

Pharmacy Benefit News

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The American Health Care Act & Medical Trusts - A Commentary

The Wall Street Journal published an opinion by Clark Havighurst, professor emeritus of law at Duke University, on March 22, 2017 about the populist war on health care monopolies. Although I don't agree with all of his thoughts, he presents some interesting ideas.

Mr. Havighurst posits that a "truly populist approach" would have its origins in history. The early 20th century was a populist movement against "trusts", i.e., private monopolies. The result of Teddy Roosevelt's trust-busting was that competition became the fundamental methodology for inducing private companies to serve the public. He cites that hospitals, physician groups, and health care systems are monopolies in local markets that exploit the public like the trusts. Their exploitation is due to their freedom to charge high prices while patients have minimal incentive to compare costs and benefits. Additionally, the health plan negotiation of prices is based on bundles of services, not service by service. The negotiations are over bundles of unrelated services.

Mr. Havighurst's argument is that there is a redistribution of wealth from ordinary people to a privileged class of doctors, hospital administrators and health plans. He cites the origin of the problem as premiums paid by employers and not taxed as income. His solution is to incentivize the public to economize when they are purchasing insurance by taxing the employer paid premiums and offering refundable tax credits on health care spend. He expands the tax credit to allow anyone not covered by Medicaid or Medicare to purchase essential coverage. He also posits a one-time buy-in for people with pre-existing conditions that is guaranteed renewable.

THOUGHTS:— This is an interesting idea, but is predicated on "fairly managed competition" and strong legislative support. Managed competition was a part of Hilary Clinton's health care plan that failed to receive support in 1993. Legislative support is variable and swings with the parties in power at the time. Most importantly, the assumption that young people with no health care concerns will participate did not occur before the Affordable Care Act and would not be expected to occur in the new American Healthcare Act.

We continue to fight the mathematics of insurance and health care and expect that we will win.

Analytics at Work: A Real World Example

Shining Star

Problem: One of our clients needed a digital method for identifying patients requiring Comprehensive Medication Review (CMR) and an oversight plan to determine if the CMR was effective. They wanted the process to be available to pharmacists and physicians. They needed to

oversight plan to determine if the CMR was effective. They wanted the process to be available to pharmacists and physicians. They needed to include billing and payment forms. Their goal was to utilize the CMR to improve their Star Ratings.

Solution: ProData Analytics, in cooperation with Pro Pharma Consultants, implemented a methodology that had been designed, implemented and monitored in multiple states for over eight (8) years with a coalition of self-insured employers. ProData Analytics provided a screening tool utilizing multiple filters (e.g., diagnoses, medication therapeutic categories, age/gender, patient severity, provider specialty, etc.) to identify appropriate candidates for CMR. They also provided lists for the Medical Directors to select patients and physicians. Each patient was analyzed using a variety of clinical edits including compliance, dosage, risk of adverse drug reactions, age limitations, alternative lower cost medications, etc. Digital reports were provided that could be placed on the physician's Electronic Medical Record (EMR), placed on the cloud, and printed as needed to hand out to patients. Digital billing forms were largely filled out to make billing more efficient.

Outcomes: The results of making these CMRs available to physicians and pharmacists with billing capabilities, resulted in expanding the outreach opportunities. This also provided a more efficient method for evaluating and reporting the results of the CMR, and resulted in improved Star Ratings by 1 to 2 Stars.

[Learn More](#)

Retail Pharmacies Enter the Specialty Market

Bartell Drugs of Washington State announced that their 65 pharmacies will enter the specialty pharmacy market. Their announcement stresses a partnership with patients to replace fear with confidence. Bartells will assist patients with clinical services education on possible drug interactions and adverse drug effects. They will also help with scheduling prescription renewals and helping with payment assistance programs.

COMMENTS:

As the specialty pharmacy market matures it is expected that retail pharmacy would take a larger role. The current pharmacy submarket is predicated on mail service. Walgreens and others have used specialty as central fulfillment distributing chronic prescriptions to local pharmacies for dispensing. The local dispensing allows pharmacists to apply their clinical expertise to these high risk, more complicated treatments.

Perhaps, their efforts will lower costs, although the specialty medications may still not be affordable. Specialty medications, at its most fundamental, are uniquely suited to the pharmacist's clinical services. It will be crucial for Health Plan utilization management programs to cooperate with these retail clinical programs to help these patients with therapies for diagnoses/conditions that are terrifying or at least scary.

A New Drug Treatment for Parkinson's Disease - A Commentary

Finally, there is a new drug to treat Parkinson's disease after a long lapse without notable new treatments. Newron Pharmaceuticals introduced safinamide (Xadago®) for the "off" episodes that occur with levodopa/carbidopa treatment.

The "off" refers to periods when treatment is not working. The drug was approved with two major studies of 645 and 550 patients that demonstrated that patients taking safinamide had fewer off periods compared to placebo and had improved movement scores versus placebo. Patients with liver disease, those taking dextromethorphan and MAOIs should not take safinamide.

While experience with larger populations of patients in the general population will ultimately demonstrate the true value of this treatment, it has been a long time since there has been a focus on the treatment of Parkinson's. Recent approvals have provided treatments on the periphery without focus on the movement disorder. We can only hope that there will be a focus on newer treatments that provide real benefits.



CMR

Comprehensive Medication Review

MTM

Medication Therapy Management

Pro Pharma evaluates diagnostic and medication profiles for every patient each month. Medicare patients can be selected for CMS selected criteria in MTM. All other patients can be evaluated using client selections for diagnoses, patient severity, clinical edit problems, age/gender, prescriber and/or patient.

Patient problems can be prioritized and selected for review with accompanying reports and recommendations for each clinical edit problem. Digital letters are linked for prescribers and patients containing concerns and recommendations for change.

Important client benefits are:

- *Improved MTM Completion Rates*
- *Improved HEDIS Scores*
- *Best-in-Class Ratings for Prescribers*

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Pro Pharma Pharmaceutical Consultants, Inc. has assisted payers and providers for over 31 years to maintain quality while controlling costs.

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