Collaborate and Connect: How Integration Drives Modern Care Models

by Will Lockwood

How well-connected is your pharmacy when it comes to ensuring timely data flow in support of patient care? You're getting e-prescriptions and calling or faxing prescribers back with questions, right? But are you prepared to collaborate efficiently with other providers when participating in more-advanced care models?

Grane Rx and Senior LIFE participate in an innovative care model that began about eight years ago when Grane Rx became a PACE pharmacy provider for Program for All-Inclusive Care for the Elderly (PACE) sites in Pennsylvania. Grane Rx serves 10 Senior LIFE sites now, according to Bob Rowland, SVP and COO of Grane Rx. PACE is a federal and state partnership with over 100 sites in 31 states that is designed to support care in the community, either at home or at senior care centers, for participants who would otherwise be eligible to be a resident at a nursing home. This is not a fee-for-service model, notes Rowland. Instead, PACE providers are financially at risk for participant care.

Collaborative Care

Since this program is designed to serve what would otherwise be traditional nursing home residents, it has the underpinnings of collaboration that are typical of that market: pharmacies, prescribers, and nurses must all

Grane Rx provides a simple yet comprehensive pharmacy solution to PACE operations that delivers:

· Simplified medication packaging that improves adherence
· EHR/pharmacy software integration
· Pharmacy cost management
· Onsite electronic medication cabinet
· Simplified medication literacy & translation
· Multiple shipping options

communicate with each other effectively. But a similar kind of collaborative effort is going to be required of any pharmacy looking to be part of an accountable care organization (ACO) and become part of ambulatory patients' medical home. This makes Grane Rx's experience in developing the technology to communicate effectively applicable to any pharmacy with an eye on emerging care models.

The Technology Ecosystem

All of Senior LIFE's pharmacy needs are provided by Grane Rx. One important provision of the PACE program is a limit on the number of prescribers involved in the care process. "In a nursing home you can have two dozen physicians prescribing in a 120-bed facility, all with their own varying physician EHR [electronic health record] systems," notes Rowland. "And that gets to be a challenge. In a PACE site with 200 members, there may only be two physicians and two nurse practitioners. One of the enrollment requirements for participants enrolling into most PACE programs is to leave your current physician and work with the PACE site physician and NPs."

But even with this consolidated model, system integration and efficient data exchange remain a challenge. For this very reason Grane Rx has developed a critical relationship with a company called BlueStep/BridgeGate Health to create an LTC technology platform for both integrating disparate systems readily and supporting the necessary data flow when customers don't have sufficient technology assets deployed. BlueStep/BridgeGate Health provides Grane Rx with an electronic medication administration record (eMAR) and computerized provider order entry (CPOE) for customers, and generally facilitates seamless integration of customer systems with the pharmacy's FrameworkLTC software from SoftWriters. "The HL7-based interface protocols that SoftWriters uses have been key to our ability to communicate with the PACE sites," says Rowland.

When working with Senior LIFE, Grane Rx's pharmacy management system has to communicate with a physician EHR product to process e-prescription orders and also has to receive data from a McKesson home health product for care documentation by nurses recording visits and activity at the clinics. The integration platform from BlueStep/BridgeGate Health supports synchronized real-time clinical, demographic, and care coordination information to ensure that medications and dosages are appropriately adjusted when residents move between care settings.

Working within a closed technology system like this can be tricky enough. But things get more complicated still at the LTC PACE sites where only pharmacy services are provided by Grane Rx. In these cases, Grane Rx will need to work with whatever systems are in place for prescribers or at nursing homes. "Every time we get a new LTC phar-

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of Grane Rx

macy customer, we have a new challenge because there are numerous EHR systems available with varying interface requirements," says Rowland. "We want to interface with the customer's chosen EHR product to allow our customer to take advantage of all the bells and whistles of the specific customer EHR system being used."

And, of course, sometimes a new customer has older technology that lacks features, or even little technology at all. For these cases Grane Rx has developed a proprietary portal called SimpleView that will help to fill any EHR gaps. "So if a given EHR system can't e-prescribe, and whether it can pass messages back and forth or not," explains Rowland, "the Grane Rx SimpleView tool will make sure that we are able to maintain our customer's processes. If a customer has a robust EHR that interfaces well with the pharmacy, then great. If it has less functionality, then SimpleView steps in."

Ultimately, Rowland explains, Grane Rx wants to reduce the technology effort by keeping pharmacy processes simple so that customers use one of two access points: either an EHR or SimpleView. "Our medical director says that we all have to be working from the same playbook," he says. "This means that if a nurse entered information 30 minutes ago and a physician enters more information 10 minutes later, then all that needs to flow into the system in real time so that the pharmacy and stakeholders can see the same up-to-date information needed to make a decision. We need to be able to push one button and pull up all the information that's been entered into the array of systems in use so that you can make informed clinical and quality-of-life decisions. Another must is having the right access controls and security to make sure that a person only sees what they should."

Building Services on Integration

A consistently high level of integration and data exchange allows Grane Rx to develop advanced protocols for PACE participants. One example Rowland points to is a specific preferred medication program that combines a member's clinical needs and quality of life goals. "We work with the PACE physicians to develop this preferred medication list," says Rowland. "Prescribers will prescribe medications that aren't on this list if they need to. If they do, we want the chance to review the medication to see if it is something that we need to add to the preferred medication list or if it's just a case of special circumstances." This is one of the reasons Grane Rx has Pharm.D.'s available 24/7 for messaging and discussions with prescribers. "We can query them about prescribing and answer questions at the time of the order," says Rowland. The goal is to collaborate before a medication is dispensed. This level of attention requires messaging capabilities that Grane Rx ensures are available either within a customer's EHR or made available through SimpleView, "We want this two-way, real-time conversation between prescribers and our pharmacists," says Rowland.

For another example, Rowland points to an anticholinergic assessment and score that will be unique to Grane Rx's PACE Pharmacy Solutions team and will be supported by the integration of SimpleView. "There's research out there on participants' anticholinergic burden," he explains, "and some drugs have a higher burden rate than others. We've adopted a measure of that burden rate based on a participant's medication list, and we'll incorporate that information into our communications with prescribers and nurses." For example, if a newly prescribed drug has a high anticholinergic burden rate, then Grane Rx staff will look at it closely to determine if the drug is necessary and if there's something that could substitute for it. "We can provide an anticholinergic burden score on the MAR, too, for quick access for prescribers and nurses," notes Rowland. "We make it very visible to the physician so that it is something that they can focus on when they do their IDT [interdisciplinary team] care plan meetings."

Finally, Rowland is excited about the impact BlueStep/BridgeGate Health's technology will have on participant education and the successful use of translation services, both in making sure standardized translations are used throughout clinical systems and in providing participants with access to education in their native languages.

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As Rowland explains, if someone speaks Russian and you can give them their care instructions in that language, then you have a much better chance of keeping them adherent and getting good outcomes from the care.

Rowland is also looking forward to applying BlueStep/BridgeGate Health's integration platform and SimpleView to using video to help meet the challenge of providing medication information and education at a fifth-grade reading level to participants in a variety of languages.

Taking on Risk Successfully

Grane Rx and Senior LIFE are finding that PACE programs really do work. "We can reduce the number of medications participants are on by a third or more, and we are improving quality of life," says Rowland. But Grane Rx's story is instructive not just for pharmacies that serve PACE sites. What you want to pay attention to is how this particular and very specific care model may well be a good representation of where healthcare is headed in other instances. "PACE sites are 100% at risk for all care," notes Rowland, "and you have to make that work to run the program." So anything providers for a PACE site can do to have a participant that's otherwise eligible for a nursing home live at home instead, with or without a caregiver, and prevent unnecessary ER visits or hospital admissions, well, that's good for the participant and it's good for the PACE site. And paying attention to how one pharmacy is successfully navigating this model through close attention to the need for an integrated flow of real-time information among disparate systems? That's good for any pharmacy that's looking to participate in a new world where outcomes matter, fee-for-service may not be the standard model, and payers will expect providers to share risk with them. **CT**

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