

PBM Webinar Series

PBMs Protecting Members

March 12, 2019 | 2:30 PM ET





About the National Alliance PBM Assessment Tool

The PBM Assessment Tool is drawn from a subset of eValue8, an evidence-based tool that measures and evaluates pharmacy benefits and health plan performance. It asks probing questions about how PBMs manage critical processes that control costs and improve the health of an employer's population.

Through the results of the tool, plans learn what they need to do to align their strategies with purchaser expectations to maximize the value of the health care investment This tool is a transformational resource to help National Alliance member coalitions lead in improving health and value of health care services in their communities by advancing value-based purchasing.























Speakers



Clare Hunter
Clinical Account
Executive
Arxcel



John D Hooser RPh Clinical Director – Supply Chain Customer Solutions Express Scripts



Courtney McMahon, PharmD, BCACP Pharmacist Supervisor, Clinical Outcomes & Therapeutic Optimization PerformRX



Binal Patel, RPh, BCGP Supervisor, Clinical Outcomes & Therapeutic Optimization PerformRX

PERFORMANCE NETWORK

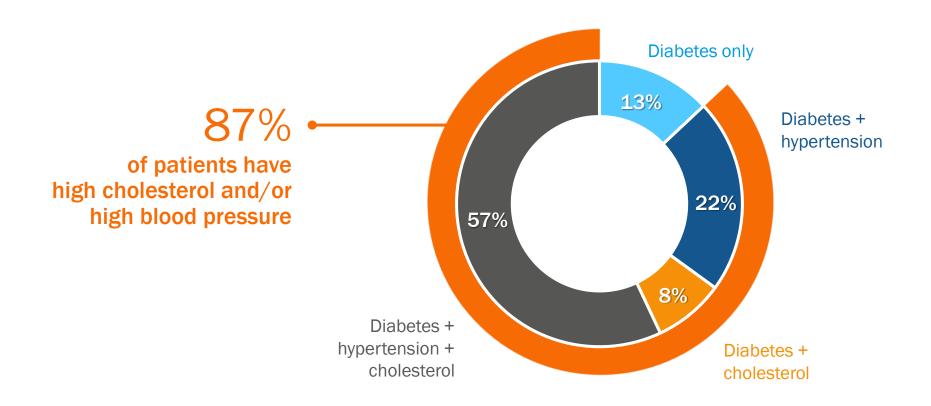
Working with our partners to make healthcare better for everyone



Clearer measurement that connects **services** to **outcomes**

PERFORMANCE NETWORKS

Comorbidities: the hidden challenge



PERFORMANCE NETWORK

Metrics Driving Pharmacy Performance

BETTER PERFORMANCE BENEFITS EVERYONE

Express Scripts exposes opportunity in pharmacy networks with our **Performance Network program which reimburses pharmacies based on how they meet adherence and treatment goals**. By setting goals and rewarding performance, clients, pharmacies and members get better results...together.



The opioid epidemic is one of the biggest challenges in medicine today.

REWARD: (



people in the US.4



One in three adults in the US suffers from high cholesterol.⁴



high blood pressure, or hypertension, is a contributing factor in almost 1,100 deaths per day.⁴

Members

- Better health outcomes in five critical areas
- Better adherence because of pharmacy metrics
- Savings when they fill prescriptions in network pharmacies

Pharmacies

 Reimbursements based on performance metrics

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- Tools to monitor performance
- Annual performance evaluations





Clients

- Plan savings of up to \$2 per claim⁵
- Additional savings on total plan costs due to better member health
- Ability to track pharmacy network performance





EXPRESS SCRIPTS

MEDICATION THERAPY

of the population, in the

US have asthma.4

Better performance leads to better health and better reinbursements

 NCQA Medication Safety Use for Concurrer Use of Opiolds and Benzodiazapines
 Adherence based on proportion of days covered – Pharmacy Quality Alliance (PQA) PQA: Medication Therapy for persons with Asthma 4 Centers for Disease Control and Prevention 5 Average client savings is \$2/ctalm. Savings may vary Contact your account team today to find out how you can tie your pharmacy network performance to your members' health outcomes

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PERFORMANCE NETWORK

It's More Than Dispensing



Pharmacists innovate to provide the right counsel that fits within their store model, unique population and member medication needs

PERFORMANCE NETWORKS

Exposing opportunity by connecting pharmacy services to outcomes



PATIENTS INTERACT WITH PHARMACISTS UP TO 12X YEAR¹

Enhancing the pharmacist-provider and pharmacist-patient communication can lead to significant breakthroughs in medication adherence²



² http://www.pharmacytimes.com/future-of-pharmacy/lets-talk-medication-adherence



Defined Network of Pharmacies



Enhanced Member Engagement



Measureable Member Outcomes



Reward Pharmacies Based on Performance

Discussion



Clare Hunter
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Binal Patel, RPh, BCGP Courtney McMahon, PharmD, BCACP





Binal Patel, RPh, BCGP

Supervisor, Clinical Outcomes and Therapeutic Optimization
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PRESENTATION GOALS

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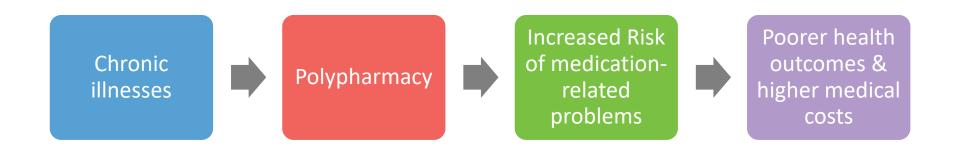


- Establish the need for a readmissions program
- Describe the design of a readmissions program at the Pharmacy Benefits Manager (PBM) level
- Review program results
- Highlight program replication and provider impact
- Discuss areas for program enhancement

BACKGROUND

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Comprehensive Medication Reviews:

- Identify and resolve medication-related problems
- Prevent costly medication-related complications



There are at least 1.5 million preventable adverse drug events that occur in the US each year¹

Medication related discrepancies and adverse drug events are leading causes of hospital readmissions

(many of which are preventable with proper coordination of care and patient education)²

80% of serious medical errors are attributed to miscommunications between caregivers during transitions of care³



- Pharmacists are qualified to complete medication reviews
- Challenges at the retail pharmacy level:
 - Time
 - Resources
 - Incomplete pharmacy records





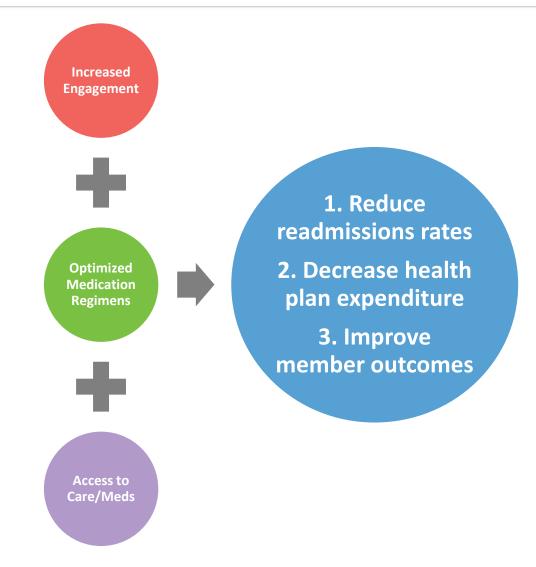
PBM Pharmacists are in the perfect position to help facilitate transitions of care and medication reconciliation



PROGRAM GOALS

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PROGRAM DESIGN

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Medication Review

Outreach

Pharmacist Intervention

Outcome determination



Identification

- A daily readmission report identifies members currently in the hospital and recently discharged
 - Member information
 - Reason for admission
 - Discharge date
 - Hospital information
 - Primary care provider information
- Pharmacist will prioritize members with multiple readmissions into the hospital
- Typically health conditions that are unlikely to be impacted by pharmacist intervention will be excluded or non-prioritized



Medication Review

- Pharmacist will review member profile to assess the following:
 - Pharmacy claims
 - Medical claims
 - Discharge summary (if available)
- Pharmacist will assess current and new medications and identify potential medication-related problems
 - Examples: Duplicate Therapy, Drug Interactions, Adherence Issues,
 Formulary Management Issues



Outreach

- Medication Reviews
- Telephonic outreaches:
 - Within 72 hours of discharge
 - As needed thereafter for continued follow-up (pharmacist's discretion)
- If the pharmacist is unable to reach a member, a health plan care manager is utilized to assist efforts





Pharmacist Intervention

- If and when pharmacist makes contact with member, member interventions will be addressed during consultation (i.e. medication adherence issue)
- When necessary, pharmacists will intervene directly with the provider
 - Interventions are communicated by fax and/or telephonically
 - Communication will include a description of the problem identified and a recommended intervention
- Pharmacist can refer a member to the health plan for case management services if needed based on information obtained during consultation



Outcome determination

Pharmacist Identification

Provider Communication

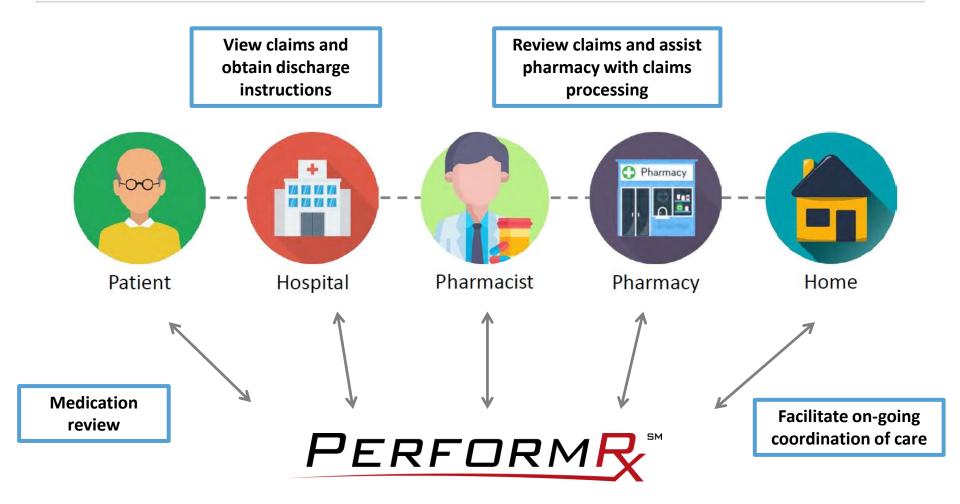
Outcome Determination

- If warranted, the technician or pharmacist performs a follow-up analysis (no more than 90 days from the identified admission date) of the intervention to determine outcome
 - Accepted
 - Not Accepted



Program Design





PROGRAM RESULTS

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44.4%

30-day Readmission Rate **↓** 57.3%

Inpatient Healthcare Utilization

↓ 42.9 %

Total Healthcare Cost

PROGRAM REPLICATION AND PROVIDER IMPACT

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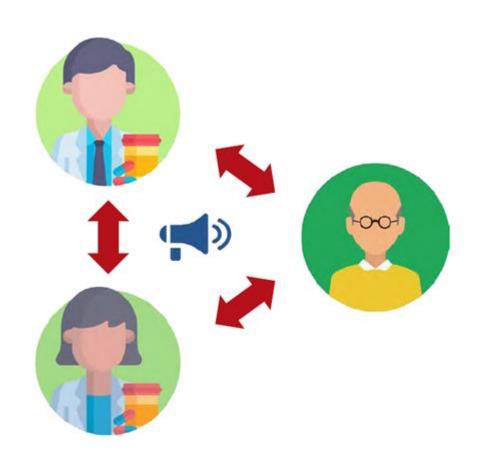
This program can be replicated in any population where the following is available:

- Access to appropriate daily readmission report
- Access to pharmacy and (preferably) medical claims
- Pharmacy documentation platform
- Telephone capabilities
- Clinical pharmacist



PerformRx Pharmacist facilitate communication between:

- Member
- Outpatient providers
- Inpatient providers
- Caregivers
- Health Plan Rapid Response
 Team
- Health Plan Care Managers
- Prior Authorization Team
- Community Pharmacist
- Provider Network



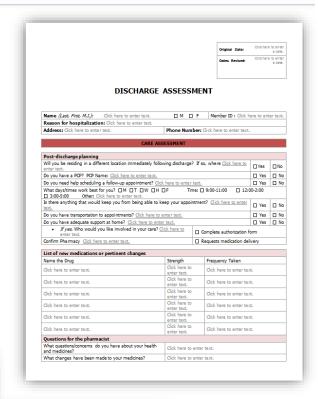
PROGRAM ENHANCEMENT

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Readmissions Program Enhancements

- ✓ Hospital-embedded nurse
- ✓ Access to the electronic health records
- ✓ Comprehensive planning throughout hospital stay
- ✓ Standardized forms and training
- ✓ Telemedicine (bedside video consultations)



REFERENCES

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- Institute of Medicine. Aspden P, Wolcott JA, Bootman JL, Cronenwett LR, eds. Preventing Medication Errors. Washington, D.C.: National Academies Press; 2006.
- BudnitzD. Lovegrove M, Shehab N et al. Emergency Hospitalizations for Adverse Drug Events in Older Americans. N Engl J Med 2011; 365:2002-2012.
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Discussion



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Questions?



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Reminder

PBM Webinar Series

Health Community Engagement

Engaging providers and members to increase PBM Value

March 26, 2019 | 2:30 PM ET

