Beyond Pharmacy Benefit Management: Pharmacy Clinical Leadership™
The results of collaboration between primary care & pharmacy at the workplace
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:
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Mission St. Josephs Health System Asheville, NC
Components of the Asheville project:

- **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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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

A doctor and pharmacist working together serving a single community
The integration of primary care & pharmacy: The power is in the prescribing – dispensing collaboration.

**Pharmacy Clinical Leadership**
- Prescribing Goals & Feedback
- Scorecard & Pay for Performance
- Improved Prescribing
- Medication Safety

**Medical Pharmacy Interface**
- Drug to Disease
- Drug to Disease
- Disease Management
- Medication Adherence

**Clinical Pharmacy**
- Step Therapy
- Split Pill

**Pharmacy Administration**
- OTC
- Generics
- Formulary

**Human Capital / Benefits Impact**
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
• 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)
Primary care integration with pharmacy saves money: Improves OTC & generic usage and enhances split tab programs

- **Generic Prescribing %**
  - CHDM Doctors: 68%
  - Community Doctors: 53%

- **Avoided Cost from OTC Programs**
  - Q1 2006: $0
  - Q2 2006: $50,000
  - Q3 2006: $100,000
  - Q4 2006: $150,000
  - Q1 2007: $200,000
  - Q2 2007: $250,000
  - Q3 2007: $300,000

- **Avoided Costs from Half Tab Program**
  - Q1 2006: $0
  - Q2 2006: $50,000
  - Q3 2006: $100,000
  - Q4 2006: $150,000
  - Q1 2007: $200,000
  - Q2 2007: $250,000
  - Q3 2007: $300,000

- **Generic Prescribing %**
  - CHDM Doctors: 68%
  - Community Doctors: 53%

- **Loratidine Participation**
  - RX Only Average: 0%
  - PCRX Average: 50%

- **Prilosec Participation**
  - RX Only Average: 0%
  - PCRX Average: 50%

- **Missed Opportunities**
  - PC/RX: 0.0%
  - RX alone: 5.0%

- **Program Savings**
  - Q1 2006: $300,000
  - Q2 2006: $250,000
  - Q3 2006: $200,000
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

<table>
<thead>
<tr>
<th>Average Cost per Prescription Anti-Inflammatory Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic NSAIDs</td>
</tr>
<tr>
<td>Cox IIs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anti-Inflammatory Drugs – Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Generic NSAIDs</td>
</tr>
<tr>
<td>Cox IIs</td>
</tr>
</tbody>
</table>
### Meeting prescribing goals

**On-site pharmacies vs. community retail pharmacies**

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

Wellness
Screenings
Immunizations
Health Coaching
HRA

Fitness
Work Readiness
Ergonomics
Work Hardening
Return to Work

Illness
Drug Management
Behavioral Health
Disease/Case Management

Managing the Medical Community
Specialists
Tests
Hospitals
Treatment Options

Environment
Smoking Ban
Traditional Occ Health
Safe Workplace
Cafeteria

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