

The Value of the Long-Term Care Pharmacist in the Delivery and Continuum of Care

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The novel coronavirus outbreak, which began in Wuhan, China, in December 2019, has reached almost every part of the globe. On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. By March 2020, the northeast United States was seeing ever-increasing numbers of people testing positive for the virus. Hospitals were filling to capacity, and the need to provide additional beds to treat patients was growing every single day.

New Jersey Governor Phil Murphy identified four locations where field hospitals could be opened across the state to meet the surge of patients in need of care and to assist hospitals whose beds were filled to capacity. On March 27, 2020, the New Jersey Department of Health contacted Partners Pharmacy and consultant pharmacist provider Pharmacare to provide pharmacy services to the 1,000 beds opening at 4 field hospitals across the state. Partners Pharmacy and Pharmacare were proud to answer the call for help.

Within 3 weeks, Partners Pharmacy deployed their patented remote dispensing technology AP PassPort™ to the field hospitals. AP PassPort™ was able to provide improved efficiency to the field hospital staff,

allowing nurses to focus on the job at hand: providing direct patient care. AP PassPort™ is a fully automated and remotely monitored medication dispensing center, which reduced the need to staff significant numbers of pharmacy technicians, ultimately saving the State of New Jersey significant dollars by eliminating drug waste, as compared to

normal dispensing operations. From April 2020 through June 2020, health care professionals dispensed over 15,000 prescriptions to 483 patients and reported zero technology errors.

“Our team is incredible at getting to work quickly and heeding the call for help, providing round-the-clock pharmacy services to patients in need with a goal of minimal disruption to care and no delay to medication delivery,” says Anthony Spero, Chief Operating Officer at Partners Pharmacy. “Our staff is no stranger to crisis preparedness, jumping to action during the aftermath of hurricanes Irma and Harvey. We are using these same skills and the tools we’ve built, like our AP PassPort™ machine, to make sure that everyone can still provide the same high level of care we need to get through this pandemic. Our employees are true heroes.”

The Partners Pharmacy story and other similar ones are popping up across the country, whether in support of Skilled Nursing Facilities (SNFs), the many long-term care beneficiaries who are in Assisted Living



Facilities (ALFs), or those being cared for at Home (Medical at Home). In every setting, the value of the long-term care pharmacist in the delivery and continuum of care has never been more personified by the role these individuals, organizations and innovative solutions have, and will continue to play, in the maintenance and care of the COVID-19 afflicted. At the same time, long-term care pharmacists continue to drive significant clinical outcomes for beneficiaries (in all settings of care they support) as well as for Plans/PBMs, Manufacturers and the Healthcare System in general.

Study: The Value of the Long-Term Care Pharmacist in the Delivery and Continuum of Care

Managed Health Care Associates, Inc. (MHA), in partnership with our Long-Term Care Pharmacy (LTCP) Advisory Board, Membership, and Business Partners, have published what we believe to be a powerful groundbreaking study titled “The Value of the Long-Term Care Pharmacist in the Delivery and Continuum of Care.” This MHA 2020 collaborative study was published so that, in partnership, we may continue to drive:

1. A broader, clearer definition of what long-term care really is, based on market practice today.
2. Clarity around the LTCP drug administration model and what specific beneficiary support activities are driving incremental Cost-to-Dispense (CTD) in comparison to other models.
3. What additional investments (regardless of reimbursement and/or economic relationships with beneficiaries), related to Rx interventions, are driving (mostly unrecognized) impactful outcomes for beneficiaries as well as for Plans/PBMs and the industry in general.

We also hope that the first publication of **MHA’s Member Network Medication Adherence Rates** (as measured using a third party) from 2018–2019, which are included as part of this study publication, can become the LTCP industry benchmark by which we can begin to leverage, collectively, as a baseline standard in addition to a platform for future growth.

Highlights of this study are:

Definition of LTC:

- Long-Term Care has largely gone undefined vs. market practice and within various residences of care, while the LTCP continues to support the entire continuum of what is, aside from nomenclature, a fundamentally homogenous patient journey across these various residences of care.
- Industry lobbying and advocacy efforts continue to drive toward clarity, with the latest being the Senior Care Pharmacy Collation’s (SCPC) 2020 sponsored “T. Scott Bill,” currently making its way through Congress.

Drug Administration Model:

- The LTCP Drug Administration Model is vastly different in required functions and activities with fundamentally no difference between pharmacies that service SNF, ALF and Medical at Home beneficiaries.
- These functions and activities, specifically, those related to Patient Acuity, Clinical Care, Beneficiary Safety and Operating Requirements, drive incremental labor, operating expense and capital deployment in the LTCP vs. other drug administration models.

Rx Interventions and the Cost-to-Dispense (CTD):

- Many LTCPs supporting LTC beneficiaries have implemented required and additive processes and resources directly toward rigorous Rx regimen reviews at admission to a facility, in-stay or at transition of care to a Medical at Home setting, in addition to post-discharge from facility care.
- As of 2020 these Rx interventions have shown to cost between \$40–\$50 each.
- Transitions of care interventions were shown to cost between \$15–\$20 per discharge.
- In some circumstances, LTCPs are charging facilities or partners for these services, but in most instances, they do not. However, as they have a potential direct benefit to Medicare Part A PDPM economics as well as beneficiary outcomes, it is seen as a requirement for long-term care pharmacies to be able to retain existing beneficiary relationships, in addition to growing them, even though they are typically not reimbursed for these services by Plans/PBMs.

- Note: The 2013 National Community Pharmacists Association (NCPA) study¹ that showed LTCP CTD to be an average = \$13.54, which in consideration of the above, does not seem to take these additional investments in programmatic models into account.

Optimizing Clinical Outcomes:

- These Rx intervention activities have shown to have a significant impact on beneficiary as well as PBM/ Plan outcomes, specifically as measured by:

Total Cost of Care:	Beneficiary Satisfaction:
Re-Hospitalization and ER Visit Avoidance	Retention
Medication Discontinuation	
Medication Adherence	

Excerpts from MHA Member Studies:

A 2017 study conducted by **Consonus Pharmacy** in Milwaukie, OR, showed its integrated Rx Intervention/ EMR model resulted in a 6% reduction in readmission rates to an acute care setting in addition to 28% of all



CONSONUS

medication regimen reviews resulting in at least one discontinued medication. “Not only has this integrated model provided benefit to the beneficiary, but we have seen through this study that with the new PDPM facility reimbursement model, our pharmacists identified potential scoring to increase facility reimbursement by \$100 per resident,” says Neil Marshall, President and CEO of Consonus Pharmacy.

A 2019 study conducted by **Absolute Pharmacy** in North Canton, OH, showed that over a 12-month period, 3,834 Rx interventions were conducted across 20 facilities, resulting in 17% being clinically significant



as defined as at least one medication discontinuation. “With each year comes a new set of challenges when you take care of the country’s most acute and co-morbid patients,” says Kevin Fearon, President and

COO of Absolute Pharmacy. “This year it’s COVID-19, and next, something else. The time is now for the industry to recognize the investment burden we take on to generate outcomes that the system needs to thrive.”

A 2020 study conducted by **Skilled Care Pharmacy**



in Mason, OH, showed that its DRR’s, including admission reviews, resulted in 609 medications being

discontinued and an 87.4% physician acceptance rate from January 2020 to March 2020. “In this small but impactful study, we once again have proven that these outcomes are, and have been, substantial for many years. We need to be recognized for these outcomes and the investments we are making on behalf of these beneficiaries in the reimbursements we receive,” says Joe Cesta, President and CEO at Skilled Care.

Chad Worz, Chief Executive of The American Society of Consultant Pharmacists (ASCP), says, “For decades, pharmacists and pharmacies in long-term care have innovated and customized their approach to our nation’s most vulnerable. Time and time again, they have demonstrated a willingness to step up and push quality in the face of difficulty. The emergency brought forth from COVID-19 is no exception as shown from the examples above where quality is advanced and cost is managed in everyday service as well as in times of crisis.”

MHA Member Network Medication Adherence Rates

MHA, in partnership with third-party Confidio, LLC, have shown our membership Medication Adherence rates for SNF and ALF beneficiaries to be the following over the last two years (2018/2019) using Medication Possession Ratio (MPR) methodology:

	2018	2019
ALF	92.8%	92.5%
SNF	85.3%	85.3%

“We are impressed with the thought leadership at MHA and are proud to help establish methodology for measuring adherence in the long-term care environment. This creates a foundation for industry benchmarking and evaluating the impact of optimizing

¹ Analysis of Costs to Dispense Prescriptions in Independently Owned Long Term Care Pharmacies. [http://www.ncpa.co/pdf/lrc/LTC-CTD-Study-Final-Report\(1\).pdf](http://www.ncpa.co/pdf/lrc/LTC-CTD-Study-Final-Report(1).pdf). Accessed July 27, 2020.

clinical outcomes,” says Sonja Quale, Pharm.D., Chief Clinical Officer & Vice President of Informatics, Confidio, LLC.

“We are thrilled to be one of the first in our industry to publish such impressive Medication Adherence metrics related to our pharmacy member partners. We are also excited to see such high ALF rates in comparison to SNF, and wholeheartedly believe that this is going to continue to help push the industry to move quicker in the recognition that there is a very homogenous patient journey that takes place across all residences of care in LTCP. The process language may be different, but the activities and the cost-to-dispense, especially in light of the cost of Rx interventions, are fundamentally the same and need to be recognized as such, especially in light of the outcomes we have been able to measure on their behalf,” says Diane Koontz, President, MHA.

Medical at Home

Medical at Home pharmacy services are needed now more than ever due to the current COVID-19 pandemic. Even before the coronavirus outbreaks in LTC facilities across the country, demand for at-home care was appropriately being prioritized by government, insurer and provider stakeholders, and, of course, by patients and their family caregivers. We must address the needs of patients with complex medical conditions with a truly comprehensive model that incorporates pharmacy and medical considerations together, especially during the COVID-19 crisis.

Dale Wollschleger, President and CEO of ExactCare,



a pharmacy licensed in all 50 U.S. states and serving tens of thousands of patients

across the country, says, “When ExactCare began this journey over a decade ago, most of our patients were in institutional settings. Today, many of them are able to reside in ALFs or independent living facilities, and often ultimately transition safely home, because of the support we provide. ExactCare patients typically take 10 or more daily medications and have complex medical needs. We designed our service model with this in mind, knowing each one of our patients would need customized pharmacy care to improve their health. Treating every patient as a unique individual is

what has enabled us to drive notable clinical, financial and satisfaction outcomes—including best-in-class patient satisfaction, demonstrated by a Net Promoter Score of +76—and tremendous savings as a result of fewer SNF, ER and hospital admissions. Independent studies suggest the savings opportunity of a medical-at-home service model ranges between \$250 and \$1,000 per user per month (\$3,000 to \$12,000 per year), further supporting the need for enhanced medication management support to help these patients stay healthy and at home.”

Post-COVID Outlook

- In a 2020 MHA member survey, 72% of LTCPs surveyed indicated an average increase in expenses of ~6% related to a post-COVID world and specifically for PPE. We are also in a “sit and wait” mode to assess what additional activities, actions and/or requirements will shake out of this pandemic, whether local, state or federal, in addition to those outlined in this article, which may drive additional costs.

With so much uncertainty these days, long-term care pharmacy has, is, and will continue to drive impactful beneficiary outcomes based on Medicare requirements in addition to those investments made to further service our most sick and those with multiple morbidities. These investments and related outcomes have mostly been unaccounted for in reimbursement schemes and system value. It is time to stand up and recognize what these individuals and organizations continue to do for the country’s oldest and sickest patients during and after this public health emergency.

For a copy of the MHA 2020 Long-Term Care Study and more information, MHA Members may connect with their account representative or email info@mhainc.com.