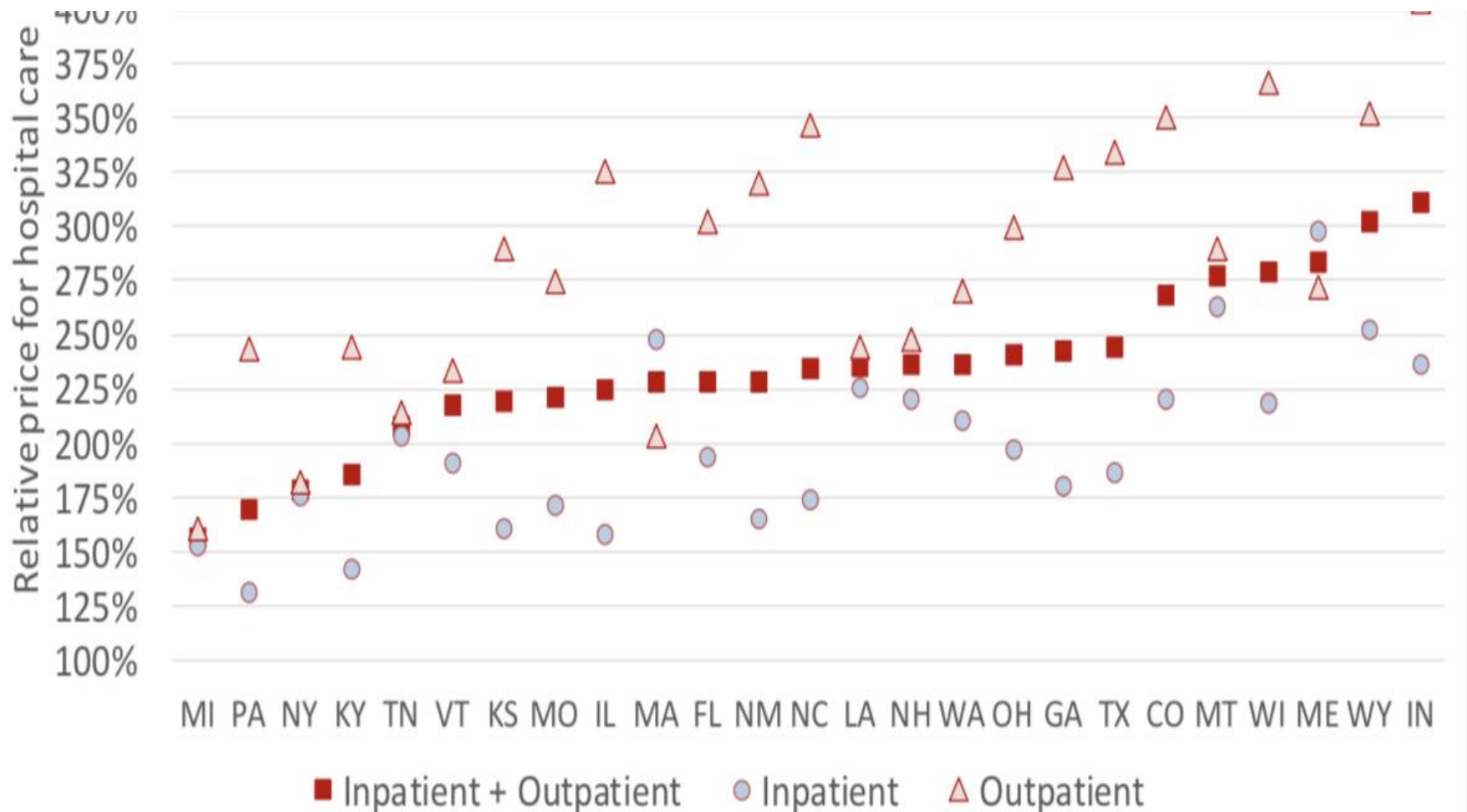
Conducted by RAND, commissioned by Employers' Forum
of Indiana

Services	Hospital inpatient, hospital outpatient
States	CO, FL, GA, IL, IN, KS, KY, LA, MA, ME, MI, MO, MT, NH, NC, NM, NY, OH, PA, TN, TX, VT, WA, WI, WY
Years	2015-2017
Hospitals	1598 short-stay general medical/surgical
Allowed amount (2015-7)	\$12.9 billion in payments (\$6.3 billion inpatient, \$6.6 billion outpatient)
Claims (2015-7)	330,000 claims inpatient, 14.2 million outpatient line items
Data sources	2 all payer claims databases, many health plans, ~45 self-funded employers
Funders	RWJF, NIHCR, THFI, self-funded employers (not health plans or hospitals)

Source: White, 2019, Prices Paid to Hospitals by Private Health Plans are High Relative to Medicare and Vary Widely-Findings from an Employer-Led Transparency Initiative

RAND 2.0 FINDINGS: Across 25 States, Average Relative Hospital Prices in 2017

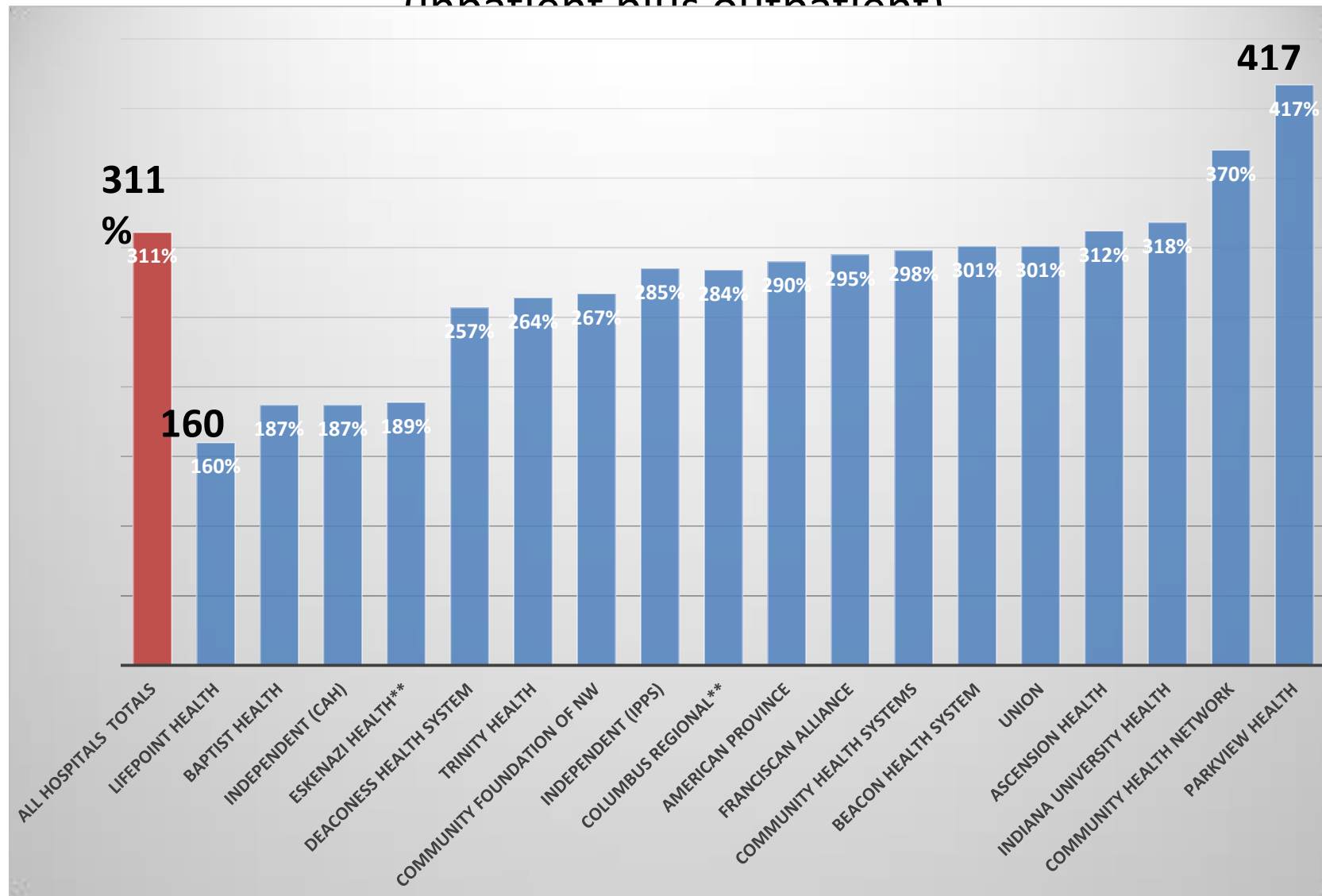
Percent Employer Health Plans Pay Hospitals Relative to What Medicare Would Pay



Source: White, 2019, Prices Paid to Hospitals by Private Health Plans are High Relative to Medicare and Vary Widely-Findings from an Employer-Led Transparency Initiative

Indiana: TOTAL Hospital Commercial Prices Relative to Medicare, 2017

(inpatient plus outpatient)



** RAND 2.0 Study period (2015-2017) averages as study does not provide 2017 relative prices

Source: Derived from Supplement White, 2019, Prices Paid to Hospitals by Private Health Plans are High Relative to Medicare and Vary Widely-Findings for these two hospitals only

A Few Considerations for Fort Wayne Market

Hospital Name	Relative Price 2015-2017				Relative Price 2017			Quality	
	Total (%)	Inpt (%)	Outpt (%)	Health-System Rank (1 is highest priced & 70 is lowest priced)	Total (%)	Inpt (%)	Outpt (%)	CMS Hospital Compare Star Rating 2017 (1=worst, 5=best)	Others (i.e. Quantros, MPIRIC A)
Parkview Health	395	296	497	2	417	303	542	4 (Fort Wayne)	
Indiana University Health	316	258	442	8	318	267	451	4 (Indy)	
Lutheran Hospital	305	211	407	10	298	222	379	2 (Fort Wayne)	
Cleveland Clinic	225	172	326	39	231	187	313	5 (Cleveland)	

Price: <https://employerptp.org/>

Quality:

<https://www.medicare.gov/hospitalcompare/search.html?#>

QUALITY: CMS Hospital Compare Star Ratings

← → ↻ 🔒 https://www.medicare.gov/hospitalcompare/About/Hospital-overall-ratings.html ☆ ○ | G

A A A | Print Medicare.gov | Hospital Compare Home | Close window

Medicare.gov | **Hospital Compare**
The Official U.S. Government Site for Medicare

About Hospital Compare

What is Hospital Compare?

❖ What information can I get about hospitals?

General information

❖ Hospital Compare overall hospital

Hospital Compare overall hospital rating

Questions about the Hospital Compare overall hospital rating can be submitted to:
cmsstarratings@lantanagroup.com.

What is the Hospital Compare overall hospital rating?

The overall hospital rating summarizes a [variety of measures](#) on Hospital Compare reflecting common conditions that hospitals treat, such as heart attacks or pneumonia. Hospitals may perform more complex services or procedures not reflected in the measures on Hospital Compare. The overall hospital rating shows how well each hospital performed, on average, compared to other hospitals in the U.S.

The overall hospital rating ranges from 1 to 5 stars. The more stars, the better a hospital performed on the available quality measures. The most common overall hospital rating is 3 stars. [Learn more about hospital overall rating calculations.](#)




CMS Hospital Quality MEASURES

The Hospital Compare overall rating summarizes 59 quality measures and rolls this up into 7 domains, which get further rolled up into a single Star quality rating for each hospital. The Star ratings are 1-5 (1=worst, 5- best). It is best to expand the Star rating and look at the quality measures in more detail. The 7 domains include:

- 1.) Mortality
- 2.) Safety of Care
- 3.) Readmission
- 4.) Patient Experience
- 5.) Effectiveness of Care
- 6.) Timeliness of Care
- 7.) Efficient Use of Medical Imaging

— Medicare.gov. Hospital Compare-
<https://www.medicare.gov/hospitalcompare/Data/Measure-groups.html>





How to Attain Medication Affordability and Transparency on Price and Quality?

We Must Be Part of the
Discussion

Kudos to
Colorado as
on May 2019,
new law that
Caps patient
outpatient
expense at
\$100/month
no matter how much
insulin is needed
<https://www.cnn.com/2019/05/23/health/colorado-insulin-price-cap-trnd/index.html>

The bill was sponsored by Democratic state Rep. Dylan Roberts, who lost his brother to Type 1 diabetes in August 2016.



Murphy Roberts was diagnosed with Type 1 diabetes when he was 11.

Final Thoughts.....



Research and Education are mission critical



Engagement simply leverages research and education to create

actionable policy change to advance the practice of

pharmacy



Our challenge: to develop thoughtful and adequately resourced Engagement strategies so we stay off the menu



QUESTIONS
WELCOME