Time is Right for Reform

A joint federal state Medicaid program, Medicare-Medicaid Health Care Home (MMHCH), was recently launched in four states. MMHCH provides a model of care that allows health care teams to provide coordinated and accountable care to Medicare-Medicaid beneficiaries. The initiative aims to drive improvements in health outcomes and reduced health care costs through the coordinated delivery of services across all settings of care. The program is designed to improve care coordination and reduce unnecessary hospitalizations and emergency department visits by providing comprehensive, patient-centered care.

Challenges to Improvement: Lack of Rx Role

Medicaid programs were the first to adopt a managed care approach to delivering health care services. However, despite the success of managed care in other segments of the health care market, Medicaid programs have struggled to implement effective pharmacy management strategies. One of the main challenges is the lack of integration between pharmacy and medical services. Medicaid programs tend to focus on medical services, leaving pharmacy management to third-party administrators.

In stark contrast to the Medicare Part D program, Medicaid quality measures do not yet include specific pharmacy measures. According to one recent report, 10 states do not currently have any pharmacy quality measures in place. This lack of integration between pharmacy and medical services can have significant consequences for beneficiaries. Without effective pharmacy management, beneficiaries may experience gaps in care, leading to suboptimal health outcomes.

To address these challenges, Medicaid programs are increasingly incorporating pharmacy measures into their quality programs. For example, the Healthy Indiana Plan (HIP) in Indiana has developed a comprehensive quality improvement program that includes pharmacy measures. HIP is committed to providing high-quality care to its beneficiaries, and the program is designed to improve outcomes and reduce costs by including pharmacy measures in its quality standards.

Ohio Case Study

Ohio Medicaid already has a strong track record of incorporating pharmacy measures into its quality programs. The state's managed Medicaid program includes pharmacy measures that are aligned with national standards, including the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS). This alignment allows Ohio Medicaid to continuously improve its quality programs by comparing its performance against national benchmarks.

In its managed Medicaid program for plan year 2015, Ohio Medicaid included 123 pharmacy quality measures. These measures were selected based on their alignment with national standards and their clinical significance. For example, Ohio Medicaid included measures related to medication adherence, prescription drug therapy, and patient safety.

While many states are beginning to incorporate pharmacy measures into their quality programs, Ohio Medicaid has been a leader in this effort. By aligning its quality standards with national benchmarks, Ohio Medicaid can ensure that its beneficiaries receive high-quality care that is consistent with national standards.

Indian Case Study

India is a prime example of a country that is making significant progress in incorporating pharmacy measures into its quality programs. The Indian government has implemented a national quality assurance program called the National Accreditation Board for Hospitals and Healthcare Providers (NABH). This program includes pharmacy measures that are aligned with national standards, including the NCQA and CMS.

In 2015, India had 2,329 contracted hospitals and 115,936 contracted doctors. Of these, 1,009 hospitals and 67,748 doctors met the NABH accreditation standards. This represents a significant increase from the previous year, when only 947 hospitals and 58,289 doctors met the accreditation standards.

In addition to the NABH program, India has also implemented a national program for improving medication safety and reducing medication errors. This program includes pharmacy measures that are aligned with national standards, including the NCQA and CMS.

While India has made significant progress in incorporating pharmacy measures into its quality programs, there is still work to be done. The government needs to continue to invest in the development and implementation of high-quality, evidence-based pharmacy management strategies.

Pharmacy Care Improves Outcomes, Lowers Costs

Pharmacy care is an essential component of high-quality health care. By improving medication management and ensuring that patients are taking their medications as prescribed, pharmacy care can help improve health outcomes and reduce health care costs.

Studies have shown that improving medication management can lead to significant improvements in health outcomes and reductions in health care costs. For example, a study published in the Journal of the American Medical Association found that improving medication adherence can reduce hospitalizations and emergency department visits by providing comprehensive, patient-centered care.

HIP is also designed to encourage beneficiaries to be more engaged in their care. By providing transparency, the program gives Medicare enrollees the tools to compare costs and quality of care to make informed decisions.

Want to learn more about the impact of consistent, national quality standards on care and costs? Ask Us.