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## Disclosures

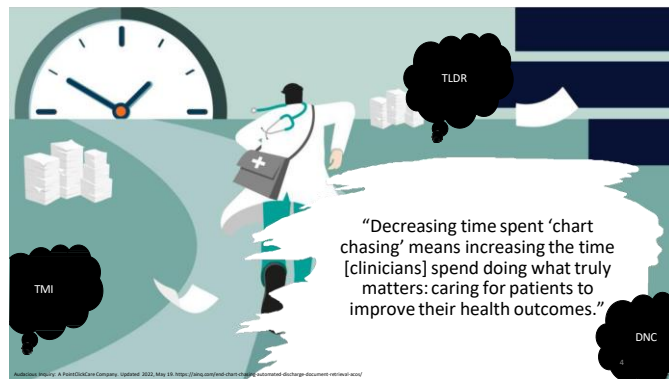
- Employee of Rhodes Group – Healthcare Information Technology Software Company
  - Wholly-owned subsidiary of Tricore Reference Laboratories

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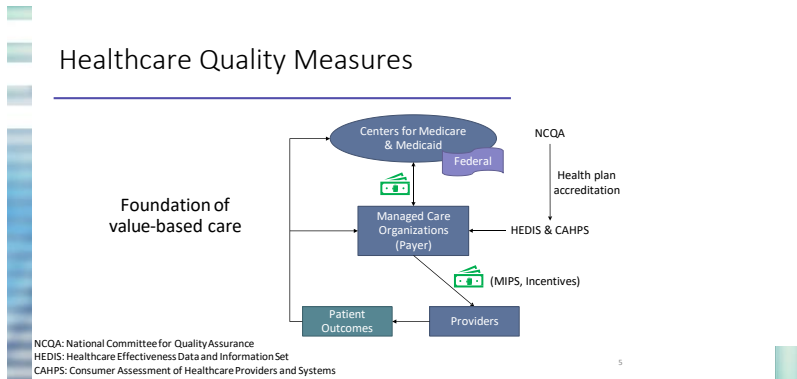
## Objectives

- Objectives for the Pharmacists – Upon completion of this activity, participants will be able to:
  - Describe the value of the pharmacy-clinical laboratory relationship as it relates to lab data analytics.
  - Define value-based contracting.
  - Identify stakeholders who would benefit from clinical insights derived from pharmacy-lab analytics.
- Objectives for the Pharmacy Technicians – Upon completion of this activity, participants will be able to:
  - Describe the value of the pharmacy-clinical laboratory relationship as it relates to lab data analytics.
  - List potential roles of a pharmacy technician as a data analyst and as an informaticist.
  - Explain the difference between public and population health.

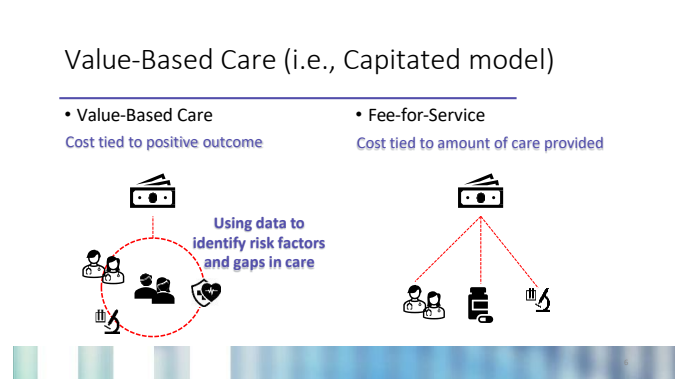
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### What is the best description for value-based care?

- A. Cost tied to amount of care provided
- B. Cost of a hospital admission
- C. Cost tied to positive outcome
- D. Cost of care for a health condition

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### Data Analytics vs Informatics<sup>1</sup>



**"Data analytics is:** The analysis of data using quantitative and qualitative techniques to look for trends and patterns in the data.

**Analyst**



**Informatics is:** A collaborative activity that involves people, processes, and technologies to apply trusted data in a useful and understandable way."

**Informaticist**

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### Pharmacy Data Analyst vs. Informaticist

#### Data Analyst<sup>2,3</sup>

- Develop tools for clinical operational efficiency through interpretation, analysis, statistics and sharing of data through analytics platforms
- Prepare and maintain quality data utilized by healthcare professionals across various settings
- Develop clinical algorithms for new or enhanced clinical decision support tools

#### Informaticist<sup>4,5</sup>

- Manage new builds in pharmacy system
- Integrate with automated dispensing cabinet software
- Ensure accurate billing through EHR
- Identify systematic solutions for efficiency and compliance issues
- Information and knowledge delivery

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### Pharmacist and Pharmacy Technician Aims

#### Pharmacist<sup>2</sup>

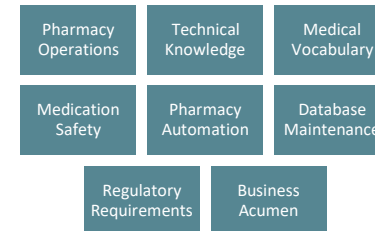
- Closer to clinical providers and leadership/decision makers
- Promote new opportunities for organization resulting in optimal cost savings and/or revenue

#### Pharmacy Technician<sup>3</sup>

- Closer to the operations and daily workflow of the pharmacy
- Under supervision of a pharmacist
- Perform workflow assessments
- Identify and recommend systematic solutions for efficiency and compliance issues

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### Unique Skills of Pharmacy Technicians



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### Are Pharmacy Technicians uniquely qualified for data analytics and informatics roles?

- A. True
- B. False

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- A. True
- B. False

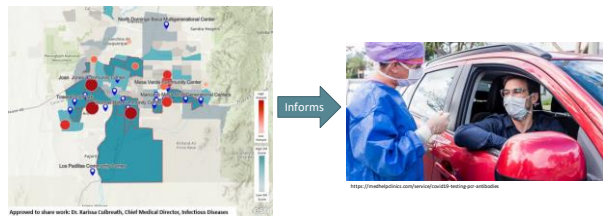
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### Data Analytics vs. Informatics Healthcare



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### Population vs. Public Health



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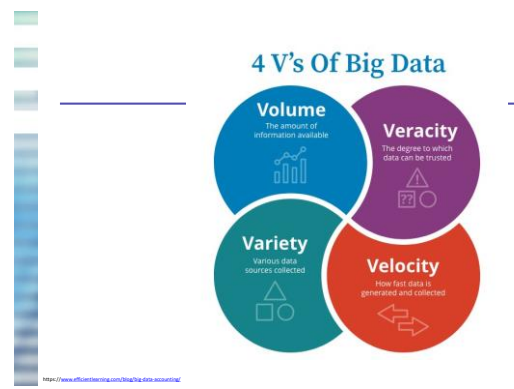
### Working with Big Data?

“Big data is more than simply a matter of size; it is an opportunity to find **insights** in new and emerging types of data and content, to make your business more agile, and to answer questions that were previously considered beyond your reach.”

-IBM

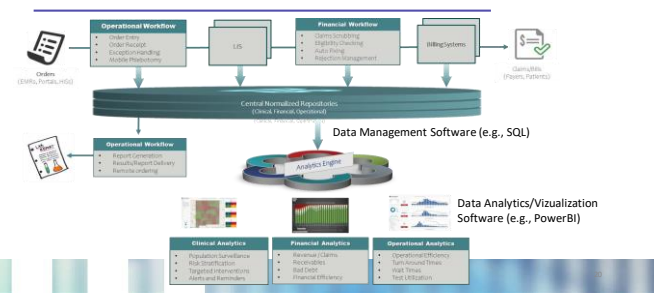


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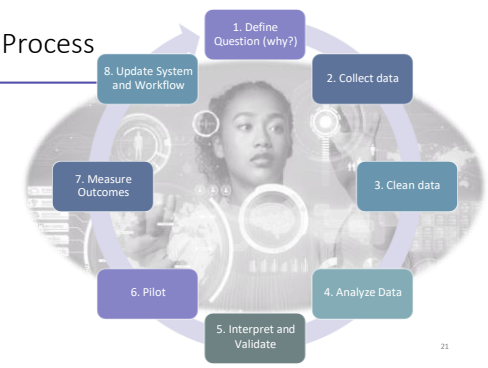
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### How do we make sense of all the lab data?



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### Analytics Process



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### Data Governance

- Trusting Data
- Vetting of data to make it useful
- Need a good sense of when data could be wrong
- Standardization of terminology
- Cleaning data
- Maintaining content



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### Hepatitis C Use Case



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### Hepatitis C Use Case - SYNCRONYS

- All practitioners participating in Centennial Care must complete:
  - Uniform New Mexico HCV Checklist
  - Drug Prior Authorization
- Aim: Hepatitis C elimination by 2030
- Pilot (August-September 2021)
- 2021 Project Completion (October 2021)

**Uniform New Mexico HCV Checklist**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

1. **DIAGNOSIS**  Chronic Hepatitis C infection. Genotype: \_\_\_\_\_ (attach results), HCV RNA Level: \_\_\_\_\_ (attach results) within the past 6 months. Level: \_\_\_\_\_ (attach results)

2. **ADDITIONAL REQUIRED LABS (within 3 months of request, please attach results)**

ALT  AST  Bilirubin  Creatinine  GGT  Hemoglobin  Hematocrit  Hemoglobin A1c  HIV  HbA1c  TSH  Urine HCV  Urine HBsAg  Urine HBcAb  Urine HBeAg  Urine HBeAb  Urine HCV RNA

3. **USER ASSESSMENT**: Have any signs/ symptoms of liver changes in chronic HCV infection - no liver fibrosis (F0), increasing levels of liver enzymes (ALT, AST and GGT), cirrhosis (F3, decompensated cirrhosis and hepatocellular carcinoma)

**FIBROSIS/CIRRHOSIS ASSESSMENT** (provide information using at least one of the following methods)

Inferred markers:

APRI: \_\_\_\_\_

FIB-4: \_\_\_\_\_

Imaging Study Method Used: \_\_\_\_\_ Attach results

4. **USER TRANSPARENT**  Yes  No  If yes, check level:  To accept APRI, \_\_\_\_\_ being considered for transplant

5. Is patient **TREATMENT EXPERIENCED**?  Yes  If yes, go to 6.  No  If yes, complete 6 - c below. If treatment experienced with Direct Acting Antiviral (DAA), also complete question 6c.

6. List regimen(s) patient has received in past including year and duration of therapy:

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### Hepatitis C Targeted Intervention

- Ascertaining the presence of Hepatitis C by interpreting laboratory results

SCREEN	DIAGNOSE	MONITOR/MANAGE/TREAT
Hepatitis C Antibody	Hepatitis C Quantitation	Hepatitis C Quantitation
	Hepatitis C Genotype	

- Additional Required Labs

Platelets	ALT	AST
Bilirubin	Albumin	Hemoglobin
Creatinine		

- Risk Factors

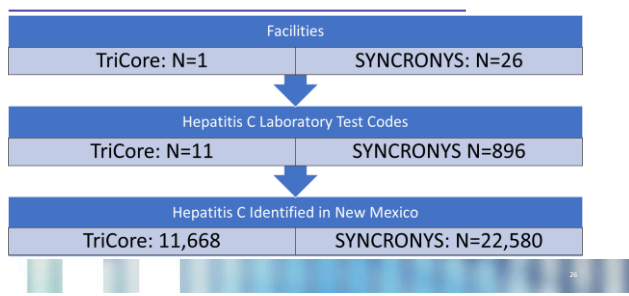
Diabetes (HA1c)	HBV	Renal Insufficiency (eGFR)
	INR	

- Treatment

Medication
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### Strength of the Data Set

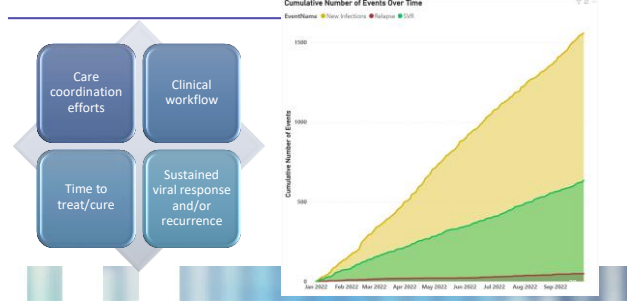


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### Hepatitis C Summary in the SYNCRONYS Portal

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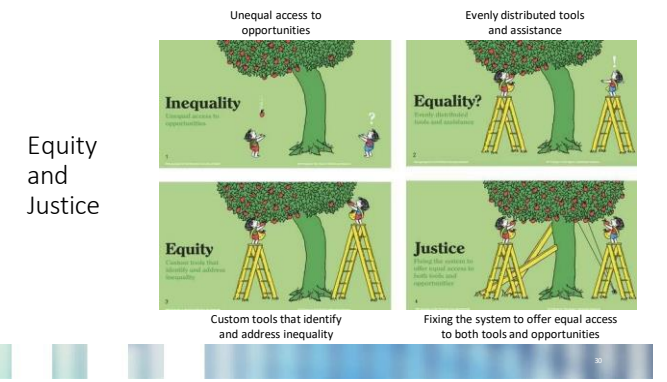
### HCV Pilot Project: Outcomes of Interest



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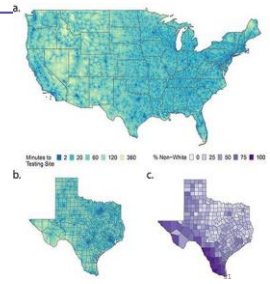
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## Access to Testing<sup>7</sup>

- April 2020 median travel time to a testing site was 20 minutes
  - Percent minority was associated with an increase in travel time to a testing site
  - Percent uninsured associated with an increase in travel time to testing site
- Rural plus uninsured → higher incidence of increased travel time to a testing site
- Decreased access to testing sites, increased demand for testing in communities of color

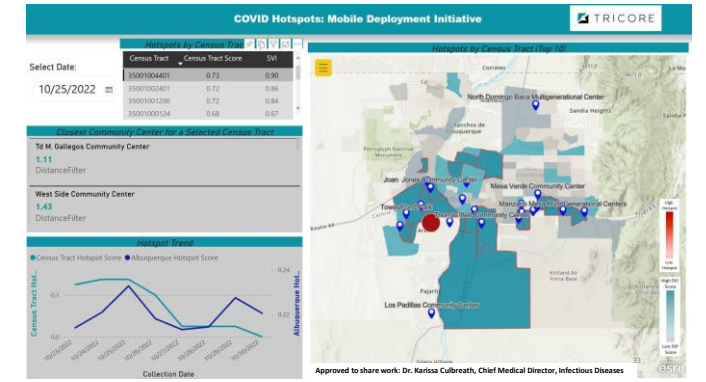


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## Health Equity and Point-of-Care

<b>Inequality</b> Access to COVID testing only through primary care physician 	<b>Equality</b> Access to COVID testing through additional locations (e.g., drive thru, pharmacies, etc.) 
<b>Equity</b> Access to COVID testing through at-home, pharmacy, and mobile testing (e.g., rapid ag tests) 	<b>Justice</b> Use data to help deploy targeted testing (e.g., at-home, pharmacy and mobile testing based on analytics) 

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## Value-Based Care

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## Facilitated Intervention: CMS Stars

- Implemented in 2007 a five-star quality rating to measure beneficiary experience with health plans and health care systems
- Payment incentives for better overall performance lead to a financial benefit for health plans/systems who are rated
- Measures target a broad array of clinical quality, customer satisfaction and other experience areas
- Laboratory tests play a critical role in the clinical quality spectrum

CMS: Centers for Medicare & Medicaid Services

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## CMS Star Calculations: Health Plans

- MA+PD plans: 46 measures across 9 domains
- Medicare Advantage (MA) programs: 32 measures across 5 domains
- Prescription drugs (PD) programs: 14 measures across 4 domains
- Data is collected by four sources:
  - Health Plans
  - Patient surveys
  - CMS contractors
  - CMS administrative data

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### CMS Star Calculations: Health Plans

- Individual performance measures (Part C & Part D) assigned to weighting categories
- Value of testing measure: 1/74 = 1.35% of Total Medicare Advantage Star Rating

Weighting Categories <sup>a</sup>	Weight per Measure	Number of Measures	Total Weight-Measure (% Share of Total)
Process measures (e.g., A1C test)	1	19	19 (26%)
Patients' Experience and Complaints measures	2	12	24 (32%)
Outcome measures	3	7	21 (28%)
Improvement measure	5	2	10 (14%)
<b>TOTAL</b>			<b>74</b>

A Medicare 2021 Part C & D Star Rating Technical Notes, Updated 10/01/2021, Accessed October 15, 2021 <https://www.cms.gov/Regulatory-and-Compliance/Centers/QualityInquiry/Downloads/2021001.pdf>

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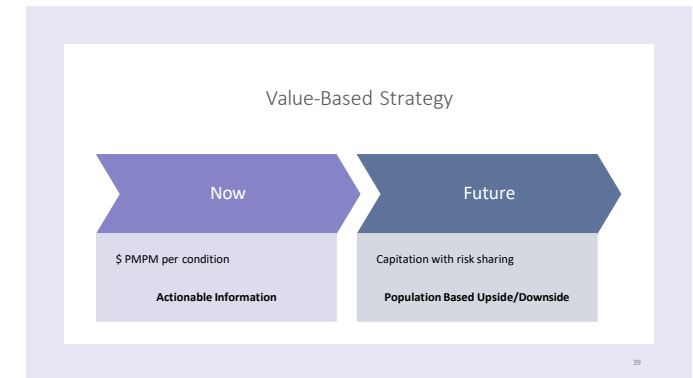
### Process Measures Related to Pharmacy-Clinical Lab<sup>8</sup>

- Show not only what has been, done but what has not been done

Measure <sup>a</sup>	Weight per Measure	% of MA-PD Bonus
C02: Colorectal Cancer Screening	1	1.35%
C14: Diabetes Care – Kidney Disease Monitoring (KED)	1	1.35%
C15: Blood Sugar Controlled (HA1c test result < 9.0%)	3	4.05%
C22: Statin Therapy for Patients with Cardiovascular Disease	1	1.35%
D11: Medication Adherence for Hypertension (RAS antagonists)	3	4.05%
D12: Medication Adherence for Cholesterol (Statins)	3	4.05%
D13: MTM Program Completion Rate for CMR	1	1.35%

A Medicare 2021 Part C & D Star Rating Technical Notes, Updated 10/01/2021, Accessed October 15, 2021 <https://www.cms.gov/Regulatory-and-Compliance/Centers/QualityInquiry/Downloads/2021001.pdf>

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### What are examples of how the pharmacy-clinical laboratory relationship can apply data analytics in healthcare?

- Develop targeted patient health condition summaries (e.g., HCV summary)
- Use pharmacy and lab data to identify risk factors and gaps in care
- Develop dashboards to target infectious disease hotspots in a population
- Use laboratory data to facilitate closing care gaps that align with quality measures for health plans
- All of the Above

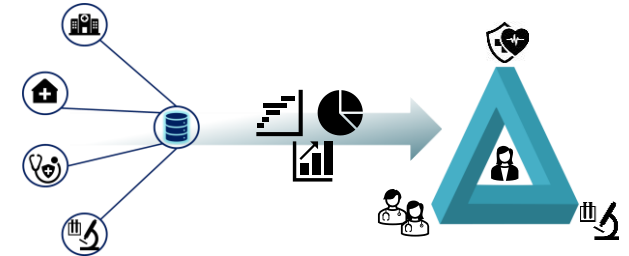
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### Unifying Data and Developing Insights Supporting the Value-Based Care Strategy and Stakeholders



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Who are stakeholders that would benefit from pharmacy-lab data clinical insights?

- A. Clinicians
- B. Payors
- C. Patients
- D. Laboratories
- E. Healthcare Delivery System
- F. All the Above

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Questions & Discussion

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*“We keep moving forward, opening new doors, and doing new things, because we’re curious and curiosity keeps leading us down new paths.  
- Walt Disney*

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