

# Pharmacy Benefit News

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## COMMENTARY |

### Call to Action – Immunizations For 16 Year Old's

The American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College Health Association (ACHA), American College of Obstetricians and Gynecologists (ACOG), American Pharmacists Association (APhA), Society for Adolescent Health and Medicine (SAHM), and Immunization Action Coalition (IAC) urge all professionals to make sure that patients who are 16 years old receive their vaccinations as recommended by the Center for Disease Control (CDC) "Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019, approved by AAFP, AAP, ACOG, and CDC".

The statistics are alarming. Data from the CDC indicates that:

- Only 47% of adolescents age 13-17 received influenza vaccine
- Only 49% of all adolescents were fully vaccinated for Human Papillomavirus (HPV)
- Coverage for the second booster dose of quadrivalent meningococcal conjugate vaccine was only 44% by the 18th birthday

This is a health care imperative! We have previously addressed the anti-vaxer issue with facts. For those who require a recap, we are re-publishing the history of the original anti-vax from a previous **Pharmacy Benefit News** below.

## ANALYTICS AT WORK |

## Fraud, Waste & Abuse at Work



**Problem:** Fraud is generally rare, expensive to prove, and requires attorneys to pursue and prosecute. Medicare and Medicaid have emphasized prevention as the preferred route. As a result, the target is to prevent fraud, waste and abuse. Pharmacy Benefit Managers (PBMs) address the problem at point of care. However, prevention requires behavior changes that must be accomplished through regular and consistent communications including peer-to-peer comparisons. One of our health plans requested a solution in addition to their PBM approach which we have detailed below.

**Methodology:** We deployed a solution that had been validated in a multi-year provider intervention. A study group was age/gender/specialty/severity/geographically matched with a control group. Hundreds of compliance metrics were analyzed electronically with emphasis on opiates, scheduled agents, timing of prescription fills, quantity/days' supply, and other Plan pre-selected metrics. All study and control providers were statistically analyzed in historical data to ensure that providers who trended above matched averages were grouped into probability bands. For example, in probability quartiles providers were placed into high risk pools for potential fraud, waste or abuse. The providers were analyzed each month and reported in comparison to their matched peers. Every provider was trended to their individual experience and to their matched peers.

**Outcome:** Over the first year, and subsequently and ongoing, study group providers demonstrated improvements in selected metrics and costs on a per-utilizer-per month (PUPM) basis. PUPM reductions were in the range of 20-30% each year. Compliance with opiates and scheduled agents were reduced the most at 30-50% or more, while other metrics were reduced at 20% or more depending on the priority of each metric.

This was valuable information for the Health Plan and assisted not only with cost controls and compliance with Federal, State and National Regulatory Associations.

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## Data!

There is so much debate about vaccines causing autism, and the concerns of people to make their own decisions about their bodies, that it is hard to add anything to this debate. Humbly, we wish to add references from the professional data to provide some semblance of rationality to this discussion.

In 1998 Andrew Wakefield and 12 colleagues published a case study (12 patients) in *The Lancet* that measles, mumps, and rubella (MMR) vaccines may predispose patients to “autism”. Subsequently the paper was retracted by 10 of the 12 authors. *The Lancet* completely retracted the paper in February 2010 in a small anonymous paragraph in the journal. Wakefield was exposed as guilty of fraud for falsifying facts and picking and choosing data that proved his case. He was also exposed as ethically violating the high standards of scientific research as he was funded by lawyers who were engaged by parents in lawsuits against vaccine-producing companies.

Subsequent studies debunked Wakefield and produced studies with data to support that there is no association between vaccines and autism. Remember that individual exceptions can always occur in science, since probability always allows for exceptions. But the presence of exceptions doesn't prove an association. It only proves that humans are different. The sad occurrence of someone who gets sick is why we try to prevent disease. Vaccines are the best tool at present for prevention.

What of the personal argument? Making your own decisions about what you do to protect your body seems to be obvious. What happens when your decisions impact the health of your children or other members of the community? Then you are making decisions for everyone. Your original argument is then used against you. If everyone can make their own decisions about their own body, then they cannot make decisions that impact everyone else. More importantly, if you believe in the science behind earthquakes, storms, meteorites, sunspots, eclipses, disease producing genes, climate change, the ascent of man, infections, cancer, diabetes, autism, etc., then remember that each one uses the same scientific principles. If you believe in the science behind any of them, then you must believe in the scientific approach behind all of them! Remember, debate is at the heart of science, but it doesn't diminish the process. It leads to better results.

#### Sources:

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## COMMENTARY | Science Tries to Catch Up with Vaping!

Vaping is getting a lot of press coverage, especially for kids and teens. National medical organizations are alerting health care professionals to educate patients about the consequences of vaping. The Centers for Disease Control is publishing alerts about drug-induced diseases being identified as associated with vaping. Yet, the FDA has just recently established some regulations for oversight of manufacturers and the products that they sell. For example, in the past there was no regulation for the strength of the nicotine in the product, so products were sold with variable strengths.

Vaping products are currently sold with promises of less toxins than cigarettes, a safer alternative to cigarette smoking, a selection of flavors, and vapors indicate a water cloud that is non-toxic. Yet, the ingredients of e-cigarettes include propylene glycol, glycerol, nicotine and flavors. Strengths of nicotine are commonly in the range of 15-18 mg/ml as compared to 1.5mg for an entire cigarette. These concentrations of nicotine have resulted in reports of restlessness, anxiety, irritability, depression, and paranoia. Public alerts indicate the side effects and that nicotine is addictive. Besides the CDC, many universities have published health risks, education, and alerts for children.

The science is new and reporting that Vaping is associated with myocardial infarcts, seizures, lipid pneumonia, severe pulmonary disease, etc. Lung disease is presumably related in part to dehydration de-oxidation of the lungs,

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respiratory illness has precipitously increased and that more than 400 patients have been identified with associations to Vaping and three people have died. When compared to approximately 10 million people in the US who smoke and over 500,00 people die each year from diseases related to smoking, the Vaping number is very serious, but not an epidemic.

However, the goal is to PREVENT serious illness before it happens. Now is our chance! The international science community is currently researching the issues and risks of Vaping. Therefore education is crucial and must be based on scientific facts and not marketing claims.

Sources:

NEJM, 9/6/19

MMWR, CDC, Vol. 68, September 6, 2019

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