The Art of Pharmacy

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Working as an assistant editor for *The Senior Care Pharmacist* provides an opportunity to have insight to the work of many influential pharmacists who work to ensure the safety and effectiveness of drug therapy for older patients, as well as advancing the scope and interests of the profession. After many interviews involving senior figures in ASCP and senior care pharmacy, an unmissable opportunity presented itself — a chance to hear from the director of pharmacy at a financially responsible entity (with skin in the game) looking towards the goal of proving the indirect cost-savings associated with pharmacist interventions — Stacey Ranucci, practicing, as she would call it, “the art of pharmacy.” Ranucci is the director of pharmacy at Integra/Rhode Island Primary Care Physicians Corporation.

Often, pharmacists grapple with demonstrating the cost-benefit of their work. This is a difficult objective to prove, even when pharmacists implement services that increase patient safety. So, how do practitioners quantify this and present it to decision makers: an employer, a third-party payer, Centers for Medicare and Medicaid Services (CMS), or even congress? How to shape their perceptions of pharmacists as irreplaceable members of the health care team, in a

fashion commensurate with proper compensation for the value a pharmacist brings to the multidisciplinary team? Ranucci lent the inside scoop.

Integra is an Accountable Care Organization (ACO) in Rhode Island (providing services for 160,000 people) that partners with Blue Cross Blue Shield (BCBS) Medicare Advantage (15,000 service recipients) through Rhode Island Primary Care Physicians Corporation (RIPCPC) to deliver comprehensive care across the continuum. Ranucci, works with seven additional embedded pharmacists. The team uses collaborative practice agreements and outcomes from medication therapy management (OutcomesMTM®) to identify high risk patients, complete comprehensive medication reviews (CMR), best practice tips, and execute MTM Pharmacist Incentive Program metrics in the ambulatory care setting.

Here, the focus is on the 15,000 lives cared for under the BCBS agreement. BCBS funds four full-time pharmacists who see Medicare beneficiaries in the primary-care practice who use OutcomesMTM® to complete CMRs, best practice tips, and create their own "incidents" when additional interventions are pertinent for patient safety and outcomes. These claims are billed by severity code which are then adjudicated/verified by OutcomesMTM® pharmacists, meaning that the numbers are extremely sound with little argument for inflation. All these interventions combined, result in total annual direct and indirect costs avoided by the effects of pharmacist interventions. This achieves the ultimate, and often unattainable, goal of tying dollars saved to pharmacists' work. BCBS/Integra/RIPCPC together develop outcome measures, evaluate pharmacy cost spending and negative health outcomes to create new intervention types to improve cost avoidance savings. BCBS also provides data for patient acuity. The highest risk patients cost the system the most and will continue to cost the system, so while due diligence is done for those patients, Integra focuses on the rising risk population using the adage — "prevention is the best medicine." In 2020, Ranucci and her team saved BCBS Medicare Advantage $1 million dollars in direct pharmacy costs and an additional $6.5 million dollars in indirect costs — totaling $7.5 million dollars saved. This is worth repeating: $7.5 million dollars saved by four pharmacists serving 15,000 patients.

The cost to CMS for pharmacist provider-status is thought to be estimated at $9 million dollars; although it has never officially been calculated. In 2022, there are $14.5 million Medicare beneficiaries alone, which means Ranucci and her pharmacists have only impacted 0.1% of all Medicare beneficiaries. If the profession can replicate and expand the model described here, then passing of provider status, even if just for Medicare beneficiaries, will be a *fait accompli*.

Although Ranucci's team's work was done in an ambulatory care setting, it is not difficult to see the transferability to long-term care patients. Now and in the future, the Post-Acute, Long-Term Care (PALTC) industry is incorporating increasingly more Institutional Special Needs Plans (ISNP) models — effectively, ACOs. If pharmacists are embedded in ISNPs, using collaborative practice agreements to follow patients through the continuum, the possibilities are enormous, perhaps even creating a way to completely reshape and redefine the pharmacist's role in PALTC.

ASCP convened a special taskforce, The Quality IMPACT Project (QIP) Work Group, in 2019. QIP is a volunteer group charged with measuring the impact and value of senior care pharmacist interventions across a variety of settings.

For more information about QIP or their efforts,
please email info@ascp.com with "QIP" in the subject line.