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Pharmacy Benefit News

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Specialty Spotlight

Response to Precision Medicine

We received a response to a recent comment about Precision Medicine from a valued friend, and highly respected professional – Roger Jelliffee, MD. Roger makes an interesting corollary point that we believe should be part of the discussion about approaches to use in evaluating the use and monitoring of therapeutics, i.e., medications.

“What is called precision medicine by looking at the genome is useful BUT it is never as good at looking at the behavior of the drug itself. Looking at the drug with serum concentrations and good software tells you everything, including all the stuff we have not yet discovered, and may never discover, about the behavior of the drug.”

Roger always uses the tag line – **“Quantitative approaches to optimally precise individualized drug therapy are more caring, and useful, scientifically, medically and socially, than all the memorized words and facts of categorized and classified experience can ever be!”**

For those wonks who are interested in the science and quantitative analytics of drug therapy, Dr. Jelliffee provided some recent PowerPoint slides about this, and two papers. Contact us if you wish copies.

[Find out more](#)

Mid-Levels Providing Chronic Care Management (CCM)

“A study in the Annals of Internal Medicine suggests primary care practices could increase revenues by using nurses and other staff to provide care management and wellness services reimbursed under Medicare's new chronic care management payment program. This really reflects a major change in the way financing of primary care is done in the US, and likely is the start of many more non-visit-based financing and reimbursement strategies to move primary care more towards a comprehensive chronic disease management model,” said researcher and physician Sanjay Basu of Stanford University.”

How Medicare's 'chronic care management' payments could affect primary care.

(2015, September 22). Retrieved January 11, 2016, from

[http://www.reuters.com/article/us-health-medicare-chronic-care-](http://www.reuters.com/article/us-health-medicare-chronic-care-idUSKCN0RM23Z20150922)

[idUSKCN0RM23Z20150922](http://www.reuters.com/article/us-health-medicare-chronic-care-idUSKCN0RM23Z20150922)

Comment:

The military has long used mid-level providers, i.e., Physician Assistants and Nurse Practitioners, to provide triage, testing, evaluations and to act as physician extenders. Many primary care and sub-specialists have also used this model for years. New legislation in California has the capability of extending this practice to Clinical Pharmacists. The model is predicated on the concepts of severity of illness and the ability of specially trained professionals to deliver diagnostics and care for limited diseases and conditions. History has shown that the model and the ability of mid-levels to expand their expertise are limited only by training, technology, and culture. While payment is always a practical concern, the delivery of high quality services – read that as “targeted and standardized practices with low variability” --

Will demonstrate the value that drives reimbursement.

Quality Is Not Illusory

Several recent accounts point to the move in health care to more scientifically-based approaches and provider accountability to drive reimbursement for higher quality.

Study: ACO Model Might Discourage Use of Low-Value Procedures:

Accountable Care Organizations (ACOs) participating in the CMS Pioneer program have reduced the number of low-benefit health care services they provide, according to a study published in JAMA Internal Medicine. The ACOs performed 1.9% fewer services deemed low value, such as certain preoperative tests and screenings, during their first year in the program, and they spent 4.5% less on those services, the researchers found. The findings "are consistent with the conclusion that the overall value of healthcare provided by Pioneer ACOs improved after their participation in an alternative payment model," the researchers wrote.

Pioneer ACOs perform fewer services of low benefit, @JAMAInternalMed study finds. (n.d.). Retrieved January 11, 2016, from

<http://www.modernhealthcare.com/article/20150921/NEWS/150929994/pioneer-acos-perform-fewer-low-benefit-services>

Comment:

As noted in my comment on mid-levels providing chronic care services, the move to scientific approaches in medicine based on mathematics and statistics is already a reality. "So-called" evidence-based medicine using evaluations of procedures and services has been going on for decades. Data needs to drive the selection of procedures, medications, and services so that reimbursements are based on value.

While the argument about what is quality, and how do you measure it will probably go on for a long time, the transition to measurable results is inevitable. Quality will be based on targeted objectives (clinical, social and perceptible) driving standardized methods that are replicated to drive out variance. Many will call this “cookbook medicine”, but the scientific approach is cook book only in the method. Individual patient conditions and responses to care, as well as the needs of high severity patients are not lumped into “one size fits all” approaches, they are individualized by data and driven to more effective solutions.

At the end of the day we are still required to simultaneously manage toward a maximum therapeutic benefit, at an acceptable risk, at a minimal affordable cost.

Pro Pharma Pharmaceutical Consultants, Inc.



For video, .pdf and .ppt versions of this video please visit our Pro Pharma Website

www.propharmaconsultants.com

Who is ProData Analytics^T ?

ProData Analytics^T a subsidiary of Pro Pharma Pharmaceutical Consultants, Inc. (Pro Pharma) offers integrated healthcare analytical management tools, utilizing concurrent management methodologies to address payer goals and objectives of managing quality, utilization, risk and cost.

Concurrent management requires data to be transparent to all stakeholders and for analytics to be readily available in order to ask the “what if” questions and compare the impact of various options. Decision- making starts with identifying problem areas. Necessary information includes:

- What is our current situation? What is driving it?
- What do we change? What do we change to?
- How do we implement change?
- How do we measure that the change(s) have created improvement?

Service Portfolio

- ProData Analytics^T brings value to an organization’s “Big Data”
- ProData Analytics Management Tools are:
 - Flexible, dynamic, expandable and easy to use
 - Available on demand at any location
 - Provide innovative and evolving ideas and solutions

Outcomes

- Identify the populations for which clinical value is being created
- Identify populations of patients with unrealized treatment goals
- Goals that are directed to achieve maximum therapeutic benefit, at an acceptable risk, at an affordable cost
- Provide statistical analyses that are readily available so that management decisions can be made timely and with measurable results
- Provide assistance with Analytics if Payers choose to build internal solutions.

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Pro Pharma Pharmaceutical Consultants, Inc. has assisted payer and providers for over 29 years to maintain quality while controlling costs.

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