Welcome to the CRMC Summer 2021 Learning Session

We will begin our program at 9am

If you're here early please take the time to:

Make your name visible (full name) on your screen

Fill out the LA County Department of Health Survey Learning Session Survey (you may scan QR code to access the survey)

California Right Meds
COLLABORATIVE

California Right Meds Collaborative

Summer 2021 Learning Session:

Aligning Population Health Priorities with Comprehensive Medication Management

Sunday, June 27th 2021

9:00am-5:00pm

California Right Meds
COLLABORATIVE

Learning Session Agenda

Schedule Overview

09:00 am: Welcome and Meeting Framing
09:20 am: Keynote: Physician Leadership Perspective and Generating Disruption
11:00 am: Break
11:05 am: The CRMC Journey: Progress, Challenges, and Successes
12:35 pm: Lunch
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02:45 pm: Break
02:55 pm: Breakout Session A (participants will attend one session during Session A)
03:50 pm: Breakout Session B (participants will attend one session during Session B)
04:40 pm: Wrap-Up
05:00 pm: Learning Session Ends

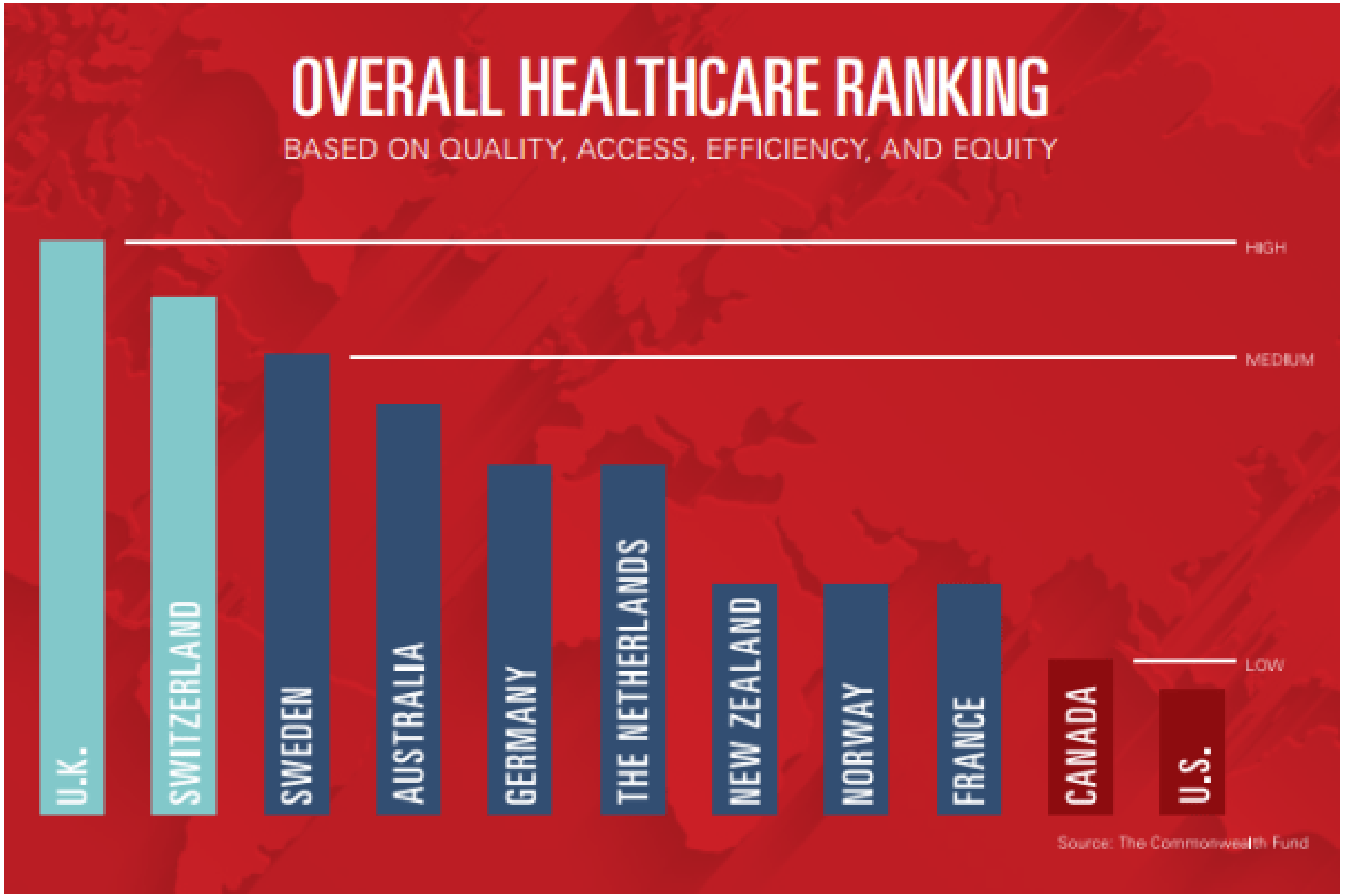
Welcome and Meeting Framing

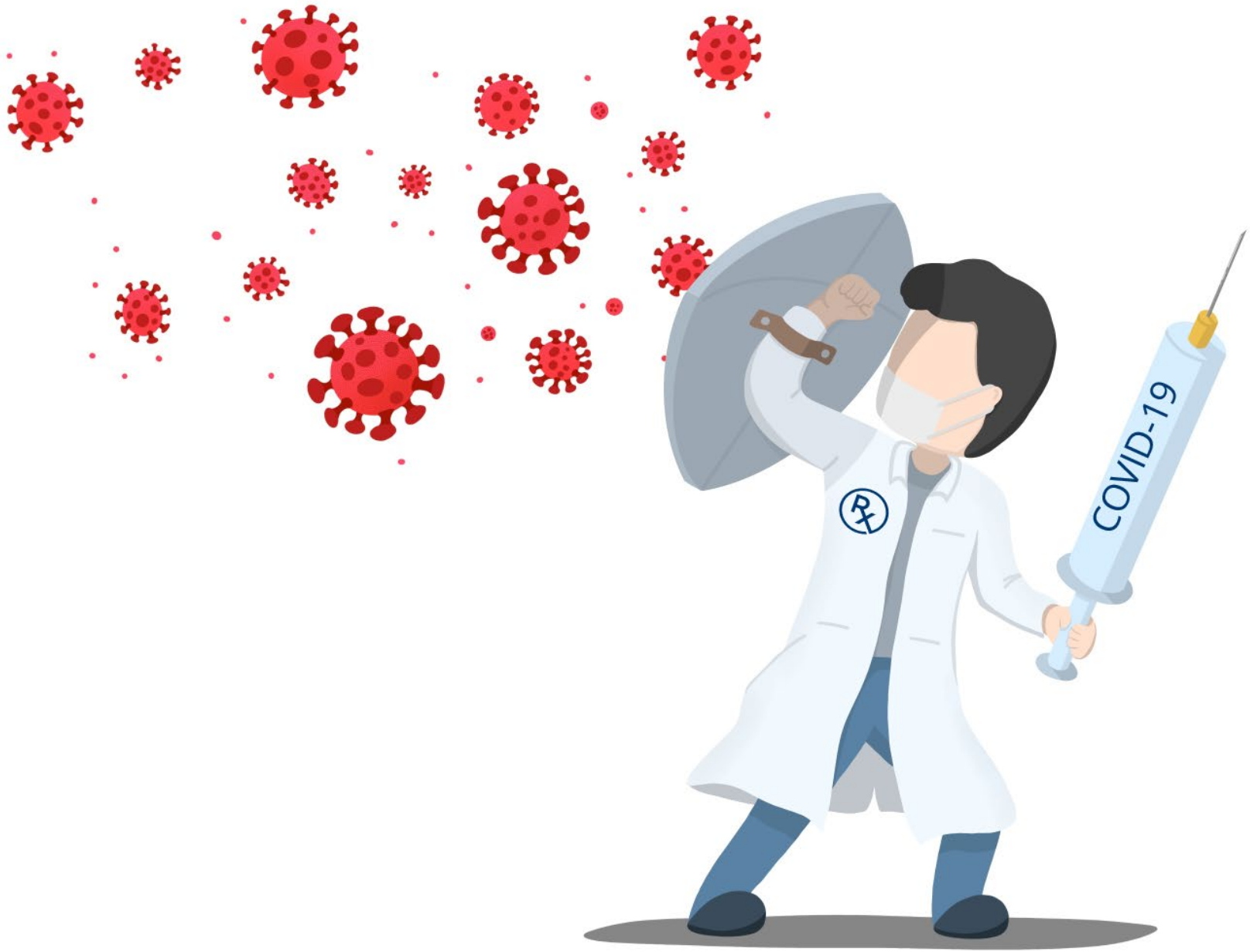
Steven Chen, PharmD, FASHP, FCSHP, FNAP
Associate Dean for Clinical Affairs
USC School of Pharmacy
Founder and Director, California Right Meds Collaborative

Our Purpose Today…

To continue advancing a **proven framework** for optimizing medication therapy through **Comprehensive Medication Management** sustained by **value-based payments** for high-risk patients

Polling Questions

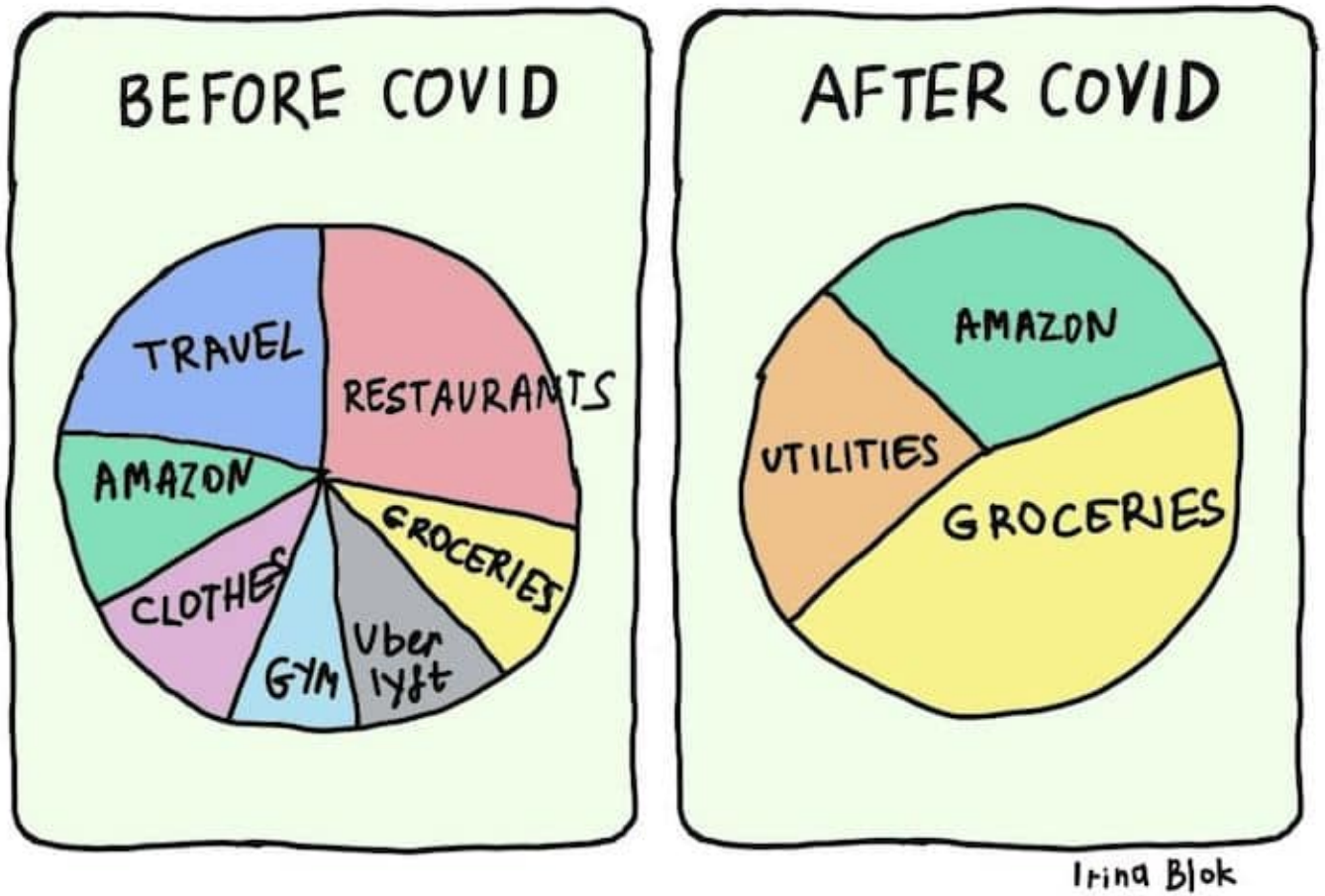

OVERALL HEALTHCARE RANKING
BASED ON QUALITY, ACCESS, EFFICIENCY, AND EQUITY
HIGH
MEDIUM
LOW
U.K.
SWITZERLAND
SWEDEN
AUSTRALIA
GERMANY
THE NETHERLANDS
NEW ZEALAND
NORWAY
FRANCE
CANADA
U.S.
Source: The Commonwealth Fund


COVID-19

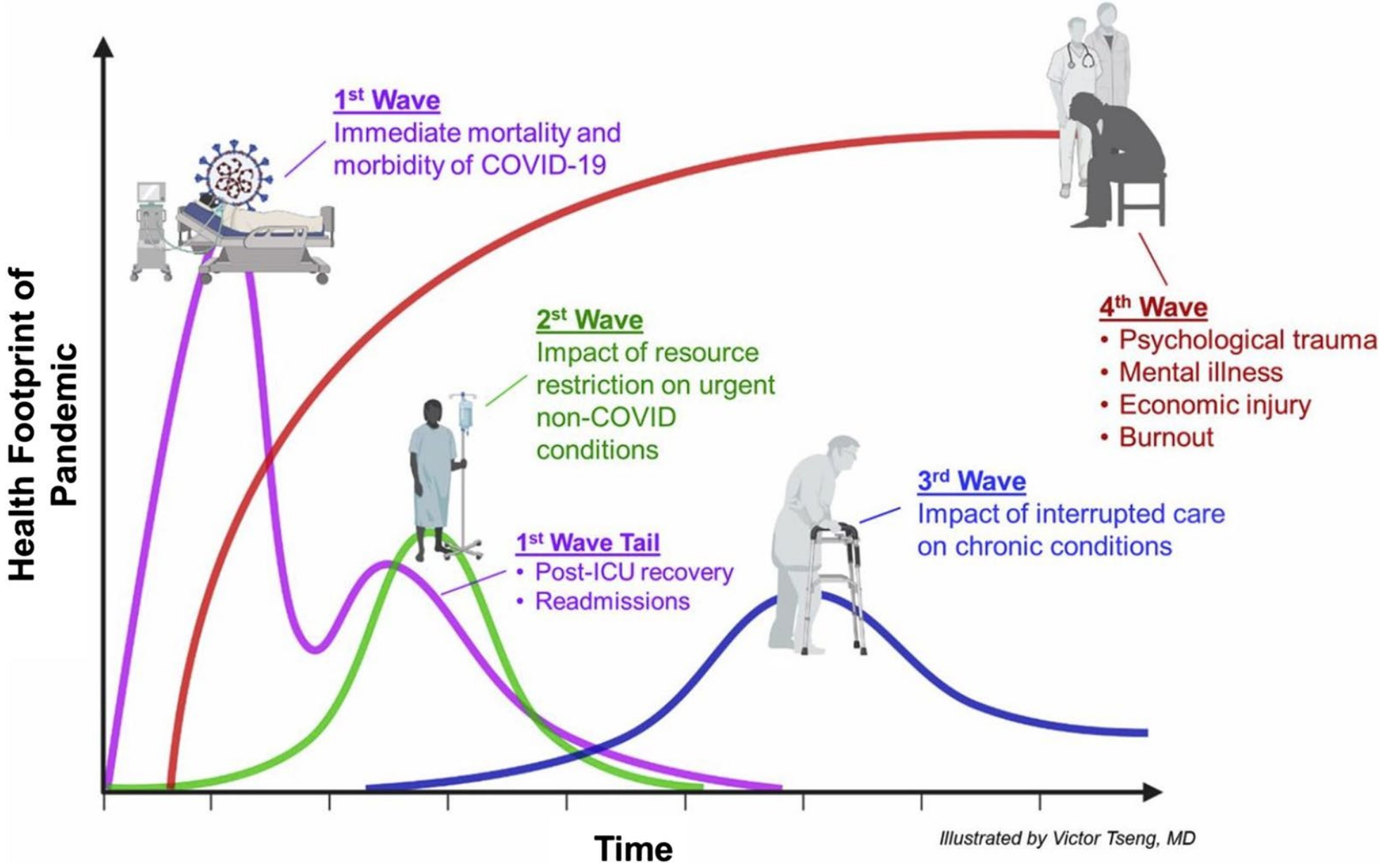

USE TELEMEDICINE...
BECAUSE ONLY ACTORS SMILE IN WAITING ROOMS

9 MONTHS AFTER LOCKDOWN

spending money



wearing a mask



Bourgeault, I.L., Maier, C.B., Dieleman, M. *et al.* The COVID-19 pandemic presents an opportunity to develop more sustainable health workforces. *Hum Resour Health* **18,** 83 (2020). https://doi.org/10.1186/s12960-020-00529-0

CMM PROTE

MEDICATIONS MATTER

Adverse effects from medications are estimated to be the

4th leading cause of DEATH in the U.S.[1]

$528.4 BILLION

of avoidable spending annually is due to **MISUSE** or suboptimal use of medications[2].

75% of hospital readmissions among seniors in the U.S. are avoidable, primarily through better use of medications[3].

WHY?

50%

½ of the prescription medications taken every year in the US are used improperly[4].

WHAT can I do next to start benefitting from CMM?

Healthcare professionals:
For more information, go to:

to include a one-stop-shop for CMM resources
http://calrightmeds.org/

High-Risk Patients:
Talk to your physician and ask for CMM

CDPH California Department of PublicHealth

USC School of Pharmacy

Hypertension

AHA Journals | Journal Information | All Issues | Subjects | Features | Resources & Educ

NO ACCESS

RESEARCH ARTICLE

Request Access

Tools Share

Hypertension Control in the United States 2009 to 2018: Factors Underlying Falling Control Rates During 2015 to 2018 Across Age- and Race-Ethnicity Groups

Brent M. Egan, Jiexiang Li, Susan E. Sutherland, Michael K. Rakotz, Gregory D. Wozniak

Originally published 14 Jun 2021 | https://doi.org/10.1161/HYPERTENSIONAHA.120.16418 | Hypertension. ;0:HYPERTENSIONAHA.120.16418

https://www.ahajournals.org/doi/abs/10.1161/HYPERTENSIONAHA.120.16418

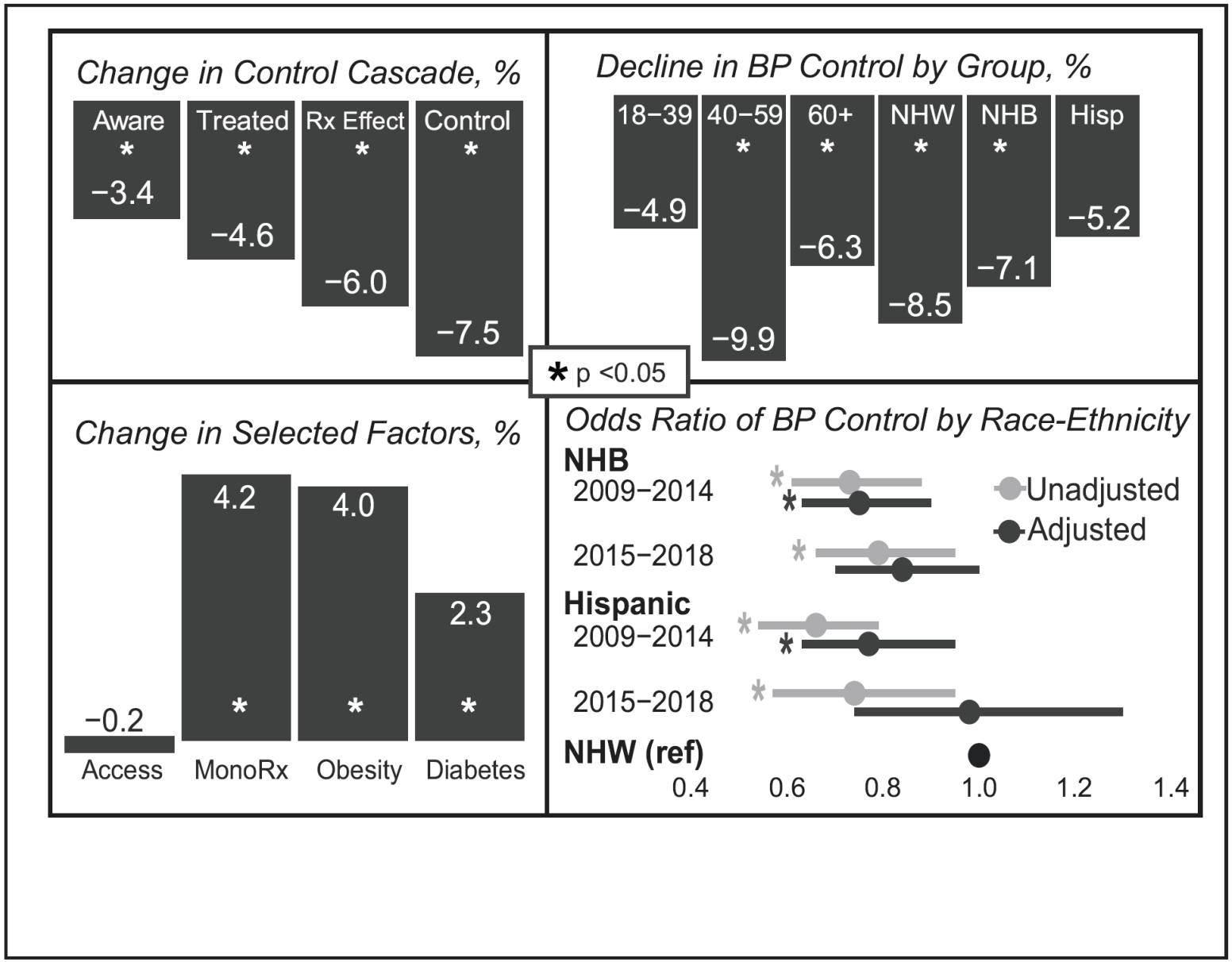


Figure 2. Upper left, the fall in components of the blood pressure [BP] control cascade drove the decline in control among all adults during 2015 to 2018 vs 2009 to 2014. Lower left, the fall in BP control was driven partly by a higher proportion of all adults with hypertension treated with monotherapy, despite a rise in obesity and diabetes which require more treatment to attain control. Access to care was unchanged. Upper right, BP control fell across age and race/ethnicity groups. Lower right, the lower odds ratios for BP control in NHB and especially Hispanic adults were reduced relative to NHW adults after adjusting for modifiable variables (health insurance, regular source of care, ≥1 health visit past year, education, obesity). *$P \leq 0.05$.

https://www.ahajournals.org/doi/abs/10.1161/HYPERTENSIONAHA.120.16418

What to do about it

Programs like the American Heart Association's Life's Simple 7, which gives special attention to structural inequities, "are a logical approach to addressing the broad-based decline in hypertension control and related health disparities," the authors wrote.

The AMA too has developed online tools and resources using the latest evidence-based information to support physicians to help manage their patients' high blood pressure.These resources are available to all physicians and health systems as part of AMA MAP BP™, an evidence-based quality improvement program, providing a clear path to significant, sustained improvements in BP control.

Additionally, the AMA recently launched "BP Measurement Essentials: Student Edition," an e-learning series designed to teach all health care students the fundamentals of blood pressure measurement.

Primary Care Physician Supply and Demand

1 in 3
active physicians in the U.S. practice primary care, 288,000 out of 869,000.

A primary care physician with 2,000 patients would need to spend

17.4 hours
each day to provide recommended preventative, chronic and acute care

1 in 6
medical school graduates selected a primary care residency program in 2017

The estimated shortage of primary care physicians could grow from 18,000 in 2018 to 49,000 in 2030

Source: United Health Group, www.unitedhealthgroup.com

mcol

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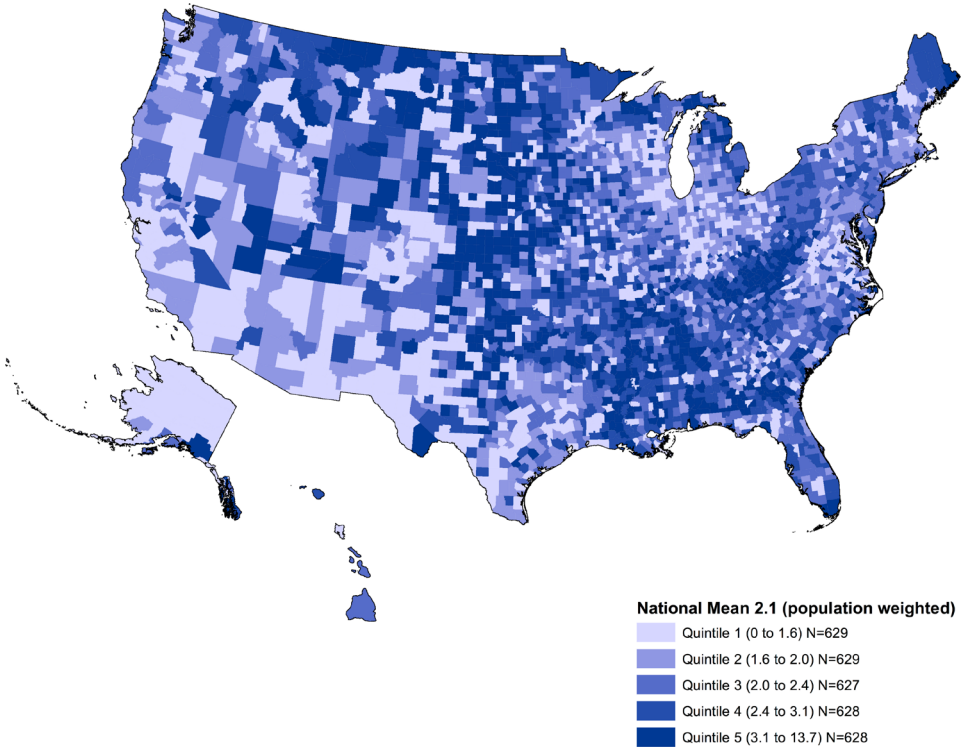
- **Vision**: To provide optimal medication therapy for high-risk patients in their communities
- **Mission**: Create a network of pharmacists in the community that provide sustainable high-impact Comprehensive Medication Management (CMM) Services in alignment with health plan and health system population health priorities

Calrightmeds.org

Pharmacies per 10,000 People by County in the U.S., 2015



https://doi.org/10.1371/journal.pone.0183172

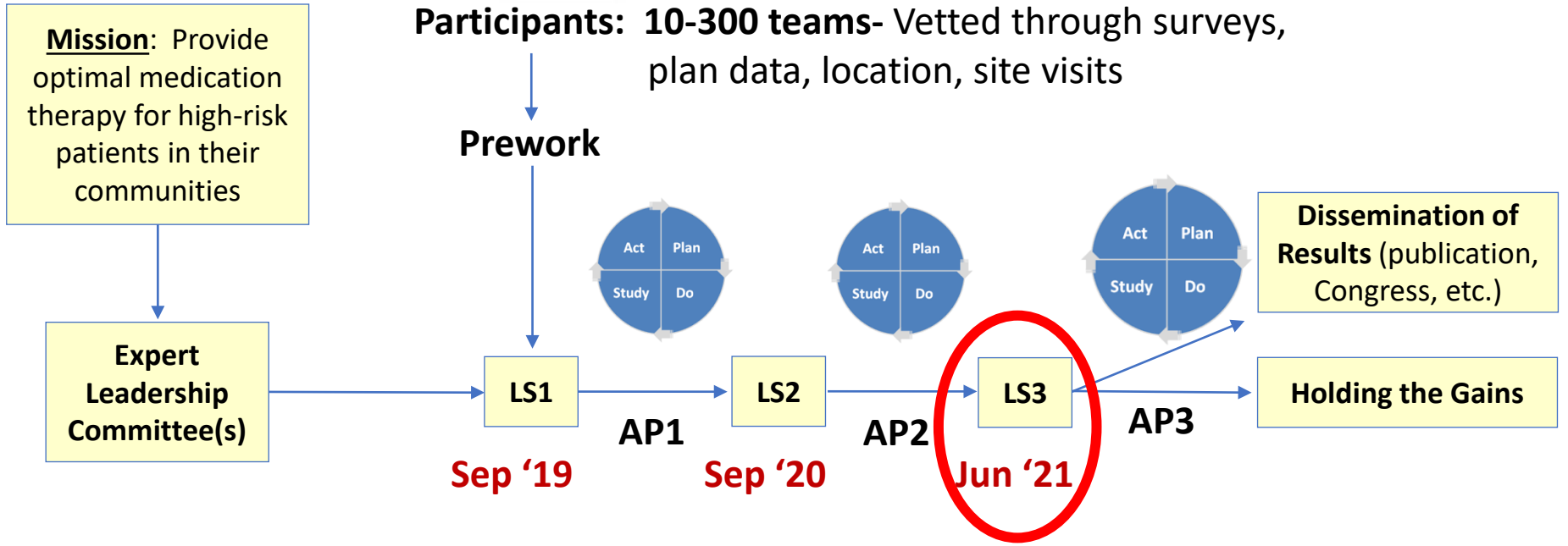
How often do people visit pharmacies?

- Seniors: **12-14 times per year**
- Non-senior Medicaid: **24-36 times per year**

In the US:

- 67,000 pharmacies, 90%+ of US population lives within 5 miles
- 5,500 hospitals
- 5,400 emergency rooms
- 1,400 community health centers

IHI Breakthrough Series Collaborative Process



Ongoing Support:

- Additional live trainings, including standardized patients and clin pharm techs
- ***Virtual care training (phone and video telehealth)***
- Biweekly webinars (Comprehensive Medication Management, managing social determinants, culturally competent care, MI and SDM, etc.)
- 1:1 coaching
- Continuous quality improvement

LS: Learning Session
AP: Action Period

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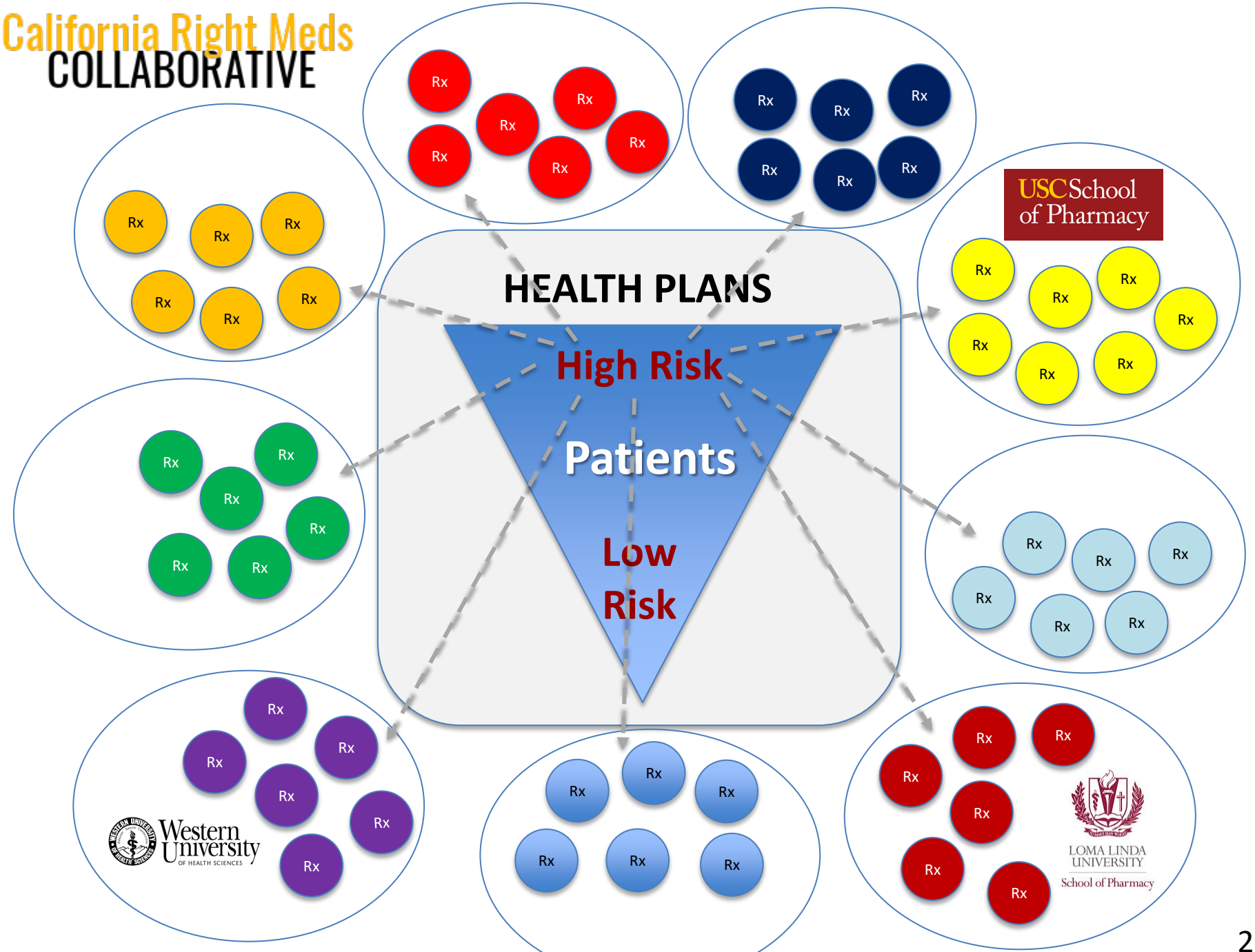
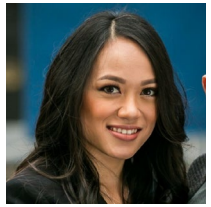


California Right Meds Collaborative: What Makes it Work?

L.A. Care Health Plan

Dr. Alex Kang
Dir. Clinical Pharmacy

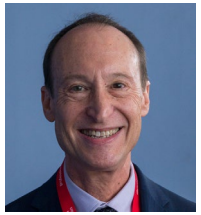


Dr. Ann Phan
Clinical Programs Manager

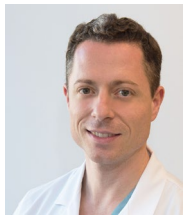
Dr. Hanna Sung
Amb Care Pharmacy Director

Cedars Sinai

Dr. Dri Wang
Psych Sr. MSL



Dr. Ron Victor



Dr. Florian Rader

Dr. William & Josephine Heeres

IEHP
Inland Empire Health Plan

Dr Edward Jai
Sr. Director

Dr. Mike Blatt
Dir. Clinical Pharmacy

USC School of Pharmacy

Dr. Jessica Abraham
Dir. Population Health

Shaden Daas, MPH
Project Manager

Dr. Connie Kang
CRMC LA Lead

Mariel Romero, MPH
QI Coordinator

Dr. Diane Yoon
Director of CPD

Jeff Shapiro
COO

Dr. Vassilios Papadopoulos
Dean

Dr. Kathy Johnson

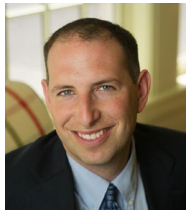
Dr. Pete Vanderveen

CEDARS-SINAI

Dr. Rita Shane
Chief Pharmacist

Sang-Mi Oh
VP / Sr. Director

scan Health Plan

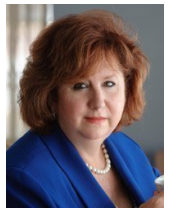


Dr. Mike Hochman
Director

CDPH California Department of Public Health

Dr. Jessica Nunez
Chief, Chronic Disease Control Branch

Chronic Care Coalition

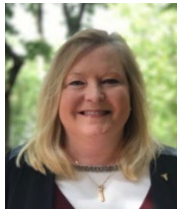


Liz Helms
President CEO

JWCH Institute, Inc. Health & Medical Services

Dr. Paul Gregerson
CMO

Right Care Initiative



Hattie Hanley
Founder

CMS Centers for Medicare & Medicaid Services

Dennis Wagner
Dir. iQI and Innovation

County of Los Angeles Public Health

Dr. Tony Kuo
Dir. Chronic Disease & Injury Prevention

Noel Barragan
Program Manager

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Framing: What you will hear

- Keynote: Medical Leadership Perspective and Generating Disruptive Change
- The CRMC Journey: Progress, Challenges, Successes
- Patient Engagement and Activation
- Breakout Sessions:

  Session A:

  1. *Current Teams / Advanced Practices: **Advanced Clinical Skills for Diabetes and Hypertension**
  2. All Others: **Video Telehealth- Best Practices**

  Session B:

  1. *Current Teams / Advanced Practices: **Psychiatry Pharmacy Essentials**
  2. All Others: **Launching CMM Services: Workflow, Support Services, Patient Enrollment Strategies**

- Wrap-up

**** Separate Zoom link***

Assertion

The California Right Meds Collaborative offers a sustainable and scalable path forward to providing access to Comprehensive Medication Management for the most challenging patients

Question to run on…

What key insights will you bring back to your organization to advance optimization of medication therapy for your most vulnerable high-risk patients?

Our Request: How to “Be”

- Focused on our Purpose and Mission
- ‘Teaming’ and Interacting with One Another
- Actively Listening & Learning
- Grounded in Proven Methods
- Challenging Ourselves, Think Differently
- In Action, Making:
  - ✓ **Requests**
  - ✓ **Offers**
  - ✓ **Commitments**

Housekeeping

- Need to know:
  - **Diane Yoon, EdD,** Associate Director, Continuing Professional Development
  - **Mariel Romero, MPH,** Quality Improvement Coordinator and **Shaden Daas, MPH:** Technical issues
- CE instructions
- Please complete as soon as possible (no later than Friday, July 2):
  - Los Angeles County Department of Public Health survey

Learning Session Agenda

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The Role of Pharmacists in Medication Management: A Medical Leadership Perspective

Share	Share insights on the value payers are seeking from adding a clinical pharmacist to the healthcare team
Incentivize	Incentivize health systems to partner with clinical pharmacists
Describe	Describe strategies for funding Comprehensive Medication Management services (e.g. value-based payment models, P4P alignment, medical benefit vs. pharmacy benefit, etc.)

Michael Hochman, MD, MPH
USC Gehr Center for Health Systems Science & Innovation
Associate Professor of Clinical Medicine
USC Keck School of Medicine

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Value-Based Care … And Moving Beyond the Traditional Clinic Walls

Michael Hochman, MD, MPH
June 27, 2021

Keck School of Medicine of USC

USC Gehr Family Center for Health Systems Science
Keck Medicine of USC

Agenda

- Case Study
- Innovations to Enable Effective Care
- Looking Ahead

The Problem

The Problem

BUSINESS DAY | THE EVIDENCE GAP

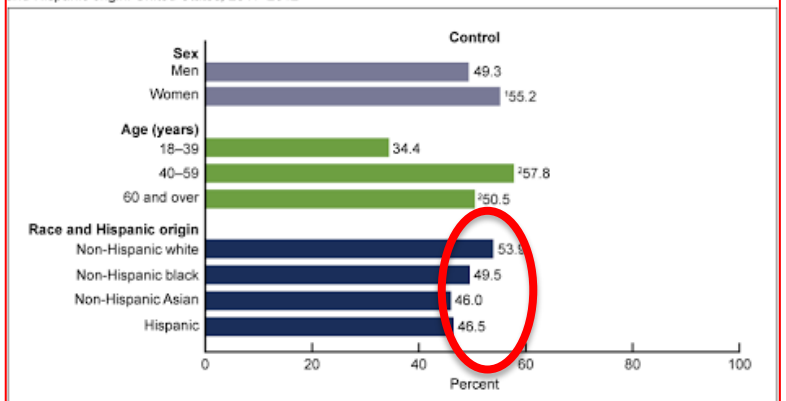
The Minimal Impact of a Big Hypertension Study

By ANDREW POLLACK NOV. 27, 2008

The surprising news made headlines in December 2002. Generic pills for high blood pressure, which had been in use since the 1950s and cost only pennies a day, worked better than newer drugs that were up to 20 times as expensive.

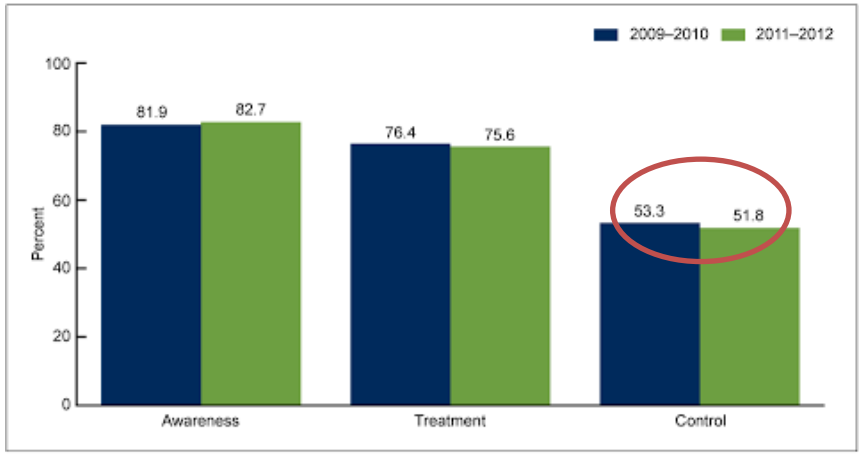
The findings, from one of the biggest clinical trials ever organized by the federal government, promised to save the nation billions of dollars in

Figure 5. Age-specific and age-adjusted control of hypertension among adults with hypertension, by sex, age, and race and Hispanic origin: United States, 2011–2012



[1]Statistically different from men.
[2]Significantly different from those aged 18–39.
NOTE: Age-adjusted prevalence of hypertension control was calculated using the subpopulation of persons with hypertension in 2011–2012.
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2011–2012.

Figure 2. Age-adjusted awareness, treatment, and control of hypertension among adults with hypertension: United States, 2009–2012



NOTE: Age-adjusted prevalence of awareness, treatment, and control of hypertension were calculated using the subpopulation of persons with hypertension in 2011–2012.
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2011–2012.

The Problem

Case Study: USC-AltaMed Pharmacy Program

AltaMed

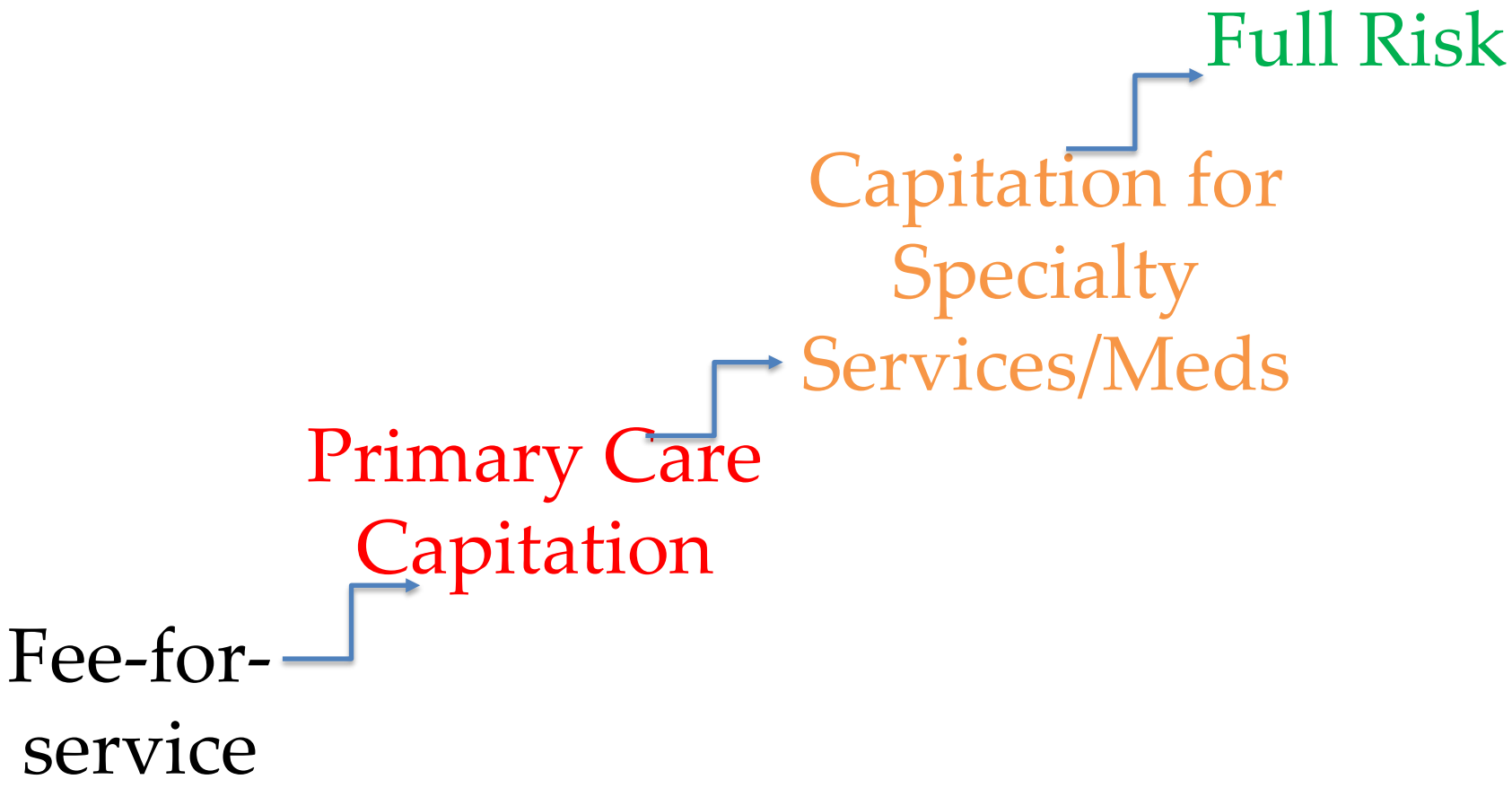
The Challenges

- Can pharmacists do this?
- Will they communicate with us?
- Why did I go to medical school?
- Liability?

A Quadruple Win

Sustainability?

Payment Evolution



Transparency

Physician	N of Patients	A1C <8%	BP < 140/90	LDL < 100	Aspirin	Smoking Cessation
Target Goal	--	35%	35%	30%	80%	80%
Physician A	113	48.7%	67.3%	42.5%	98.2%	92.0%
Physician B	171	66.1%	71.9%	46.2%	97.1%	80.7%
Physician C	107	57.1%	71.4%	28.6%	100.0%	85.7%
Physician D	308	75.0%	85.1%	42.9%	97.1%	74.7%
Physician E	254	61.4%	69.7%	42.5%	98.0%	76.0%
Physician F	207	56.5%	70.5%	59.4%	99.5%	67.1%
Practice Site	1,160	63.4%	74.5%	46.6%	97.9%	76.8%
Network	5,596	63.6%	73.2%	48.6%	97.5%	82.0%

Choice

Technology

Improving Hypertension Management at Keck

Adult Population with Htn: 21,645

Number with Controlled Htn: 10,914

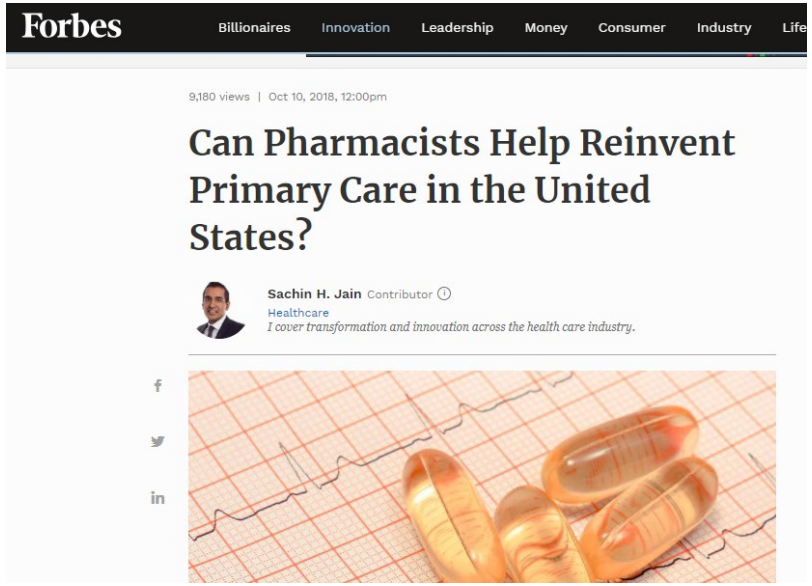
50% Controlled

Target: 70%

Gehr Center/VBSO Hypertension Demonstration

Street Medicine

Pharmacists



The Secret Life of Pharmacists with Dr. Steve Chen

Pete Vanderveen on Pharmacists

"The most under-utilized healthcare professionals …"

Thank You

- mhochman@med.usc.edu

How to Generate New and Disruptive Ideas

- Practice and nurture a mindset for generating innovative ideas
- Form connections between otherwise disparate concepts and ideas

Matthew Manos, MFA
Assistant Professor of Teaching and Design
Iovine and Young Academy
University of Southern California

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Question for Reflection & Action

[please take to your breakout rooms]

What disruptive ideas do you have to achieve the goal of optimizing health for your most vulnerable patients?

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CRMC Practice Alignment Guide/Continuing Professional Development (CPD)

Connie Kang, PharmD, BCPS, BCGP
Assistant Professor of Clinical Pharmacy
USC School of Pharmacy

Diane Yoon, EdD
Associate Director of Continuing Prof. Dev.
USC School of Pharmacy

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CRMC Practice Alignment Guide

Connie Kang, PharmD, BCPS, BCGP
Assistant Professor of Clinical Pharmacy
USC School of Pharmacy
September 27, 2020

California Right Meds COLLABORATIVE

Practice Alignment Guide


Overview of guide
Select relevant resources
Continuous Professional Development Portfolio

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The Practice Alignment Guide (PAG) contains relevant resources for

- Initiating, improving, or advancing a CMM practice

The CRMC PAG is a guide to developing a patient-centered and payer-supported value-based CMM program for diverse and high-risk populations

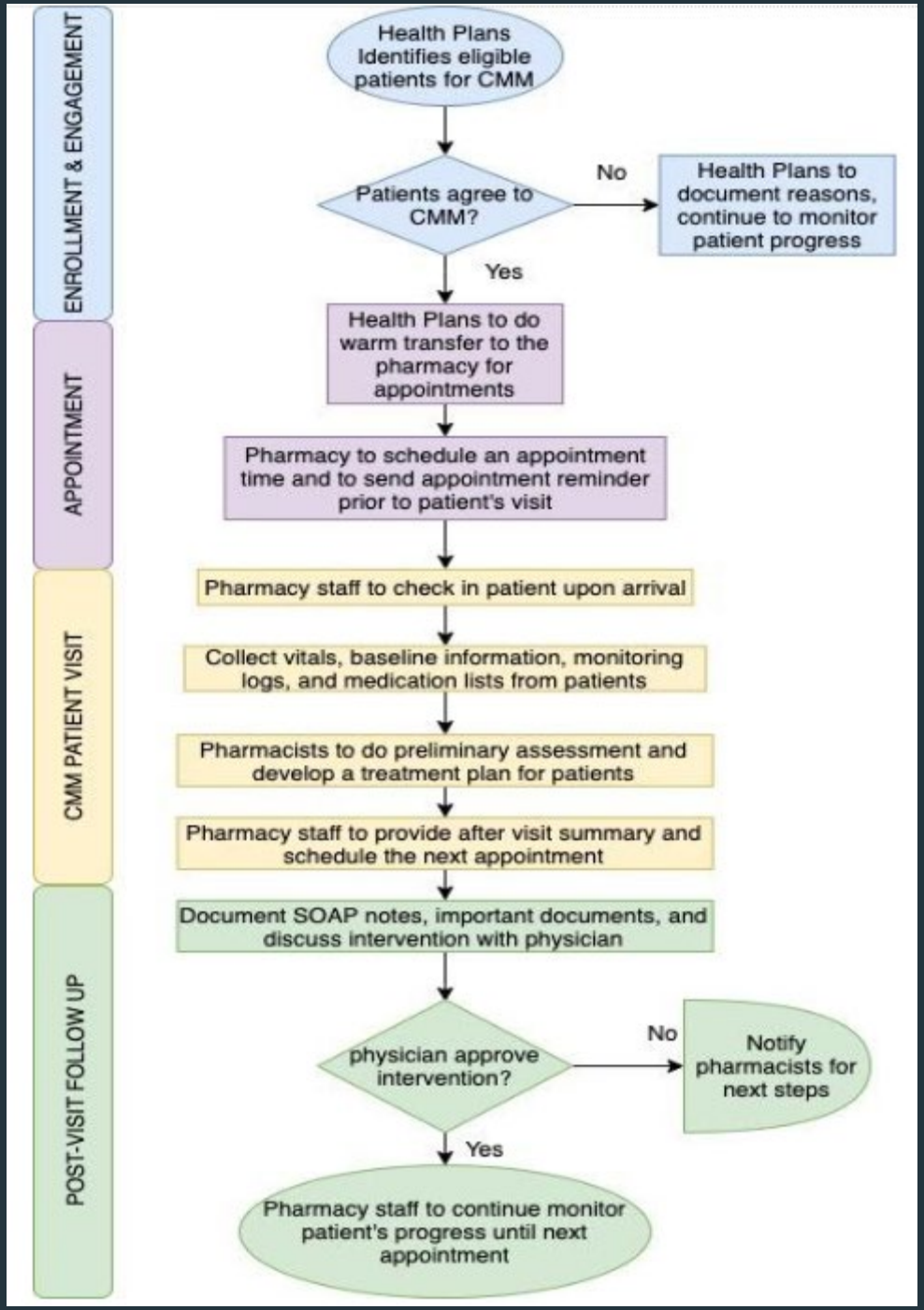
- CPD components integrated including how to use tools and complete forms, track progress, revisit goals, etc)

The Practice Alignment Guide contains

- What is CRMC, and why is it different and valuable
- Who is involved and why, and what's in it for them
  - CRMC meets stakeholder priorities: Healthcare payers, physicians, patients and public, pharmacists
- Critical success factors for CMM practices
- Components of CMM delivered through CRMC
- CMM outcomes
- Quality assurance, and quality improvement
- Value proposition


Overview of guide
Select relevant resources
Continuous Professional Development Portfolio


Overview of guide
Select relevant resources
Continuous Professional Development Portfolio



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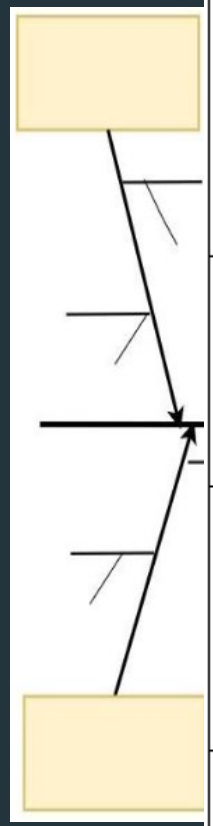
Category	Method or Tool	Typical Use of Method or Tool	Aim & Assessment	Measures	Understand & change ideas	PDSA
I. **Viewing Systems & Processes**	Flow Diagram	Develop a diagram to represent a standardize workflow or a process in sequential order using an algorithm or a step-by-step approach to solve a task	x	x	x	
II. **Gathering & Organizing Information**	Surveys	Obtain information and organize data via a questionnaire. Record the data to identify patterns.	x	x	x	x
III. **Understanding Information & Relationships**	Force Field Analysis	Summarize forces supporting and hindering change toward a goal	x		x	
	Cause and Effect	Organize and identify potential factors and relationships causing an overall effect	x	x	x	
IV. **Understanding Variation**	Run Chart	Study variation in data over time and to assess the effectiveness of change	x	x	x	x
	Pareto Chart	Focus on areas of improvement with the greatest impact on a problem	x		x	x
V. **Team Decision Making**	Brainstorming	Generate a large number of ideas	x	x	x	
	Nominal Group	Generate a large number of ideas, gives silent time to list ideas, can use sticky notes	x	x	x	
	Multi-Voting	Narrow down a large list of ideas to fewer ideas through voting				
	Rank Order	Use to reduce a list of 10 or less, to the vital few ideas through ranking	x	x	x	
	Structured Discussion	Used to discuss the vital few ideas to arrive at a consensus decision	x	x	x	x
VI. **Projects Planning**	PDSA Cycle	Used to plan, organize, and keep track of testing, determine modifications made to the test				x



Plan	List your action steps	Person(s) responsibility	Timeline
• What is the objective of the test? • What change will you make? • Who will it involve (e.g. pharmacy, technician…)? • How long will it take to implement the change? • What resources will they need? • What data needs to be collected?			
Do • Implement the change • Carry out the test • Document problems and unexpected observations. • Begin analysis of the data	**Describe what happened when the test was run**		
Study • Complete the analysis of the data • Compare the data to your predictions • Summarize and reflect on what was learned. Look for: unintended consequences, surprises, successes, failures	**Describe the measured results and how they compare to the predictions**		
Act If the results were not what you wanted, try a new strategy. Refine the change based on what was learned from the test • Adapt – modify the changes and repeat PDSA cycle • Adopt – consider integrating the changes into the test • Abandon – change your approach and repeat PDSA cycle	**Describe the modifications that will be made to the plan to improve for the next cycle**		

orces (-)

Date of Review_____ Pharmacy Site_____ Reviewing PharmD_____

Pharmacist_____ Patient ID#_____ Date of Note_____

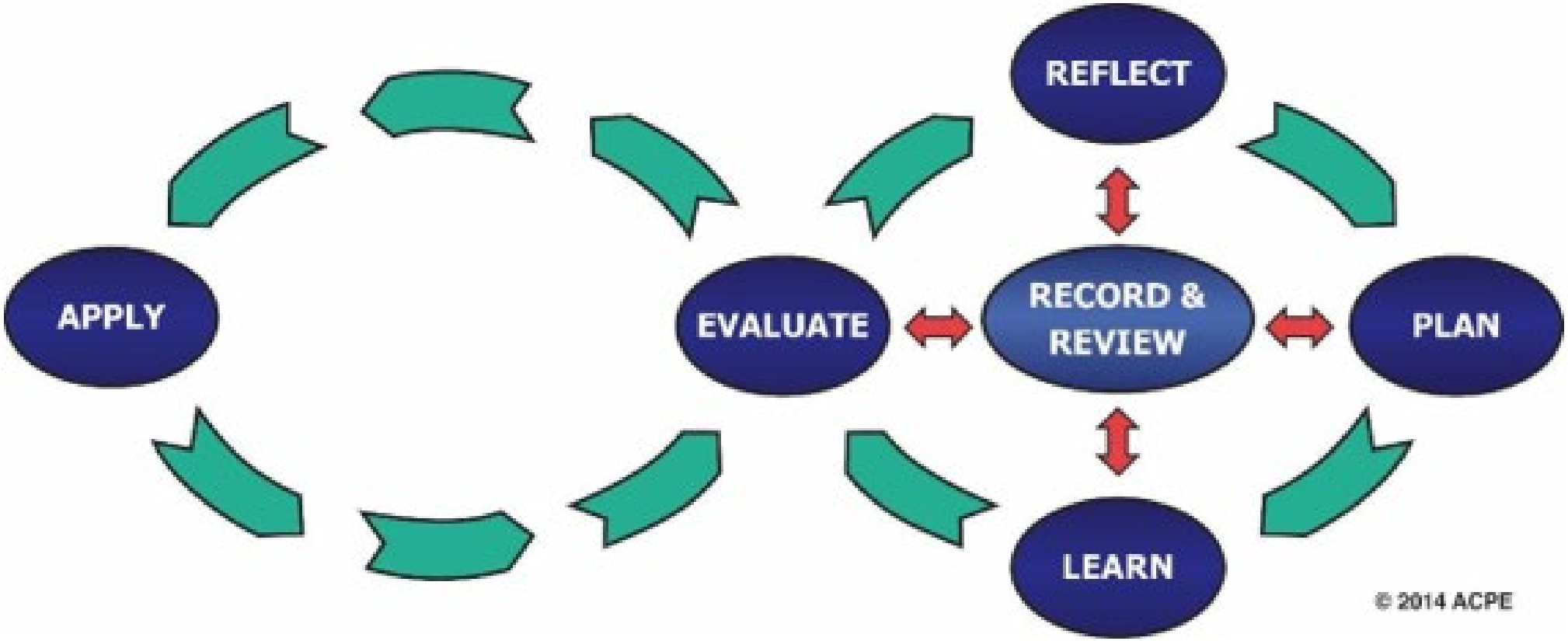
Please note: For every boxed checked "No" please explain in the comments.

Subjective			
Is the primary referral reason and referral source clearly stated? Comment:_____	☐ Yes	☐ No	
Is the patient's past medical history (PMH), drug allergy, social history (SH) and family history (FH) documented? Comment:_____	☐ Yes	☐ No	☐ N/A
Objective			
Are the patient's medications (including OTC/supplements) accurately listed with name, dose, route, regimen, and indication? Comment:_____	☐ Yes	☐ No	☐ N/A
Are pertinent lab tests and vital signs being performed and documented? Comment:_____	☐ Yes	☐ No	☐ N/A
Assessment			
Are all the disease states evaluated and addressed? Comment:_____	☐ Yes	☐ No	☐ N/A
Are drug-related problems addressed? Comment:_____	☐ Yes	☐ No	☐ N/A
Is the treatment goal properly identified for each disease state? Comment:_____	☐ Yes	☐ No	☐ N/A
Is medication adherence being evaluated? Comment:_____	☐ Yes	☐ No	
Plan			
Is the pharmacist's interventions of medications, including initiating, adjusting, or stopping the medications documented? Comment:_____	☐ Yes	☐ No	☐ N/A
Are pharmacist interventions based on evidence-based practice (i.e., plans are justified with supporting evidence)? Comment:_____	☐ Yes	☐ No	☐ N/A
Is patient education and life-style modification provided? Comment:_____	☐ Yes	☐ No	☐ N/A
Is a follow-up appointment scheduled? Comment:_____	☐ Yes	☐ No	☐ N/A
Is the visit summary note sent to the physician and health plan within 24 hours of the patient's visit? Comment:_____	☐ Yes	☐ No	
Are the pharmacy interventions with the physicians followed-up and recorded? Comment:_____	☐ Yes	☐ No	☐ N/A

Additional Comments:


Overview of guide
Select relevant resources
Continuous Professional Development Portfolio

California Right Meds
COLLABORATIVE


REFLECT
APPLY
EVALUATE
RECORD &
REVIEW
PLAN
LEARN
© 2014 ACPE

Request for completion

Portfolio Contents:

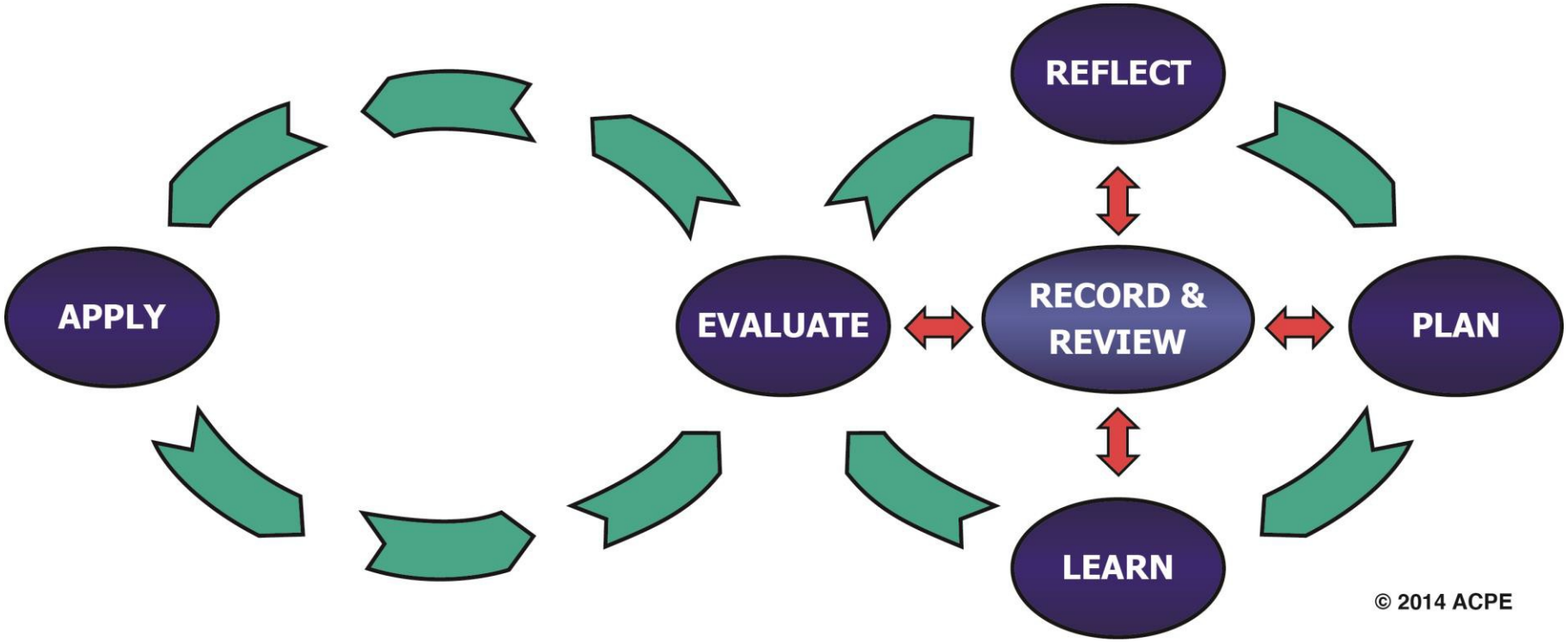
- ✓ REFLECT
- ✓ PLAN
- ✓ EVALUATE
- ✓ LOG (Learning Outcomes Growth)

California Right Meds COLLABORATIVE

Continuing Professional Development (CPD)

Diane Yoon
Associate Director, Continuing Professional Development
USC School of Pharmacy
June 27, 2021

Continuing Professional Development

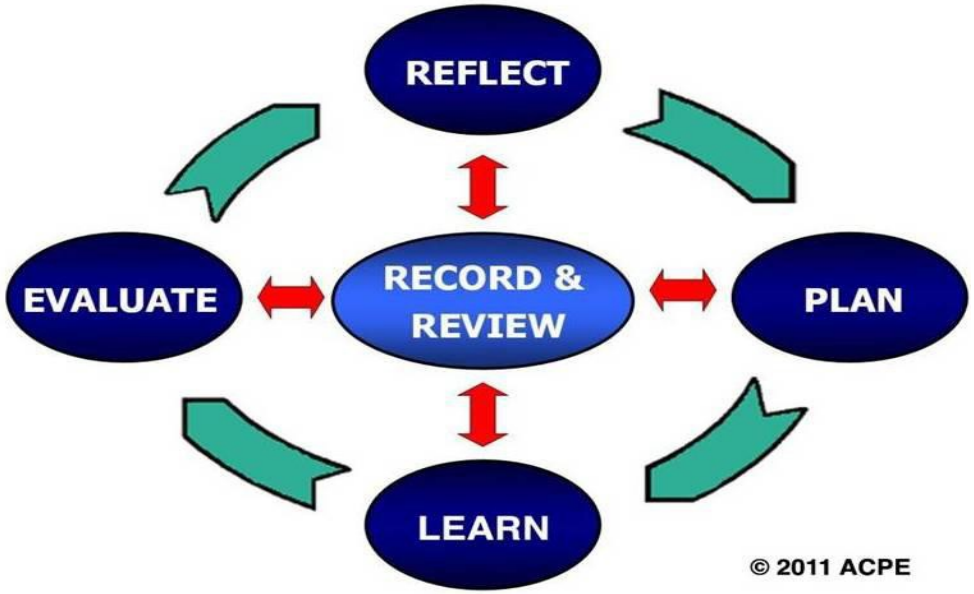


…a self-directed, ongoing, systematic and outcomes-focused approach to lifelong learning that is applied into practice

The Elements of CPD

I consider my current and future practice, and self-assess my professional development needs and goals.

I consider the outcomes and effectiveness of each learning activity and my overall plan, and what (if anything) I want or need to do next.



I develop a "Personal Learning Plan" to achieve intended outcomes, based on what and how I want or need to learn.

I implement my learning plan utilizing an appropriate range of learning activities and methods.

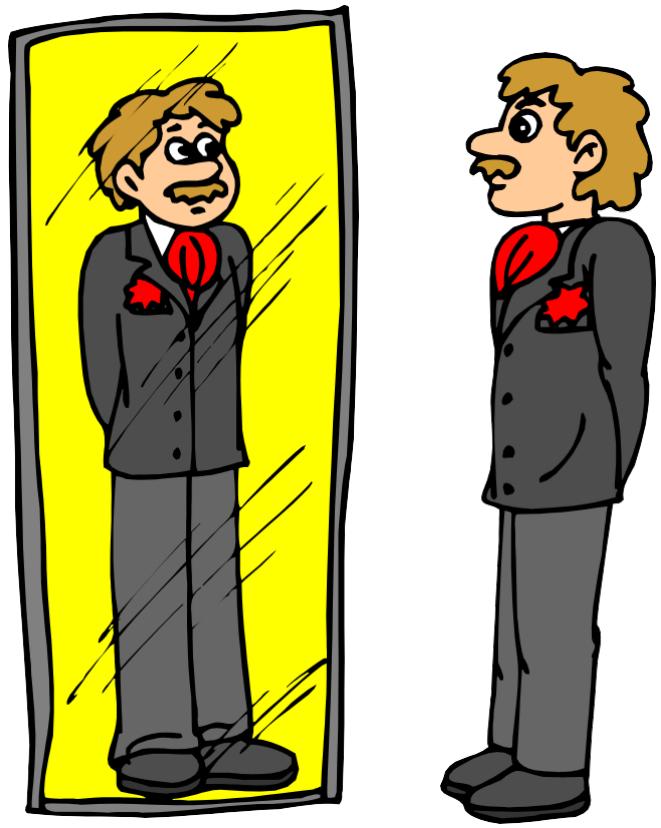
In my "CPD Portfolio" I document important aspects of my continuing professional development; it is a valuable reference that supports my reflection and learning.

REFLECT

- Reflection is the starting point for self-directed learning
- Learning styles/learning theory: Psycho-analytical approaches to learning stress making the *unconscious conscious* – that's what Reflection should achieve

REFLECT

- Reflect on
  - Yourself as a person
  - Yourself as a professional
  - Your professional practice
  - Your knowledge and skills
  - Your learning preferences
- Identify learning needs and opportunities
  - Must address several competency areas
- Frame learning objectives
  - Broad / high-level



PLAN

- Develop an action plan to accomplish your learning needs identified during the REFLECT stage
- Develop individual learning objectives
- Identify and set priorities
- Address *all* competency areas
- Develop a timeline with your action plan; be realistic

PLAN

- Long-term: three to five year plan
- Short-term: one year plan
- Identify activities to help you meet your learning objectives (structured/unstructured)
- Take into account your “learning style”
- Identify resources needed to accomplish your learning objectives
- Review at least annually

Developing SMART Objectives

- Specific

  Be precise about desired achievement

- Measurable

  Quantify objectives

- Achievable

  Ensure realistic expectations/feasible

- Relevant

  Align with practice and/or organizational goals

- Timed

  State when objective will be achieved

LEARN

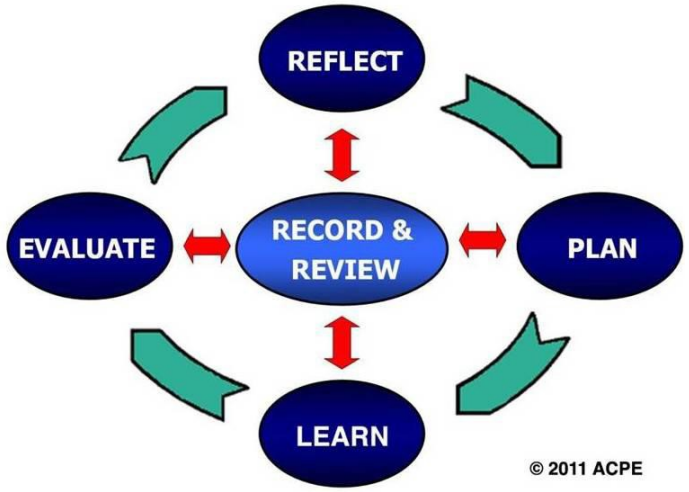
- Implementation of personal learning plan
- Activities chosen should be outcomes-driven to meet stated learning objectives
- Use a variety of learning methodologies and activities
  - Formal/structured/accredited activities
  - Informal/unstructured activities
  - Work-based learning

EVALUATE

- Reflection on your learning; outcomes and impact *versus* "satisfaction" with educational activities
- Review your personal learning plan at least annually
  - Evaluate your progress toward achieving your objectives
  - Evaluate the educational activities to ensure adequate content and learning
  - Ensure you are following action plan and timeline
  - Consider changes that have occurred professionally that may require adjustments in your objectives and plan

EVALUATE

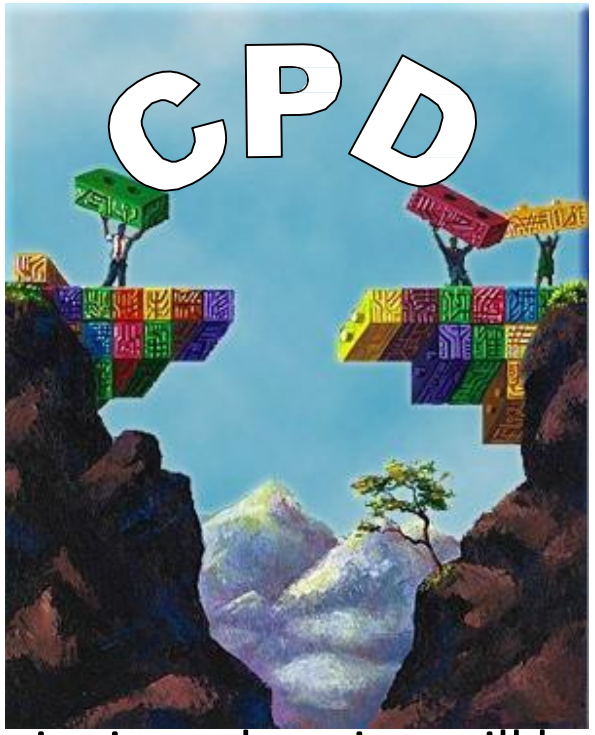
- Leads to reflection, completing the continuum
- New plans are designed based on updated learning and development needs and goals



RECORD & REVIEW (Portfolio)

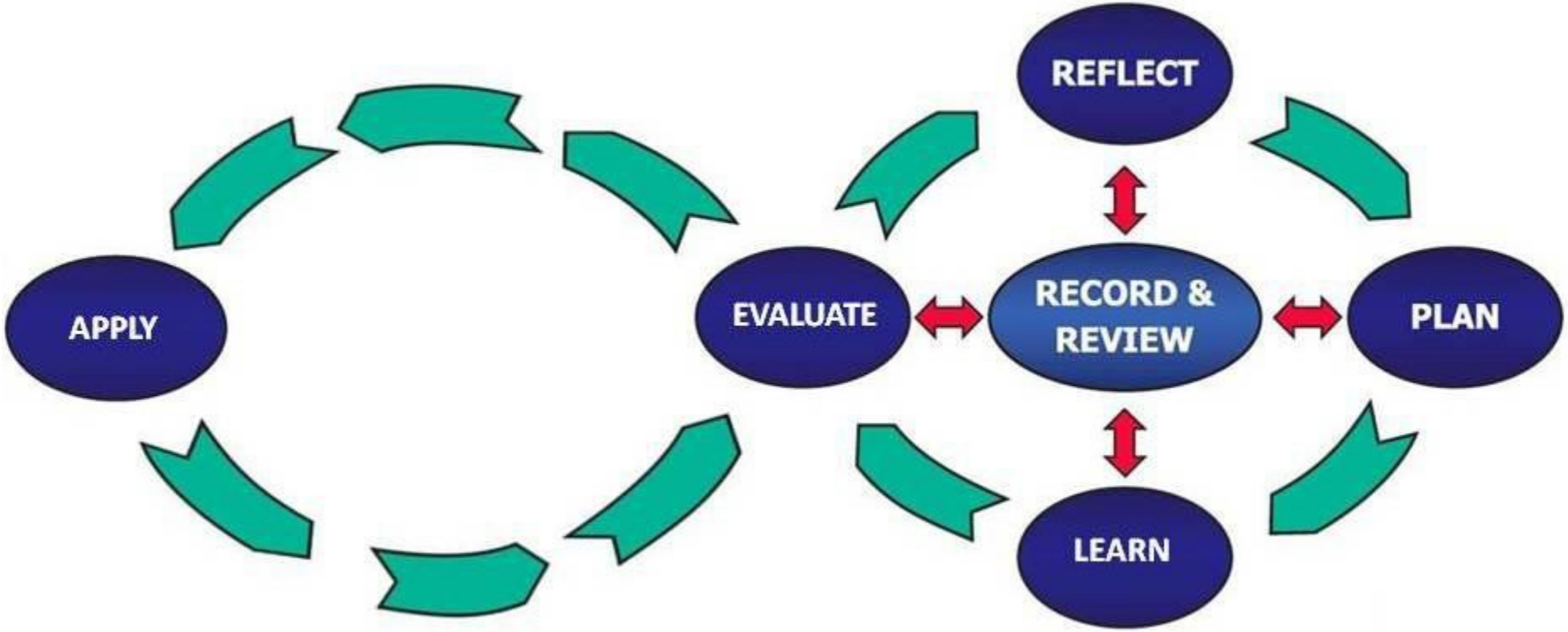
- Documentation is integral to each component of the learning cycle
- Dynamic, comprehensive tool to record and retrieve information, reflection, action plans, etc.
- Facilitates achievement of learning objectives and personal learning plan
- Needs to be readily accessible, simple to use
- Ideally standardized format (electronic/paper)

CPD: Bridging the Classroom and the Workplace



"The new vision for continuing education will be based on an approach called continuing professional development (CPD), in which learning takes place over a lifetime and stretches beyond the classroom to the point of care." *IOM December 2009*

CPD: Bridging the Classroom and the Workplace



MUST BE ALIGNED

Patient and Organizational Outcomes ⟷ **Learner's Educational Outcomes**

Request for completion

Portfolio Contents:

- ✓ REFLECT
- ✓ PLAN
- ✓ EVALUATE
- ✓ LOG (Learning Outcomes Growth)

10 minute Break

Return by 11:05am

California Right Meds
COLLABORATIVE

The California Right Meds Collaborative Journey

Progress Since Fall 2020 Learning Session

Steven Chen, PharmD, FASHP, FCSHP, FNAP
Associate Dean for Clinical Affairs
USC School of Pharmacy
Founder and Director, California Right Meds Collaborative

L.A. Care Health Plan Interim Results: LA Care Team

- **Alex C Kang, PharmD, MBA, APh, BCPS, BCACP**
  - Director of Clinical Pharmacy, Pharmacy & Formulary
  - Email: Akang@lacare.org

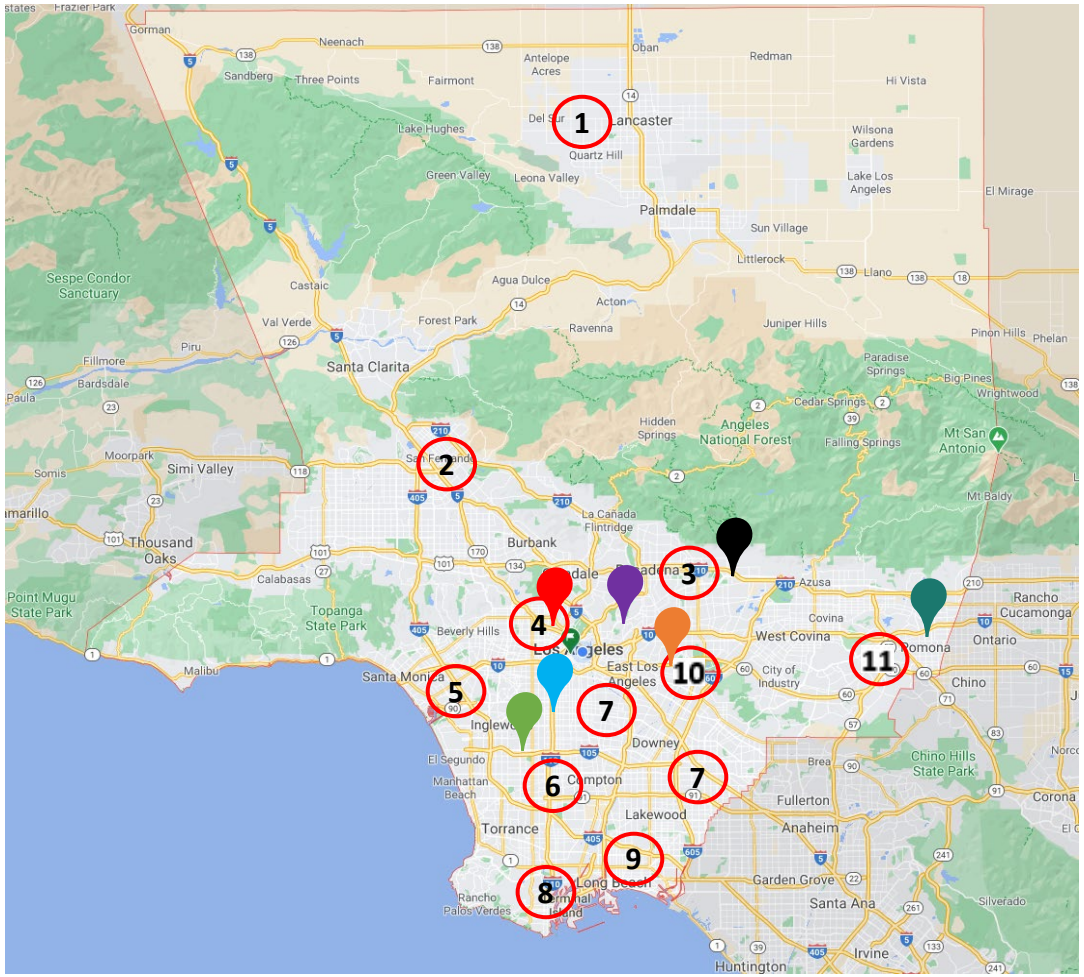
- **Ann Phan, PharmD, BCGP**
  - Manager, Clinical Programs, Pharmacy & Formulary
  - Email: APhan@lacare.org

- **Hanna Sung, PharmD, BCACP, BC-ADM, APh**
  - Manager, Ambulatory Care Pharmacy Practice, Pharmacy & Formulary
  - Email: Hsung@lacare.org

- **Mary Anne Choi, PharmD, MBA**
  - Clinical Pharmacist, Clinical Programs, Pharmacy & Formulary
  - Email: Mchoi@lacare.org

LA Care Pilot Calif Right Meds Collaborative Pharmacies and FQHCs

Participating pilot pharmacies



Legend

- Hawthorne Professional Pharmacy
- Manchester Professional Pharmacy
- USC Medical Plaza Pharmacy
- Vermont VO Pharmacy
- Western University Pharmacy
- Pacific Oak Compounding Pharmacy
- The Prescription Shop
- (#) Regional Community Advisory Committee (RCAC)

Watts Health

EastValley COMMUNITY HEALTH CENTER

parktree Community Health Center

JWCH INSTITUTE, INC. Health & Medical Services

Kheir Clinic™

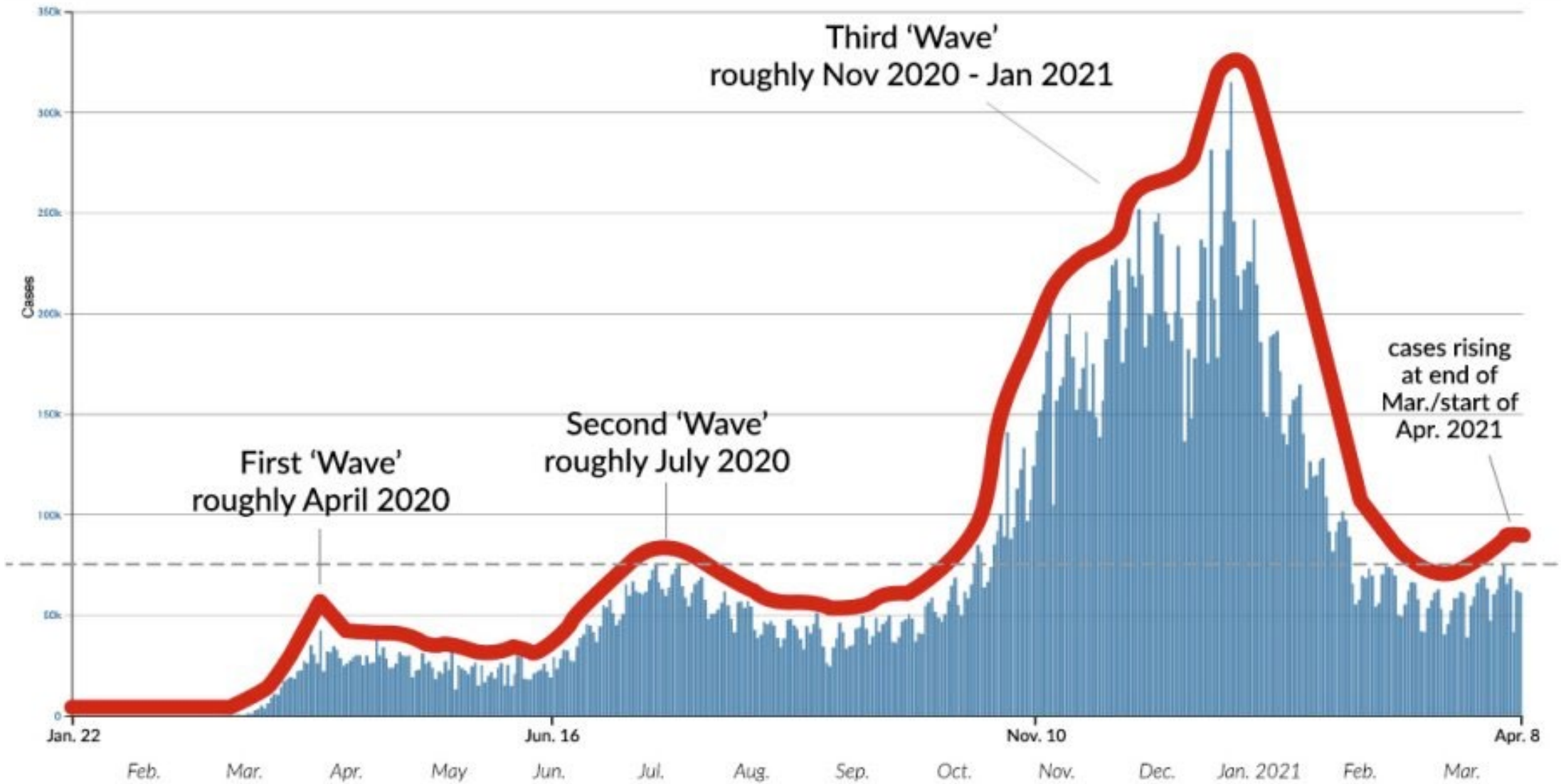
ARROYO VISTA FAMILY HEALTH CENTER

Helping People Heal

BARTZ-ALTADONNA Community Health Center

californiahealth+

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



Preliminary Impact Results
California Right Meds Collaborative Pilot, LA Care Health Plan

- Enrollment Proxy: A1C > 9%
- Comprehensive Medication Management goals and shared-risk value-based payment is aligned with HEDIS and STAR measures
  - Diabetes: A1c at least < 8%
  - Hypertension: BP at least < 140/90 mmHg
  - Statin: Initiate a statin if clinically appropriate
- **Results reported reflect only ~5 months of program operation**; most diabetes patients need ~8 months on average to reach glycemic goals

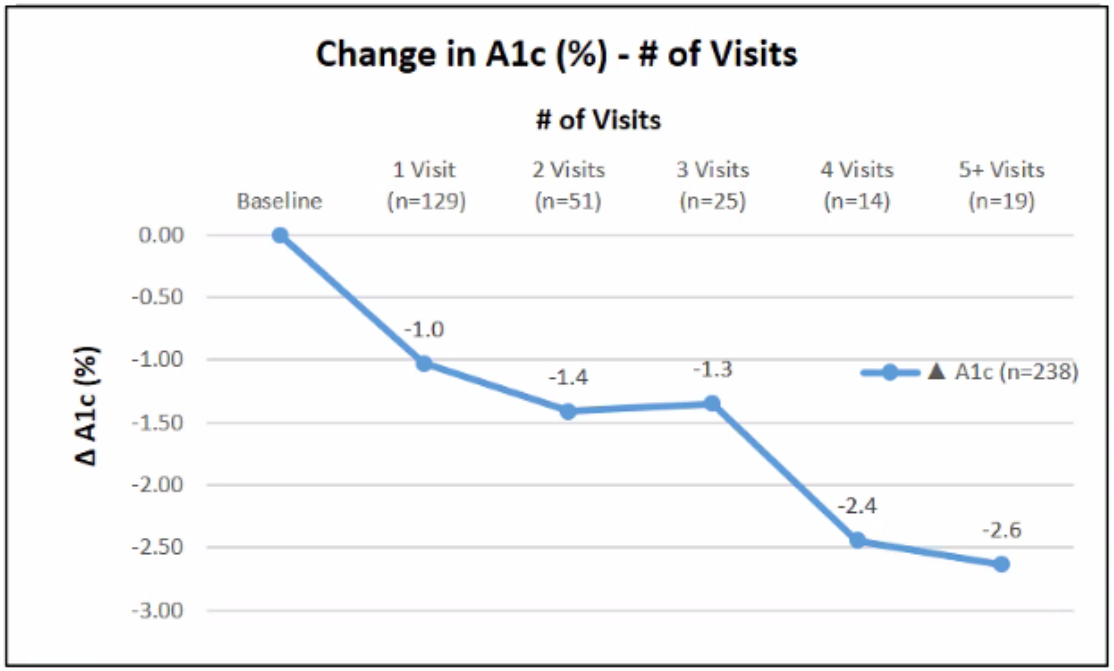
Demographics and General Baseline

- Enrolled 214 Medi-Cal members with a focus on reducing health disparities:
  - 105 (49%) members in Antelope Valley and South LA
  - 51 (24%) members self-identified as Black/African American
  - 96 (45%) Hispanic
- Avg age = 53 yo (R 22-72 yo)
- 45% male

- 138 patients with hypertension diagnosis
  - 43 patients with BP > 140/90 at baseline
- 42% on statin therapy at baseline
- Avg Baseline A1C 11.4% +/-1.7

Final Project: California Right Meds Collaborative (CRMC) – Outcomes Analysis

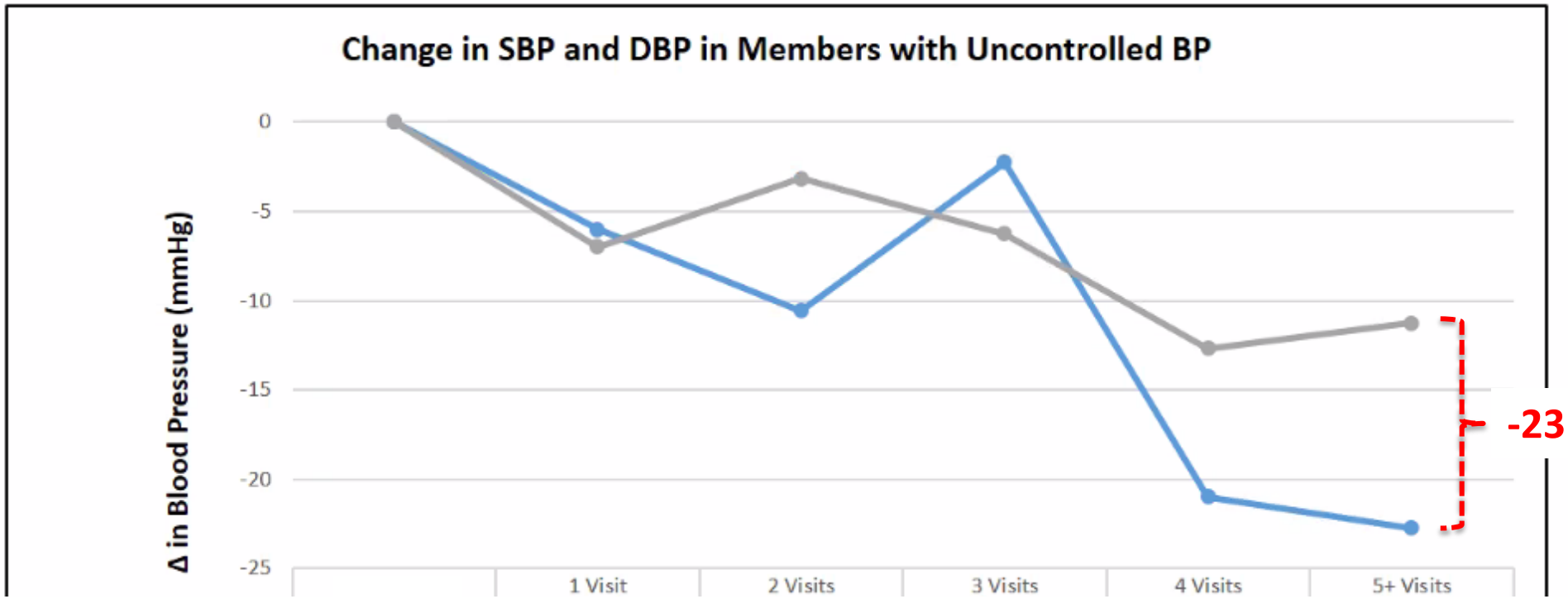
As of 5/6/2021



Visits	Total (n=238)	Average Baseline A1c	Average Most Recent A1c	▲ A1c
5+	19	11.4	9.0	-2.6
4	14	12.0	10.1	-2.4
3	25	10.7	9.8	-1.3
2	51	11.7	10.8	-1.4
1	129	11.6	11.3	-1.0

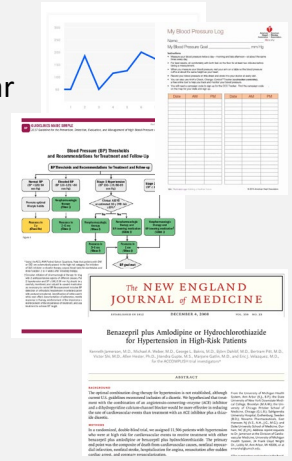
Blood Pressure Trends

# of Visits	Total (n=238)	Average SBP	Average DBP	BP <130/80 (%)	BP < 140/90 (%)
5+	19	125	75	53%	84%
4	14	133	78	33%	89%
3	25	131	78	41%	73%
2	51	133	80	36%	67%
1	129	135	80	25%	58%



Overcoming Treatment Inertia Without a Collaborative Practice Agreement

Prescribers



- **EVIDENCE-BASED AND EASY**: Combine recommendations with evidence and a clear follow-up plan
  - Provide relevant measures / labs / clinical findings with guidelines and (better yet) evidence specific to patient
  - Highlight use of appropriate technique and equipment (e.g., validated BP cuff, ACC / AHA standards for BP measurement)
  - Offer to manage patient follow-up with clear plan including frequency

- **FACE-TO-FACE:** Consult directly with PCP during weekly on-site clinic days or monthly inservices with clinic partner (if relevant)

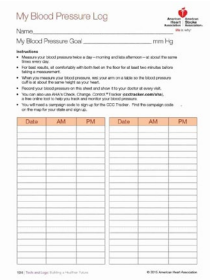
- **LEVERAGE A RESPECTED AUTHORITY**: Endorsement by recognized authority (Keck Medical Center of USC, Cedars-Sinai Heart Institute, Right Care Initiative), PCP colleague, mentor, CMO, etc.

- **CQI / P4P**: Request assistance from QI director

Enterprise end-to-end solution for quality measurement, payment, research, and performance certification and improvement

Patients, Family, Caregivers

- **SELF-ADVOCACY**: Educate patient and/or family and caregivers on treatment goals, and provide summary of relevant measures / labs / symptoms to share with PCP and request action



- **APPOINTMENT ACCOMPANIMENT:** Offer virtual or in-person accompaniment to PCP appointment (inform PCP office in advance)

Statin Utilization Associated with Number of Visits

As of 4/27/2021

# of Visits	Total (n=207)	Post-enrollment statin (Count)	Post-enrollment statin (%)
5+	21	16	84%
4	18	12	67%
3	21	15	71%
2	42	25	60%
1	105	44	42%

California Right Meds
COLLABORATIVE

Progress and Next Steps

Milestone	Completed	Ongoing	Pending
Selection process for Calif Right Meds Collaborative pharmacies	✓		
Intensive training for pilot Calif Right Meds Collaborative sites (live, patient actors, webinar)	✓		
Patient and medical provider targeting and enrollment strategies	✓		
Value-based payment models	✓		
QI dashboard & tools for teams	✓		
Learning Sessions, 1:1 Coaching, special / focused trainings		✓	
Pilot program- PDSA, adaptive modeling, toolkit and resources	✓	✓	
Webinars / case reviews every 1-2 weeks		✓	
Launch full rollout		✓	
Spread awareness of and engagement in Calif Right Meds (health plans, government, public)		✓	
Collaborate with state health goals aligned with CMM (e.g., Post-stroke Comprehensive Medication Management with CDPH)		✓	

Coming Fall 2021: Psychiatry for Population Health Pharmacists (PPHP) Collaborative

The California Right Meds Collaborative Journey

Health Plan Updates: Challenges, Opportunities and Future Directions

- Identify current and evolving challenges and priorities related to chronic disease control, including impact of COVID-19
- Describe general direction and strategy moving forward, and alignment with CRMC

California Right Meds COLLABORATIVE

Health Plan Updates: Challenges, Opportunities, and Future Directions

Alex C. Kang, PharmD, APh, BCPS, BCACP, BCGP
Director, Clinical Pharmacy
L.A. Care Health Plan

L.A. Care Health Plan

Partners:

California Right Meds COLLABORATIVE

brand new day
HEALTHCARE YOU CAN FEEL GOOD ABOUT

IE HP
A Public Entity
Inland Empire Health Plan

County of Los Angeles
Public Health

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY
SINCE 1997

L.A. Care®

California Right Meds
COLLABORATIVE

Partnership

- Stringent quality improvement process
- Continuous education model optimizing CMM
- Alignment of resources and partnerships (e.g., Center for Disease Control and Prevention and County of Los Angeles Public Health)

L.A. Care®

01 MEMBER CARE AND SATISFACTION

02 EXPANSION OF PHARMACY PROFESSION

03 BRIDGING THE GAP

04 INNOVATIVE CARE MODEL

California Right Meds
COLLABORATIVE

Overcoming Patient Care Challenges

- Empowering pharmacists to assume provider roles
- Building Pharmacist-Physician collaboration
- Encouraging the use of telemedicine during COVID-19 pandemic

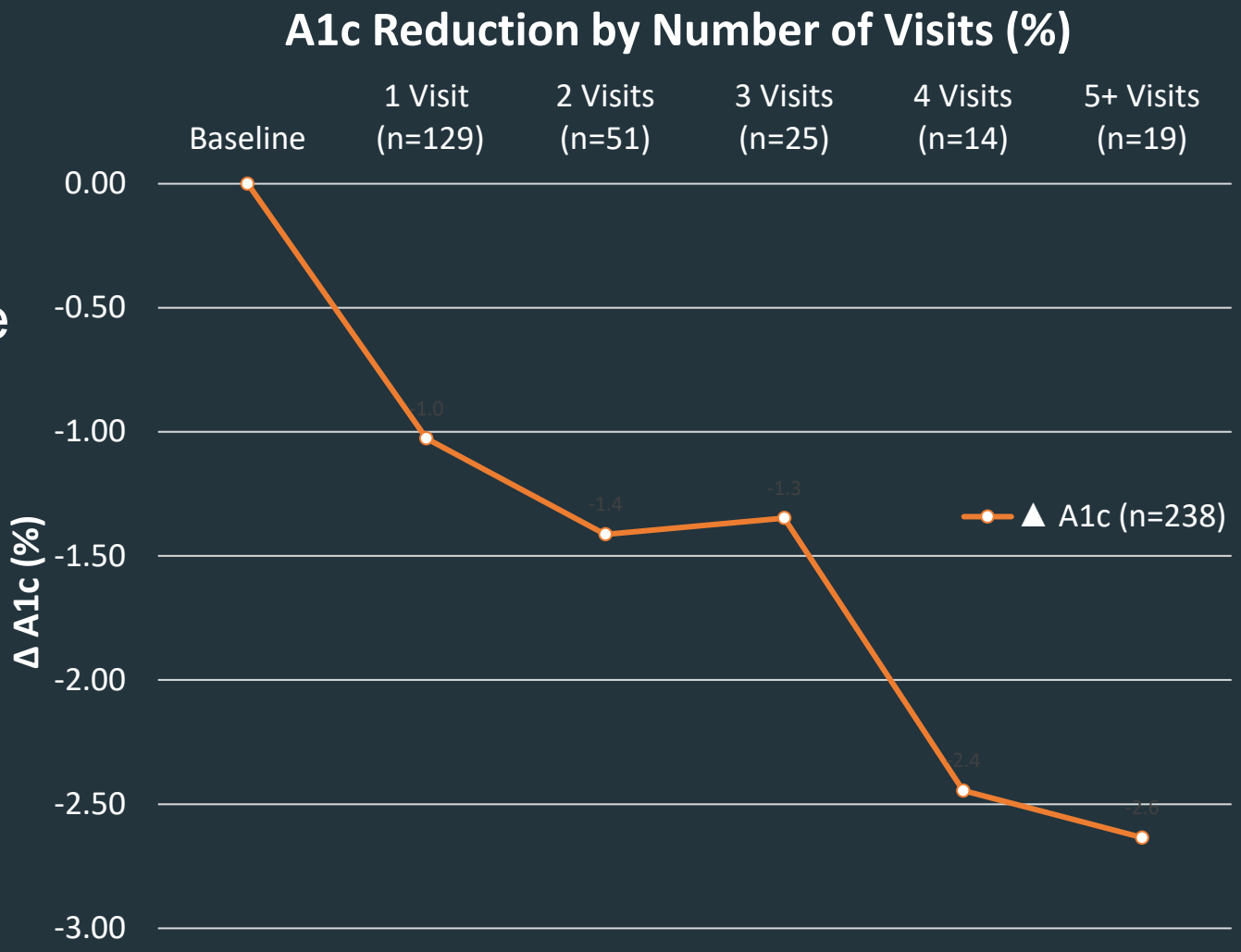
L.A. Care Health Plan 2021 Population Health Goals

Performance Indicators	Data Source	2021 Goals 2020 Goals		
Chronic Condition Management		MCLA	LACC	CMC
Diabetes: Percentage of members with A1c < 8%	HEDIS	≥ 52% ≥ 51%	≥ 63 % ≥ 63%	≥ 64% ≥ 64%
CRMC: Increase the rate of participation among Black /African Americans in the California Rights Med Collaborative (CRMC) from 40 members to 60 members in 2021	Participation rate	60 members		

California Right Meds
COLLABORATIVE

Key Statistics

- Enrolled 248 members with a focus on reducing health disparities:
- 124 (50%) members in Antelope Valley and South LA
- 59 (24%) members self-identified as Black/African American
- 7 participating community pharmacies
- 11 partnering clinics/primary care providers (and growing)



California Right Meds
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Current Challenges

- Provider Partnerships
- Data Collection
- Health Plan Data Lag
- Member Follow-up Visits

Moving Forward

- Establish at least one CRMC-participating pharmacy in each region of Los Angeles County
- Encourage Payer-Pharmacy engagement for all counties in California with health plans
- Obtain funding to expand the program and establish infrastructure to efficiently scale up

Current Challenges

- Provider Partnerships
- Data Collection
- Health Plan Data Lag
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Moving Forward

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California Right Meds COLLABORATIVE

Health Plan Updates:
Challenges, Opportunities, and Future Directions

Edward Jai, PharmD
Senior Director and Chief Pharmacist
Inland Empire Health Plan

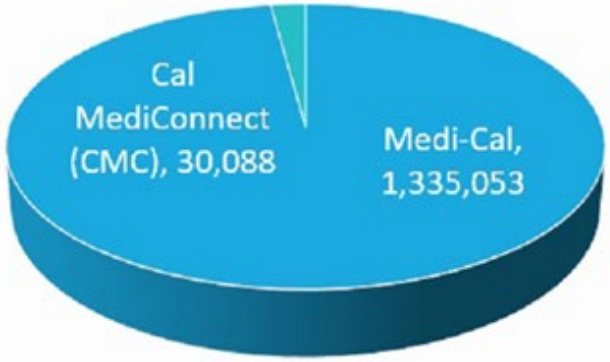
Who we are

- Local initiative serving counties of **Riverside** and **San Bernardino**
- **Public Entity** and **Joint Powers Agency**
- Operational **September 1, 1996**
- **Non-Profit HMO**
  - Mixed Model
    - Contracts with IPAs
    - Direct Physician Contracts

Who we are

Inland Empire Health Plan

IEHP Membership



Active membership by county:

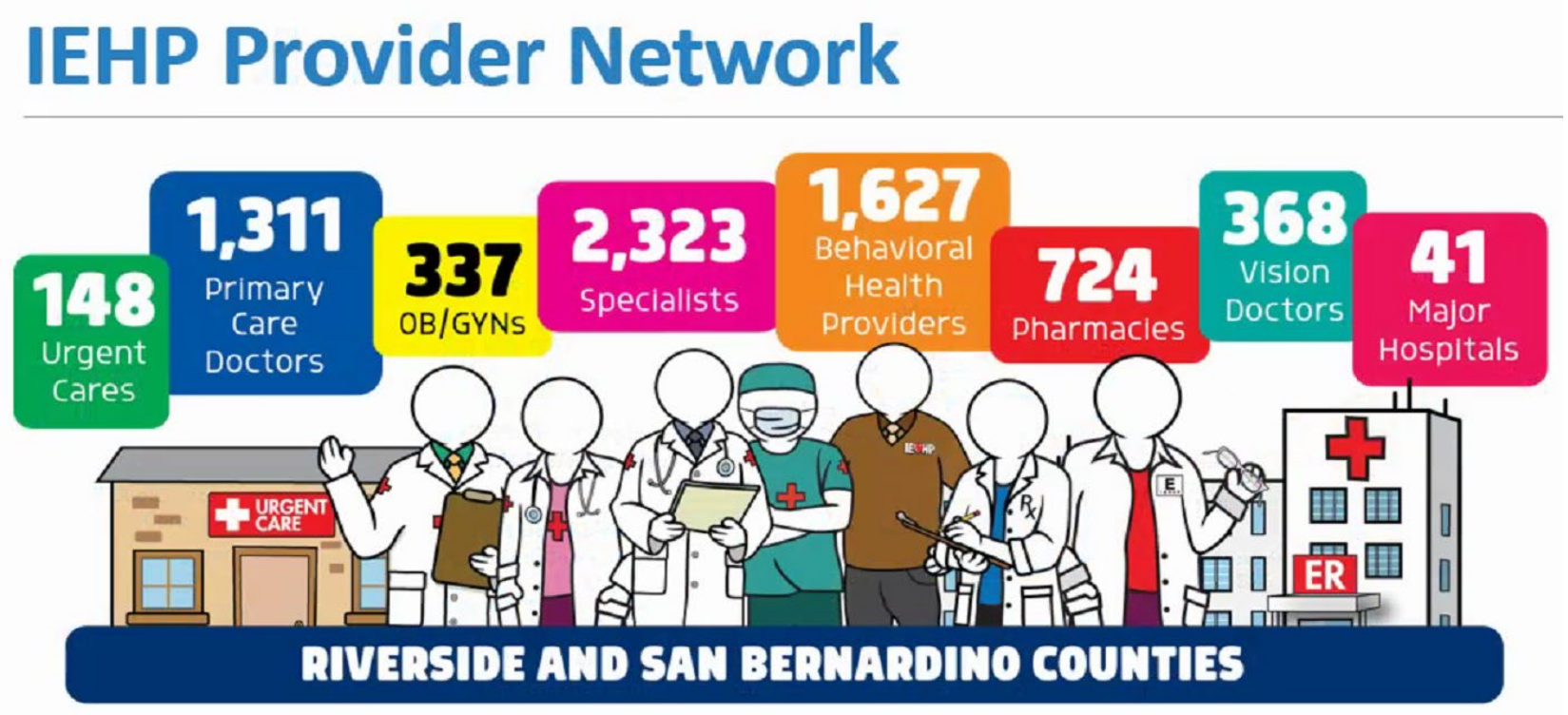
Riverside County = 689,643

San Bernardino County = 673,756

As of January 2021

Region	Medi-Cal	CMC
High Desert	13%	13%
San Bernardino Proper	27%	30%
Low Desert	11%	15%
Temecula/Corona/Hemet	19%	19%
Riverside Proper	19%	15%
West San Bernardino	11%	8%

Who we are

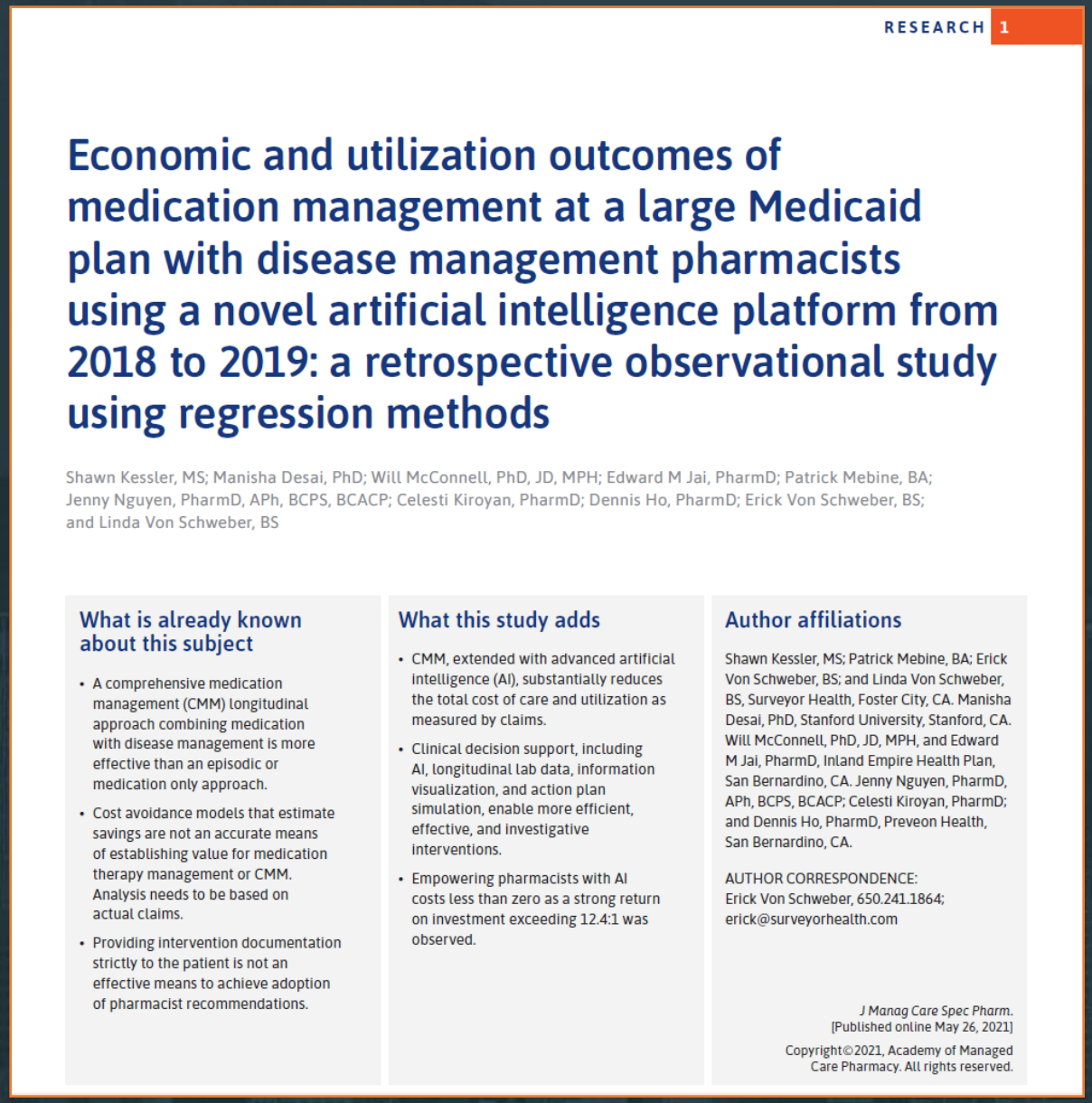

IEHP Provider Network
148
Urgent Cares
1,311
Primary Care Doctors
337
OB/GYNs
2,323
Specialists
1,627
Behavioral Health Providers
724
Pharmacies
368
Vision Doctors
41
Major Hospitals
URGENT CARE
ER
RIVERSIDE AND SAN BERNARDINO COUNTIES

Pharmacist Medication Management

12:1 Return on Investment

IEHP Members

California Right Meds COLLABORATIVE



Economic and utilization outcomes of medication management at a large Medicaid plan with disease management pharmacists using a novel artificial intelligence platform from 2018 to 2019: a retrospective observational study using regression methods

Shawn Kessler, MS; Manisha Desai, PhD; Will McConnell, PhD, JD, MPH; Edward M Jai, PharmD; Patrick Mebine, BA; Jenny Nguyen, PharmD, APh, BCPS, BCACP; Celesti Kiroyan, PharmD; Dennis Ho, PharmD; Erick Von Schweber, BS; and Linda Von Schweber, BS

What is already known about this subject

- A comprehensive medication management (CMM) longitudinal approach combining medication with disease management is more effective than an episodic or medication only approach.
- Cost avoidance models that estimate savings are not an accurate means of establishing value for medication therapy management or CMM. Analysis needs to be based on actual claims.
- Providing intervention documentation strictly to the patient is not an effective means to achieve adoption of pharmacist recommendations.

What this study adds

- CMM, extended with advanced artificial intelligence (AI), substantially reduces the total cost of care and utilization as measured by claims.
- Clinical decision support, including AI, longitudinal lab data, information visualization, and action plan simulation, enable more efficient, effective, and investigative interventions.
- Empowering pharmacists with AI costs less than zero as a strong return on investment exceeding 12.4:1 was observed.

Author affiliations

Shawn Kessler, MS; Patrick Mebine, BA; Erick Von Schweber, BS; and Linda Von Schweber, BS, Surveyor Health, Foster City, CA. Manisha Desai, PhD, Stanford University, Stanford, CA. Will McConnell, PhD, JD, MPH, and Edward M Jai, PharmD, Inland Empire Health Plan, San Bernardino, CA. Jenny Nguyen, PharmD, APh, BCPS, BCACP; Celesti Kiroyan, PharmD; and Dennis Ho, PharmD, Preveon Health, San Bernardino, CA.

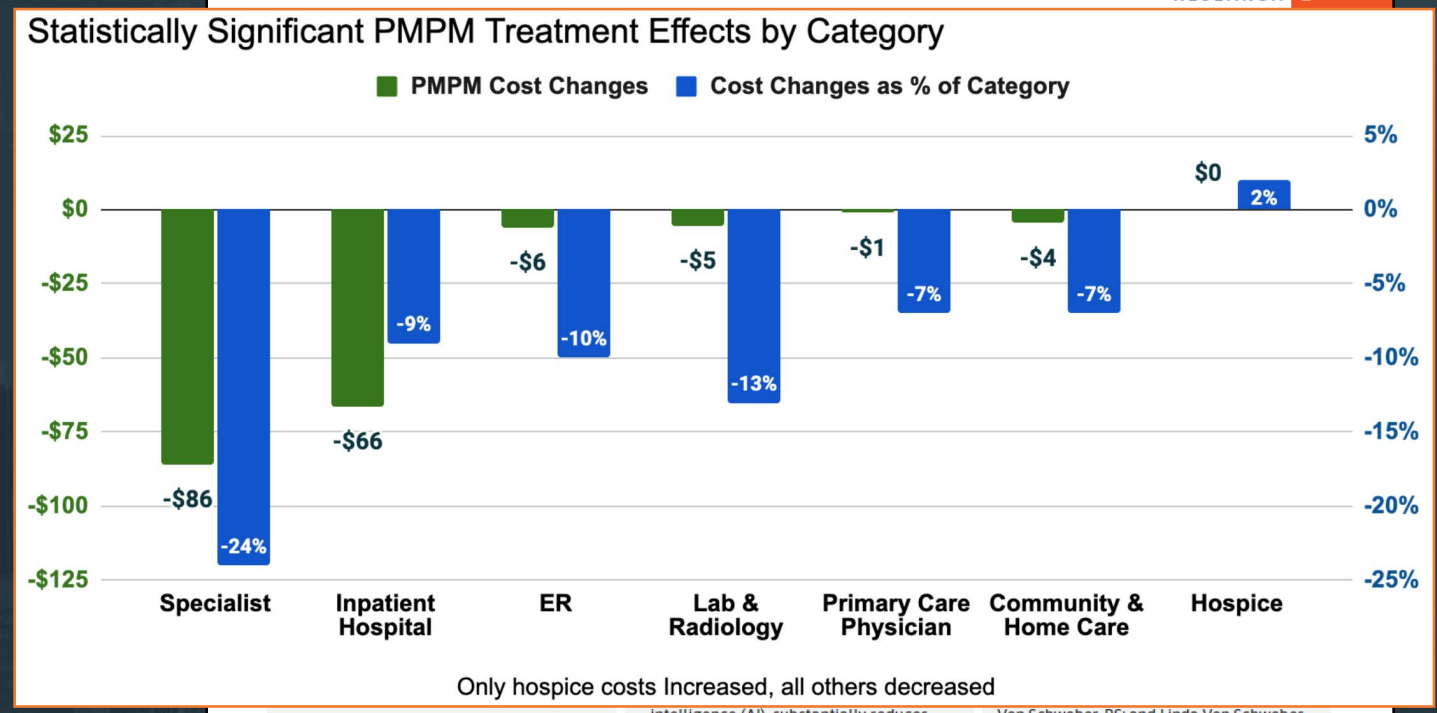
AUTHOR CORRESPONDENCE:
Erick Von Schweber, 650.241.1864;
erick@surveyorhealth.com

J Manag Care Spec Pharm.
[Published online May 26, 2021]

Pharmacist Medication Management

12:1 Return on Investment

IEHP Members



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Von Schweber, BS; and Linda Von Schweber, BS, Surveyor Health, Foster City, CA. Manisha Desai, PhD, Stanford University, Stanford, CA. Will McConnell, PhD, JD, MPH, and Edward M Jai, PharmD, Inland Empire Health Plan, San Bernardino, CA. Jenny Nguyen, PharmD, APh, BCPS, BCACP; Celesti Kiroyan, PharmD; and Dennis Ho, PharmD, Preveon Health, San Bernardino, CA.

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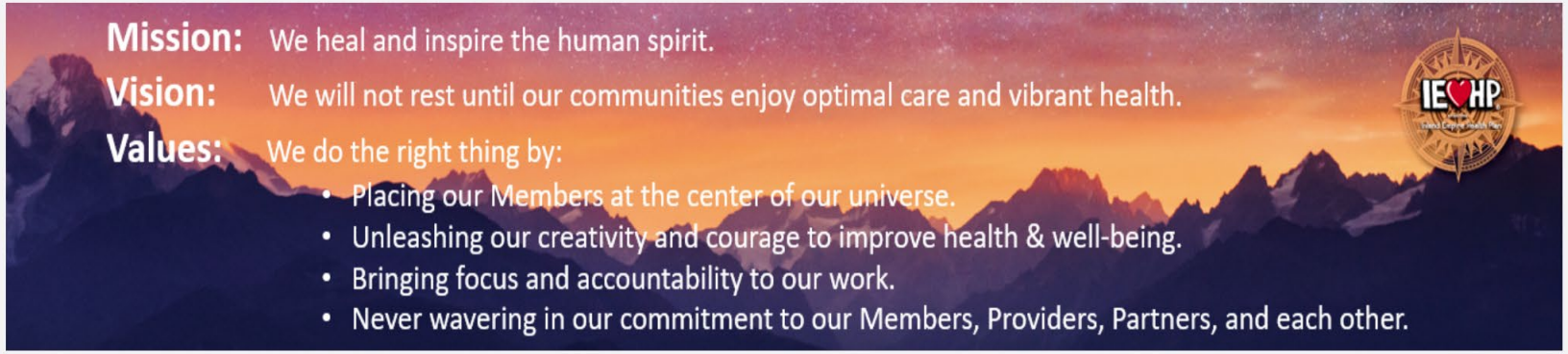
J Manag Care Spec Pharm.
[Published online May 26, 2021]

California Right Meds
COLLABORATIVE

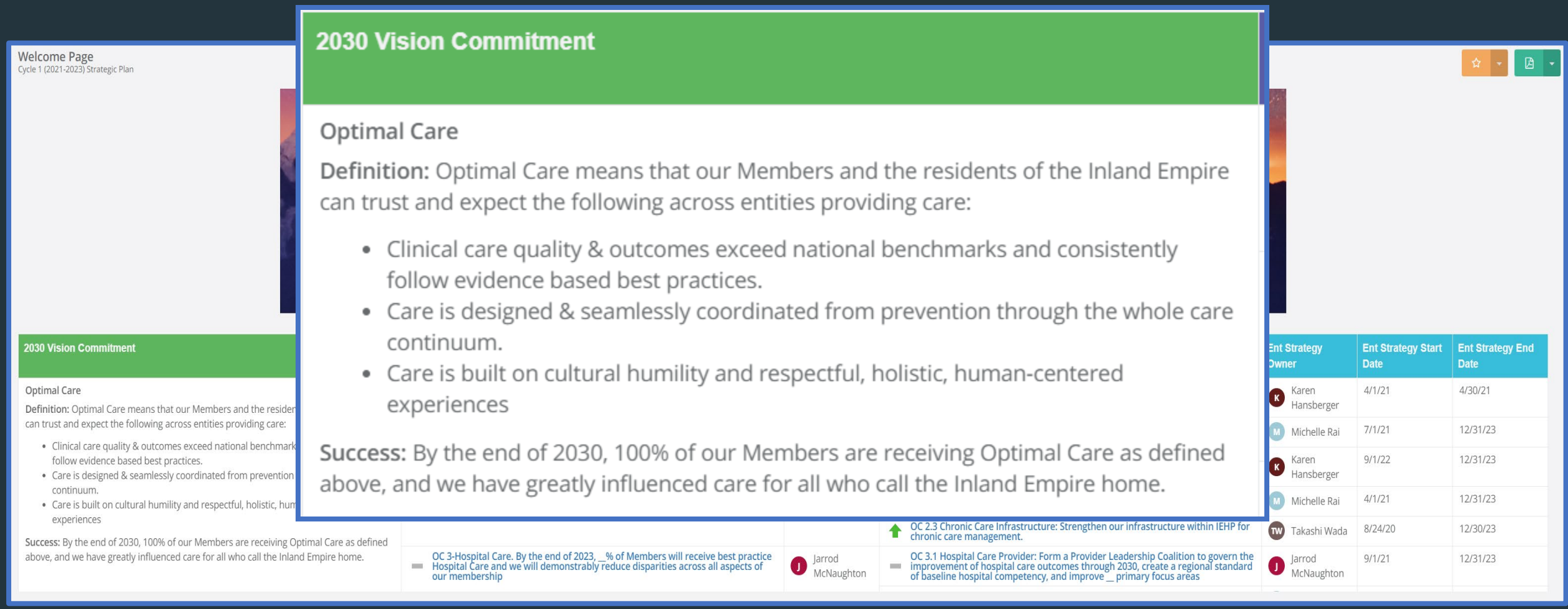
Current and Evolving Challenges

Welcome Page
Cycle 1 (2021-2023) Strategic Plan



2030 Vision Commitment	Cycle 1 Enterprise Goal	Executive Owner	Cycle 1 Enterprise Strategy	Ent Strategy Owner	Ent Strategy Start Date	Ent Strategy End Date
Optimal Care **Definition:** Optimal Care means that our Members and the residents of the Inland Empire can trust and expect the following across entities providing care: • Clinical care quality & outcomes exceed national benchmarks and consistently follow evidence based best practices. • Care is designed & seamlessly coordinated from prevention through the whole care continuum. • Care is built on cultural humility and respectful, holistic, human-centered experiences **Success:** By the end of 2030, 100% of our Members are receiving Optimal Care as defined above, and we have greatly influenced care for all who call the Inland Empire home.	OC 1-Preventive Care. By the end of 2023, _% of Members will receive identified best practice Preventative Care measures and we will demonstrably reduce disparities across all aspects of our membership	Karen Hansberger	OC 1.1 Preventive Care Provider: Align Provider performance goals with IEHP Preventive Care goals	Karen Hansberger	4/1/21	4/30/21
			OC 1.2 Preventive Care Members: Engage our Members more deeply in their Preventative Care	Michelle Rai	7/1/21	12/31/23
	OC 2-Chronic Care. By the end of 2023, 68% of Members will receive identified best practice Chronic Care measures (currently 49%) and we will demonstrably reduce disparities across all aspects of our membership	Karen Hansberger	OC 2.1 Chronic Care Provider: Align Provider performance goals and incentives with IEHP Chronic Care goals	Karen Hansberger	9/1/22	12/31/23
			OC 2.2 Chronic Care Members: Engage our Members more deeply in their Chronic Care	Michelle Rai	4/1/21	12/31/23
			OC 2.3 Chronic Care Infrastructure: Strengthen our infrastructure within IEHP for chronic care management.	Takashi Wada	8/24/20	12/30/23
	OC 3-Hospital Care. By the end of 2023, _% of Members will receive best practice Hospital Care and we will demonstrably reduce disparities across all aspects of our membership	Jarrod McNaughton	OC 3.1 Hospital Care Provider: Form a Provider Leadership Coalition to govern the improvement of hospital care outcomes through 2030, create a regional standard of baseline hospital competency, and improve __ primary focus areas	Jarrod McNaughton	9/1/21	12/31/23

Current and Evolving Challenges



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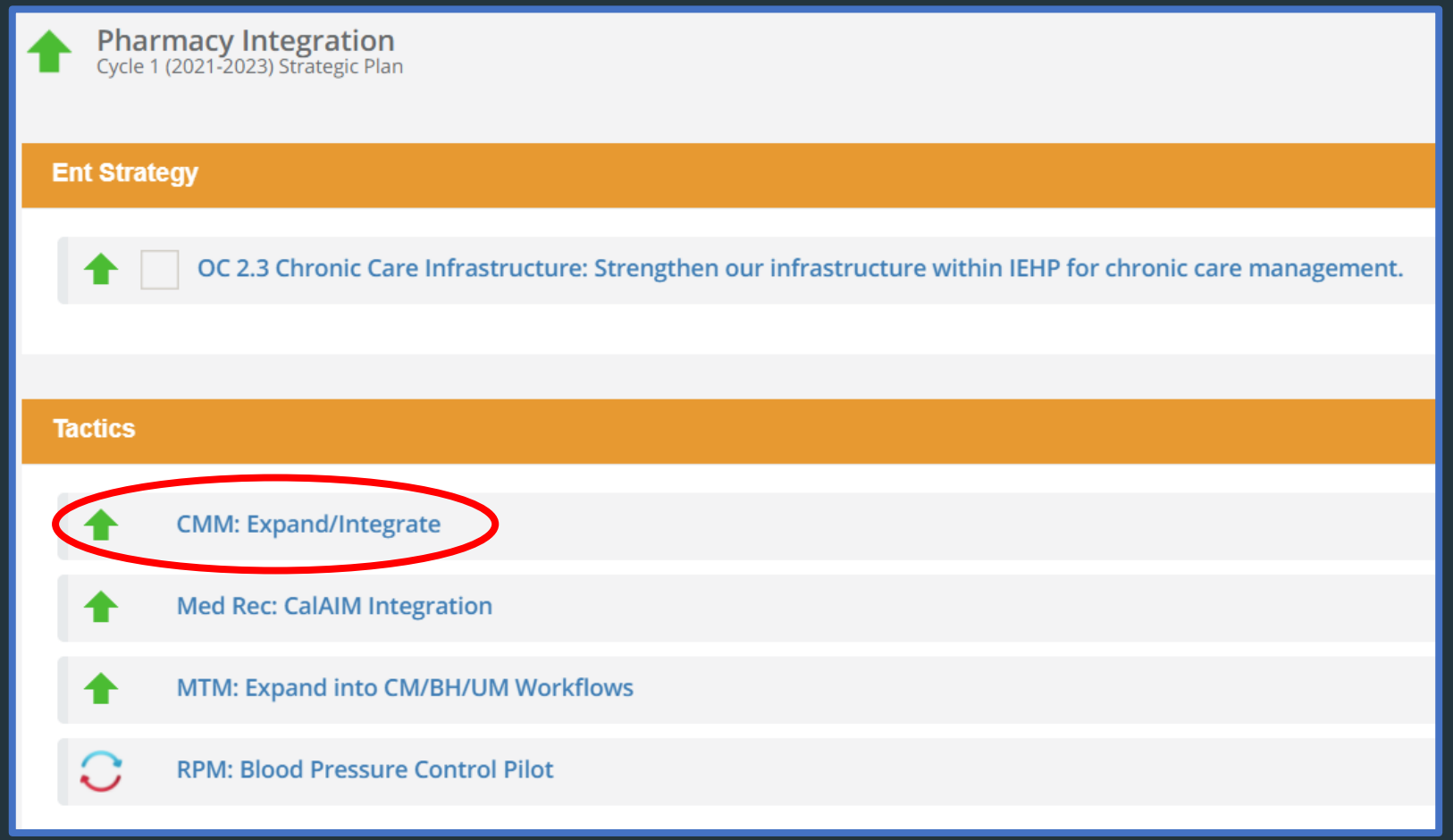
Key Performance Measures

How does CMM fit in?



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Pharmacy Roadmap

2018

- Value Stream Analysis
- Pharmacoeconomics
- Network Structure
- FWA Structure
- Q/C/PD Structure
- Pharmacy Engagement Council

2019

- Outcomes Based Contracting Begins:
  - Specialty Rx RFP
  - Real Time Benefits
  - ePA
- Operations:
  - PA/CD Optimization
- **Retail Rx P4P: HEDIS**
- **AB-1114 Medi-Cal: Pharmacist services**
- **Residency and Teaching Program Plan**

2019-2020

- **Career Ladders**
- **RxUM Optimization**
- Outcomes Specialty Rx
- Pilots:
  - **Med Rec, MTM, CMM**
- Residency and Teaching Program Expansion
- **Academic Detailing Expansion**
- **Med Rec Deployed: 6 Regions**

2020-2021

- **Plan Based Care:**
  - **Med Rec and MTM**
- Outcomes Contracts RFP:
  - MTM (MCare, MCal), DTM, PBA Tech, RxUM (Part B)
  - **Retail Rx P4P CMM Pilot**
- Real Time Benefits, ePA

2021-2022

- Outcomes Based Partners Implemented:
  - MTM, **CMM**, DTM
  - APP

Inland Empire Health Plan

Benefits of the CRMC

- Collaboration and Direct Support from USC
- Continuing Education and Clinical Training (Learning Sessions)
- Data Exchange (Core Data Set)
- Reporting:
  - (1) Clinical Outcome Measures.
  - (2) Quality Improvement.
  - (3) Enrollment.
  - (4) Utilization.

- Quality Improvement
- Patient Targeting

The California Right Meds Collaborative Journey

Other Health Plans Thoughts on CRMC

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CRMC Team Example: Advancing CMM for Maximum Impact and Efficiency

- Develop strategies for expanding a CMM program despite challenges including the COVID-19 pandemic
- Formulate a plan to improve efficiency and effectiveness of CMM services

Eddie Lee, PharmD
Vermont VO Pharmacy
L.A. Care CRMC Pilot Site

Ramesh Upadhyayula, PharmD, APh
Desert Hospital Outpatient Pharmacy
IEHP CRMC Pilot Site

Why is CRMC important to me?

1. Benefits underserved population
2. Business
3. Personal Interest

Challenges to expanding CMM, including COVID 19 related barriers

1. Time
2. Personnel
3. Routine
4. Problem Solve

What's working best with CRMC

1. Patient progress/Testimonials
2. Networking – local doctors and other clinical pharmacist

Commitment to improve CMM services

1. Innovation
2. Investment
3. Continue education
4. Network

CRMC Team Example

Desert Hospital Outpatient Pharmacy
Ambulatory Health

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Why is CRMC Important to Me?

REDUCED CHRONIC DISEASE BURDEN

CRMC aims to reduce the burden of chronic disease by advancing the role of pharmacists.

SKILL EXPANSION

CRMC advances the competency of CMM pharmacists through regular skill training.

INCREASED LEARNING

CRMC provides regular case discussions, journal clubs, and webinars to increase learning.

PILOT A MODEL FOR SUSTAINABLE CARE

CRMC aims to establish high-impact CMM services that are sustainable & aligned with health priorities.

DEVELOPMENT OF VALUE-BASED MODELS

CRMC aims to develop value-based payment models for CMM services by pharmacists.

RELATIONSHIP BUILDING

CRMC plants the seeds for ongoing collaboration between pharmacists, physicians, and health plans.

INCREASED ACCESS TO CARE

CRMC enables pharmacies to serve as local access points of health and social services.

SPREADING HIGH-IMPACT CMM

CRMC aims to successfully demonstrate value-based payment models and expand beyond California.

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Challenges to Expanding CMM

Including COVID-19 Related Barriers

01

RESOURCES

Expanding CMM services requires a larger time and staffing investment towards expanding CMM services.

02

COMPETING PRIORITIES

The COVID-19 Pandemic presented many competing priorities such as vaccinations and testing for COVID-19..

03

TRAINING STAFF

Allocating time and staff for training is an investment that will allow additional staff to participate in CMM services.

04

ENROLLING PATIENTS

Enrolling patients is challenging due to required resources to outreach patients and providers.

05

OBTAINING CPA'S

Time and resources are required for obtaining Collaborative Practice Agreements with physicians.

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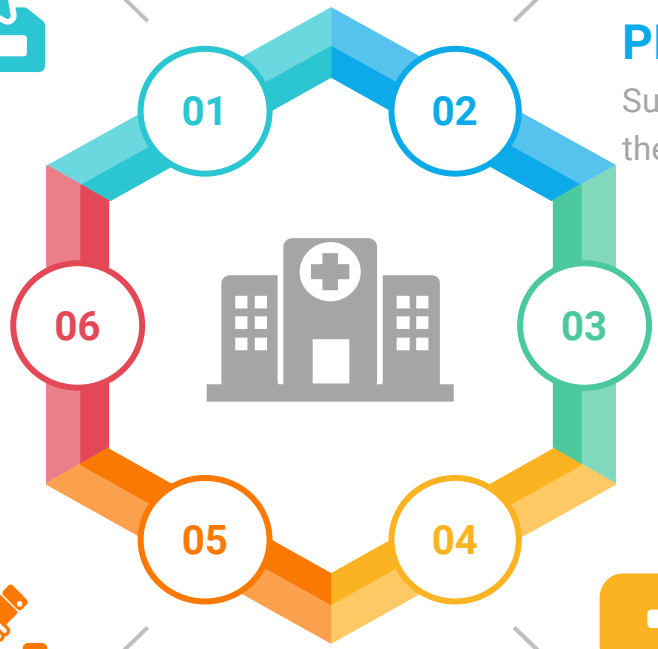
What's Working Best with CRMC



1. HEALTH PLAN INVOLVEMENT

Support, guidance, and active collaboration offered by participating health plans.

2. NETWORK OF PHARMACIES

Supportive network of pharmacies across the region.

3. REGULAR TRAINING & DEVELOPMENT

Extensive training for pharmacists and technicians for CMM skills and development.

4. SHARING OF RESOURCES & IDEAS

Routine meetings with health plan, participating pharmacies, and CRMC.

5. OPPORTUNITIES FOR COLLABORATION

From CRCM efforts, other CMM opportunities for collaboration with external entities may develop.

6. DATA & QUALITY IMPROVEMENT

Regular data and quality improvement meetings with the health plan including weekly reports.

Plans to Improve CMM Services

OUTREACH MORE

More outreach to patients and physicians can help us create and strengthen community relationships.

INVOLVE MORE STAFF

Training and developing more staff such as technicians, so they may assist with CMM and increase patient access.

CASE DISCUSSIONS

Engage in weekly inter-professional discussions of high risk patients, inviting patients, physicians, and other team members.

MORE DISEASE STATES

Expanding CMM services and disease state protocols to cover more disease states under Collaborative Practice Agreements with a physician.

MORE MENTORING

Coach and mentor more pharmacists so they may participate in providing CMM services at their pharmacies.

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Questions?

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Patient testimonial: How CRMC made a difference for me

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Physician testimonial: The impact CRMC is making on my patients and organization

Vidhya Koka, MD
Founder and Chief Medical Officer
SJ Medical Group

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Clinical Pharmacy Technicians as Essential CMM Team Members

- Describe direct and indirect patient care services that leverage the unique skills of clinical pharmacy technicians

Jennifer Yacco, CPhT
Clinical Pharmacy Education Specialist
Inland Empire Health Plan

Together with Technicians for CMM

Technician Current Involvement

- Administrative Tasks
  - Clerical duties
  - Stock shelves
  - Interpret data and prescriptions
  - Handle incoming faxes/calls
  - Prepare and dispense medications
  - Process insurance
- Environment
  - Retail
  - Hospital
  - Nursing homes/assisted living
  - Mail order
  - Compounding
  - Nuclear pharmacy
  - Insurance
- Education
  - Community college
  - Vocational schools
  - Hospitals
  - Military
  - High school
- Training
  - On the job training
  - Continuing education
- Certifications
  - Licensure
- Programs
  - MTM
  - CMM

Benefits of Technician Involvement

CONSISTENCY
Technicians can be a consistent and additional point of contact for CMM patients.

SKILL EXPANSION
CMM activities may expand existing technician skill sets.

INCREASED LEARNING
Technicians and pharmacists can learn from each other as they collaborate.

IMPROVED SATISFACTION
Collaboration with technicians may help improve job satisfaction for all involved.

SUPER-USERS
Technicians can become super users of our CMM process and systems. They may also train others.

INCREASED EFFICIENCY
Technicians free up the pharmacist so they may complete essential tasks.

INCREASED OUTREACH
More patients can be reached when technicians assist with outreach.

MORE CMM AMBASSADORS
Technicians can help promote CMM services and help identify potential patient candidates.

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CMM Key Players

- Physicians
- Pharmacists
- Pharmacy technicians
- Patients
- Other healthcare providers

Technicians Workflow for CMM Part 1

Enrollment

- Contact patients, schedule **meetings**, initiate phone calls and faxes

Data Entry

- Create patient profile, collect data on medications, medical htx, and pertinent labs

Pre-appointment Workup

- Pharmacist and technician discuss patient's workup and pertinent data

Technicians workflow for CMM Part 2

Documentation

- Transcribe SOAP note data into spreadsheets

Billing

- Submit billing claims to insurance, manage claims, submit prior authorizations, etc.

Follow up

- Collect any additional information, distribute health screening surveys

Example Follow-Up Workflow

1. APPOINTMENT SCHEDULED
The pharmacist selects patients and introduces technician involvement.

2. PRE-APPOINTMENT WORK-UP
The pharmacist and technician meet briefly to discuss the patient and review labs.

3. TECHNICIAN INTAKE
Using a health screening form, technicians perform an intake.

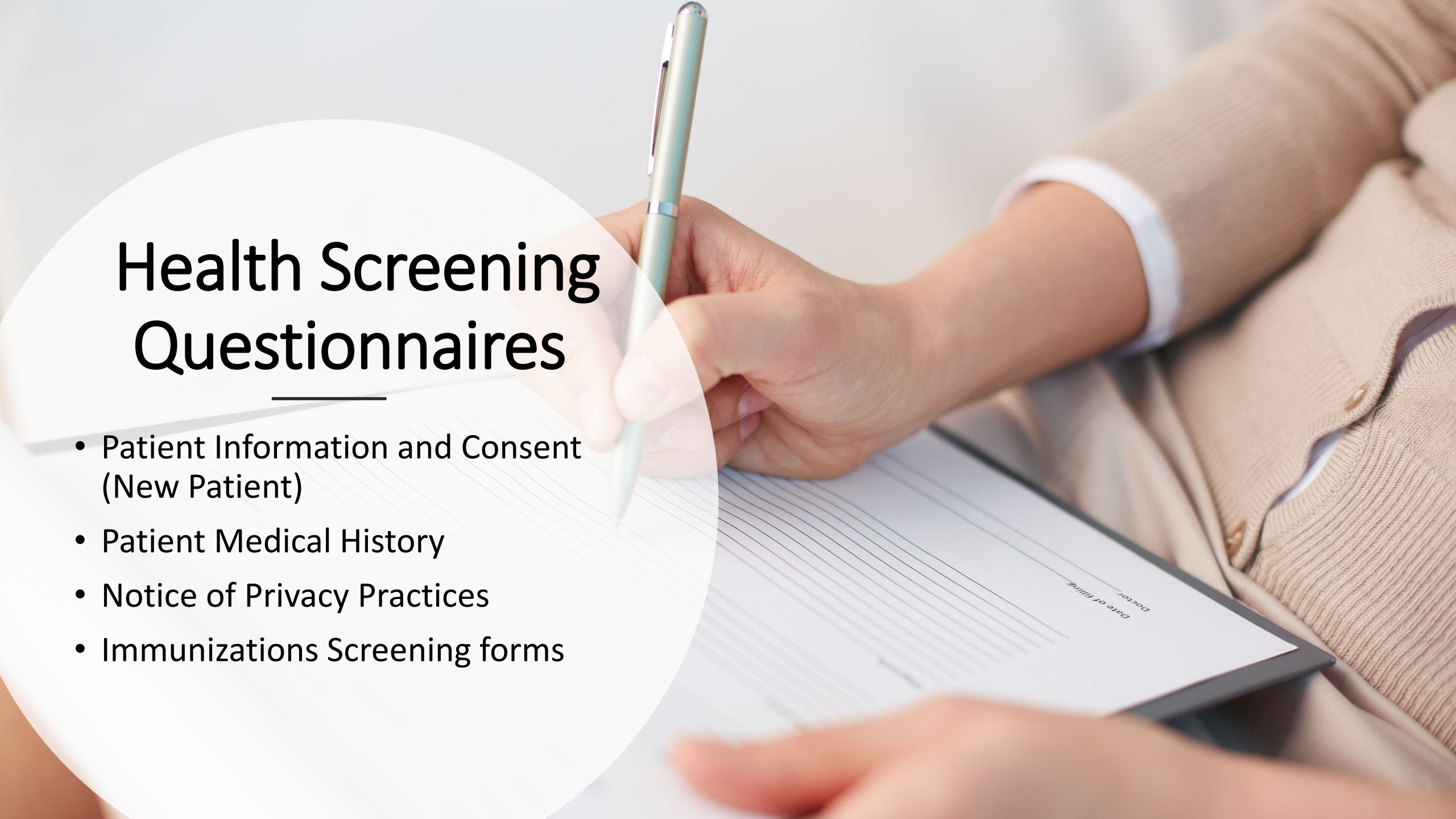
4. PHARMACIST FOLLOW-UP APPT
Pharmacist: reviews intake details and discusses patient with the technician.

5. DOCUMENTATION
The technician and pharmacist document their portions of the encounter.

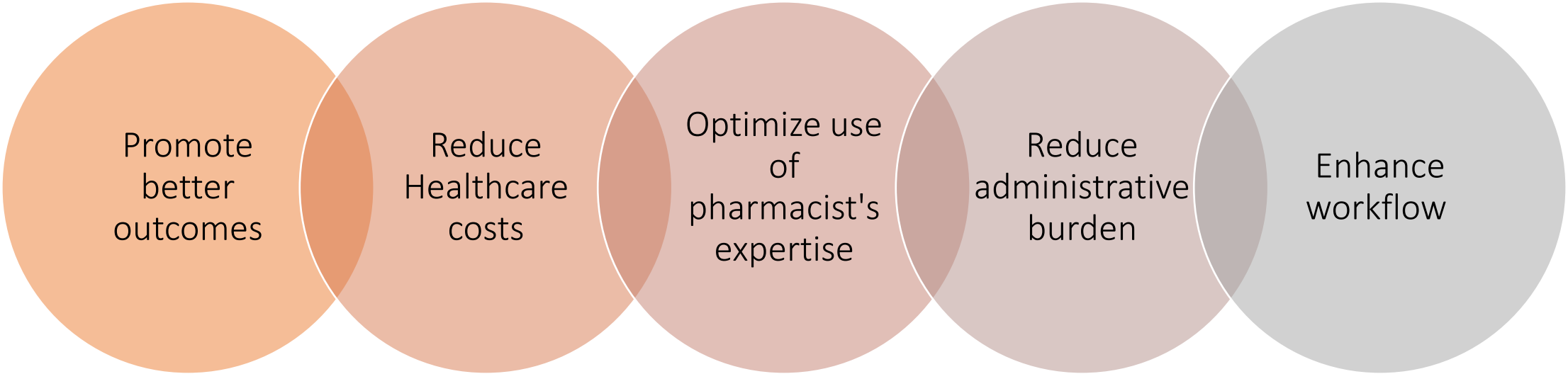
6. BILLING AND OTHER TASKS
Technicians complete other tasks such as billing, faxing encounter notes, etc.

Health Screening Questionnaires

- Patient Information and Consent (New Patient)
- Patient Medical History
- Notice of Privacy Practices
- Immunizations Screening forms



Future of CRMC



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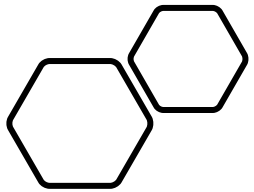

Questions?

Question for Reflection & Action

[please take to your breakout rooms]

What did I hear that I can adapt to improve the quality of medication therapy for the patients I serve?

Lunch

12:35 PM – 1:15 PM

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Advancing Motivational Interviewing and Shared Decision-Making

1. Use OARS to support active listening
2. Recognize your personal roadblocks to active listening and practice approaches that avoid these
3. Utilize the Readiness Ruler or similar approach to gauge a patient's preparedness for change and probe the reason for his/her response
4. Apply strategies for overcoming barriers to implementing shared decision making from the patient perspective

Dri Wang, PharmD, BCPP
Senior Medical Sciences Liaison
Otsuka Pharmaceuticals
Adjunct Faculty
USC School of Pharmacy

Disclosure

I am an employee of Otsuka Pharmaceutical Development & Commercialization, Inc. The views expressed in this presentation are my own and not necessarily the views or opinions of my employer or any of its affiliates.

Summary of Part 1

Wisdom on Changing Someone Else's Behavior

"People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others"

- Blaise Pascal

Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

Layperson’s Definition of Motivational Interviewing (MI)

"Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change"

Ambivalence is a Step Toward Change

Listen for phrases that start with "I need to…" [change talk]

Listen for phrases that start with "yes, BUT…" [sustain talk]

"I need to do something about my weight [change talk], but I've tried about everything and it never lasts [sustain talk]. I mean I know I need to lose weight for my health [change talk] but I just love to eat [sustain talk]"

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Method of MI: 4 Processes

In practice, these central processes emerge through work with a client and "may flow into each other, overlap, and recur"

Each step forms the foundation for the next process

Motivational Interviewing Microskills

OARS

- Asking Open questions
- Affirming
- Reflective listening
- Summarizing

Part 2- The Steps

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How Do you Introduce Yourself During the First Visit with a Patient?

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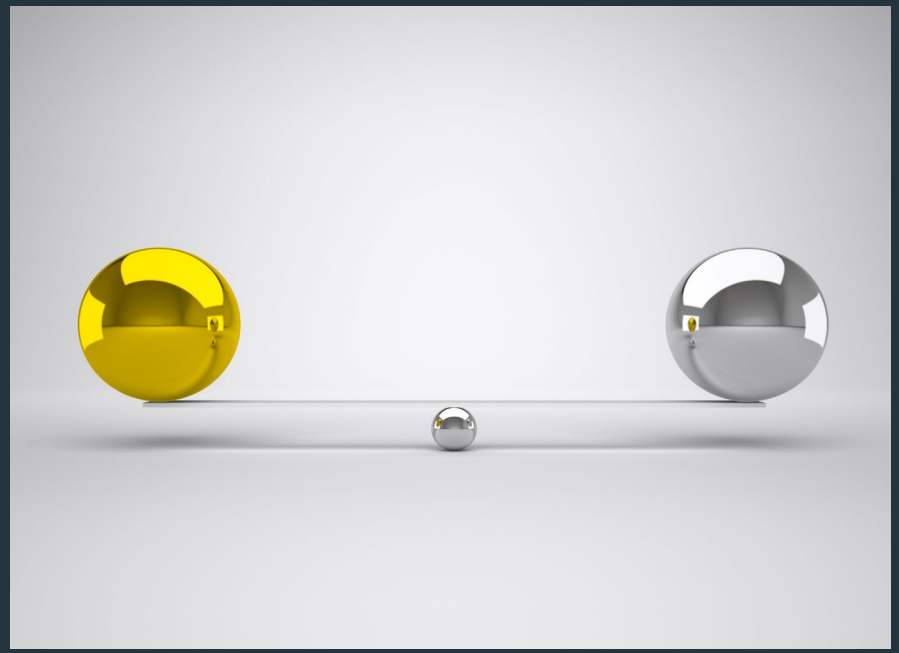
Engaging- Connection & Exploration of Discrepancy

“I do not do the good that I want, but the evil I do not want is what I do” (Romans 7:19)



Righting Reflex vs Exploring Values

The Righting Reflex

If you keep your habits of eating sweets and neglecting to exercise, you won't be able to control your blood sugar.

Exploring Values

HCP: You have a strong need to be healthy for your family. Why is that important to you? [complex reflection and open question]

Patient: Because my dad died in his 40's from a heart attack. My mom raised me and my brothers as a single parent. I don't want that to happen to my kids.

HCP: You want to be there for your family and protect them [complex reflection]

Focusing

- Scenario 1 “I know where we are going; the focus is clear”
- Scenario 2 “There are several options, and we need to decide”
  - What’s on the list? What should be focused on first? Are there concerns that are most urgent to address?
  - Do you perceive causal link between any of the concerns that could suggest where to focus first?
  - Is treating one particular problem likely to result in broader improvements in other areas?
- Scenario 3 “The focus is unclear, and we need to explore”

Scenario Example

A 54 yo Latino male is referred to you because of poor HTN and DM control. His medical history also include dyslipidemia, osteoarthritis, and mild COPD (14- year h/o smoking). He lost his job during COVID but is afraid to return to work even though he's been vaccinated, which is the same reason he hesitates to return to in-person visits with this physician.

How would you approach this patient?

Agenda Mapping

"I wonder if we could take a step back for a few minutes here and consider what's most important to focus on. I've started making a little list of things in my head that you have raised as concerns, and I want to check that list with you. Then we can talk about where you think we might start on the list, and I may have some ideas about that too. Would that be ok?"

Focusing Guidelines

1. Allow clients space to reflect and express their preferences and concerns
2. Include affirmation and support as appropriate
3. Invite the client to raise completely new ideas that haven't been discussed yet
4. Use hypothetical language like "we might," "you could"
5. Include your own opinion
    - "Another possibility that occurs to me is to discuss your sleeping pattern since lack of sleep can affect many of the concerns you've been expressing. We should consider that, or maybe that's for another time"

Visual Aids- Agenda Mapping (Diabetes)

Diet

Exercise

Oral medications

Insulin

Glucose monitoring

Visual Aid- Medication Options (Mental Health)

Key: = Lower Risk = Moderate Risk = Higher Risk		Risk for Weight Gain & Diabetes	Muscle Stiffness, Spasms, Shakiness, Abnormal Movements	TD (Permanent Movement Disorder)	Restlessness, Anxiety, & Agitation	Sleepiness	Dry Mouth, Blurry Vision, Constipation	Dizziness	Negative Sexual Effects
2nd Generation Antipsychotics	Med 1								
	Med 2								
	Med 3								
	Med 4								
	Med 5								
	Med 6								
	Med 7								
	Med 8								
	Med 9								
1st Generation Antipsychotics	Med 10								
	Med 11								

Potential Risks of Side Effects from 1st and 2nd Generation Antipsychotics

Alameda County Behavioral Health Care Services – Office of the Medical Director
Created by: Dri Wang, Pharm.D., BCPP
Designed by: Dri Wang, Pharm.D., & Cassie Chan, CPhT

Exchange of Information

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Two Scenarios- Compare & Contrast

Example A

Example B

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Can you spot the difference between the two scenario examples?

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MI-Consistent and MI-Inconsistent Assumptions Underlying Information Exchange

MI inconsistent information exchange

- I am the expert on why and how clients should change
- I collect information about problems
- I rectify gaps in knowledge
- Frightening information is helpful
- I just need to tell them clearly what to do

MI-consistent information exchange

- I have some expertise, and clients are the experts on themselves
- I find out what information clients want and need
- I match information to client needs and strengths
- Clients can tell me what kind of info is helpful
- Advice that champions client's needs and autonomy can be helpful

Elicit- Provide- Elicit

	Tasks	In Practice
Elicit	• Ask permission • Clarify information needs and gaps	• May I…? Would you like to know about ….? • What do you know about…? • What would you like to know about? • Is there any info I can help you with
Provide	• Prioritize • Be clear • Elicit- provide- elicit • Support autonomy • Don’t prescribe the person’s response	• What does the person most want/need to know? • Avoid jargon; use everyday language • Offer small amounts with time to reflect • Acknowledge freedom to disagree or ignore • Present what you know without interpreting its meaning for the client
Elicit	• Ask for the client’s interpretation, understanding, or response	• Ask open questions • Reflect reactions that you see • Allow time to process and respond to the information

Elicit- Provide- Elicit (E-P-E)

Evoking

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The MI Hill

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DARN CAT

Preparatory Change talk	
Desire	“I want to lose some weight” “I would like to get a better job” “I wish I were more comfortable around people”
Ability	“I can…” “I’m able to…” “I could…” “I would be able to…”
Reasons	“I would probably have more energy” “It would help me control my diabetes” “I’d be more attractive and get more dates”
Need	“I need to…” “I have to…” “I must….” “I’ve got to…” “I can’t keep on like this…”

Mobilizing Change Talk

Commitment
- “I want to,” “I could…,” “I have good reasons to,” “I need to”

Activation
- “I’m willing to…” “I’m ready to” “I’m prepared to”

Taking Steps
- “I bought some running shoes so I could exercise”
- “This week, I didn’t snack in the evening”
- “I went to support group meeting”
- “I called three places about possible jobs”

Responding to Change Talk

Recognize change talk when you hear it and not let it pass unnoticed

- You can evoke change talk (next slide)
- Use O-A-R-S to respond to change talk

Evoking Change Talk

Desire

"How would you *like* for things to change?"

"What do you *hope* our work together will accomplish?"

"Tell me what you don't *like* about how things are now"

"What are you *looking for* from this program?"

Ability

"If you did really decide you want to lose weight, how *could* you do it?"

"What do you think you might be *able* to change?"

"What ideas do you have for how you *could*_____"

"Of these various options you've considered, what seems most *possible*?"

Evoking Change Talk

Reasons

“Why would you want to get more exercise?”

“What’s the downside to how things are now?”

“What could be some advantages of _____?”

“What might be the three best reasons for _____”

Need

“What *needs* to happen?”

“How *important* is it for you to_____?”

“What do you think *has* to change?”

“How *serious* or *urgent* does this feel to you?”

The Wrong Questions

“Why haven’t you changed?”

“What keeps you doing this?”

“What were you thinking when you messed up?”

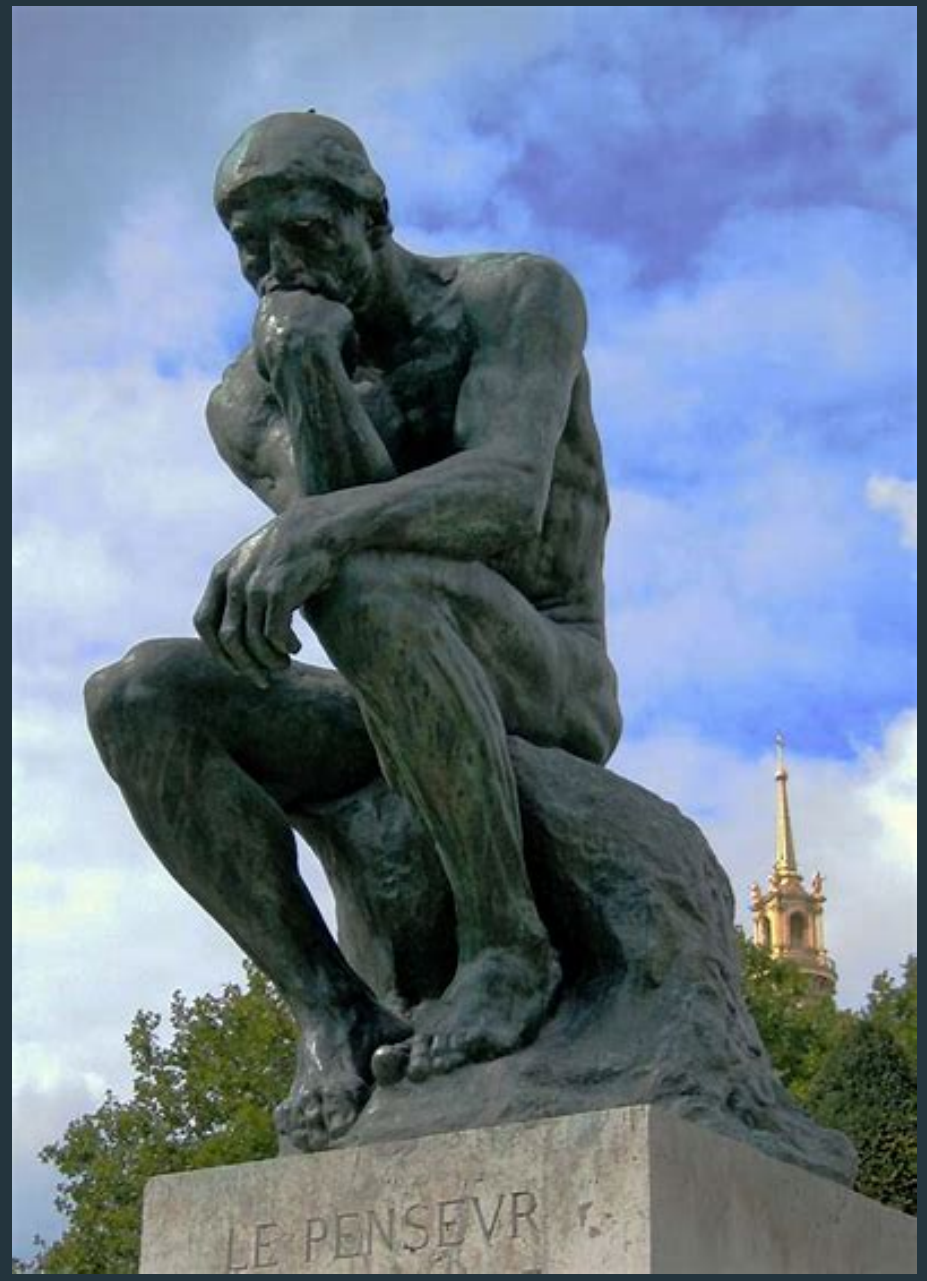
“Why aren’t you trying harder?”

“How could you go back to _____?”

“What’s the matter with you?”

“Why can’t you_____”

“Why do you have to smoke?”



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Group Exercise

Break into groups of 3

Person 1: Counselor

Role: Use the motivational interviewing techniques we just learned

Person 2: Client

Role: Think of something that you are ambivalent about

Person 3: Observer

Role: Take notes on how the process is going. How does the counselor make the client feel?

Case 1

Patient is referred to you because of persistently poor control of Type 2 diabetes, blood pressure, and proteinuria. The patient insists he/she is taking medications as prescribed, but your refill records suggest otherwise. Further questioning reveals that the patient has not been taking lisinopril because “my blood pressure is under control” and has not been using insulin because “I don’t like needles”.

Case 2

Patient is referred to you because of frequent ED and hospital visits d/t heart failure. Also has Type 2 diabetes and mild CKD. He admits to inconsistent medication adherence but claims it's because he gets conflicting information from his cardiologist and nephrologist. "I want to keep out of the hospital, but one person says my medications are wrong, another says it's all because of my eating, and another says I just have to drink less. No one can help me!"

Resources

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Open Ended Questions

- Goal is to understand, set agenda, elicit change talk
  - Not assessing, not about asking tons of questions
  - Expert trap
  - Meeting them where they are at
  - Any questions that cannot be answered with any piece of data
  - Request collaboration “Tell me more…”
  - Ex: “What are your reasons for not taking your medications?”
  - “What things have you tried before?”
  - “What concerns do you have about your health?”
  - “What else?”
  - “Tell me more about…”

Forming Reflections

- A reflection states an hypothesis, makes a guess about what the person means
- Form a *statement*, not a question
  - Think of your question: Do you mean that you . . . ?
  - Cut the question words Do you mean that You . .
  - Inflect your voice *down* at the end
- There's no penalty for missing
- In general, a reflection should not be longer than the customer's statement.

Miller W, Rollnick S. Motivational Interviewing: helping people change. New York: Guilford Press, 2013; page 57

Some Reflections Examples

- It sounds like you are feeling….
- It sounds like you are not happy with….
- So you are saying that you are having trouble with…
- It sounds like you're a bit uncomfortable about….
- So you are saying you are conflicted about….

As you become more familiar, truncate

- You're not ready to….
- You're having a problem with…
- You're feeling that….
- It's been difficult for you…
- You're struggling with….

Universal Safe Reflections

- It sounds like you are feeling……
- It sounds like you are not happy with….
- It sounds like you are a bit uncomfortable about ....
- So you are saying that you are having trouble……..
- So you are saying that you are conflicted about …..

As you become more familiar, truncate….

- You're not ready to….
- You're having a problem with ....
- You're feeling that…..
- It's been difficult for you….
- You're struggling with…….

Affirmations

- Can be used to demonstrate support, hope, or caring
  - “This is hard for you”
- Show appreciation for values
  - “Being honest is important to you”
- Recognize strengths
  - “Once you make up your mind, you really stick with it”
- Reinforce behaviors, successes, and/or intentions
  - “You started the process by checking options”

Miller W, Rollnick S. Motivational Interviewing: helping people change. New York: Guilford Press, 2013; page 64-65

Summaries

- Special form of reflective listening
- Pull together several things the client has told you
- Can be affirming because they show how you want to understand how everything fits together
- Help clients hold and reflect on the experiences they shared with you
- Shine a light on a particular experience to further explore

Miller W, Rollnick S. Motivational Interviewing: helping people change. New York: Guilford Press, 2013; page 66-67

Example of Summarization

“So one thing you hope will be different a year from now is that you will have a good job, one that you enjoy and brings you in contact with people. You’ve been relating more positively to your children lately and you would like that to continue. You also said you might like to quit smoking. What else, as you think of where you’d like your life to be a year from now?”

Miller W, Rollnick S. Motivational Interviewing: helping people change. New York: Guilford Press, 2013; page 67

Question for Reflection & Action

[Type in the chat box]

What take home message from this presentation will you apply to your patient-related activities?

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10 minute Break

Breakout Session A starts at 2:55pm

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ZOOM Link for CMM Pilot Sites (Breakout Session 1A & 1B)

1A. Advanced Clinical Skills for Diabetes and Hypertension
1B. Psychiatry Pharmacy Essentials for Primary Care / Community Pharmacists

https://usc.zoom.us/j/99483172871

Meeting ID: 994 8317 2871

Passcode: 248186

CRMC Summer 2021 Learning Session Wrap-up

- Sponsors
- Presenters
- Participants from:
  - Health plans
  - Health system leaders
  - Pharmacies
  - Schools
- Staff
- CRMC Fellows

THANK YOU!!

CRMC Summer 2021 Learning Session Recap

Keynote

- Pharmacists and value-based care
- Generating new and disruptive ideas

CRMC Practice Alignment Guide, CPD

CMRC Journey

- LA Care and IEHP progress
  - Expansion plans
  - Alignment of incentives
  - Scaling up
- Brand New Day launch
- How CRMC teams have made CMM work
- Physician and patient perspectives
- Value of clinical pharmacy technicians!

CRMC Summer 2021 Learning Session Recap

Advanced motivational interviewing and shared decision making- PRACTICE!

Breakouts

- Diabetes and hypertension challenges
- Telehealth best practices
- Psychiatry pharmacy essentials
- Preparing to provide Comprehensive Medication Management services

CRMC Summer 2021 Learning Session

- What key insights will you bring back to your organization from this meeting?
- What requests do you have? What offers can you make? What actions will you commit to?
- What will you do by next Tuesday to begin advancing optimization of medication therapy for your most vulnerable high-risk patients?

California Right Meds Collaborative
Summer 2021-Winter 2021/2022 Action Period

	Completed	Ongoing
Expansion of current health plan programs, including CDPH partnership		✓
Transition data platform to Arine		✓
Connecting with 6 health plans from San Diego to Sacramento		✓
Rigorous outcome analyses in 2021 / 2022		✓
Covered California		✓
CalPERS		✓


WHAT IF 2020 IS JUST
A TRAILER OF 2021

Thank you for attending the CRMC Summer Learning Session!

CE Reminder- Email will be sent out the week of June 28th after session attendance for all attendees is verified.

Questions about CE-send email to pharmce@usc.edu

Please fill out the LA County Department of Health Survey Learning Session Survey (you may scan QR code to access the survey) by Friday, July 2nd

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