

## ICP Integrating Pharmacy into Patient Care and Population Management

*“When pharmacists manage medication-related care for time-intensive patients, physicians have time for additional patient visits.”*

- Marie Smith, David W. Bates & Thomas S. Bodenheimer, “Pharmacists Belong in Accountable Care Organizations and Integrated Care Teams,” *HealthAffairs*

Various research shows that anywhere from 50 to 70 percent of U.S. patients don't take their prescribed medications properly, resulting in nearly 125,000 Americans with treatable illnesses dying every year and thousands more readmitted to hospitals. Not taking medications as prescribed results in much poorer health and much higher health care costs. Uncontrolled high-blood pressure, for example, more than triples the risk of heart disease.

Integrated Care Partners is among a growing number of health care organizations integrating pharmacy and medication management directly into patient care. ICP has formed a partnership with the University of Connecticut School of Pharmacy to create pharmacy management within our organization. Sean Jeffrey, PharmD, a member of the UConn faculty, will join the ICP team in January. He will lead the effort in working with ICP care managers and ICP primary care and specialist physicians to ensure patients have the optimal pharmaceutical regimens.

Using data available from insurance and government payer claims for patients who are part of shared-savings agreements, ICP can identify patients who may not be benefitting from their prescribed medications. The data



may show, for example, repeated trips to an emergency room. That sends up a red flag.

Identifying a pharmacy problem helps identify other issues the patient may be facing that contribute to the patient's lack of adherence to his or her medication regimen. For example, the patient may have a social barrier to taking medication properly, such as lack of transportation to pick up prescriptions. There may be a language problem, and the patient doesn't understand how to take the medications as prescribed. Sometimes, a patient would rather have the original problem than the medication's side effects. In that case, the provider can change the medication – but not if the provider doesn't know about the side effects the patient is experiencing.

Pharmacists can review medications for non-adherence, drug interactions, side effects, duplications and contraindications.

When pharmacy management points out patient issues, ICP care managers can help the patient and provider resolve them. Communication between the provider and/or

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### Integrated Care Partners Mission

To be a high-performing network of integrated providers successfully delivering value-based population health.

For more information about ICP, please visit our web site at [www.integratedcarepartners.org](http://www.integratedcarepartners.org)

care manager and the patient is critical if patients are to understand precisely how to take their medications and what the consequences are if they fail to take them.

Better communication leads to better coordination of care.

Pharmacy skills complement the skills of physicians, nurses and other care providers. Integrating pharmacy directly into patient care also encourages pharmacists to work to the top of their license or capability. Because of the extensive number of drugs available and physicians' limited time, pharmacists typically have more knowledge about medications than do physicians. And pharmacists already have expertise in medication reconciliation and monitoring and care coordination across multiple prescribers.

Pharmacists working with ICP will respond to requests from physicians and care managers. Initially, they will focus on patients with chronic diseases who don't seem to be filling their prescriptions and on patients on polypharmacy – those who are taking a relatively large number of medications – who

have a higher risk of drug interactions and long-term side effects. In today's environment of high deductibles with health insurance, we'll also look at patients whose medications are expensive. With pharmacy integration, we can determine which meds are necessary and potentially provide something more cost effective.

The ultimate goal of pharmacy intervention is to achieve better outcomes for patients by either getting them to adhere to recommended medication regimens or to find more effective medications and medication mixes that make it easier for the patient to be adherent.

For physicians, we gain increased understanding as to why some patients aren't improving with a medication, and we can correct it.

ICP will measure the impact of pharmacy intervention on the quality of patient outcomes and the cost of care – the critical components of how we are paid in our shared-savings agreements. The patient, the physician and our organization all will benefit.



Sincerely,  
Dr. James Cardon  
CEO, Integrated Care Partners & Hartford HealthCare Chief Clinical Integration Officer

*Many thanks to Tracy King, ICP Director of Clinical Integration, for her input.*

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## ICP Also Collaborating with CVS

Through Hartford HealthCare's agreement with CVS Pharmacy and CVS urgent-care MinuteClinics, CVS will share information with ICP providers when ICP patients visit a MinuteClinic. MinuteClinics are retail clinics located at some CVS Pharmacy locations. With the patient's consent, the MinuteClinic will send a summary of the patient's MinuteClinic visit to the patient's primary care physician within 24 hours so the physician has up-to-date information and can provide more effective follow-up care. CVS also will assist in the patient's compliance with medications and keep providers informed.

The arrangement with CVS is strictly clinical and provides another avenue for coordinating patient care. There is no financial arrangement between Hartford HealthCare and CVS or between ICP and CVS. The goals of the collaboration are to work together to improve access to care and overall community health. For more information, visit [www.integratedcarepartners.org](http://www.integratedcarepartners.org).

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*Integrated Care Partners (ICP) continues to engage and recruit physicians and forge partnerships with health plans, employers and providers. Our collective goal is to deliver the highest-quality, coordinated patient care and improve the overall health of populations. We continue to seek providers who are equally committed to delivering the best care and interested in the opportunity to participate in the shared-savings deals ICP is negotiating with payers. At no cost to member physicians, ICP also can deliver care-management resources for high-risk patients and the infrastructure needed to achieve quality measures that will allow providers to realize and sustain cost benefits and long-term viability in the currently changing health care market.*

## UConn Professor of Pharmacy Joins ICP Staff

Under ICP's partnership with the University of Connecticut School of Pharmacy, Dr. Sean M. Jeffery, clinical professor at the School, has been named director of Clinical Pharmacy Services for ICP. Dr. Jeffrey, who will maintain his appointment at UConn, will be responsible for all clinical pharmacy programs within ICP.

Dr. Jeffery earned his Bachelor of Science in Pharmacy from UConn in 1995 and his Doctor of Pharmacy (PharmD) from the Ohio State University College of Pharmacy in 1997. He completed a residency in geriatric pharmacotherapy at the Durham VA Medical Center and Duke Center for the Study of Aging in 1998. He then joined the faculty at UConn and established an ambulatory care geriatrics

practice at the VA Connecticut Healthcare System's West Haven campus.

Over the past 16 years, he has served as a consultant pharmacist in geriatrics and extended care and established a post-graduate year-two geriatric pharmacy residency program at VA Connecticut.

He is a past-president of the American Society of Consultant Pharmacists and current chair of the American Geriatrics Society's Polypharmacy Special Interest Group. He was recently appointed to a Center for Medicare and Medicaid Services Technical Expert Panel on Medication Therapy Management.

## Hospitals Implementing RightCare for Better Post-Acute Care Coordination

Over the next few months, Hartford HealthCare's (HHC's) hospitals will be implementing RightCare, an evidence-based software tool that uses an algorithm to identify, upon admission, patients who are at high risk for readmission and need additional care following their release from the hospital.

RightCare will enable care managers to more quickly become aware of which patients need more care, and staff can be deployed more effectively, controlling costs and improving patient outcomes. Care providers and managers can begin planning post-acute care for high-risk patients within 24 hours of their admission, and RightCare's Post-Care Connect tool electronically refers and alerts post-acute-care facilities of the patient's needs, including those related to socio-economic issues.

RightCare software is a platform that HHC will use to improve communication between acute and post-acute patient care services. RightCare's Risk Assessment, Care Coordination and Post-Care Connect tools will be embedded into existing patient admission profiles and later, into the Epic electronic health record system as Epic is implemented throughout the system.

RightCare is backed by more than 10 years of data and \$5 million in National Institutes of Health-funded research focused on building a discharge decision-support system – a standardized, quick, easy and accurate tool to identify at-risk patients who need a post-acute referral to prevent a 30-day readmission.

Readmission rates are an issue nationally and reducing readmissions is a major goal. RightCare has been proven to reduce all-cause, 30-day readmissions by up to 35 percent.

RightCare will roll out at Backus Hospital in January 2015; at Hartford Hospital and MidSate Medical Center in February 2015; and at The Hospital of Central Connecticut and Windham Hospital in March 2015.

