Medication Safety LAN Event – *What Can Chronic Care Management Do For You?*

Wednesday, July 12, 2017
3:00 – 4:30 PM ET

Welcome and Reminders

Rachel Digmann, PharmD, BCPS
QIN NCC
Event Lead

Amanda Ryan, PharmD, CGP
Qsource
Chat Manager

- Please be prepared for sharing and open discussion
- Slides and a recording from today's session can be found on: http://qioprogram.org/medication-safety-lan-event-july-2017

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Agenda

- Housekeeping Items & Continuing Education Details
- Speakers
  - Lindsay Kunkle, PharmD
  - Michelle Thomas, PharmD, BCACP, CDE
  - Michelle Oswald, MA, BSW
  - Jodi Grandominico, MD
  - Kelli Barnes, PharmD, BCACP
  - Risa Hayes, CPC
- Facilitated Discussion
- Wrap-up

Learning Outcome

- The purpose of this session is to prepare healthcare quality improvement professionals to identify and implement effective healthcare strategies by exploring promising practices to improve shared decision-making and patient-centered care.
- We expect that this experience will help participants demonstrate and promote successful delivery of care practices and identify opportunities for improvement, all of which may promote advances in care that impact the Medicare beneficiaries served by the work of the QIO Program.

Now Offering Continuing Education Credit

Continuing education credit is available for:

- Physicians & Physician Assistants
- Registered Nurses & Nurse Practitioners
- Dietitians
- Pharmacists & Pharmacy Technicians
- Certificate of Attendance

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- Attend the entire event
- Complete the evaluation that will pop up at the conclusion of the event
- There is a separate evaluation required for CE that will load in your browser following completion of the general evaluation
- Once you submit your CE evaluation, you will be provided with a certificate to retain for your records
- For technical assistance, please email Nikki Racelis (nikki.racelis@qinncc.hcqis.org)

CE Information

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This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of AKH Inc., Advancing Knowledge in Healthcare, CRW & Associates and Telligen. AKH Inc., Advancing Knowledge in Healthcare is accredited by the ACCME to provide continuing medical education for physicians.

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AKH Inc., Advancing Knowledge in Healthcare approves this knowledge-based activity for 1.5 contact hours (0.15 CEUs). UAN 0077-9999-17-034-L04-P; UAN 0077-9999-17-034-L04-T. Initial Release Date: 7/12/17

CE Information, Continued

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This activity is awarded 1.5 contact hours.

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This program is accredited for 1.5 contact hours which include 0 hours of pharmacology. Program ID #221718-6

This program was planned in accordance with AANP CE Standards and Policies.

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Disclosure of Financial Relationships & Commercial Support

- The planners and faculty do not have any relevant financial relationships to disclose.
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- No commercial support was received for this activity.

Disclosure of Financial Relationships & Commercial Support

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Who's in the room?

What entity or type of organization do you represent?

- Academic Faculty
- Government agency (CMS, CMMI, CDC, etc.)
- Home Health Agency
- Hospital
- Nursing Home/LTC/SNF
- Patient, Family, or Caregiver
- Patient or Family Representative
- Pharmacist: Clinic
- Pharmacist: Community
- Pharmacist: Hospital
- Pharmacist: LTC
- Prescriber/Practitioner
- QIN-QIO staff
- Other (please specify in the comments field)

Session Goals

By the end of today's call you will be able to…

- Understand what Chronic Care Management services are and how pharmacists can engage in implementation and maintenance of the service.
- Explain strategies that care teams may utilize for reimbursement/sustainability of their services in the Chronic Care Management model of care.
- Provide access to Chronic Care Management resources and educational materials to increase knowledge and marketing of the services to available patients an caregivers.

Chronic Care Management

Collaborating with Pharmacists to Improve Care for Medicare Beneficiaries

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Overview

- CCM Overview
  - The CCM Team
- CCM in a Primary Care Practice
- Panel Discussion
- Business Case for CCM Partnerships
  - Adding Value through CCM
- CCM Resources
- Questions & Discussion

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CCM Overview

Lindsay Kunkle, PharmD

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CCM Value Proposition

- Opportunity to improve patient outcomes and quality metrics
- Improved coordination of and access to care for patients
- Enhanced collaboration between physicians and pharmacists
- Optimizing clinicians' time using a team-based care model
- Additional revenue for participating clinicians

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What is CCM?

- Medicare Part B fee-for-service program that pays providers for furnishing non-face-to-face chronic care management and coordination services each month.
  - Often provided telephonically

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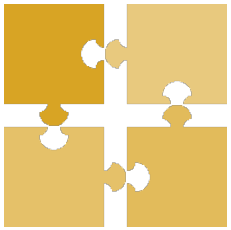
CCM Key Components

Structured Data Recording

Comprehensive Care Plan

24/7 Access to Care



Comprehensive Care Management

Transitional Care Management

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Eligible Patients

Medicare beneficiaries who reside in the community setting that meet the following requirements:

- 2+ significant chronic conditions expected to last 12+ months or until death
- Significant risk of death, acute exacerbation/decompensation, or functional decline (e.g. diabetes, heart failure)
- Comprehensive care plan is established, implemented, revised, or monitored

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Types of CCM

CCM Service	Time	Description
Comprehensive Assessment	N/A	Extensive assessment & care planning during CCM enrollment (add-on to primary service)
CCM	20+ minutes	5 core CCM services
Complex CCM	60+ minutes	5 core CCM services plus: • Moderate or high complexity clinical decision making • Establishment or substantial revision of care plan
Additional CCM Time	30 minutes increments	Same as Complex CCM, added onto when time required exceeds the 60 minute baseline rate (e.g. 90 or 120 minutes)

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The CCM Team

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The Care Team

- CCM care team member can be classified into three categories based on their profession and role on the team:
  - Qualified Healthcare Professionals (QHP)
  - Clinical Staff (e.g. pharmacists)
  - Non-clinical Staff

Location of the Care Team

- QHPs and clinical staff do not need to be co-located when CCM services are provided
  - General Supervision: QHP needs to be generally available (e.g. via phone) to the clinical staff when services are delivered
- There are no restrictions on where non-clinical staff can be located

Care Team Roles and Responsibilities

	Qualified Healthcare Professional (e.g. Physician)	Clinical Staff (e.g. Pharmacist)	Non-clinical Staff (e.g. Pharmacy Staff, Office Manager)
Consent Patient	**X**		
Collect Structured Data	X	**X**	X
Develop Comprehensive Care Plan	**X**		
Maintain/Inform Updates for Care Plan	X	**X**	
Manage Care	X	**X**	
Provide 24/7 Access to Care	X	**X**	
Document CCM Services	**X**	X	
Bill for CCM Services	**X**		
Provide Support Services to Facilitate CCM		X	**X**

CCM in a Primary Care Practice

Michelle Thomas, PharmD

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Chickahominy Family Practice

- Richmond, VA area
- Care Team: doctors, nurse practitioners, physician assistants, pharmacist, nurses
  - PharmD employed by practice in 2011
- History & motivation for providing CCM services

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CCM Care Process

1. Patient Selection
2. Consent
3. Care Plan Development
4. Care Plan Implementation
5. Documentation/Communication

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1 Patient Selection

- Initial selection by “Qualified Healthcare Professional”
  - Physician*
  - Nurse Practitioner
  - Physician Assistant
  - Clinical Nurse Specialist
  - Certified Nurse Midwife

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2 Consent

Verbal or Written, one time

A. NOT seen in 12 months: face-to-face with QHP
   - Annual wellness visit (AWV)
   - Evaluation & management visit (E/M) established level 2-5
   - Initial preventive physical exam (IPPE)
     - Provider time spent enrolling= G0506

B. Seen in 12 months: face-to-face with QHP not required but it is allowed

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Patient Consent

Required information for patient and/or caregiver:

- What the CCM service is
- How to access the service
- How patient's information will be shared
- How cost-sharing applies to these services
- That only one QHP can be provide this service monthly
- How to stop the service

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3 Care Plan Development

Comprehensive Care Plan Elements:

- Problem list
- Expected outcomes, prognosis
- Measurable treatment goals
- Symptom management
- Planned interventions and individuals responsible for those interventions
- Medication management
- Community/social services ordered
- A description of how services outside the practice will be coordinated
- A schedule for periodic review of the care plan

Sharing the Care Plan

Share Care Plan With	Required?	How
Patient/Caregiver	Required	• Written or electronic copy
Anyone involved in providing CCM services	Required	• In the medical record • Electronically • Faxed • Secure messaging
Other health service providers	As Appropriate	

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4 Care Plan Implementation

Monthly telephone calls by Clinical Staff:

Comprehensive Care Management	Transitional Care Management	24/7 Access to Care
• Preventive care • Medication reconciliation • Comprehensive medication review • Medications self-management	• Manage care transitions between providers/settings • Patient referral, as needed	• Address urgent care needs • Can be done electronically

Coordinate care and ensure continuity of care and documentation

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5 Documentation

- QHP* EHR must be certified under the EHR Incentive Programs
- Documentation Requirements
  - Consent
  - Structured data
    - Demographics
    - Problem list
    - Medications
    - Medication allergies
  - Care plan
  - Documentation that care plan was provided to patient
  - Communications to and from other providers
  - Time spent delivering CCM services

**clinical staff are not required to have certified EHRs in order to deliver care*

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Considerations for CCM Collaboration

- Desired outcomes of CCM collaboration
- Care team members and division of responsibilities
- Processes for identifying, consenting, onboarding, and withdrawing patients
- Use of and access to a certified EHR
- Procedures to document services and time spent providing care
- Mechanism and format for communicating health information

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CCM Resources

Rachel Digmann, PharmD, BCPS & Michelle Oswald

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CCM Resources

- Connected Care: The Chronic Care Management Resource
  - http://go.cms.gov/ccm
- CMS Guidance on Chronic Care Management Services
  - 2017: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf
- CMS Care Management Page
  - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Care-Management.html
- CMS Summary of CCM Changes for 2017
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagementServicesChanges2017.pdf
- Medicare Learning Network National Provider Call on CCM
  - https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2015-02-18-CCM-Transcript.pdf
- CCM: An Overview for Pharmacists
  - https://www.pharmacist.com/sites/default/files/CCM-An-Overview-for-Pharmacists-FINAL.pdf

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Panel Discussion

Jodi Grandominico, MD
Kelli Barnes, PharmD
Michelle Oswald, MA, BSW

Facilitated by: Rachel Digmann, PharmD, BCPS




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Model for Clinician Engagement in CCM

Lindsay Kunkle, PharmD

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CCM Billing Basics

- QHPs bill for the services provided by the CCM care team, meaning clinical staff do not directly bill CMS for this service.
- All members of the CCM care team must be contracted, leased, or employed by QHP
- Only one practitioner may be paid for the CCM services provided in a given month.

CCM Billing Basics

	Comprehensive Assessment	CCM	Complex CCM	Additional CCM Time
Duration of Services	Once per QHP per patient	20+ minutes	>60 minutes	30 minute increments
CPT Code	G0506	99490	99487	99489
Services Provided	Extensive assessment & care planning during CCM enrollment (add-on code to primary service)	5 core CCM services	5 core CCM services plus: • Moderate or high complexity clinical decision making by the QHP • Establishment or substantial revision of care plan	Same as Complex CCM
Avg. 2017 payment	$64	$43	$94	$47
Eligible for 30 minute add-on	No	No	Yes	N/A

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CCM Billing Considerations

- QHP must indicate point of service for CCM, which should be the location where the QHP sees the patient for visits.
- Beneficiary copayments and deductibles DO apply
  - Patient pays 20% or ~$8
  - Often covered by Medigap no copay for duals

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CCM Billing Restrictions

- May not bill the following codes in the same month for the same services:
  - Transitional Care Management (CPT 99495, 99496)
  - Home Health Supervision (HCPCS G0181)
  - Hospice Care Supervision (HCPCS G9182)
  - Certain ERSD Services (CPT 90951-90970)
  - Patient Monitoring Services (CPT 99090, 99091)

Partnering with Pharmacists

- QHP can partner with pharmacists to provide elements of CCM services in exchange for a portion of this revenue stream (commensurate with percentage of services provided).
  - Primary care physician contracting with a community pharmacist
  - Clinic employing a pharmacist full or part time
  - Group practice leasing a pharmacist from his/her primary practice setting

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Adding Value through CCM

Michelle Thomas, PharmD

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Value Proposition: Patient Care

- Improved coordination of care
- Improved access
- More attention to patient needs
- Improved health and satisfaction

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Value Proposition: Provider Time

- Patient phone calls for refills
- Care coordination - specialist notes, communication
- Home Health collaboration - supplies, feedback
- Referral follow-through
- Screen/triage less serious patient issues

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Value Proposition: Quality Measures

- Potential to improve key quality metrics and patient outcomes
- Sample measures of interest:
  - Patients with A1C > 9.0%
  - Medication reconciliation post discharge
  - Influenza/Pneumococcal immunization
  - Tobacco screening and counseling
  - Blood pressure screening and control

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Value Proposition: Improve Revenue

- CCM billing $40-$100+/month per patient ($500+ annually)
- Improved quality metrics can lead to incentive payments (e.g. MACRA/MIPS)
- Increased timely follow up when appointments due
- Improved practice reputation, new patient draw

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Questions & Discussion

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Telligen – QIN NCC

Risa Hayes, CPC
Program Specialist

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What Is the Patient Activation Measure®?

- 10 item questionnaire developed at the University of Oregon by Dr. Judith Hibbard and Dr. Bill Mahoney
- Measures an individual's ***knowledge***, ***skills*** and ***confidence*** for managing their health and healthcare
  - Survey instrument assigns an individual to an ***activation level (1 - 4)*** based on and a ***numeric score (0 – 100)***; 10 to 12 points separate activation levels
- PAM® reliably predicts future ER visits, hospital admissions/readmissions, medication adherence and more.
- PAM® activation levels are mapped to hundreds of consumer health characteristics – motivators, attitudes, behaviors and outcomes – for dozens of health conditions (e.g. heart failure, diabetes, hypertension)
- Allows providers to tailor interventions based on patient's activation level
  - Increases effectiveness of care planning, intervention, provider/patient communication, and allocation of resources

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PAM® Resource available to you at no cost

Through your local QIN-QIO . . .

- PAM-10® questionnaire
- Coaching for Activation (CfA): web-based health coaching and protocol tool
- Flourish: online reporting and analysis tool
- Assistance with project design, measurement, intervention strategy
- Recorded PAM® training webinars
- Training and coaching resources
- Case studies
- QIN-QIO support

Join the October 11 Medication Safety LAN Event

for more information

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Facilitated Discussion

Chat in your questions and comments.

Press *1 on your telephone key pad to enter the teleconference queue.

Call to Action

- Review the CCM resources presented today.
- Identify at least one community partner who you can engage in your medication management efforts.
- Complete the post-event assessment upon exiting WebEx:

  https://www.surveymonkey.com/r/V83622Y

Save the Date!

- Join us for the next Medication Safety LAN Event!
  - Wednesday, October 11, 2017
  - 3:00 - 4:30 PM ET
  - Registration is required!
    - Register at https://qualitynet.webex.com/qualitynet/onstage/g.php ?MTID=e8a0451b6634b1d7f4212a2b200bdbf0a

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Thank you!

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