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**PROPHARMA**  
PHARMACEUTICAL CONSULTANTS, INC.

# Pharmacy Benefit News

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## COMMENTARY |

### The US, China and India Have Largest Number of Counterfeit & Fake Meds

There are an innumerable number of articles and warnings to carefully validate web sources of medications to ensure that you are getting the authentic medication and not a phony. The need for validating sources of medication is crucial, most particularly due to the explosion of social media. This is further amplified by the number of millennials (born between 1981 and 1996) as well as younger individuals who rely to a great degree on the information and sources contained digitally and online. The US Immigration and Customs Enforcement's Global Trade Investigation's Division has identified that criminal elements are now advertising phony medicines on the web. The situation is widespread and reflected in an Alliance for Safe Online Pharmacies (ASOP Global) survey indicating that 55% of US consumers have or consider purchasing medicines online. Further, a National Association of Boards of Pharmacy (NABP) study found that 95% of internet pharmacies were non-compliant with state and federal laws. This is a growing problem, with most of the fake medicines appearing in highly populated areas like the US, China and India

**What to do?** There is no easy solution, but we, and many others, have cautioned patients about buying medications on the web. The ASOP has provided even better advice. They suggest:

1. Caution if the site does not require a physician's prescription.
2. Only buy from sites that end with a ".pharmacy". These sites are verified and approved by the NABP.

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4. Avoid websites that claim to sell products from Canada. Many of these sites have no connection to Canada.
5. Caution buying opiates (e.g., oxycodone and hydrocodone) as many are laced with fentanyl which is cheap; and potentially deadly.

In all cases beware! Too many people have died by obtaining phony medicines.

## ANALYTICS AT WORK | Clinical Compliance



**Problem:** A client contacted us to inquire if there was a simple, easy, affordable solution for complying with their State requirements for Drug Utilization Review (DUR). The client wanted to integrate the system/solution into their medical utilization management program, along with monitoring their Medication Therapy Management (MTM) program.

**Methodology:** We responded that there was already a program for analyzing clinical data which utilizes hundreds of clinical edits, patient severity, age/gender, geography, diagnoses, and includes 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 (PSQs)/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.

**Outcome:** The client received cloud-based, fully digital, regular monthly analyses and reports. 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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## COMMENTARY God and Professionalism

**Disclaimer** – This is not a political column, or a religious denunciation. It is an evaluation of the clinical and benefit issues currently in the news.

A Walgreens pharmacist refuses to dispense an abortion medication to a patient. Hobby Lobby, as a family-owned corporation, is allowed by a Supreme Court decision to refuse to pay for health care coverage on religious grounds. In support of the above the First Amendment of the US Constitution in short allows persons to assert their moral privilege on religious grounds. On the other side, the Treaty of Napoli in 1797 asserted that the US government is not founded on the Christian religion. Title VII of the Civil Rights Act allows for an employee's right to practice religious observance so long as it does not place undue hardship on the employer's business.

I have written that one of the guiding principles for individual conduct in managed care is the Mudd Rule. In this case a physician has the responsibility to treat a patient regardless of the conditions or the individual's beliefs. Physicians and Nurses have adjudicated this principle in the past. Now it is being adjudicated by pharmacists, and there are some reports that physicians are re-adjudicating this issue again. It is very possible that in a divided citizenry that this issue has no easy solution or even a mandate like the Mudd Rule will be accepted. However, in health care there is a more complicated problem.

If, as a health care professional, I refuse to provide service or expertise, than I am obligated to understand the diagnosis and the rationale for the prescription. For example, if I refuse to provide service to a patient to dispense an abortion medication, or pass the decision on to another pharmacist, then my religious predilection must ensure that the patient is not at harm and that I am not complicating the patient's situation. The next pharmacist may not have any better information and purely respond to a patient's demand. Clearly, one could argue that the patient is following the physician's decision, and that the pharmacist needs to follow the doctor's prescription order. But pharmacists are now clinically trained. The patient's condition and the medical nuances are part of pharmacy practice. Refusing to dispense medications is a personal decision, but evaluation of the patient's condition is a professional imperative. Ignoring the professional imperative is abrogating the professional's responsibility.

The fallback on religious beliefs cannot relieve a professional of their individual and collective responsibility. Fill, or don't fill, but make it a clinical decision based on the facts of the case and not an external issue like religion.

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## COMMENTARY | "Telehealth" Takes Center Stage

CVS Health has announced that they will offer telehealth services to customers in California and other states. These telehealth services provide access to MinuteClinic medical services within the pharmacies. They have even made the service somewhat affordable at \$59 for access to the service payable by credit or debit card. David Lazarus (david.lazarus@latimes.com) a reporter has made the argument that a large commercial company should not be the only one providing the service as Medicare and Medicaid should also take up the gauntlet. Yet, is this evolutionary or revolutionary?

Health care has always been a divided, fractious conglomeration of services provided by different groups of physicians, hospitals, clinics, pharmacies, laboratories, osteopaths, physical therapists, etc. Until recently, communication between these service providers has been largely non-existent. The advent of cloud-based mobile technology has begun to follow the patient across service settings such that the patient can now carry their service history as they move from ambulatory to acute situations and vice versa. Coordination of care is now critical as the problems of non-coordination become more evident. Communication is the fundamental issue and technology is the medium for exchange of information.

The evolution of communication is made more efficient by telehealth. Telehealth becomes the triage mechanism to either answer the patient's problem and provide a solution to identify a more urgent issue requiring professional intervention. If access and cost inhibit patients from obtaining clinical care, then efficient mechanisms like telehealth provide an answer. The next step is conceivably wearable sensors of a patient's current health in emergent co-morbid problems, and ambulatory testing to monitor the patient's progress like blood glucose and blood pressure.

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adopt it, or something like it. As the ancient Chinese saying goes, "May you live in interesting times". It is the speed of progress that can be unsettling at times.



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Pro Pharma provides customized support to Health Plans, Self-Insured Employers, Physician Groups, and Workers' Compensation Companies, among others, both in the private and public sectors.

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