

Beyond Pharmacy Benefit Management: Pharmacy Clinical Leadership™  
The results of collaboration between  
primary care & pharmacy at the workplace



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President & Chief Medical Officer  
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## What is the Asheville project?

- Pilot project to explore the role and value of pharmacists as care managers
- Started in Asheville NC in 1997
  - NC Association of Pharmacists (NCAP) approached City of Asheville
  - NCAP committed to recruit and train community pharmacists
  - City of Asheville agreed to offer wellness program to city employees
  - Mission St. Joseph would coordinate the program

Excerpted from presentation by:

**Amy Valley, Pharm.D.**

National Director of Clinical Affairs Pharmacy Healthcare Solutions

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Clinical Manager of Pharmacy Services

Mission St. Josephs Health System Asheville, NC



# Components of the Asheville project:

## Pharmacists as collaborating members of treatment team

- **Roles of the treatment team**

- Physicians diagnose and initiate treatment plans
- Educators educate
- Patients self-manage 24-7
- Pharmacists coach patients to adhere with treatment plan, regularly assess, monitor, and recommend changes when the treatment plan isn't working.
- Pharmacies provide convenient access/expert service.
- PBMs/TPAs facilitate billing & provide data for outcomes.
- Payers encourage participation and provide incentives.

- **Pharmacist's commitment**

- Participate in certificate training
- Agree to counsel enrolled patients (1-on-1) up to 1x/mo
- Contact patient to arrange mutually agreeable time to meet
- Monitor compliance/adherence, side effects/adverse events, OTC use.
- Assess/reinforce education
- Assess efficacy of tx regimen (download meters, check blood pressures, foot exams)
- Communicate encounter findings/recommendations to physician
- Refer patient to Dr. when indicated

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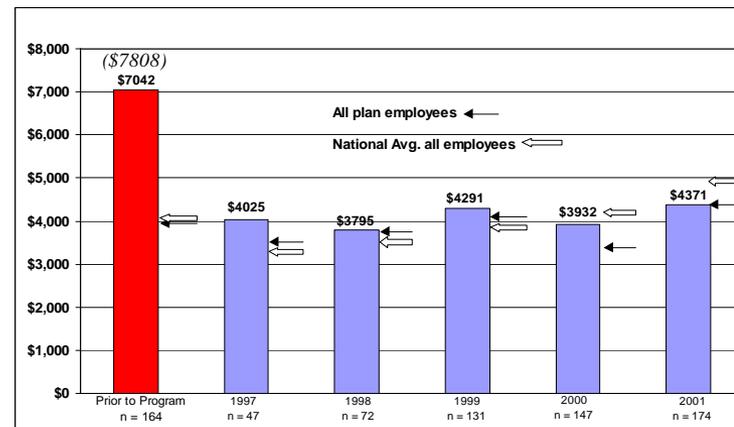
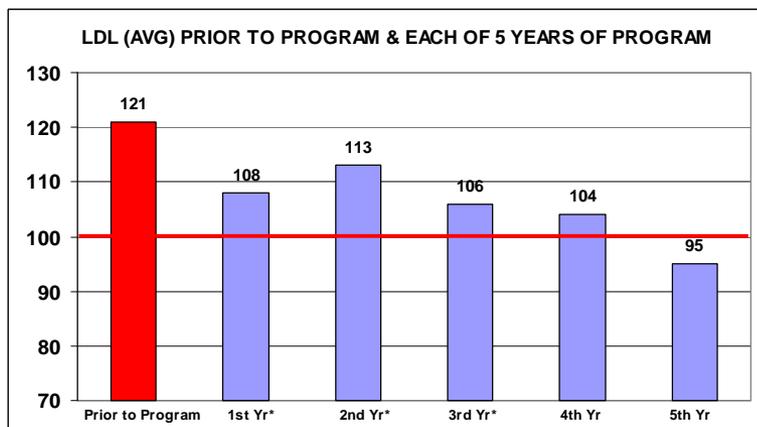
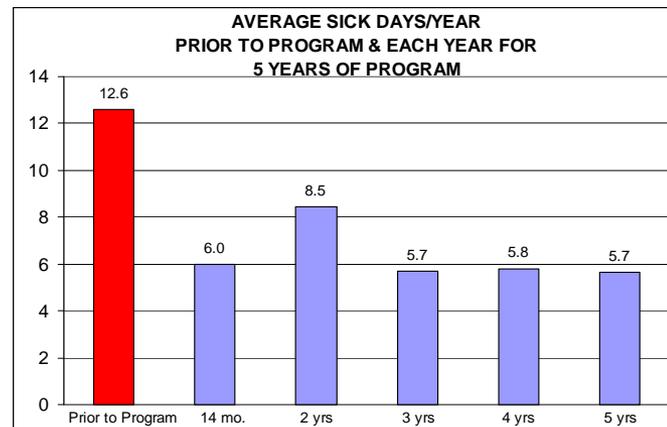
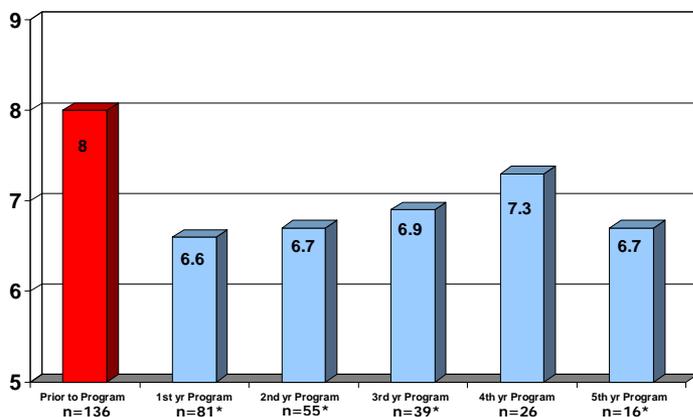
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# Improved outcomes of Asheville project

## HgbA1c; LDL; sick days; medical costs



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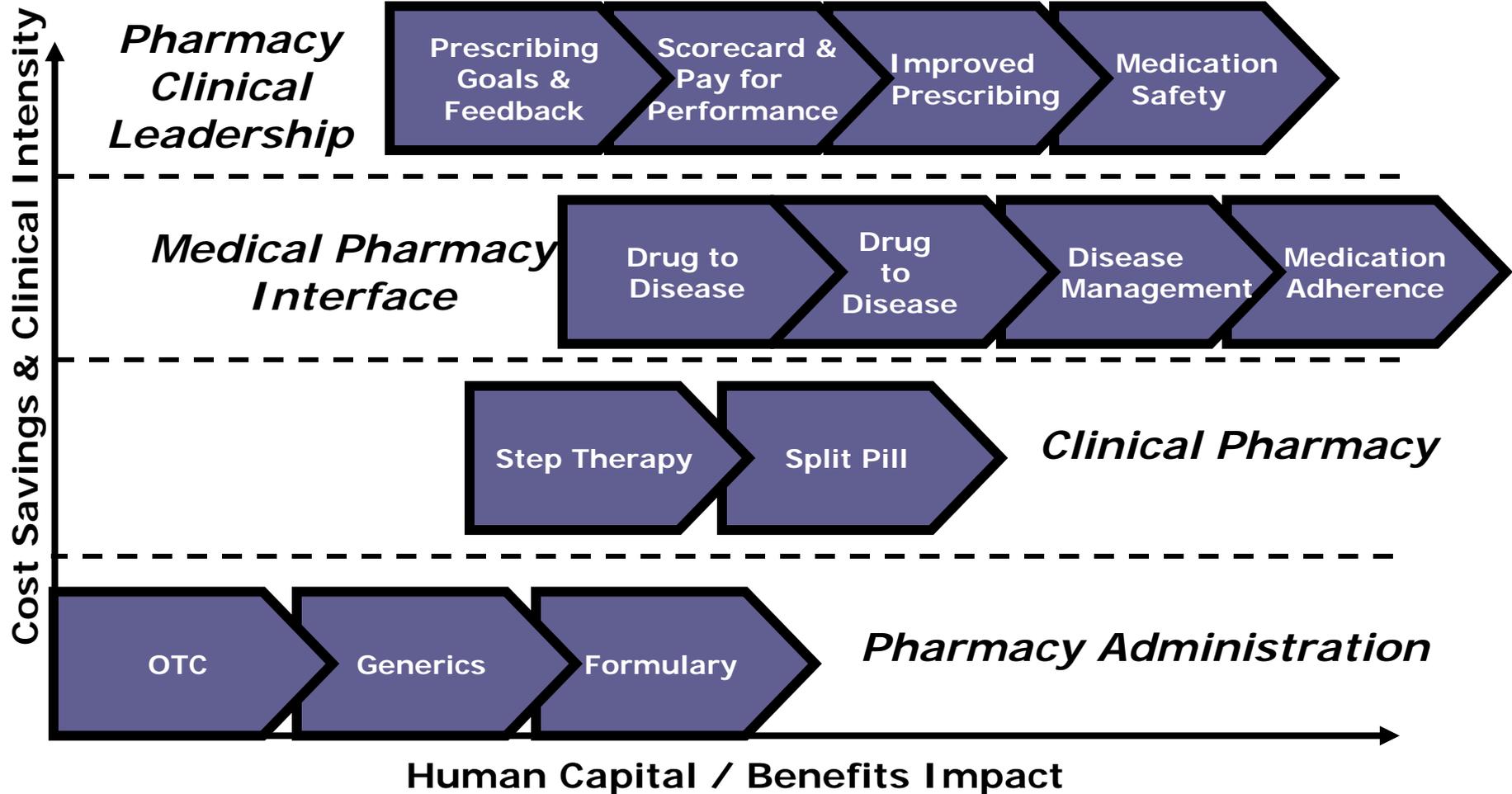
The power of  
collaboration:

*Primary care &  
pharmacy under  
one roof*

- *Pharmacy starts with a pen*
- Pioneered Model in 1984 at Goodyear
- 30+ Pharmacy Locations
- Corporate Support
  - **Corporate Pharmacists**
  - **Pharmaceutical and Therapeutics Committee**
- 100 On-Site Pharmacists



The integration of primary care & pharmacy:  
*The power is in the prescribing – dispensing collaboration*



## PBM vs. Pharmacy Clinical Leadership™

Best results come  
through  
collaboration

*Control of  
Pharmacy starts  
with the  
Physician's pen*

- PBM - Reduced pharmacy costs via better RX therapeutic utilization
  - Brand-to-generic
  - Brand-to-OTC
  - Preferred Products
  - Half-tablet programs
  - Step Therapy
- Pharmacy Clinical Leadership™ Improved quality of pharmacy services
  - Compliance with Evidence Based Medicine Guidelines
    - Better Prescribing
  - Medication Adherence
  - Medication Safety
    - Mitigate Drug Incompatibilities
      - Drug to Drug
      - Drug to Disease

## Pharmacist as health educator

- Consult on every new prescription (side effects, dietary, drug-to-drug interaction)
- Consult on disease states and
- Promote medication adherence and treatment compliance on every refill
- Participate in health fairs
- Poly-pharmacy evaluations
- Encourage generic, formulary, & half-tablets utilization
- Design pharmacy posters & prescription bag educational pieces
- Teach programs on herbal, homeopathic and OTC products

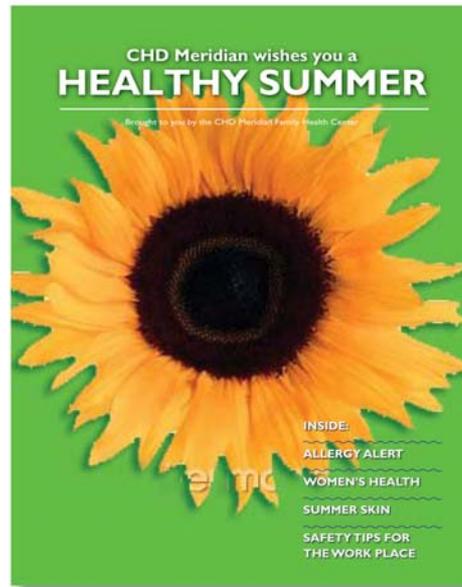


# Patient / consumer engagement

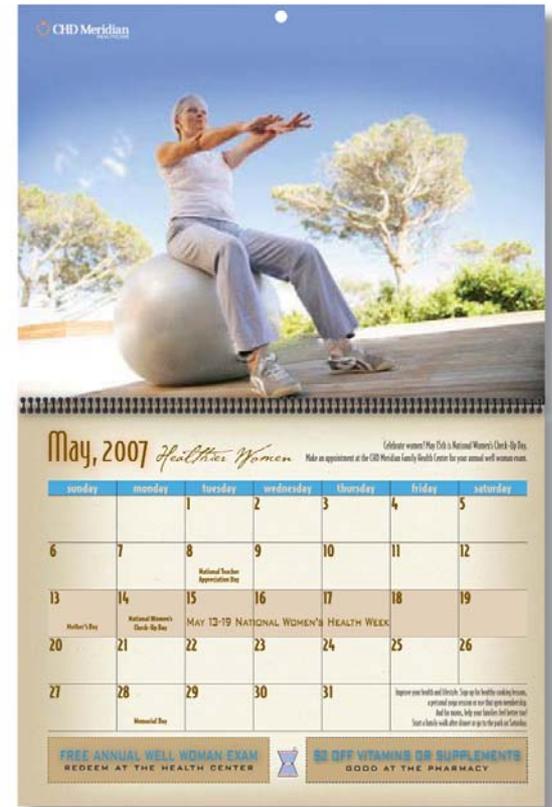
## Pharmacy Bag Stuffer



## Quarterly Mailer



## Good Health Calendar

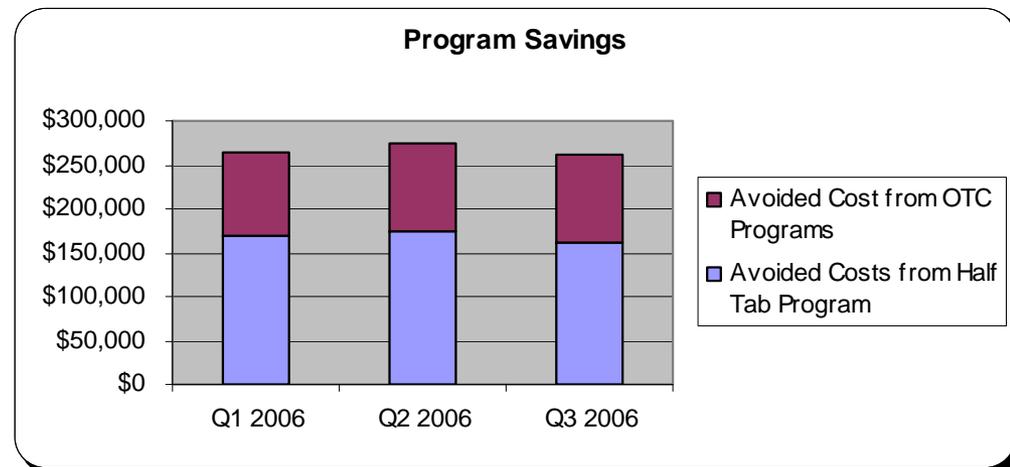
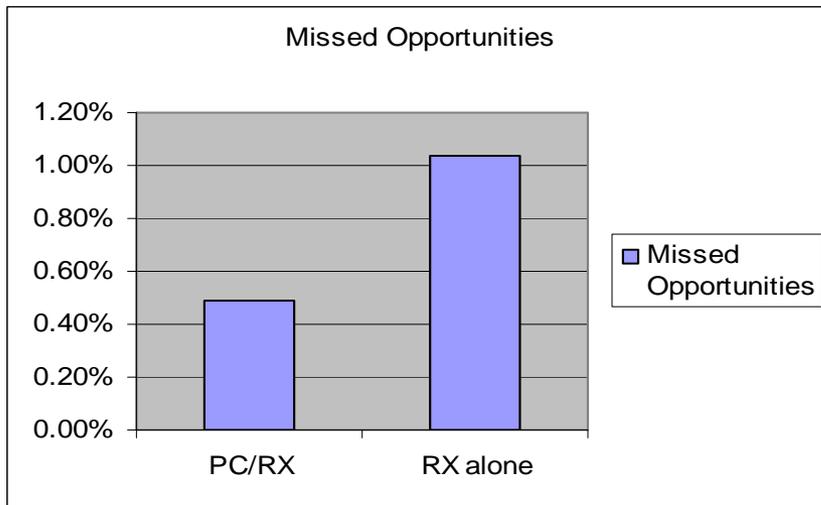
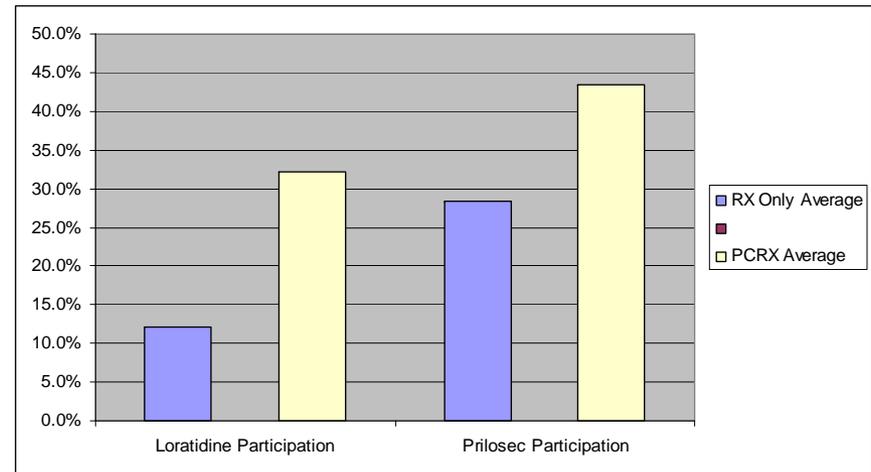
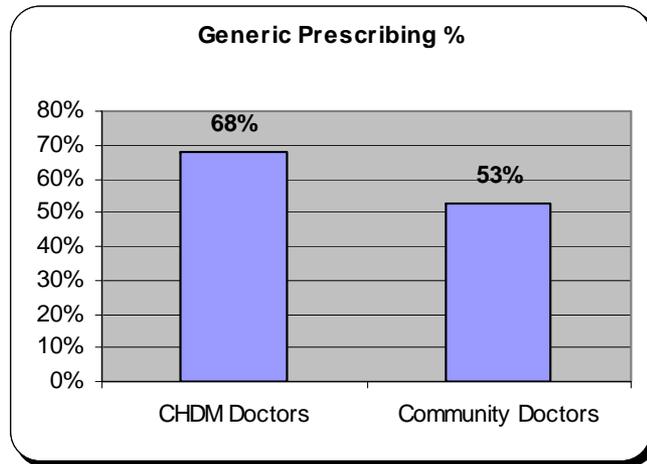


## Greater use of generic medications: Significant savings

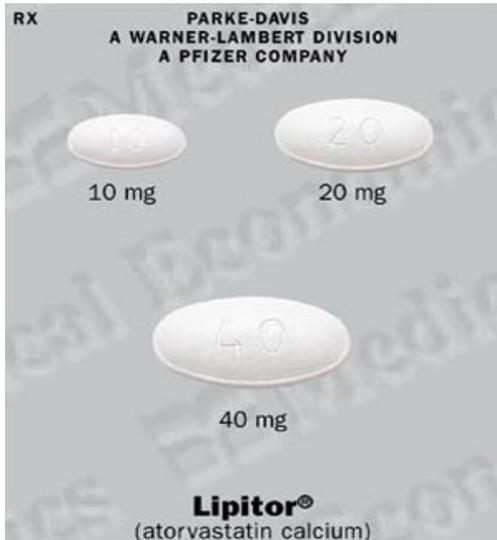
- Much higher Generic Dispensing Rate for PC/ Rx
- Above industry average/ retail-PBM average
- Affects COMMUNITY providers as well
- Each % point of GDR ~ \$100-\$200K/ year incremental savings (depending upon volume)

Site	Service Model	Overall Generic	Onsite Medical	Community Prescribers	Missed Conversion
Site A	PC/ Rx	69%	84%	58%	0.53%
Site B	PC/ Rx	67%	71%	61%	0.21%
Site C	PC/ Rx	66%	75%	62%	0.53%
Site D	PC/ Rx	65%	69%	58%	0.53%
Site E	PC/ Rx	63%	71%	60%	0.45%
Site F	PC/ Rx	62%	73%	60%	0.32%
Site G	PC/ Rx	61%	67%	56%	0.26%
Site H	PC/ Rx	61%	70%	58%	0.47%
Site I	PC/ Rx	61%	74%	53%	0.41%
Site J	PC/ Rx	59%	70%	51%	0.32%
Site K	PC/ Rx	59%	68%	56%	0.24%
Site L	PC/ Rx	58%	68%	53%	0.43%
Site M	PC/ Rx	57%	62%	51%	0.96%
Site N	PC/ Rx	56%	79%	47%	0.55%
Site O	PC/ Rx	56%	61%	51%	0.64%
Site P	Rx ONLY	56%		56%	0.60%
Site Q	PC/ Rx	56%	65%	51%	0.60%
Site R	PC/ Rx	55%	59%	48%	0.88%
Site S	Rx ONLY	54%		54%	0.93%
Site T	Rx ONLY	54%		54%	0.60%
Site U	Rx ONLY	51%		51%	0.72%
Site V	Rx ONLY	50%		50%	0.97%
Site W	Rx ONLY	48%		48%	1.00%
Site X	Rx ONLY	48%		48%	1.01%
Site Y	Rx ONLY	48%		48%	1.18%
Site Z	Rx ONLY	44%		44%	0.80%
Site AA	Rx ONLY	43%		43%	1.47%
Site BB	Rx ONLY	38%		38%	0.79%
Site CC	Rx ONLY	37%		37%	2.35%
<b>29</b>		<b>55.24%</b>	<b>69.76%</b>	<b>51.90%</b>	<b>0.72%</b>

# Primary care integration with pharmacy saves money: Improves OTC & generic usage and enhances split tab programs



# Split-pill program Cutting costs by nearly 50%



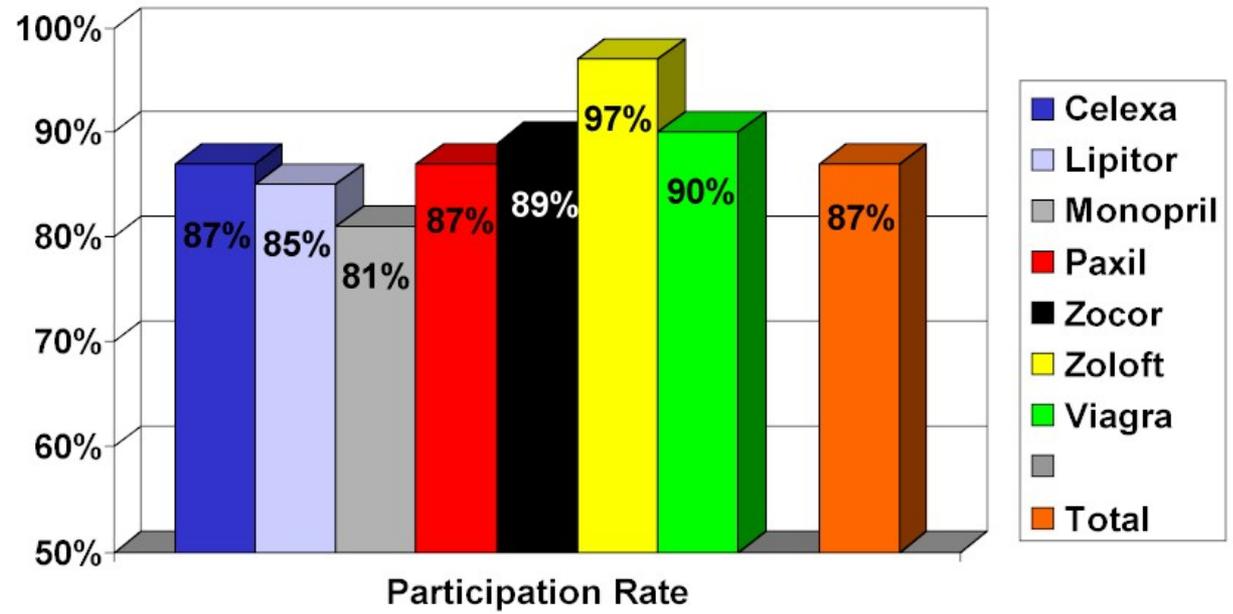
**Lipitor 20 mg**  
**90 Tabs = \$360**  
**1 Tab = \$4**  
at an online pharmacy

**Lipitor 40 mg**  
**90 Tabs = \$386**  
**1 Tab = 4.28**



**Lipitor 20 mg –**  
**1 Tab = \$2.14**

½ tablet program utilization



Influencing  
external  
prescribing habits

- Information sharing and education (counter-detailing) for clinicians as a method to reduce impact of any pharmaceutical representative information
- Quarterly report cards on outside prescribers' drug prescribing habits
- Calls to providers to encourage switching to a formulary-preferred product, when permitted by employee

Average Cost per Prescription Anti-Inflammatory Drugs	
Generic NSAIDs	\$ 9.65
Cox IIs	\$ 142.16

Anti-Inflammatory Drugs – Utilization		
	Year 1	Year 2
Generic NSAIDs	41%	57%
Cox IIs	59%	43%

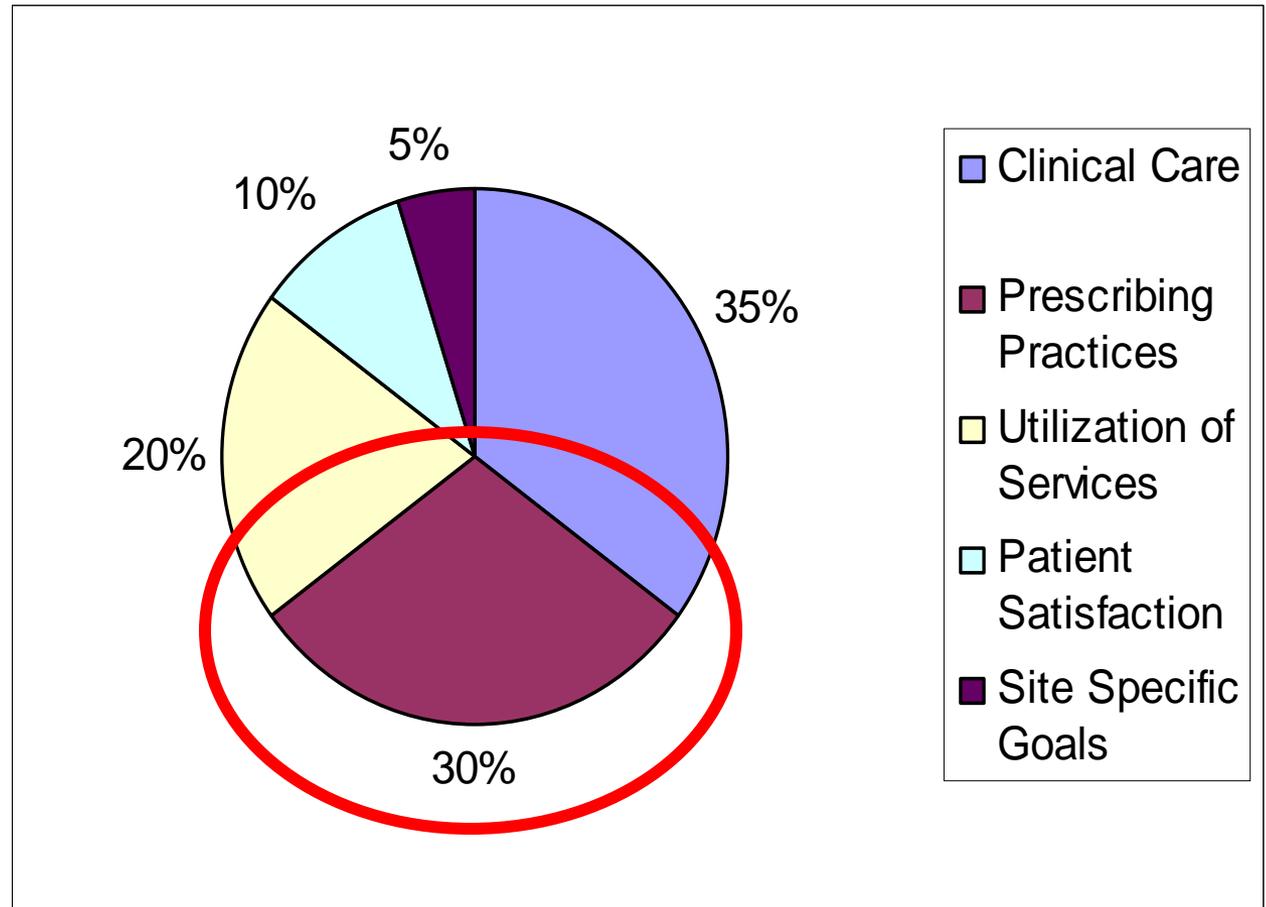
Meeting  
prescribing goals

*On-site  
pharmacies vs.  
community retail  
pharmacies*

	Initiative	Goal	Q4 2006 %		Q4 2006 %		Q4 2006 %	
			Total Rx's	Goal Met	Onsite Rx's	Goal Met	Offsite Rx's	Goal Met
1	Total Generic > 60%	60.00%	66%	Yes	77%	Yes	63%	Yes
1.a	Generic Beta Blockers > 70%	70.00%	65%	No	82%	Yes	61%	No
1.b	Generic Calcium Channel Blockers > 50%	50.00%	53%	Yes	59%	Yes	52%	Yes
1.c	Generic Anti-Inflammatory > 80%	80.00%	66%	No	70%	No	65%	No
1.d	Generic SSRIs > 80% generic	80.00%	97%	Yes	99%	Yes	97%	Yes
2a	Antibiotics L1 > 60%	60.00%	49%	No	77%	Yes	43%	No
2b	Antibiotics L2 < 25%	25.00%	24%	Yes	15%	Yes	26%	No
2c	Antibiotics L3 < 15%	15.00%	26%	No	8%	Yes	22%	No
3	Half Tablet Program > 80%	80.00%	85%	Yes		No		No
4	Prevacid & Zegerid > 75% all Branded Rx PPIs	75.00%	100%	Yes	100%	Yes	100%	Yes
5	OTC Prilosec & omeprazole > 60% all approved sites	60.00%	67%	Yes	75%	Yes	64%	Yes
6	OTC Loratadine > 40% all approved sites	40.00%	41%	Yes	71%	Yes	28%	No
7	Novolin Insulin > 65%	65.00%	49%	No	73%	Yes	46%	No
8	Generic HMG's > 60%	60.00%	11%	No	10%	No	12%	No
	# of Goals Met (8 Total)			6		8		3



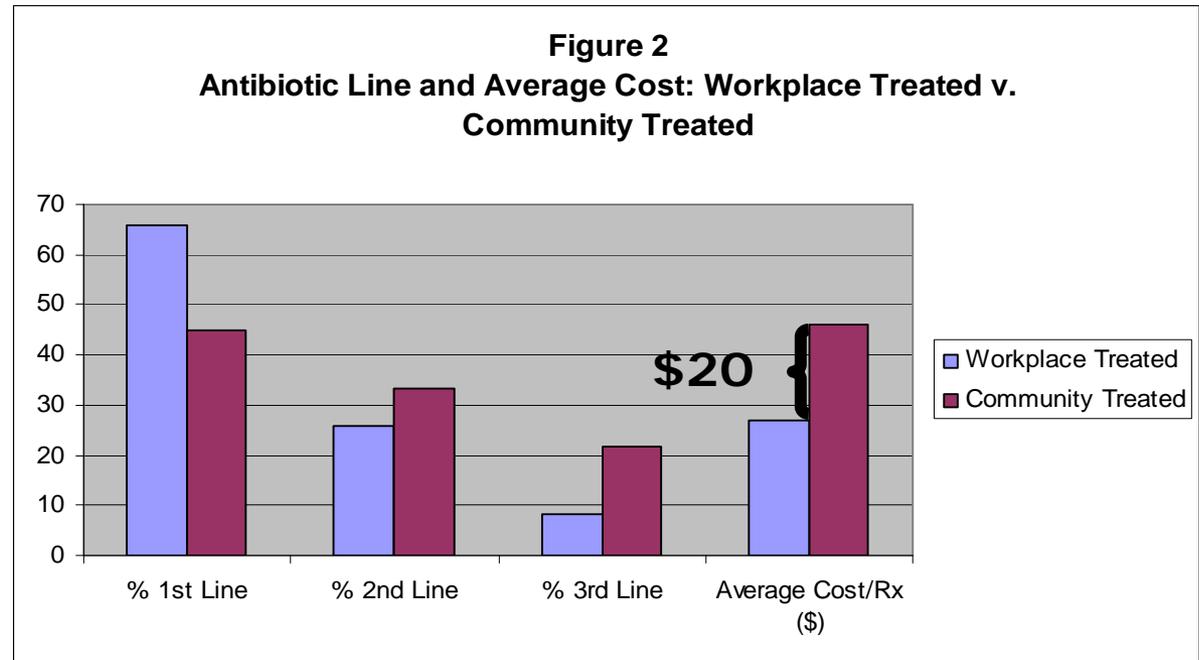
Aligned with the  
"Pay 4  
Performance  
Movement"



With careful assessment & benchmarking; our primary care physicians' are rewarded for effectiveness & efficiencies

The power is in the integration:

*Evidence-based  
prescribing  
practices generate  
value*



Better Care – and a Potential Savings of \$1.5 Million for Antibiotics Alone

# Medication patient safety: Significantly better than retail pharmacy

(Based on 1 million prescriptions filled over 5 year contract)



- With a retail error rate recently reported in USA Today of 1/1000

- Expect 1000 errors

- At \$2000 per ADE (IOM) = \$2 Million

- 4 Hospitalizations at 10,375 each (IOM)

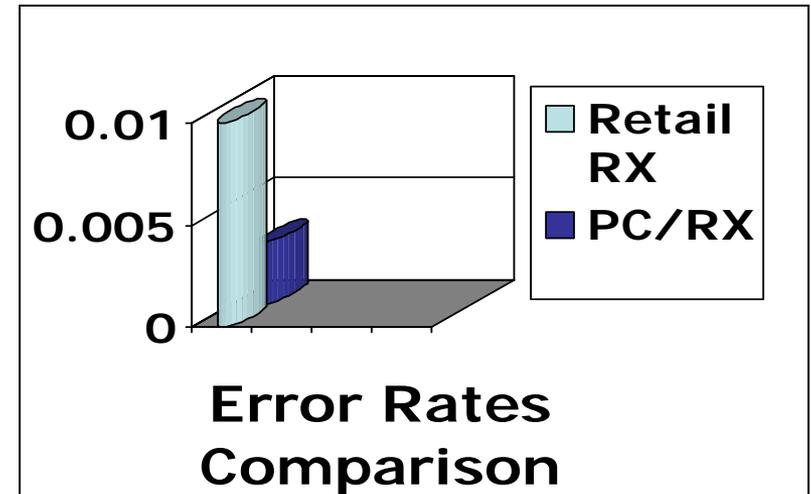
- 24 ER visits at \$ 1444 each (IOM)

- With our error rate of 3/10000

(prior to implementation of new IT platform)

- Expect less than 300 = \$600K

- 1 Hospitalization



PATIENT SAFETY COST SAVINGS = 1.4 Million  
2% of all hospitalizations are due to medication misadventures



Leveraging the "Trusted Clinicians"  
*Physicians, Pharmacists, Nurse Practitioners, Nurses, Therapists,  
Sports Physiologists, Health Coaches, Care Managers, Personal Trainers*

