



eHEALTH INITIATIVE
Real Solutions. Better Health.

Accountable Care Communities **Council**

Connecting Retail Pharmacies with Accountable Care Networks

Thursday, March 20
2:00-3:00pm ET

Reminder:

- Please mute your line when not speaking (* 6 to mute, *7 to unmute)
- This call is being recorded

Agenda

- Welcome and introduction
- Roll call
- Case study presentations
 - Amanda Adkins, Senior Director and General Manager, Primary Health Network, Cerner Corporation
 - Patrick Gilligan, Senior Vice President, Health System Alliances, CVS Caremark
- Q&A / General Discussion

Co-Chairs

Council is chaired by:

- **Anshu Choudhri, MHS**
Director, Legislative and Regulatory Policy
Office of Policy and Representation
BlueCross BlueShield Association
- **Rebecca Molesworth**
Manager, Solution Management
Truven Health Analytics



Speakers

Today we have case study discussions presented by:

- **Amanda Adkins**
Senior Director and General Manager
Primary Health Network and
Population Services
Cerner
- **Patrick Gilligan**
Senior Vice President
Health System Alliances
CVS Caremark



Primary Health NETWORK by Cerner

Impacting health where
people work, play and
shop

(please contact Amanda for more information and/or slides:
Amanda.Adkins@Cerner.com)

primaryhealthnetwork.com



March 2014

Collaborating with Providers in the New Healthcare Landscape



eHEALTH INITIATIVE

Real Solutions. Better Health.

A Pharmacy Innovation Company

CVS Retail Pharmacy

7,600 stores, 5 million served daily
90.6M households with ExtraCare® card



CVS Caremark PBM

2,000 clients, 63M members,
including 6M Med D, 8M Medicaid
35M web visits in 2012

Specialty Pharmacy

through 7,600 CVS retail
pharmacies, 12 mail service
pharmacies, therapy-
specific CareTeams



Clinical Innovation

Accordant Health Services
Genetic Benefit Management
Pharmacy Advisor®
Behavior Change Research

Mail Service Pharmacy

2 mail service pharmacies
50M+ scripts annually



minute clinic®

816 clinics, 18M patients
served, affiliated with 30 major
health systems

Fortune 13 company: Resources and capital to innovate and create competitive advantage for you

■ Today's Challenge for Integrated Delivery Systems

- Compete effectively in a fee for service market, while developing the capabilities to manage population health
- Improve quality, while finding ways to lower total costs of care
- Avoid the addition of too much overhead even while developing new programs
- Relieve over-burdened leadership forced to address too many issues simultaneously

We have simple, clinically sound programs ready to be bolted onto your existing system that will lower costs and improve quality through Better Pharmacy Care and Primary Care Support

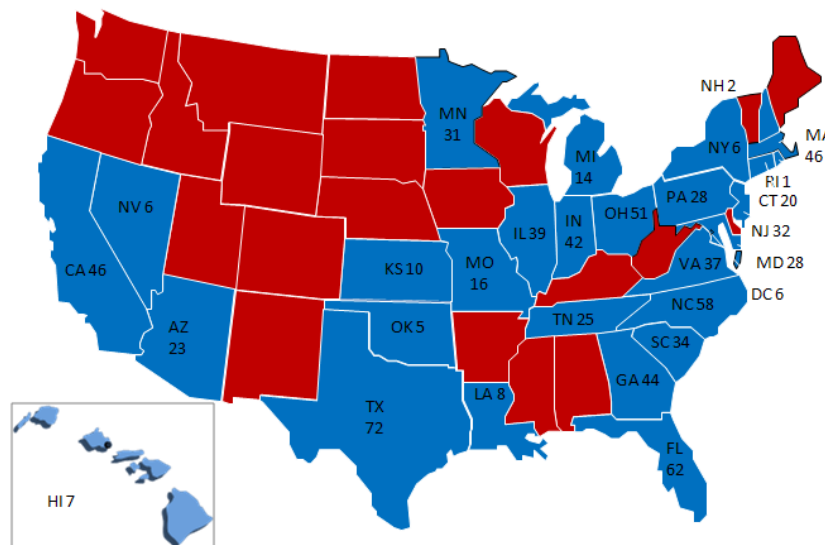
minute clinic®: Providing Primary Care Support

- Cost-effective, accessible, evidence-based
- Walk-in care, 7 days/week
- 2,500 nurse practitioners
- 18M patient visits since inception
- Evidence-Based Guidelines for acute and chronic care
- 85% use third party coverage

**minute clinic®
Is Fully Accredited
By The Joint Commission**



Increasing Scale: Over 800 Clinics in 28 States



350 clinics added in the past 3 years!

50% of patients do not report a Primary Care Provider

minute clinic® – Scope of Services

Treatments and Services

Minor illness exams

- Allergy symptoms (2 years+)
- Body aches
- Cough
- Earache/ear infection
- Flu-like symptoms
- Itchy eyes
- Mononucleosis (mono)
- Motion sickness prevention
- Nasal congestion
- Pink eye & styes
- Sore throat/strep throat
- Upper respiratory infection
- Urinary tract/bladder infection (females 12 years+)

Minor injury exams

- Blisters
- Bug bites & stings
- Deer tick bites
- Jellyfish stings
- Minor burns
- Minor cuts & lacerations
- Minor wounds & abrasions
- Splinter removal
- Sprains/strains (ankle, knee)
- Suture & staple removal

Skin condition exams

- Acne
- Athlete's foot
- Chicken pox
- Cold sores & canker sores
- Impetigo
- Lice
- Minor infections
- Minor rashes
- Oral/mouth sores
- Poison ivy/oak (3 years+)
- Ringworm
- Scabies
- Shingles
- Styes
- Sunburn
- Swimmer's itch
- Wart evaluation (5 years+)

Vaccinations

- DTaP (diphtheria, tetanus, pertussis)
- Flu (seasonal)
- Hepatitis A (adult & child)
- Hepatitis B (adult & child)
- Gardasil® (HPV)
- Polio (IPV)
- Meningitis
- MMR (measles, mumps, rubella)
- PPSV (pneumonia)
- Td (tetanus, diphtheria)
- Tdap (tetanus, diphtheria, pertussis)

Wellness & physical exams

Screenings

- Blood pressure evaluation
- Cholesterol screening
- Comprehensive health screening package
- Glucose screening

Physical exams

- Camp physical
- College or administrative physical
- DOT physical
- Sports physical

Other

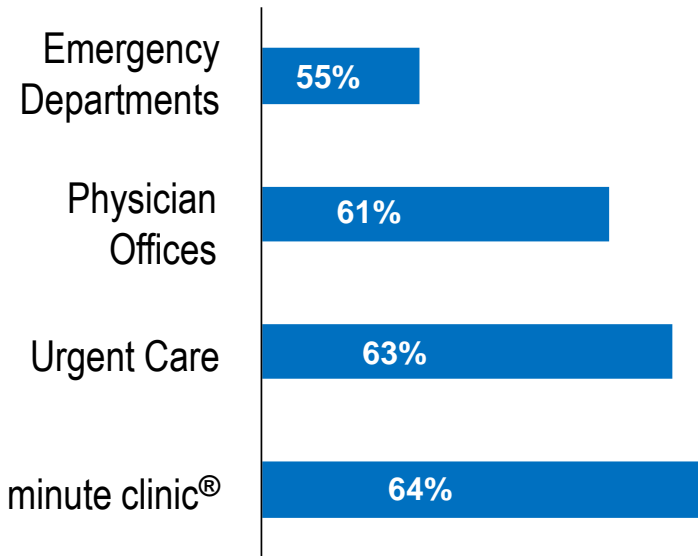
- Ear wax removal
- EpiPen refill
- Pregnancy evaluation
- Smoking cessation
- TB (tuberculosis) testing
- Vitamin B12 injection
- Weight evaluation
- HIV Testing (pending in NY)
- Medication Renewal

Health condition monitoring

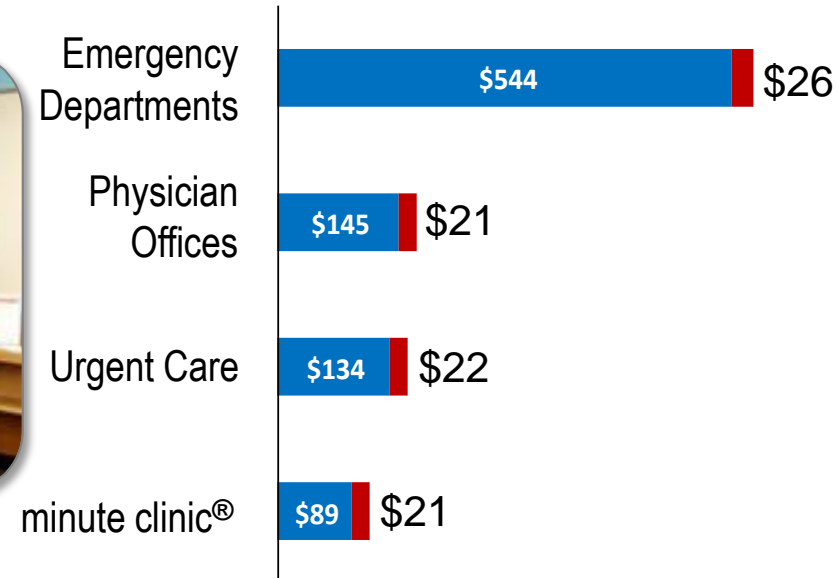
- Diabetes monitoring
- Blood pressure evaluation
- Cholesterol monitoring

Impact of minute clinic® Utilization: Comparing Cost and Quality Of Treating Common Illnesses Across Medical Settings

Quality Indicators



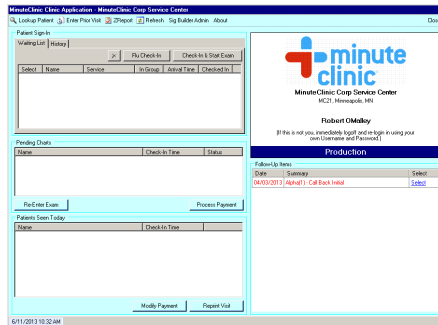
Cost Per Episode



■ Non Pharmacy Cost ■ Pharmacy Cost

Source: "Comparing Costs and Quality of Care at Retail Clinics With That of Other Medical Settings for 3 Common Illnesses," Annals of Internal Medicine, August, 2009.

Fully Connected to Promote the Most Effective Care for Your Members



Electronic Clinical
Information Exchange **5**

Nurse Practitioner
Treats Patient **4**



1 Patient Visits
minute clinic®



2 Nurse Practitioner
Accesses EMR

Medication	Sig	Disp Refill	Start Date	End Date	LAB Comment	DIC Reason	Rev
Biotin 5 mg ORAL Cap	Take one (1) tablet daily	1 0	9/26/2010				ORP
Hydrocodone (PULPAX 20 (MCT 145))	as necessary for headache	30 0	5/6/2008				ORP
Lorazepam (ZIVATEC) 10 mg ORAL Tab	Take one (1) tablet daily	35 2	9/26/2007				ORP

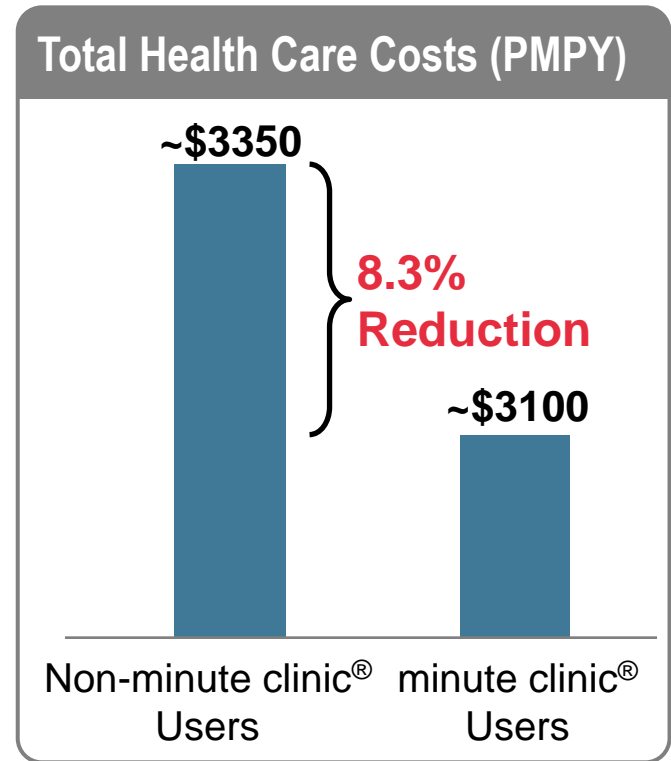
3 minute clinic® EMR
Links to Health System

Health System Patient Notes:

- Allergic to Penicillin
- Current medications
- Hypertension: needs BP check

■ Case Study: minute clinic® Helps Lower Total Health Care Costs

- Large employer compared total health care spending (medical and pharmacy claims) for members using minute clinic vs. members seeking care in other settings over a 1-year period*
- Subjects matched for age, gender and health status
- minute clinic patients had lower physician visits, ED visits, and hospital days



minute clinic users had 8.3% lower total health care costs when compared to non-users.¹

*Using de-identified data. medical and pharmacy claims for employees and their dependents who received care at a retail clinic between June 1, 2009, and May 31, 2010, were matched to those of subjects who received care elsewhere.

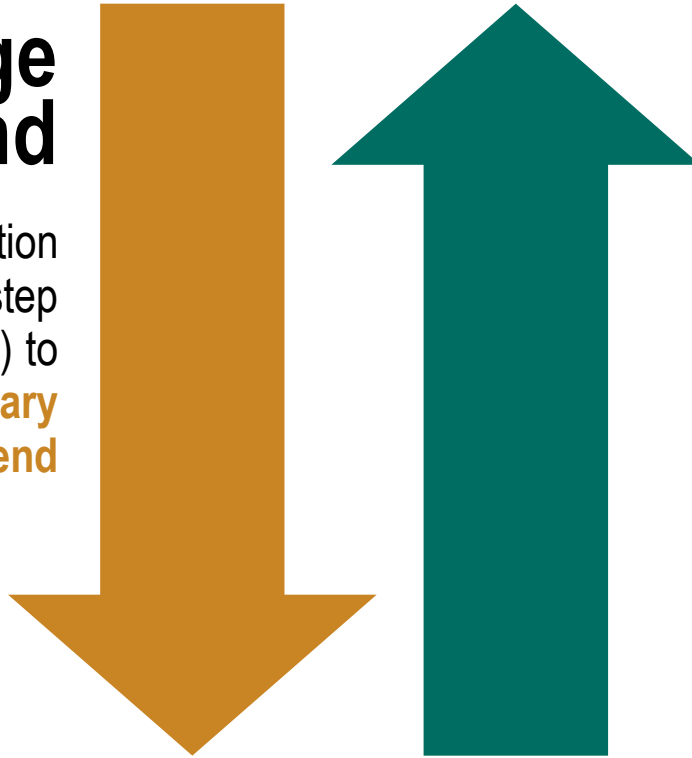
1. Sussman, Andrew MD., et al. Retail Clinic Utilization Associated with Lower Total Cost of Care. The American Journal of Managed Care. April, 2013. 19:4.

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■ Better Pharmacy Care And Primary Care Support Can Drive Down Costs

Manage Bad Trend

Cost and utilization management solutions (step therapy, prior authorization) to **control unnecessary pharmacy spend**



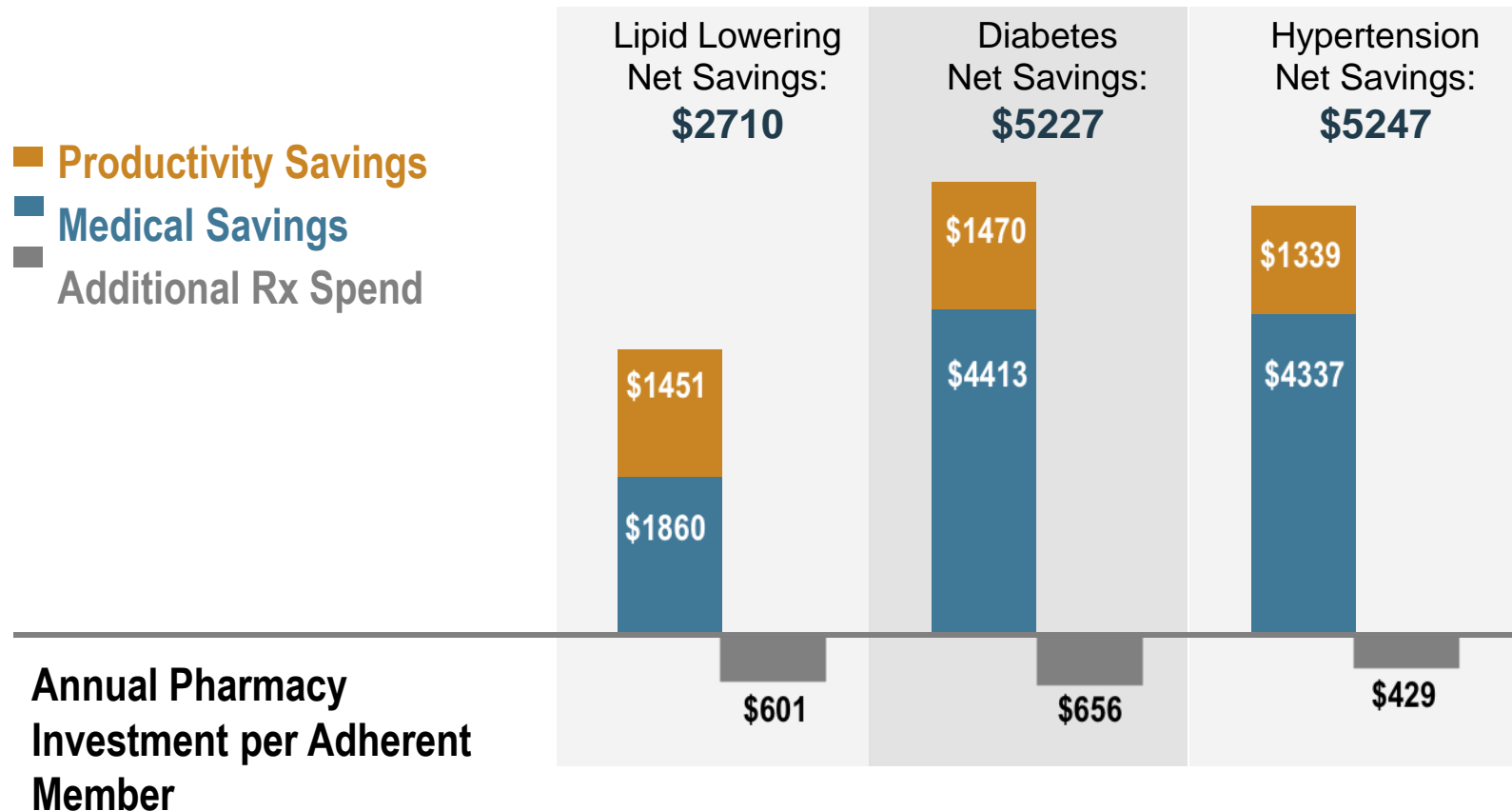
Promote Good Trend

Reducing medical costs through unique solutions that **improve adherence and close gaps in care, provide pharmacy care outreach to hospitals; and provide guideline driven, primary care support that promotes health and disease prevention**

Pharmacy Care and Primary Care Support are “Bolt On” **collaborative** opportunities that we can implement in a fee for service environment, while you prepare for going at risk

Better Pharmacy Care: Investing in Adherence Improves Outcomes

Medical and Productivity Savings (PMPY)

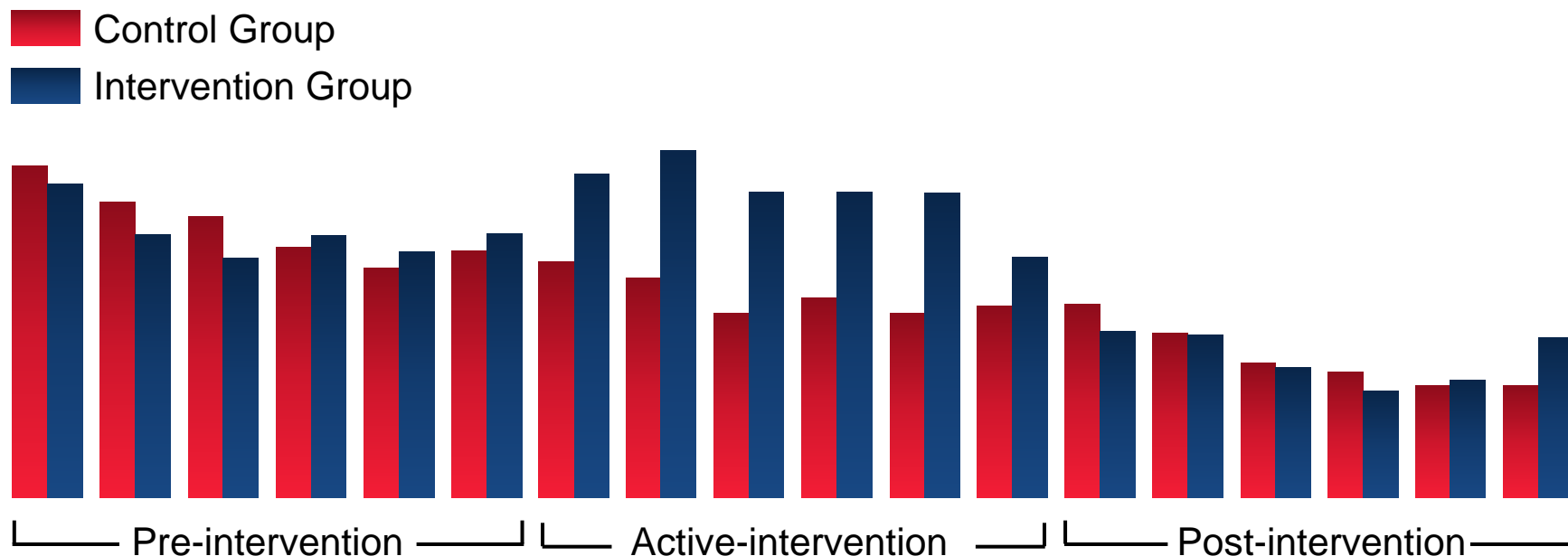


Sources: Roebuck MC, Liberman JN, Gemmill-Toyama M, Brennan TA. Medication adherence leads to lower health care use and costs despite increased drug spending. *Health Affairs*. 2011;30(1):91-99. Carls GS, Roebuck MC, Brennan TA, Slezak JA, Matlin OS, Gibson TB. Impact of medication adherence on worker productivity: an instrumental variables analysis in five chronic diseases. *Joem*. 2012

Pharmacist Counseling Makes a Difference

Pharmacy Advisor: Face-to-face Adherence Counseling

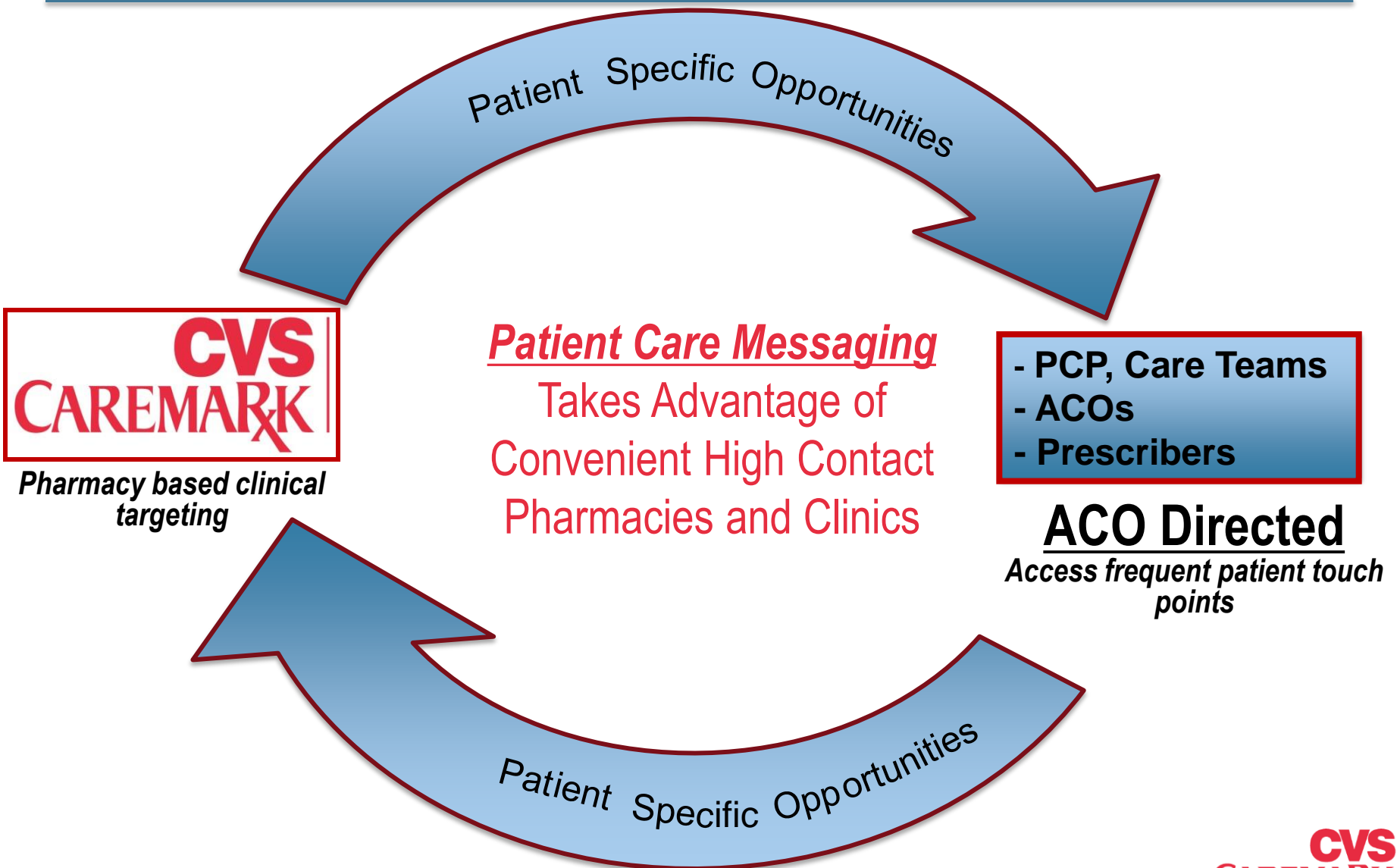
(oral anti-diabetic, days supply per month)



Pharmacy Advisor Program provides patient advice for the medications used to treat ten common chronic diseases, utilizing PBM and Retail channels

Note: As published in Health Affairs, October 2012.

Better Inform Your Patients: Bi-directional Care Messaging



■ Pharmacy Collaboration Opportunity for Medicare SSP and Pioneer ACOs

SILVERSCRIPT®

CVS Caremark-owned Part D Plan

- CVS Caremark subsidiary
- Second largest national PDP
- Medicare Part D coverage in 50 states, D.C.
- 3.6M members
- Experience with standard and Low-Income Subsidy members

Collaboration between CVS Caremark and ACO

- CVS Caremark provides complete pharmacy claims data, risk sharing for ACO, and pharmacy analytics tool.
- Arrangement applies to ACOs Medicare members who select SilverScript.
- CVS Caremark and ACO jointly market the program during open enrollment.

Jointly managing the pharmacy benefit will lead to lower medical costs for the ACOs Medicare members

Interactive Provider Reporting System Pinpoints High-Value Patient Outreach

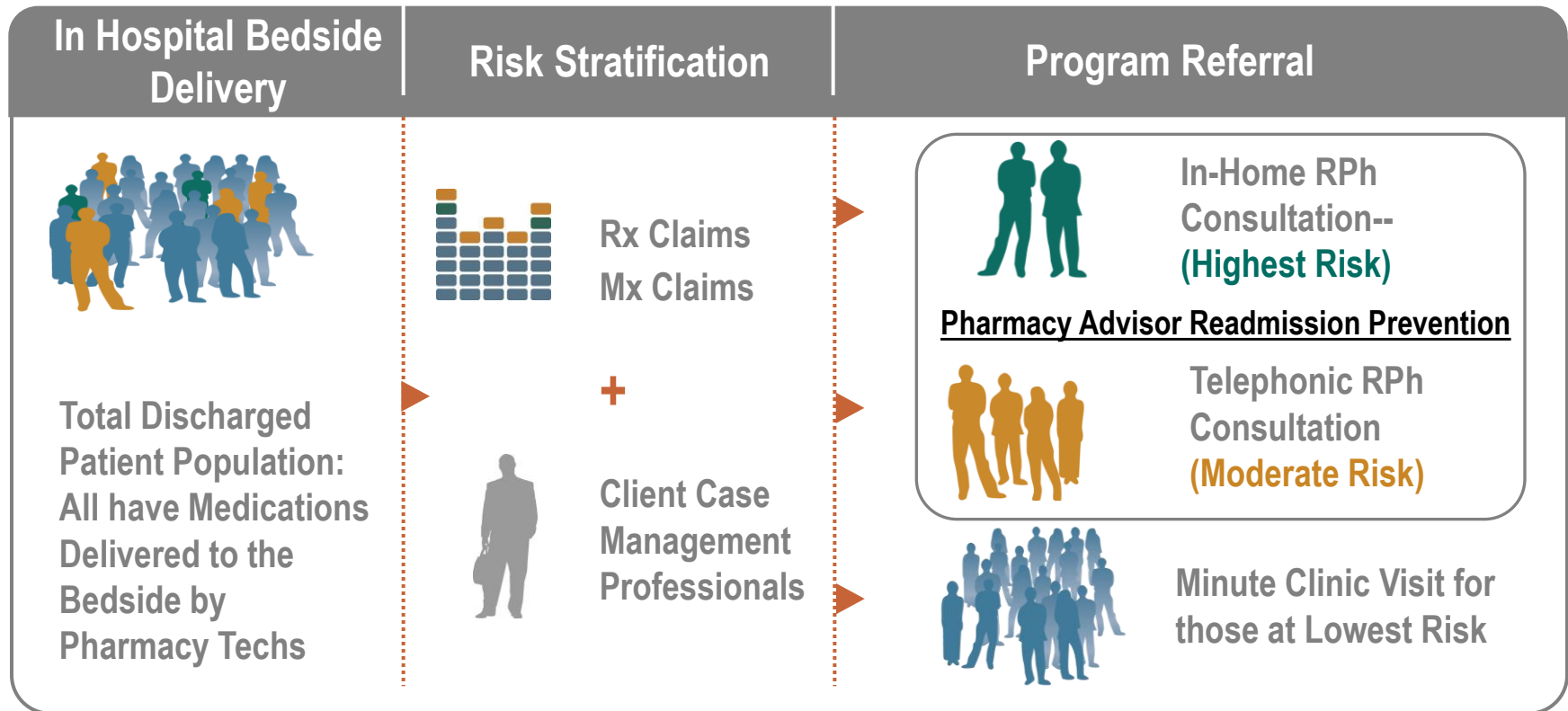
- Identify at-risk members for cost savings, adherence outreach and therapy changes
 - “Who does my case manager need to reach out today to improve adherence?”
 - “Which patients can switch to a generic to lower costs?”
- ACO-, practice-, and physician level views
- Drill-down reporting for physicians and nurse/case manager



Technology to enable physician and nurse case managers to improve care with information we provide

Sample report: Report specifics subject to change

Pharmacy Care in the Hospital: Bedside Delivery and Readmission Prevention



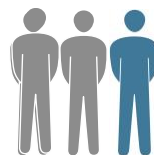
The majority of readmissions are due to poor understanding of discharge medications

Managing Rare Conditions: Compelling Need

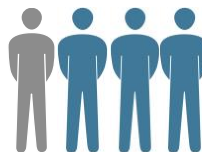
- Amyotrophic lateral sclerosis (ALS)
- CIDP
- Crohn's disease
- Cystic fibrosis
- Dermatomyositis
- Epilepsy
- Gaucher disease
- Hemophilia
- Multiple sclerosis
- Myasthenia gravis
- Parkinson's disease
- Polymyositis
- Rheumatoid arthritis
- Scleroderma
- Sickle cell disease
- Systemic lupus erythematosus
- Ulcerative colitis



1 in 2 visit the ER each year



1 in 3 are admitted into a hospital



3 out of 4 have at least one co-morbidity



1 in 4 are on a specialty medication



These individuals represent ~1% of a payor's population and 5-10% of a payor's total* healthcare spend¹

1. Accordant's © - Comprehensive Data Warehouse; SQL Server 2008. Greensboro, NC: Accordant Health Services, a CVS Caremark Company; 2013.

*medical and pharmacy

General Discussion

- What is the primary role and opportunity for retail pharmacy in the value-based space?
 - How is medication adherence/therapy management approached differently compared to traditional FFS?
 - From a HIT perspective, what barriers/challenges exist to integrating retail pharmacy into an ACO network?
- What factors should ACO leadership consider as they expand and integrate with retail pharmacy?



Next Steps

- Audio recording and slides will be available online at <http://ehidc.org/issues/accountable-care/accountable-care-council-materials>
- Next meeting: April 17, 2014
Integrating Hospice into Value-based Models
- Upcoming topics in the spring:
Behavioral health
Home health / skilled nursing facilities





May 21-22, 2014 | Washington, DC

REGISTER NOW



**Meet & network with your fellow
workgroup members!**

*Join hundreds of researchers, industry leaders, providers, payers and more
focused on the use of analytics to improve clinical, financial and
administrative decisions at critical points in the healthcare system.*

FORUM INFO AVAILABLE AT:

<http://ehidc.org/events-landing/daf-2014>



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HEALTH LEVEL
uncommon insight

VitalSpring
TECHNOLOGIES



**Director of Analytics at CMS to Keynote at eHI's
*National Forum on Data & Analytics May 21!***



Niall Brennan, M.P.P.

**Director, Office of Information Products and Data Analytics
Centers for Medicare and Medicaid Services (CMS)**



May 21-22, 2014 | Washington, DC

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What You Would Miss:

- **FREE Analytics Class for Registrants on DAY 1**
- **Networking Opportunities with Analytics Community**
 - **Unparalleled Participants & Data Experts**
- **Cutting Edge Data & Analytic Technologies & Practices**



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Thanks for participating!