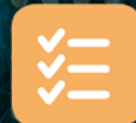


# StewardSHIP: Taking the Helm Through the Turbulent Waters of Ambulatory Care

**David Hager, Pharm.D., BCPS**  
Director, Clinical Pharmacy Services  
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# Disclosures

All planners, presenters, reviewers, and ASHP staff of this session report no financial relationships relevant to this activity.



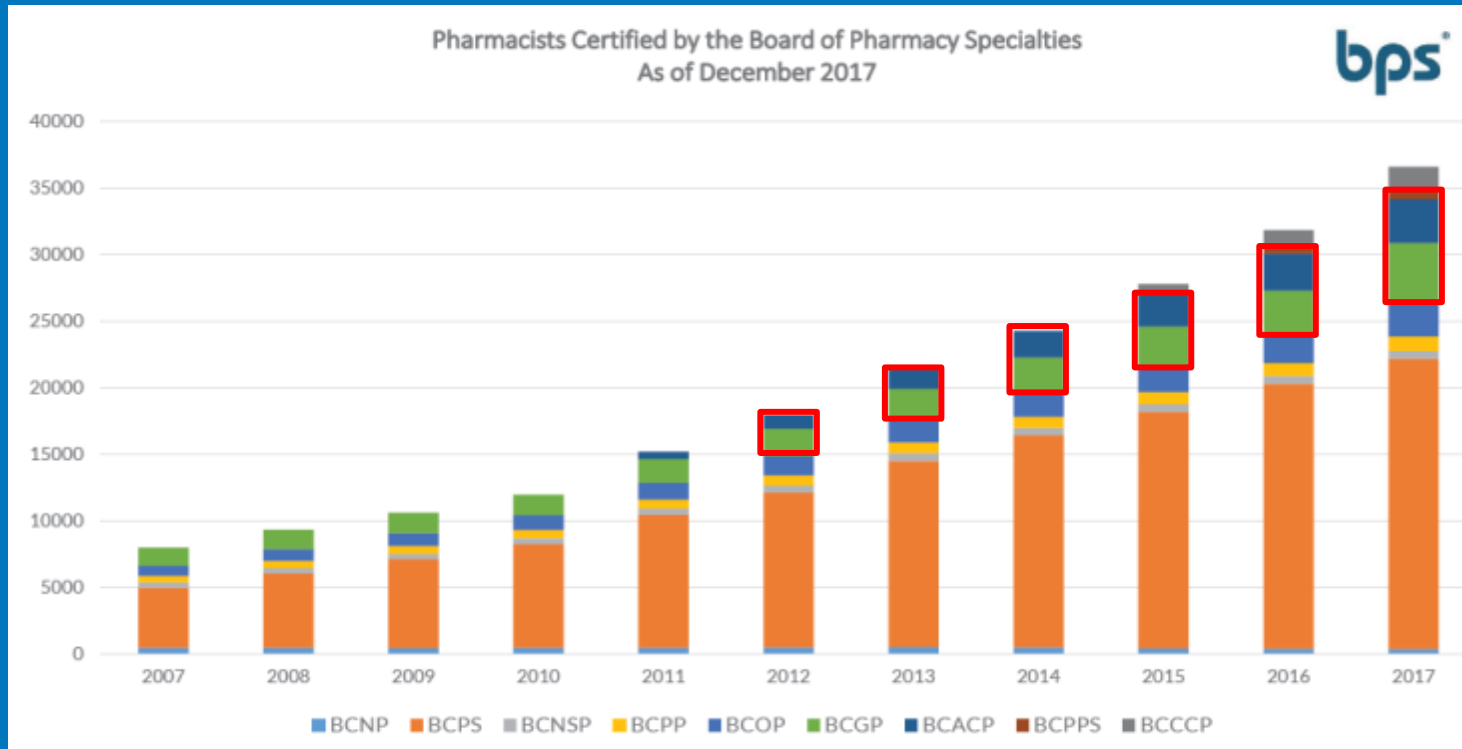
# StewardSHIP: A Leadership Philosophy

David Hager, Pharm.D., BCPS  
Director, Clinical Pharmacy Services  
UW Health

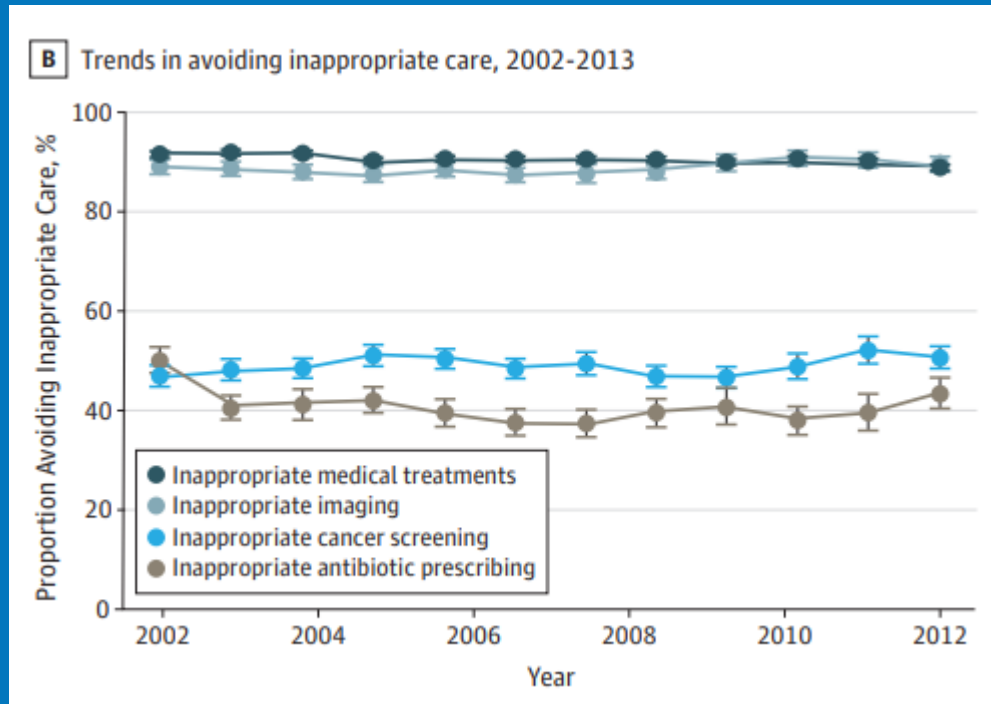


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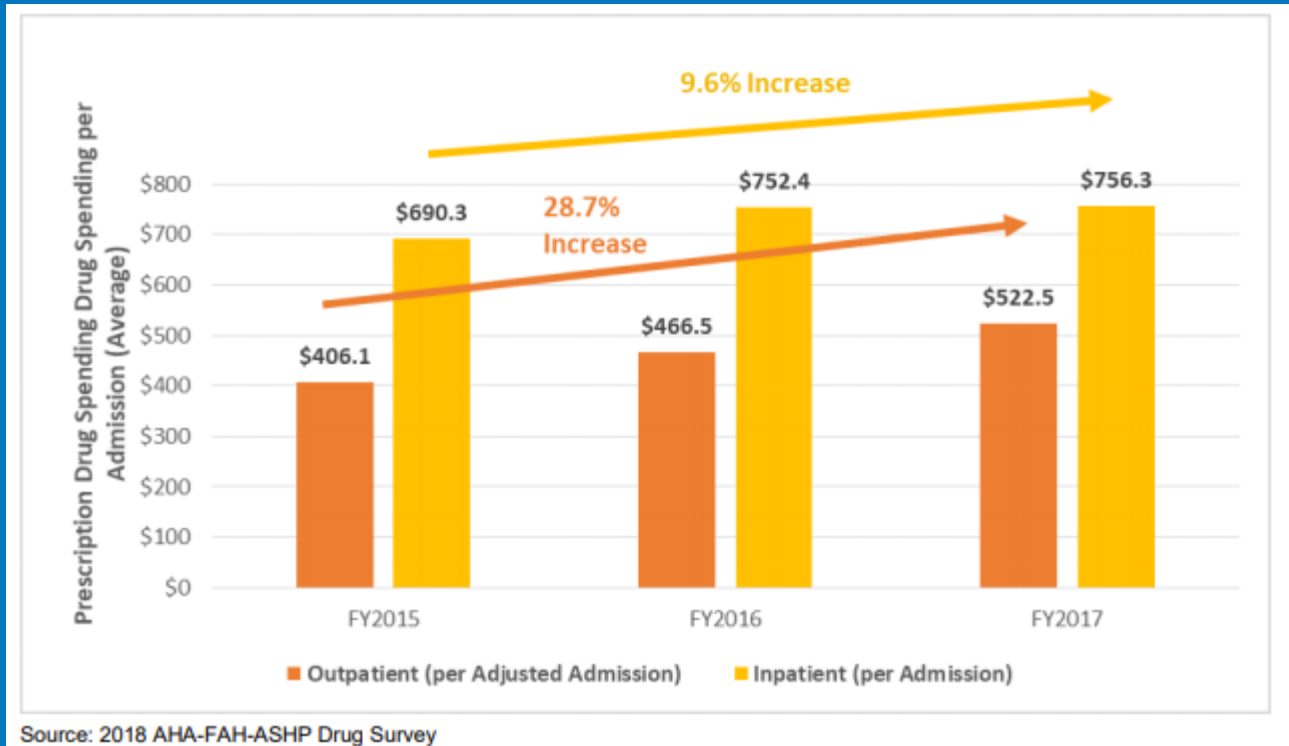
# We Are a Growing Section of the Workforce



# Quality hasn't improved much, yet...



# Increases in drug spend is outpatient



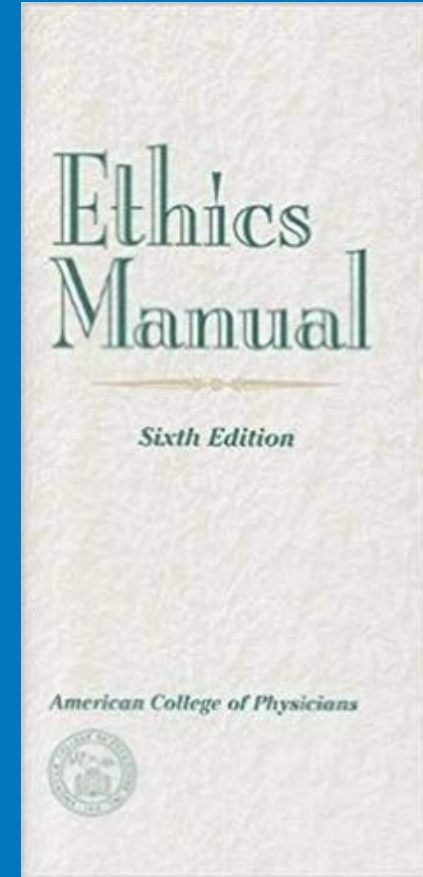
# StewardSHIP: Origins

- Starts with Old English meaning “house guardian”
- Extended later to mean - "one who manages affairs of an estate on behalf of his employer"
- Recognizes the authority and independence of others, while offering assistance and guidance for optimal management



# StewardSHIP: Physician's Take

- “Physicians have a responsibility to practice effective and efficient health care and to use health care resources responsibly.”  
-ACP Ethics Manual, Sixth Edition





# StewardSHIP: Physician's Take

- 44 yo woman who requests mammography against recommendations for only >50 yo
- 27 yo woman who requests antibiotics for symptoms that suggest viral upper respiratory infection
- Community hospital with 8 ventilators during pandemic flu



**“Trust me, Mr. Johnson. There’s no such thing as a mechanical-ventilator APP.”**

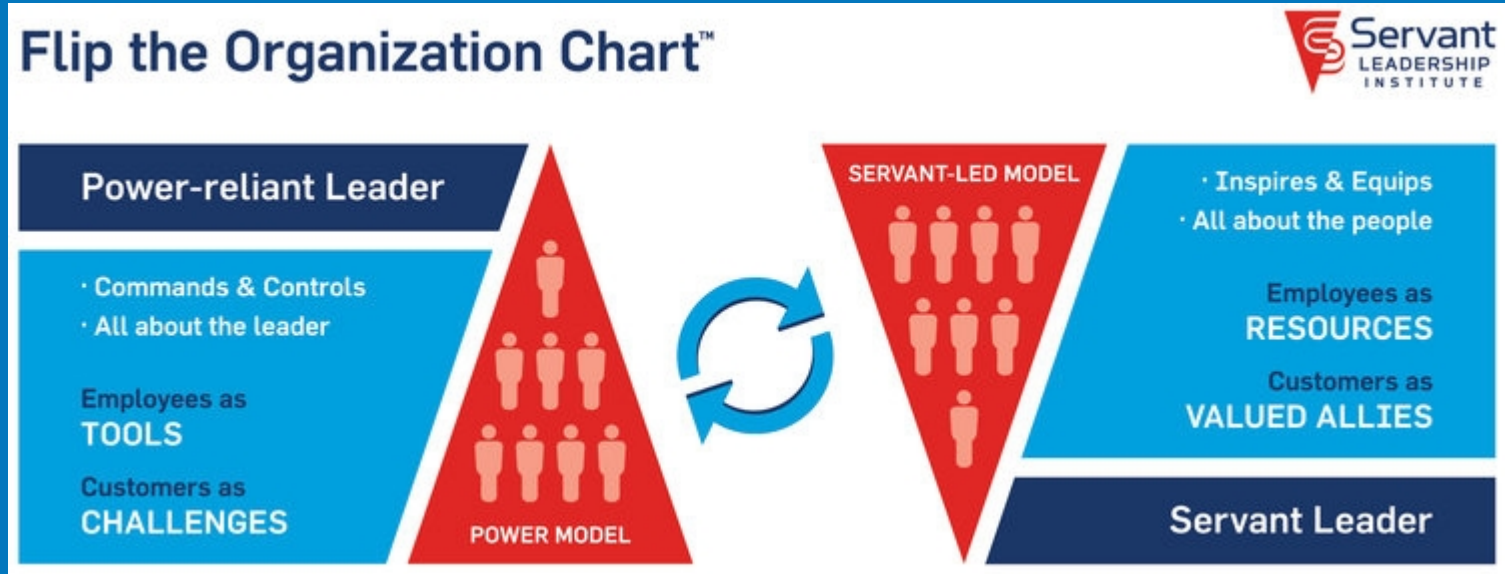


# Polling Question #1

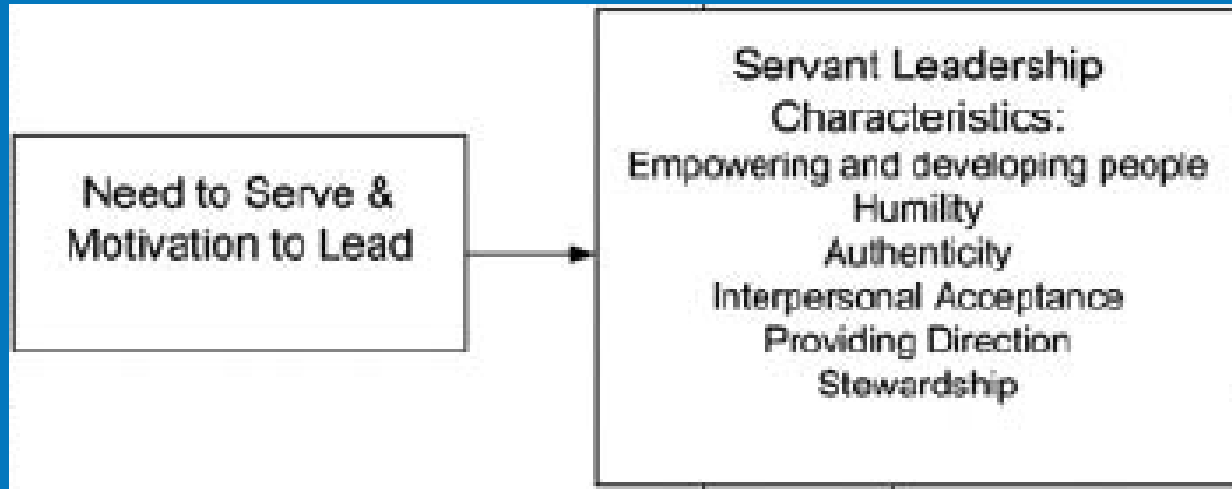
- What part of stewardship resonates with you?
  - A. Putting other peoples needs first
  - B. Sacrificing your needs for the good of the organization
  - C. Controlling cost and/or rationing resources
  - D. I like the “ship” part – give me more boats!



# StewardSHIP: As a Personal Leadership Philosophy



# StewardSHIP: As a Personal Leadership Philosophy



# StewardSHIP: Leadership Behaviors

Servant leadership is more than a philosophy; it is a daily practice of behaviors. What are you already doing? And, what can you do better? Use this list daily to acknowledge your progress and celebrate your journey as a servant leader- a leader who is building a cohesive, trusting culture in which we can live and work.



## **Serve First**

In each encounter, ask the question, "How can I serve you?"

## **Build Trust**

Are you trustworthy? Are you willing to extend trust to others?

## **Live Your Values**

What are your values? In order to live your values, you must first define them.

## **Listen to Understand**

Do you talk more than you listen? Can you set aside all distractions and be present for people?

## **Think About Your Thinking**

What is your attitude as a leader? Are your thoughts about yourself or others holding you back?

## **Add Value to Others**

Are you a leader who consistently adds value? Do you always have to take the credit?

## **Demonstrate Courage**

Are you willing to make tough decisions and follow through on them? Do you keep your commitments?

## **Increase Your Influence**

Will you do what is right even when it may produce an unpopular outcome? Do you strive to be open and authentic with no hidden agendas?

## **Live Your Transformation**

If you have something, do you share it? If you need something, do you ask for it?



# StewardSHIP: Measurement

- Uses power in service to others, not for his or her ambition
- Gives me the right to question his or her actions and decisions
- Respects me for who I am, not how I make him or her feel
- Enhances my capacity for moral actions
- Helps me to generate a sense of meaning out of everyday life at work
- Contributes to my personal and professional growth



# Polling Question #2

- How many did you write down “Yes” too from the previous slide?
  - 0-1
  - 2-3
  - 4-5
  - 6



# StewardSHIP: Successful Programmatic Models

## Sidebar 1. Seven Fundamental Actions to Support Opioid Stewardship in Health Care Organizations

1. Promote leadership commitment and culture.
2. Implement organizational policies.
3. Advance clinical knowledge, expertise, and practice.
4. Enhance patient and family caregiver education and engagement.
5. Track, monitor, and report performance data.
6. Establish accountability.
7. Support community collaboration.

Source: National Quality Forum (NQF). National Quality Partners Playbook™: Opioid Stewardship. Washington, DC: NQF, 2018.

## Summary of Core Elements of Hospital Antibiotic Stewardship Programs

- Leadership Commitment: Dedicating necessary human, financial and information technology resources
- Accountability: Appointing a single leader responsible for program outcomes. Experience with successful programs show that a physician leader is effective
- Drug Expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use.
- Action: Implementing at least one recommended action, such as systemic evaluation of ongoing treatment need after a set period of initial treatment (i.e. “antibiotic time out” after 48 hours)
- Tracking: Monitoring antibiotic prescribing and resistance patterns
- Reporting: Regular reporting information on antibiotic use and resistance to doctors, nurses and relevant staff
- Education: Educating clinicians about resistance and optimal prescribing





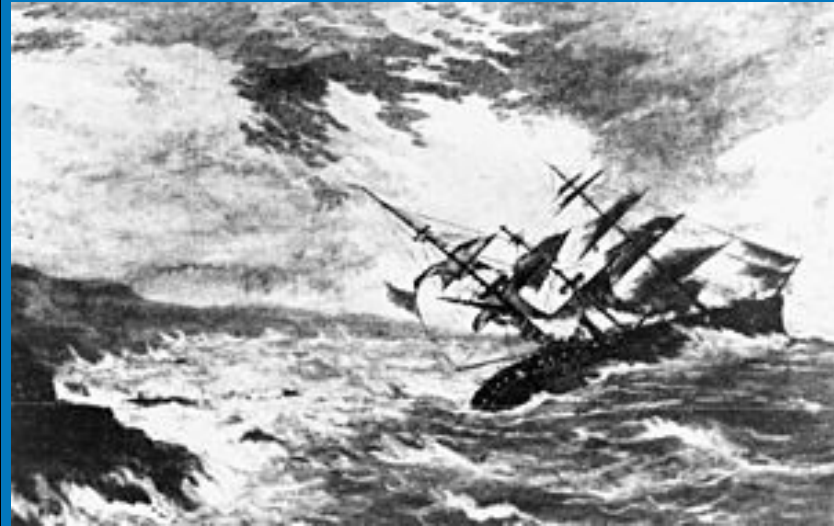
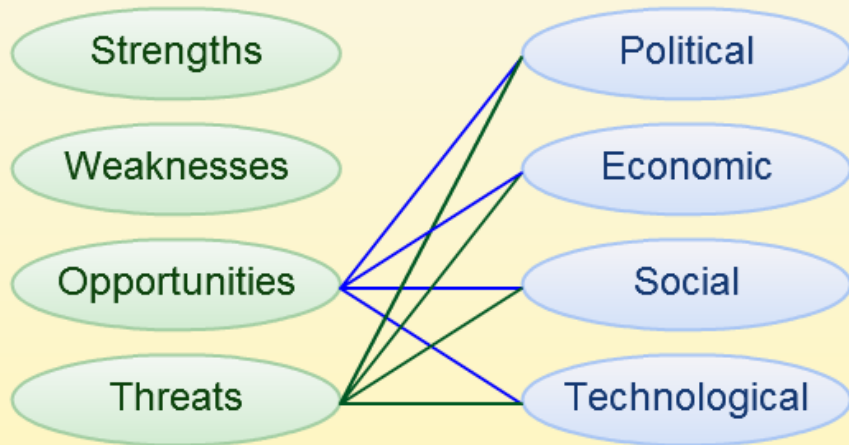
# StewardSHIP: As a Programmatic Philosophy

- Foresight\*
- Accountability
- Action
- Analytics
- Expertise



# Foresight: Anticipate Headwinds

## SWOT Analysis vs PEST Analysis



# Accountability: Individual and Collective

Collective Vision

Individual Commitment



# Accountability: Collective Vision

- Plotting the Course:
  - Where are we going?
  - Why are we going there?
  - What will we achieve if we get there?
  - What are the risks if we don't?
  - What are we going to have to overcome?
- Simple, aspirational terms
- Get feedback and buy-in
- Repeat...
- Adapt and reset



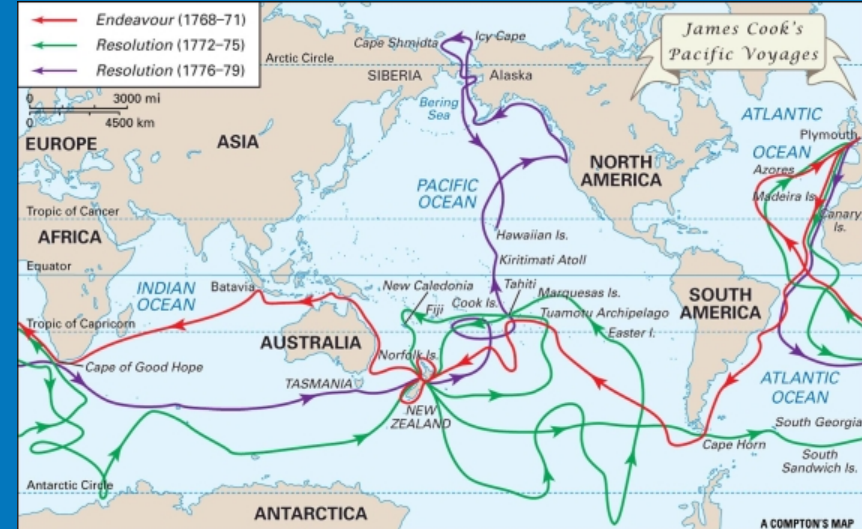
# Accountability: Individual Commitment

- Single accountable leader for outcomes
- Leader builds accountability throughout the organization
  - Can you commit to doing this?
  - What would it take for you to get there?

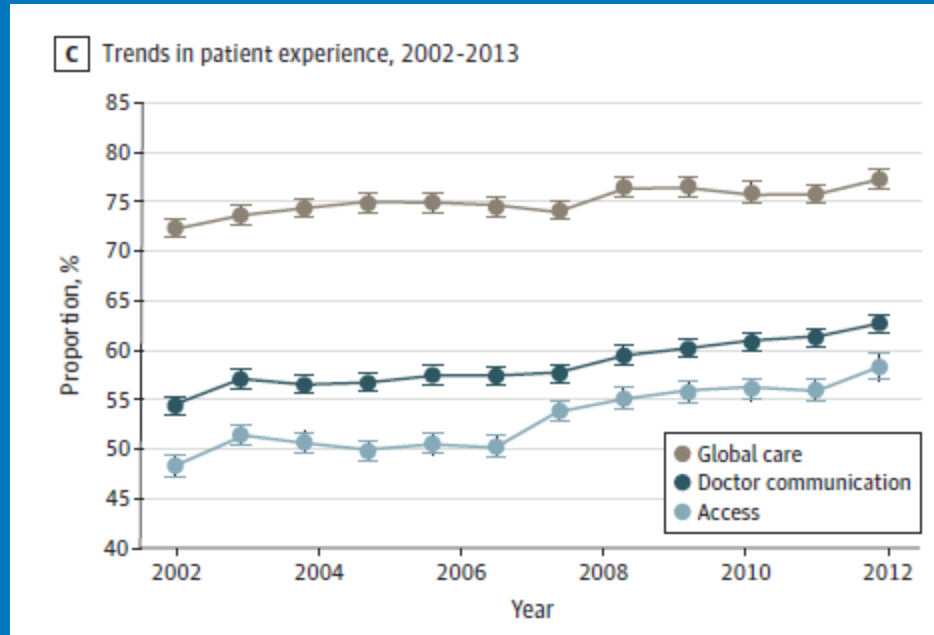


# Action: Implement Change

- Stewardship means action:
  - Does not let perfect be the enemy of good
  - Uses a standard approach
  - Iterative



# Analytics: Track and Report

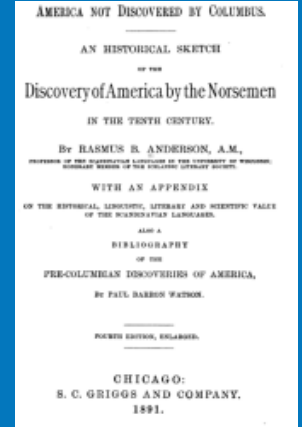


Chassin MR et al. Accountability Measures – Using Measurement to Promote Quality Improvement. NEJM. 2010.



# Expertise: Share Advanced Knowledge

- Those engaged in stewardship need to have advanced knowledge
  - Pharmacist (76%) recs were judged appropriate by blinded physician review than those made by the ID fellows (44%)
  - Pharmacist recs led to more cures (49%) than those by ID fellows (35%)
- Resistance is often the result of not knowing
- People often do what they think, feel and believe in
  - Unlikely for people to be transparent





# KEY TAKEAWAYS

- 1) **AMBULATORY CARE IS WHERE THE ACTION IS**
- 2) **STEWARDSHIP IS AN ESSENTIAL ELEMENT OF SERVANT LEADERSHIP – GROW THESE SKILLS TOGETHER**
- 3) **STEWARDSHIP CAN BE USED AS A PROGRAMMATIC APPROACH AND INCLUDES: FORESIGHT, ACCOUNTABILITY, ACTION, ANALYTICS AND EXPERTISE**

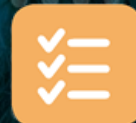


# StewardSHIP: Applications in the Turbulent Waters of Ambulatory Care

**Thomas Pierson, Pharm.D., M.S.**

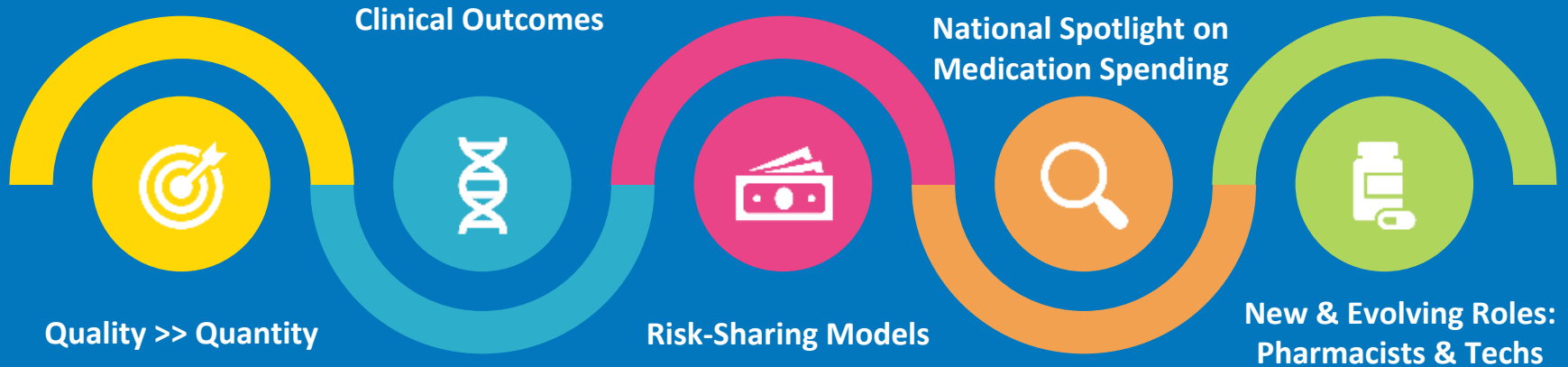
Manager, Specialty Clinics

Cleveland Clinic



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# Turbulent Trends



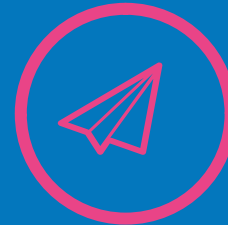
# Clear Opportunities for Ambulatory Pharmacy



Population Health



Medication Access  
and Adherence



Care Transitions



Medication Therapy  
Optimization



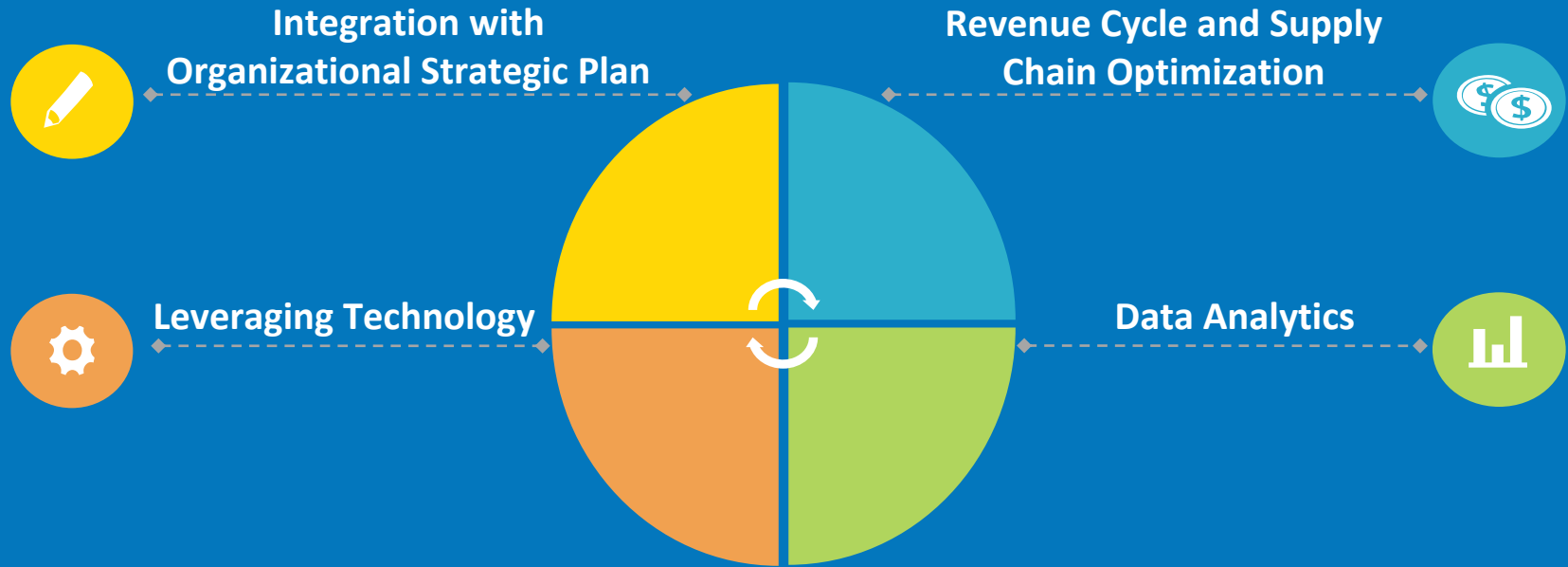
Antimicrobial &  
Opioid Stewardship



Pharmacist  
Prescribing



# Opportunities on the Ambulatory Frontier



# StewardSHIP Application



# Accountable Care Organizations

“Results for the early stages of federal efforts to encourage accountable care organizations have been, to be honest, underwhelming... . But there is no turning back to an unsustainable system that pays for procedures rather than value. In fact, the only option is to charge forward—for HHS to take bolder action, and for providers and payers to join with us.”

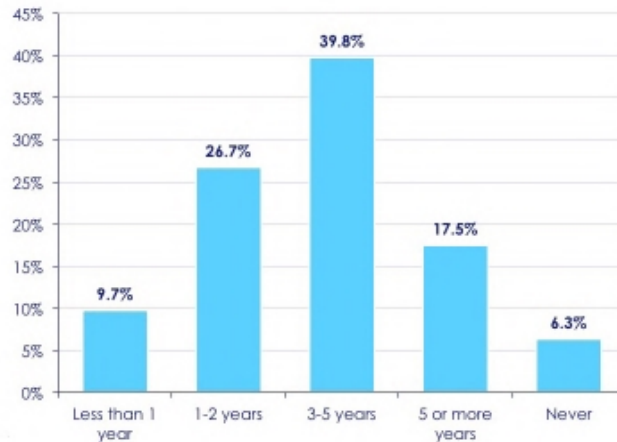
**Alex Azar**

*Secretary of the Department of HHS*



# Value-Based Contracts are Being Adopted Slowly

## When Do You Expect the Majority of Value-based Relationships Within the Healthcare Market to Contain Both Upside and Downside Risk?



### **Pulse Survey Respondent (Health plan director):**

"Ensure payers and providers share risk and they will be more likely to think outside the traditional 'box' to effectively manage populations and provide solutions."

### **Pulse Survey Respondent (Health plan manager):**

"Each entity has their primary objectives in how they operate and utilize clinical data, and they don't necessarily align. There seems to be a number of attempts to move forward on a large scale, which may be too overwhelming to successfully implement."





# The Reimbursement Conundrum

- ACOs don't do away with fee-for-service reimbursement, but they create an incentive to be more efficient by offering bonuses when providers keep costs down

Site of Care	Medicare Part	Drug Reimbursement Method
Hospital Outpatient	Part B	ASP + 4.3% <sup>a</sup> ASP + 6% (no APC) ASP + 5% (with APC)
Physician Office	Part B	First 6 months: WAC + 6% After 6 months: ASP + 4.3%
Retail Pharmacy	Part D	(AWP - %) + Fee

<sup>a</sup> Formerly ASP + 6% prior to Budget Control Act of 2011

ASP = Average Sales Price

APC = Ambulatory Patient Classification

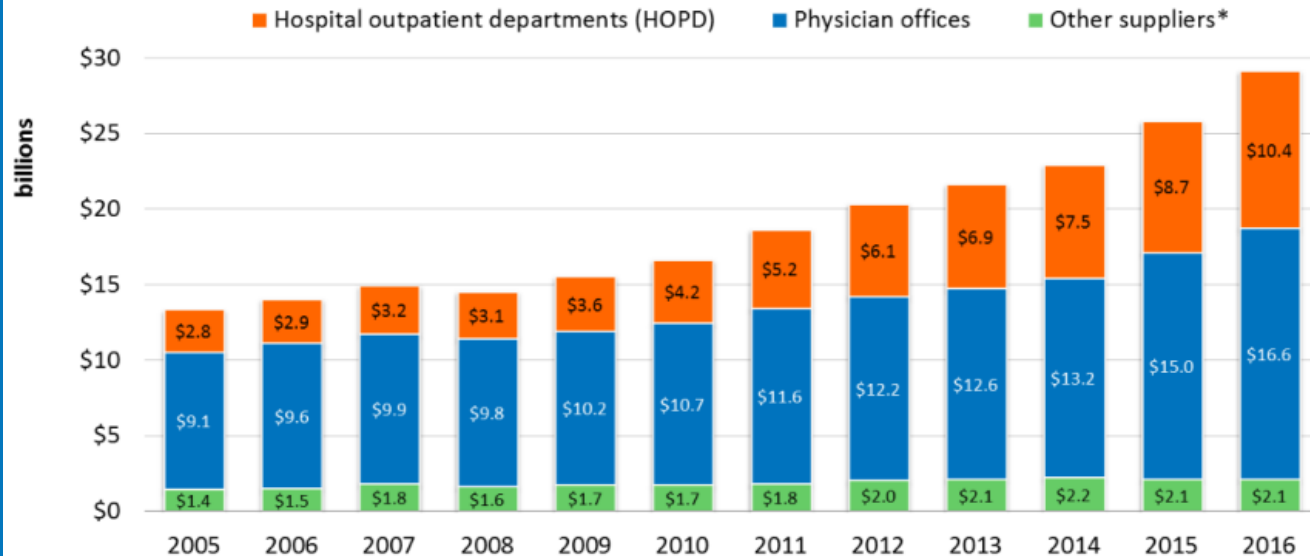
WAC = Wholesale Acquisition Cost

AWP = Average Wholesale Price



# Health-System Outpatient Spend Increasing

Medicare Part B Spending on Outpatient Drugs, by Location of Service, 2005 to 2016



# Actions to Curb Spending

Fact sheet

## Medicare Advantage Prior Authorization and Step Therapy for Part B Drugs

Aug 07, 2018 | Leadership, Medicare Part C, Medicare Parts A & B, Prescription drugs

Fact sheet

## Final Rule Creates Pathways to Success for the Medicare Shared Savings Program

Dec 21, 2018 | Innovation models, Medicare Parts A & B

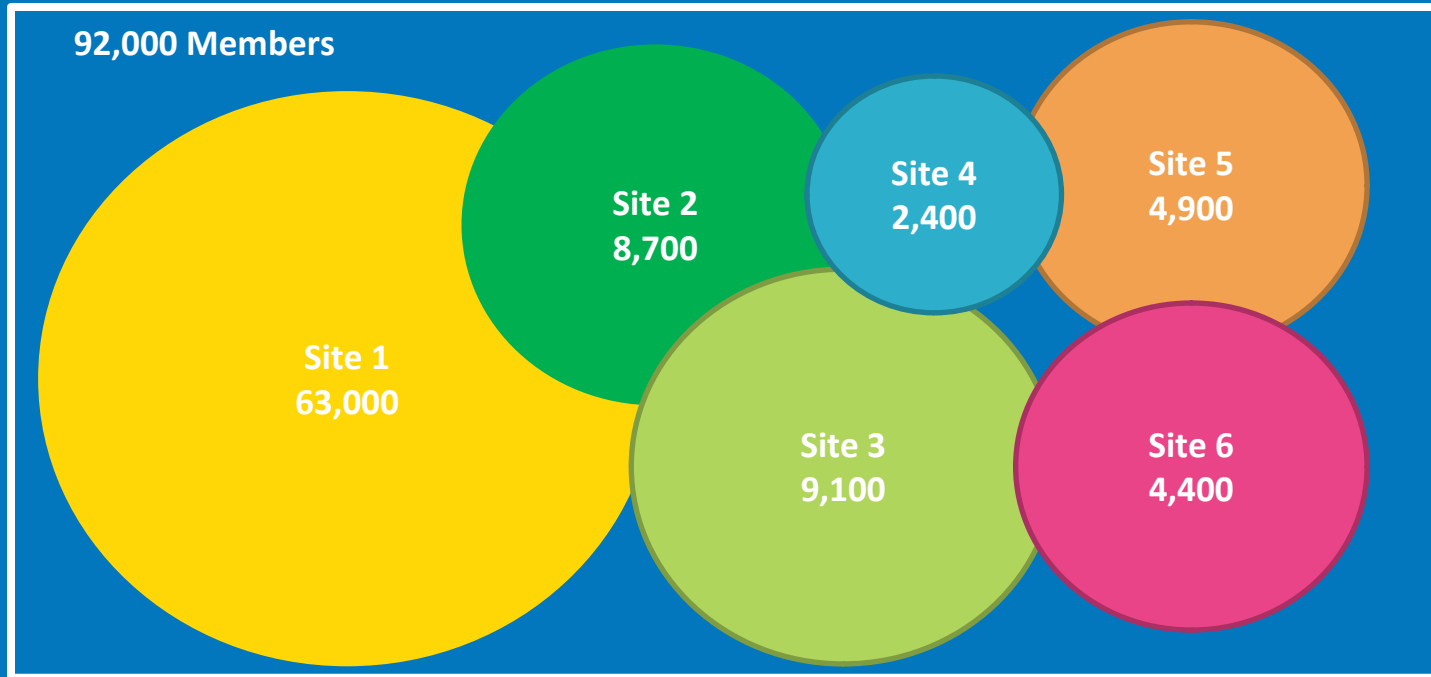


# Polling Question #3

- How would you describe your current organization's position in the value-based care progression?
  - A. No value-based care contracts
  - B. No current value-based care contracts, but this is coming in the next 3-5 years
  - C. Some of our patients are in value-based care contracts
  - D. Most of our patients are in value-based contracts



# Cleveland Clinic is an “ACO of ACOs”



# StewardSHIP Opportunity:

*“Our ACO Part B Spend is too high”*

	Sum of Amount Paid	Percentage of Total Paid
Non – Pharmacy	\$824 M	90.1%
<b>Pharmacy</b>	<b>\$90.7 M</b>	<b>9.9%</b>
Grand Total	\$914.8 M	100.0%

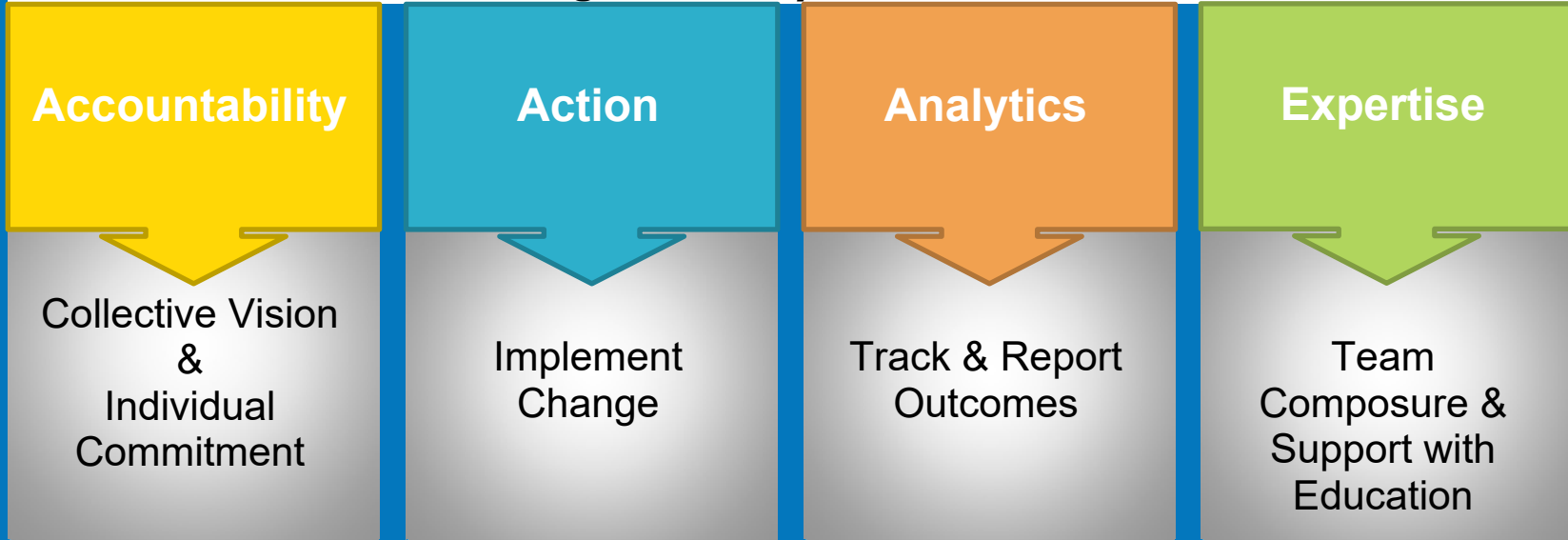


# Drawing Parallels



# Ambulatory Medication Stewardship Program

## *Foresight: Anticipate Headwinds*





# Ambulatory Medication Stewardship



## ***Foresight: Anticipate Headwinds***

Rising  
Medication  
Costs

Variable  
Reimbursement  
Strategies

No Well-  
Defined  
Practices



# Ambulatory Medication Stewardship: *Accountability*

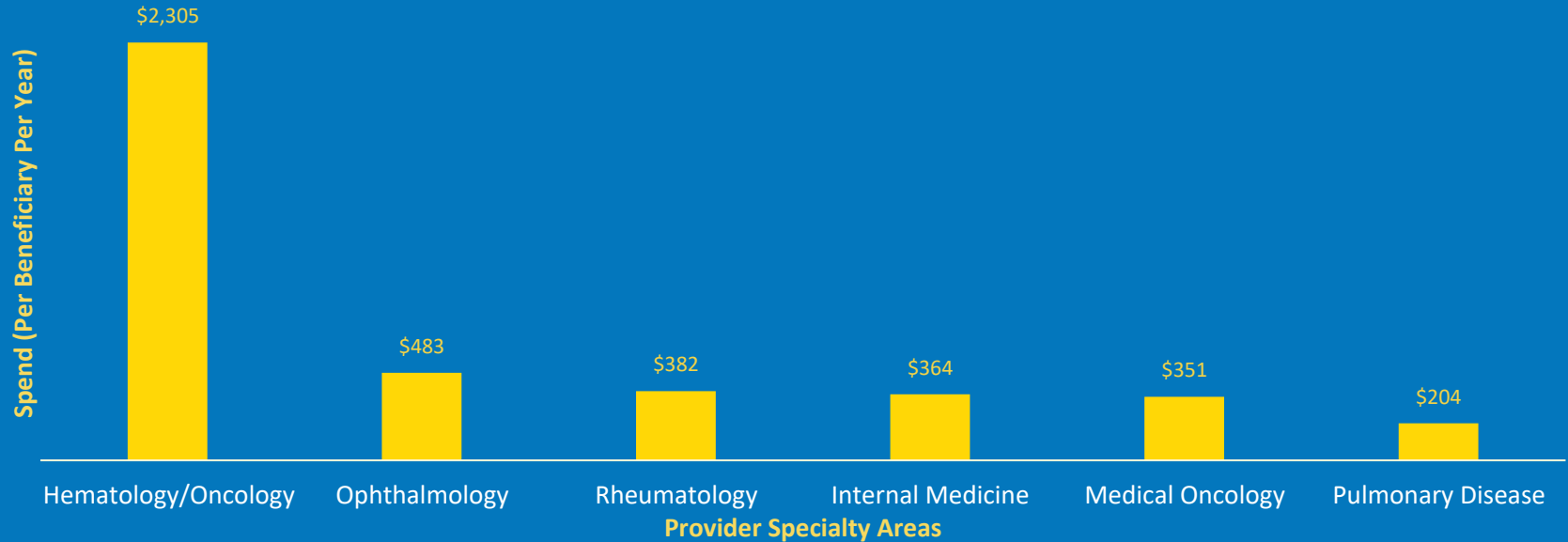


- **Vision**
  - Promote the use of high quality, cost effective therapies for ambulatory care patients
- **Individual Commitments**
  - Providers and Pharmacists
  - Informatics and Data Analytics
  - Finance
  - Supply Chain

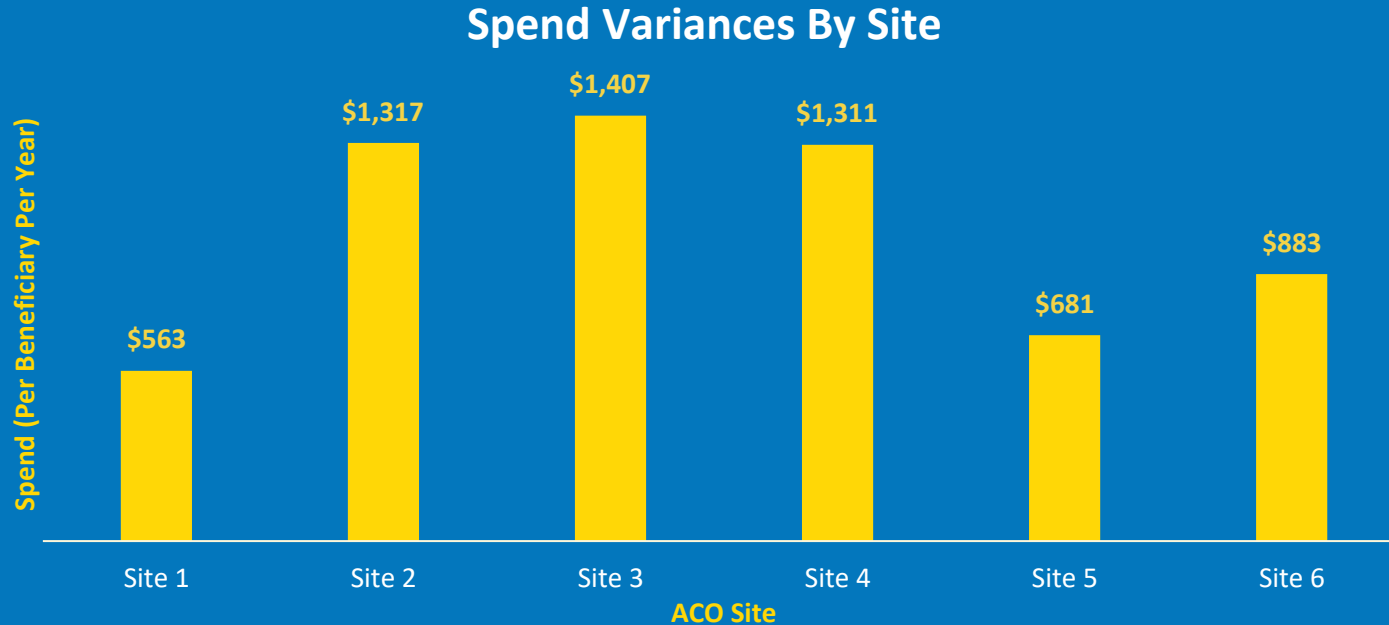


# Accountability: Prescriber Behavior

## Average Spend Per Beneficiary Per Year By Provider Specialty



# Accountability: Site Variability



# Ambulatory Medication Stewardship: *Action*



- **Approach**

1. Identify stakeholders and content experts
2. Evaluate clinical opportunities
3. Design tools for financial and contract analyses
4. Set clinical and financial goals
5. Define high impact recommendations
6. Educate providers and patients
7. Create health record and education tools
8. Implement...then monitor successes and markets



# Action: Botulinum toxin for prevention of chronic migraine headaches

Six month trial when ALL the following met:

Adult diagnosed with chronic migraine headache

Neurologist of headache clinic seen within last 6 months

≥15 headache days / month lasting ≥ 4 hours

First episode at least 6 months ago

Symptoms persist despite trials of at least 3 agents to prevent or reduce migraine frequency\*

Adequate trials = 30 days on medication:

- Antidepressants (amitriptyline, nortriptyline, doxepin)
- Antihypertensives (beta and calcium channel blockers)
- Antiepileptics (valproate, topiramate, gabapentin)



# Action: Botulinum toxin for prevention of chronic migraine headaches

Continuing treatment after 6 months when:

Migraine headache frequency was reduced by at least 7 days per month (when compared to pre-treatment average) by the end of the initial trial

OR

Migraine headache duration was reduced by at least 100 total hours per month (when compared to the pre-treatment average) by the end of the initial trial

**Initial approval:** 2 series of injections 3 months apart

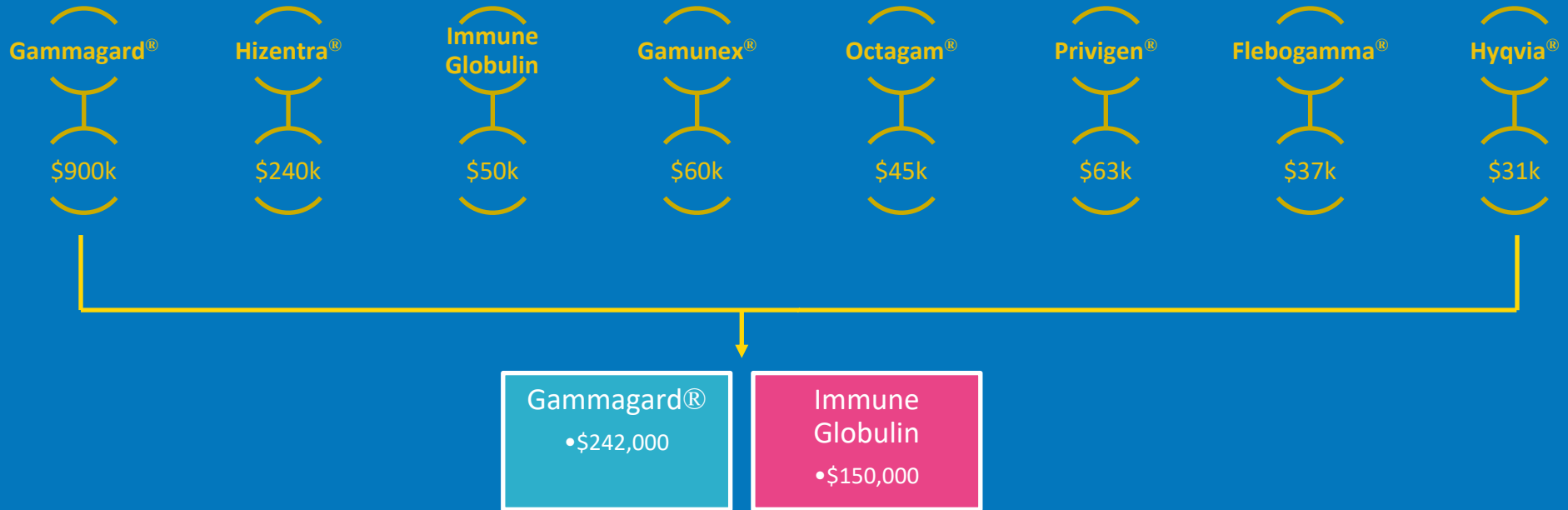
**Repeat injections:** approved for 3rd & 4th administration only with documentation of efficacy

**Subsequent approvals:** treatment is shown to be effective, approved as series of 4 injections 3 months apart



# Action: Product Standardization

Opportunity:  
Immunoglobulins





# Ambulatory Medication Stewardship: *Analytics*



- Define the team
- Create analysis tool to investigate saving opportunities in a dynamic way
  - Incorporate internal financial and cost data paired with prescribing and claims data
- Create methods of using the tool to evaluate savings in multiple categories:
  - Cost reduction
  - Cost elimination



# Analytics: Value Based Team

## Enterprise Analytics

- Ecosystem Toolkit
  - Build, development, and deployment of tools, dashboards, and reporting
- Contract performance reporting
- Predictive modeling
- Patient segmentation and stratification

## Medical Economics

- Financial targets and benchmarks by contract
- Financial trending and analysis
- Cost and utilization analysis
- Program evaluations

## Clinical Analytics

- System specific targets
- Patient level analysis
- Clinical trending and analysis
- Operational and clinical data deep dives



# Analytics: Value Based Team

## Enterprise Analytics

Example:  
Pharmacy spend

- Utilization trends
- Benchmarked data
- Predictive analytics
- High level dashboards

## Medical Economics

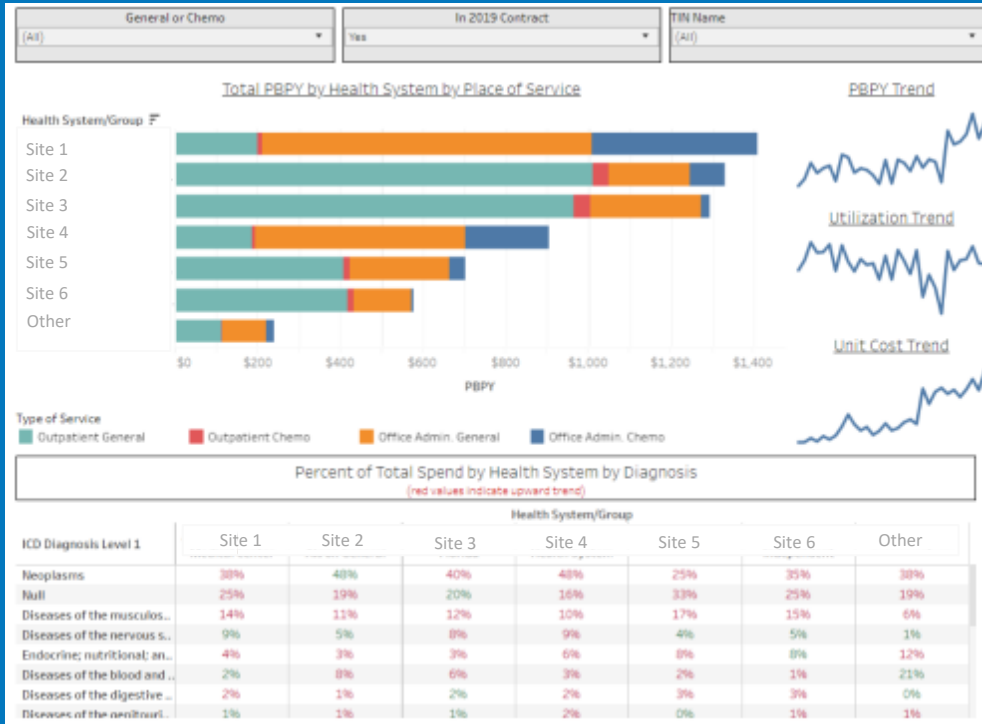
- Identify top drugs by spend
- Options and savings analysis incorporating payer and contract considerations

## Clinical Analytics

- Provider detailing & education
- Workflow analysis
- Formulary and EHR tools design
- Real time feedback and suggestions



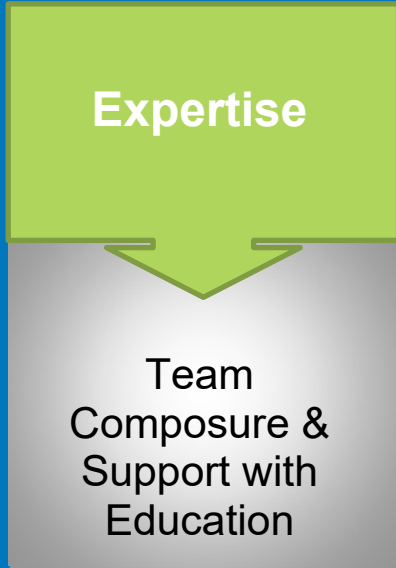
# Analytics: Ambulatory Medication Dashboard



- Ambulatory medication spend analytics
  - Utilization
  - Unit cost
  - Payer mix / At-risk category
  - Net revenue
  - Site location / class of trade
  - Prescriber
  - Indication for therapy



# Ambulatory Medication Stewardship: *Expertise*



- Know your strengths
- Focus on creating a sustainable team
- EMPOWER patient-facing providers



# KEY TAKEAWAYS

- 1) INCREASED RISK PAYMENT ENVIRONMENTS ARE COMING – ORGANIZATIONS NEED TO BEGIN POSITIONING FOR SUCCESS
- 2) EMBRACE OPPORTUNITIES TO ALIGN WITH ORGANIZATIONAL STRATEGIC PLANNING AND IMPROVE INFLUENCE AND CARE
- 3) KNOW AND MAXIMIZE YOUR STRENGTHS. CREATE DIVERSE TEAMS TO SUPPLEMENT AREAS WHERE YOU DO NOT HAVE EXPERTISE



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