PRO PHARMA
PHARMACEUTICAL CONSULTANTS, INC.

Pharmacy Benefit News

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COMMENTARY | PREVENTION IS THE ANSWER, BUT IT IS SO HARD TO DO!

Prevention is the most efficient and least costly way to maintain health in a population. Heart conditions, blood pressure, diabetes and high cholesterol are primary risk factors for disease including heart attacks, strokes, coronary vascular disease, kidney disease, blindness, etc. These diseases are independent risk factors, but so are smoking, vaping, obesity, and sedentary lifestyles. Reducing the risk of one does not eliminate the risks of the others. The world is impacted by disease, yet prevention methodologies like vaccinations are one of the primary modes of containing disease. Concomitantly, anti-vax movements take us back to times when the world was heavily influenced by viral diseases like polio and measles. Antibacterial overuse for common problems takes us back to times when plague, serious skin eroding infections, and other horrors killed large percentages of the population.

Health care is also impacted by shooting deaths, traffic accidents, terrorist threats, climate change, etc. These social issues impact healthcare resources and costs of care for life-threatening problems.
What to do? Lifestyle choices mandate disease and their complications. Obesity, sedentary lifestyles and diets have huge consequences, but people don't seem to care until the disease and condition consequences are extreme. Social issues mandate personal choice over the health of

firearms that have not been restricted.

The major concern, in my mind, is the lack of appreciation for evaluating situations, collecting data and formulating factual conclusions. Personal agendas be they social, religious, political, or otherwise, override data, facts, and personal safety. People and researchers can disagree, but they don't disagree on the facts. Education is the key, but ignorance seems to be winning. The scientific method for evaluation and the collection of data to understand the issues of the world are not partisan unless people make them so. Times change, data is updated, but the approach to understanding is constant.

Call to Action! Present the methodology simply. Display the consequences and findings with pros and cons. Do it simply with all of the references that people can review. Let's attack ignorance!

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.

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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COMMENTARY | CELEBRITY DEATHS EMPHASIZE MORE THAN UNHAPPINESS

Celebrities have it all so their deaths from common conditions reminds us that these maladies can happen to anyone. Recently Luke Perry, an actor, died of a stroke at 52 years old, and director John Singleton died at 51 years old also from a stroke. Their deaths from a tragic condition reminds us of the facts not commonly known about stroke.

There are two kinds of stroke -- ischemic and hemorrhagic. Ischemic stroke occurs when blood vessels that carry oxygen to the brain are blocked. The cause is frequently atherosclerosis, i.e., high cholesterol plaques, that either narrows the arteries in the brain or a plaque that breaks off and plugs the artery. Hemorrhagic stroke, on the other hand, happens when an artery burst. The cause is frequently high blood pressure, smoking, or heart disease. Stroke is diagnosed in over 795,000 Americans each year (CDC statistics) and about 146,000 die. Ischemic stroke is the most common (about 87% of cases) and for which there is treatment with tPA if the patient is seen within 4.5 hours. Hemorrhagic stroke is not as easily treated and may require surgery.

All of this information leads us to the main point of this commentary, which is that **stroke is occurring in younger people**. Historically, strokes were considered an old person's disease. They are now happening to people in their 30s and 40s. CDC statistics indicate that strokes are the reason for 1 out of 20 deaths, and that someone in the US has a stroke every 40 seconds, and every 4 minutes someone dies. In 2009, 34% of people hospitalized for stroke were less than 65 years old.

The tragic deaths of these celebrities indicate to health care professionals and individuals alike that stroke can occur at any age. Prevention activities to lower blood pressure, lower cholesterol and monitor for heart disease must occur at all ages. Doctors, pharmacists, and nurses must pay attention to monitoring and treating for these conditions at all ages.
https://www.cdc.gov/stroke/facts.htm

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COMMENTARY | HEALTH CARE PROGRAMS ARE EXPERIMENTS

A column in the Wall Street Journal (WSJ, A15) of 8/15/19 entitled "ObamaCare's Medicaid Deception" argues that savings from the Affordable Care Act (ACA or Obama Care) occurred because people enrolled in Medicaid even if they were not eligible. The authors point out a problem of the ACA in that people who are not eligible for Medicaid due to their incomes enrolled in nine states (Arkansas, Kentucky, Michigan, Nevada, New Hampshire, New Mexico, North Dakota, Ohio, and West Virginia). Using the National Bureau of Economic Research statistics, they found that 78% of people improperly enrolled in Medicaid.

Regular and ongoing review of government programs is crucial to the success or failure of these programs. While these programs are certainly political in nature, it is important to remove the politics and try to understand where these programs are working or need improvement. **The critical point is that all government health care programs are experiments!**

Government programs are compromises of different ideas and approaches. They are the result, hopefully, of analyses and surveys to determine how best to approach a health care problem. Medicare and Medicaid were signed into law by President Johnson (a Democrat) in 1965. These programs have regularly evolved over the last 50 years with changes to quality, expanded enrollment, expanded benefits, preventive benefits, cost, etc. In 1972 under President Nixon (a Republican), Medicare was expanded to cover disabled, people with end-stage renal disease (ESRD) requiring kidney dialysis or kidney transplants, and people over 65 years old who select Medicare coverage. Both Republican and Democratic states have expanded their Medicaid programs. The ACA has a similar history; Medicaid programs continued to expand in many Republican and Democratic states.

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) was passed under President George W. Bush (a Republican). This Act expanded Medicare by approving private health plans to become Medicare Advantage Plans (Part C), by adding prescription drug benefits (Part D). Overall, a cumulative history of these programs will probably count that Medicare has changed approximately eleven (11) times over the years, and Part D has changed at least an estimated seven (7) times.

The problem identified in the Opinion Section of the WSJ indicates that work has to be done to improve Medicaid enrollment requirements. The ACA is also a government program and has experienced the growing pains of all of these programs. The fundamental issue is that government programs change and that both political parties are responsible for these changes. Rather than taking a club to each program, it is important that these programs are regularly reviewed and improved. When compromise is the initial designing characteristic, then change is the dynamic.

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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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