

INTRODUCTION

Decisions to adopt new health plan benefits are considered by health plans, payers, and policymakers on an ongoing basis. However, coverage for medication management services beyond Part D Medication Therapy Management (MTM) services are still emerging. Some factors that will impact payer decision-making for more comprehensive medication management services include: rising and unsustainable health care costs, shifts from volume-based to value-based payment systems (fee-for service (FFS) to value-based contracts), new models for integrated care teams, and achievement of the Triple Aim: better patient care, better population health, and affordable care through quality improvement.

OBJECTIVE

This study was conducted to:

- Understand the health plan evaluation process to determine coverage for pharmacist-provided CMMS
- Comprehend current payer perceptions of CMMS as a benefit in value-based health plans.
- Propose strategies for pharmacist-provided CMMS in value-based health plans.

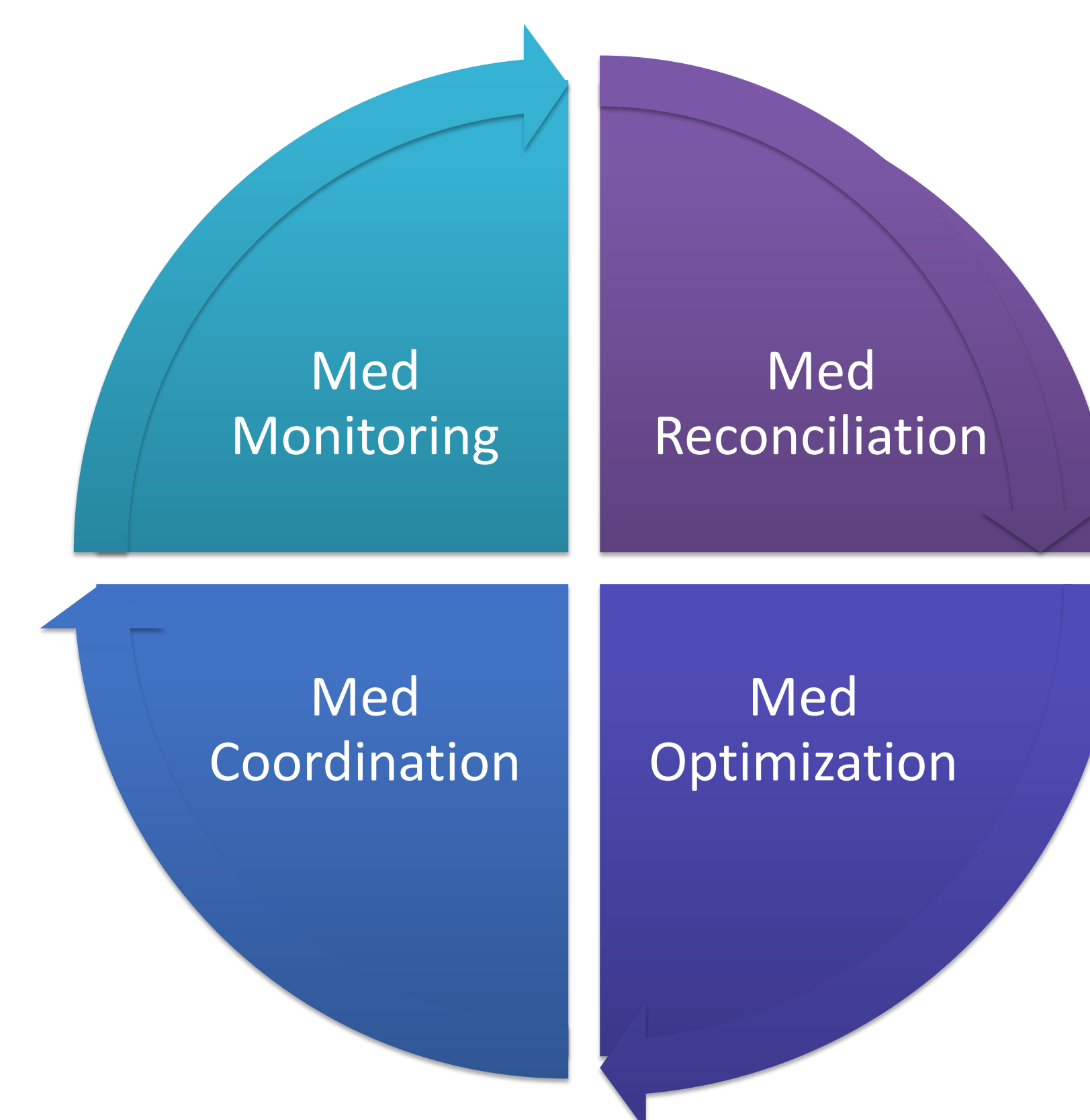
METHODS

In this study, CMMS was defined as “a full array of pharmacist services: medication reconciliation, medication optimization, medication coordination across multiple provider and pharmacies, and medication monitoring/follow-up.”

- CT-based commercial plans were invited to participate in structured interviews
- Participants needed to include a senior level medical director
- All payers were invited to participate in early 2015
- Interviews were recorded and transcribed verbatim by a professional transcriptionist for qualitative analysis

Key informant interviews were conducted with commercial health plan leaders to cover topics of:

- Benefit design elements and review process
- Barriers to CMMS implementation
- Facilitators to CMMS implementation
- Models/payment for CMMS
- Value of CMMS service to payer and its patients



“...a pharmacist who is more of a staff member within an ACO who has a team that the pharmacist is leading. The pharmacist can be “attached at the hip” with the physician thought leader who supports a collaborative process for CMMS.... because it has to be integrated; it can't be siloed again. I think that's **probably the ideal model, and I think it will be self-sustaining really fast.”**

– Senior Medical Director

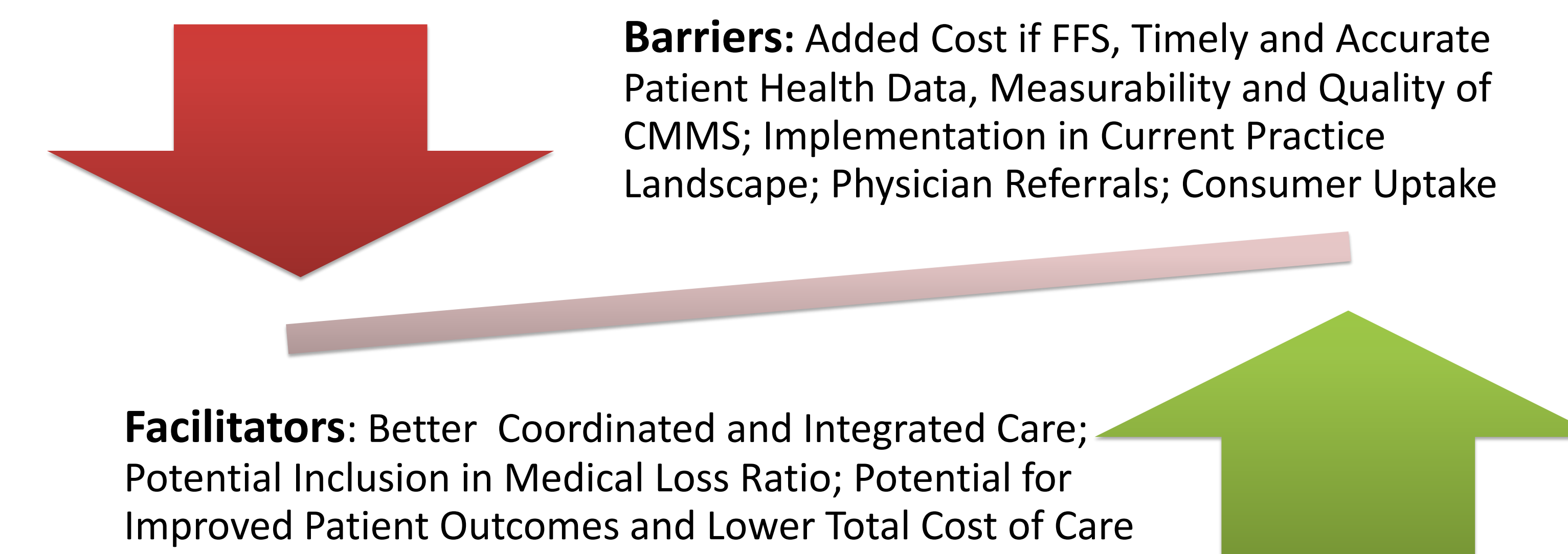
RESULTS

Key Informants: 7 payer executives from 3 commercial health plans comprised of 3 senior medical directors, 1 CEO, 1 VP clinical services, 1 client account executive, and 1 chief pharmacy officer.

Interview Duration: each interview was 60-75 minutes in length.

Findings:

- Payers recognize pharmacists' contributions to improved medication use and safety.
- Payers recognize differences in Part D MTM and CMMS definitions/models.
- CMMS may require fee-for-service payments initially to establish its impact and sustainability, then move toward alternative payments (i.e., care management and coordination payments, capitation/PMPM, shared savings).
- Value-based health plans currently pay for care management services directly to the physician practices. Payers are hesitant to “double-pay” for care management services (including CMMS) to additional providers or increasing current payments.
- ACOs/large practice groups are suggested as sites to initiate integrated pharmacist-led CMMS, with those organizations providing funding and resources.



STRATEGIES FOR SUSTAINABILITY

- Position CMMS as a medical benefit (rather than a pharmacy benefit)
- Include CMMS in payer's medical loss ratio calculation
- Match CMMS to high risk populations based on clinical guidelines, medication safety, utilization patterns, and care gaps
- Articulate CMMS to payers with sound business model, value proposition, outreach methods, and quality assurance plan
- Create CMMS metrics to evaluate the delivery, quality, and impact of the service
- Discuss pharmacist reimbursement for CMMS through adequate care management payments to provider groups
- Develop CMMS outreach education for integrated care teams, health care professionals, and consumers

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