

# COMPETENCY ORIENTATION GUIDE

**Competency:** Integrate strategies to optimize medication use to lower costs and improve total cost of care

**Competency:** [The Committee on Medication Optimization](#)

JULY 2020

## BACKGROUND

The Accountable Care Learning Collaborative (ACLC) is a non-profit organization dedicated to accelerating the transition to value-based care. To this end, the ACLC has identified care delivery competencies required for providers to succeed in risk-bearing payment models. ACLC-developed Competency Orientation Guides (COG), provide an overview of each competency, including key components, to support provider implementation. Each COG represents the distilled insights from the deliberations of a dedicated committee comprised primarily of leaders from provider organizations, as well as industry partners, and ACLC staff. The Committee on Medication Optimization (Committee), which convened between January and April of 2020, supported the development of this COG.

### Competency Framework

Competency: Integrate strategies to optimize medication use to lower costs and improve total cost of care.

1. Use data to identify opportunities for medication optimization and to measure success
2. Design medication optimization interventions to address the needs of patient population
3. Strategically deploy clinical staff and resources

## COMPETENCY IMPORTANCE & CONTEXT

Value-based contracting has introduced new incentives to reconsider how we account for the costs associated with medication use. Organizations engaged in the “race to value” are increasingly taking a longer view on their approach in their work to optimize medication use for patient improvement. But since medications are so widely used and represent such a large percentage of overall expenditures, knowing where to start can be challenging. To make the broad concept of medication optimization more approachable, the Committee, through a combination of pre-session interviews and group discussions, deconstructed the competency into three main sub-competencies (enumerated below) to guide health system leaders as they work to find ways to improve patient outcomes while managing the overall costs of medications.

## SUB-COMPETENCIES

### 1: Use data to identify opportunities for medication optimization and to measure success

#### Committee Insights:

- Pharmacy-related data can be difficult to get on a timely basis, especially from many payers across many contracts; or across multiple, different EHRs. Consequently, pharmacy data tends to be less reliable than other data.
- Negotiate metrics with payers or to propose a standard set of metrics to payers. There may be initial pushback, but past experience and demonstrated success in this regard can bolster these conversations.
- Use technology, such as data aggregators, to better leverage data from EHRs and other sources to blend with payer data – some vendors have data not available from payers.
- Identify surrogate measures for medication optimization when possible. Some examples include COPD, other chronic condition-related measures, and ED utilization.
- Disseminate data to providers through meaningful and actionable dashboards, facilitating practice improvements and the identification of medication optimization targets.
- Building a dashboard to meet the requirements of many payer contracts is difficult. Different payer contracts require different measures, pertain to different populations, and require different strategies to fulfill and metrics required by payer contracts don't always align with medication optimization opportunities.
- Assemble a multi-disciplinary team of those who are accountable for meeting the metrics, to align the most important metrics across payer contracts. Narrow to 5 or 6 metrics with a common methodology that address the metrics on which physician incentives are based. Reflect those metrics in a dashboard to help ensure the dashboard is narrow enough to be useful rather than overwhelming.
- Ensure you have the ability to run meaningful reports on the data the informs the dashboard; reports must look beyond the metrics and provide actionable data to providers and others.

#### Potential Qualitative Indicators:

- The proportion of value-based contracts for which your organization has been able to negotiate additional data sharing regarding pharmacy utilization and expenditures.
- Pharmacy data is present on the organization's performance dashboard system and impacts provider compensation to at some degree.

## 2: Design medication optimization interventions to address the needs of patient

### Committee Insights:

- Direct measures of cost may increase when medication optimization interventions are put in place, and it is difficult to tie indirect measures that show improvement with interventions.
- Help leaders understand that increased direct costs may be an indication of better medication adherence or of other benefits of medication optimization.
- Formularies are payer-driven and often cover different medications, leading to inventory issues and complications when standardizing care. Build payer formularies into the EHR so providers can see what will be covered under patients' plans and include a real-time estimator for drug prices.
- Identify distinct patient populations with poor outcomes on specific measures and introduce a medication-related intervention.
- Rather than designing one large intervention, start with several small interventions which together can have a significant impact or those with a quick ROI to demonstrate success within a contract period.
- Compare predicted readmission rates to actual readmission rates to identify target patients where medication optimization could have an impact.
- Provide pharmacy teams access to provider quality dashboards so they can see how the pharmacist clinical interventions are impacting patients.
- Facilitating the cultural shift required for providers to be amenable to being told how to care for their patients can be challenging. Providing a variety of evidence-based options along with guidance for choosing the most appropriate option.
- Involve providers in the development and deployment of care pathways so pathways are relevant to the local experience and to foster buy-in.
- Utilization of pathways by providers can be challenging but the organization can pilot the pathway with a small group of champions who can advocate for its usefulness among peers.
- Develop any pathways with an interdisciplinary group to ensure it is relevant to all stakeholders who interact with it and ensure the functionality is seamless.
- Ensure pathways can easily be adapted to telemedicine and remote care.
- Don't make pathways exclusively about medications, integrate medication-related work into the work others are doing while highlighting the importance of medications.

### Potential Qualitative Indicators:

- Provider performance compensation related to pharmaceutical utilization include patient-reported outcome measures where possible.
- Number of care pathways where patients have been able to give direct input and guidance on the design (e.g. via an advisory committee).

## 3: Strategically deploy clinical staff and resources

### Committee Insights:

- Involve pharmacists in efforts to further medication optimization goals, both on the front lines and in leadership roles. The optics of having pharmacists involved in leadership and receiving input from providers from all facets of the organization can help aide buy-in.
- Consider negotiating a per-member-per-month (PMPM) fee rather than fee-for-service (FFS) to help address changing populations and pharmacist services not reimbursed under traditional FFS.
- Ensure pharmacists are represented at a leadership level; ideally, these pharmacists do not have a full clinical load, so they are accessible as a resource and guide. Their leadership role and its importance are clearly communicated to all within the organization.
- Engage other staff to support pharmacists working at the top of their license.
- Leverage other staff, such as pharmacy technicians, to address dispensing-related responsibilities thereby reducing the burden on pharmacists and allowing them to take on a greater role in patient care and leadership where appropriate.
- Consider leveraging external sources such as vendors to support medication optimization services in the early phase of your organization's efforts.

### Potential Qualitative Indicators:

- Pharmacists have a visible role in leadership and are leveraged to educate the system on medication optimization.
- Providers are given very specific opportunities to give feedback on pharmacist contributions and understand the role(s) they are playing within their organization.

## GENERAL RESOURCES FOR FURTHER EXPLORATION:

- [Improving Patient Outcomes and Costs in an ACO Through Comprehensive Medication Therapy](#)
- [Using an Electronic Medication Refill System to Improve Provider Productivity in an Accountable Care Setting](#)
- [Accountable Care Measures for High-Cost Specialty Care and Innovative Treatment: You Get What You Pay For – Improving Measures for Accountable Care.](#)
- [Impact of Comprehensive Medication Management on Hospital Readmission Rates](#)
- [Optimization of Medication Use at Accountable Care Organizations](#)

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