

Pharmacy Benefit News

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Employer Premiums for Health Care – Regional Differences

The Kaiser Family Foundation has published some facts about 2017 Employer Premiums

1. The average premiums for covered workers are lower in the South (\$531 single monthly) and more in the Northeast (\$583 single monthly) than other regions (average for all regions \$558).
2. By industry sector, Retail premiums are the lowest (\$476 single monthly) and Transportation/ Communications/ Utilities the highest (\$653 single monthly).
3. Firms with union presence have higher premiums (\$599 single monthly) vs. non union firms (\$536 single monthly).
4. Fully insured firms have slightly lower premiums (\$552 single monthly) vs self insured equivalent premiums (\$561 single monthly).
5. 50% of firms have annual single coverage premiums between \$5, 000 and \$7, 000. 15% are below that range, and 35% above it, including 10% above \$9,000.

Source: Kaiser Family Foundation/Health Research & Educational Trust (HRET) 2017 Employer Health Benefits Survey

Commentary:

It should be no surprise that premiums differ by geography, industry, union affiliation, and plan type (i.e., fully vs. self-insured). Wages and negotiating capability allow for variance in premium requirements. What is not clear is what is covered. Political advocates have argued over so-called “essential benefits” as defined in the Affordable Care Act versus purchasing what individuals need or desire.

At its’ most fundamental, health care coverage needs to be well defined and meet the needs of the community. The emphasis here is on what is “necessary” for all patients and not for select populations, e.g. women, addicted/dependent patients, patients requiring behavioral health treatments, etc. Once we determine the needs for the entire population, then the essential benefits are less of an argument and more of a basis for determining which plan requirements are necessary.

Analytics at Work: A Real World Example

Clinical Compliance

monitoring their Medication Therapy Management (MTM) program.

Pro Pharma and Pro Data Analytics responded that there was already a program for analyzing clinical data which utilizes hundreds of clinical edits, patient severity, age/gender, geography, diagnoses, and including medication compliance. The program provides analyses that can be customized and/or produced across all clinical edits for the population. The results are Patient-Specific Queries/Reports that allow a client to monitor the performance of their MTM, and comprehensive medication reviews (CMRs). The program is integrated on the cloud such that the Patient-Specific Queries/Reports are linked to pharmacy, physician and patient communications/letters as well as fully integrated billing forms such that every element is digital.

The client received a cloud-based, fully digital, regular monthly reports and analyses. The program met the criteria for easy, simple, no manual work, and affordability. All findings are trended so that improvements or corrective action plans can be instituted. The program also allowed the client to include a broad range of professionals (pharmacists, physicians, nurse practitioners) to deliver CMR, MTM and targeted medication reviews (TMR) to improve their overall Star Ratings, while also delivering a quid pro quo opportunity for billing when appropriate. The ROI for these programs easily exceeded a 2:1 ratio.

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What Patients Want and What They Get

53% of Patients Want Providers to Discuss Financing Before Treatment; 18% Get to Do So

HealthFirst Financial reported "a huge gap in what patients want and what hospitals, medical groups and other healthcare providers are delivering. Providers that care for the financial as well as clinical needs of their communities are much more likely to thrive in this era of rising out-of-pocket costs and growing competition for patients among traditional and non-traditional providers." The results from their HealthFirst Financial Patient Survey that found "77% of healthcare consumers say it's important or very important they know their costs before treatment and 53% want to discuss financing options before care."

But just 18% "reported that any of their healthcare providers had spoken to them at any time about patient financing options in the past two years and "just 8% received zero- or low-interest financing from a healthcare provider." The report concludes that "disappointed patients are prepared to vote with their feet. A full 40% of millennials, aged 18 to 36, said they'd be very likely or likely to switch providers if a competitor offered low- or zero-interest financing for medical bills. They aren't alone: overall, 29% said they'd move to different providers that offer attractive payment programs."

Source: HealthExecSnapshot --
HealthExec@healtheexecmobile.com

Commentary:

Health care providers (including physicians, pharmacists, and nurses) must be cognizant of their patients' needs. Traditionally, cost was not negotiable, but now, and with the new generation of patients, cost is a factor. Communication becomes more important than ever. Technical knowledge is expected, but communication with the patient, delivered as dialog is needed as well. This cannot merely be triaged to another individual; it must

CVS Pharmacies and CVS Caremark Are Attacking Opiate Abuse

CVS Health announced Thursday that as part of the company's effort to address the national opioid abuse epidemic, it is enhancing its enterprise-wide initiatives supporting safe drug disposal, utilization management of pain medications, and funding for treatment and recovery programs. CVS Caremark will roll out an enhanced opioid utilization management approach for all commercial, health plan, employer, and Medicaid clients as of February 1, 2018 unless the client chooses to opt out. This program will include:

1. Limiting to 7 days the supply of opioids dispensed for certain acute prescriptions for patients who are new to therapy
2. Limiting the daily dosage of opioids dispensed based on the strength of the opioid
3. Requires the use of immediate-release formulations of opioids before extended-release opioids are dispensed.
4. CVS Pharmacies will counsel patients with a safe opioid use education program highlighting opioid safety and the dangers of addiction. Pharmacists will counsel patients about the risk of dependence and addiction tied to duration of opioid use, the importance of keeping medications secure in the home, and methods of proper disposal of unused medication.
5. CVS Pharmacists will bring a Pharmacists Teach program to parents. The program connects CVS Pharmacists with schools in their communities to provide a unique perspective to students about the dangers of prescription drug abuse.

CVS Health (09/21/17)

Commentary:

be a team working to educate and negotiate with the patient for all of his/her needs.

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It is interesting that everyone knows that there is an opiate abuse problem, and the profile of the patients at risk is generally known, but the metrics differ. Generally, quantity, days' supply, and dose are critical indicators. The type of opiate is also a frequent contributor. Yet, why do we continue with bad habits? One element of the problem is that opiates work too well and that prescribers are sensitive to patient demands.

The CVS approach works as a preventative regardless of the prescriber and the prescription. At the end of the day, prescribers must change habits and patients must be educated. The clinical issues are clear, but they must be augmented with EDUCATE, EDUCATE, EDUCATE!

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Clinical Compliance™

Pro Pharma evaluates and analyzes the results of clinical analyses – including Medication Therapy Management (MTM), Comprehensive Medication Reviews (CMR), hundreds of clinical edits and medication compliance/adherence – to provide clarity and help to prioritize high risk problems. To perform this function Pro Pharma relies on the comprehensive analytics engines available from Pro Data Analytics™.

Clinical Compliance Utilizes:

- Comprehensive Medication Review
 - Digital & Clinical Review Of Medications For Effectiveness, Risks And Utilization & Cost Options
- Medication Therapy Management
 - Oversight Of MTM Trends Targeted To Improved Uptake And Outcomes
- Patient Specific Queries™
 - Digital & Clinical Edits For Monitoring Medication Effectiveness And Risks
- Treatment Calendar™
 - Artificial Intelligence Rule Sets Applied To Integrated Data To Identify And Trend Complex Clinical Problems

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