Innovations: Using a Clinical Pharmacist as a Vehicle for Successful P4P Outcomes

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Overview

- Rising pharmacy trends
- Relationship between cost and compliance
- P4P program components
- Clinical pharmacist role
- Steps for success
- Reporting
- Results

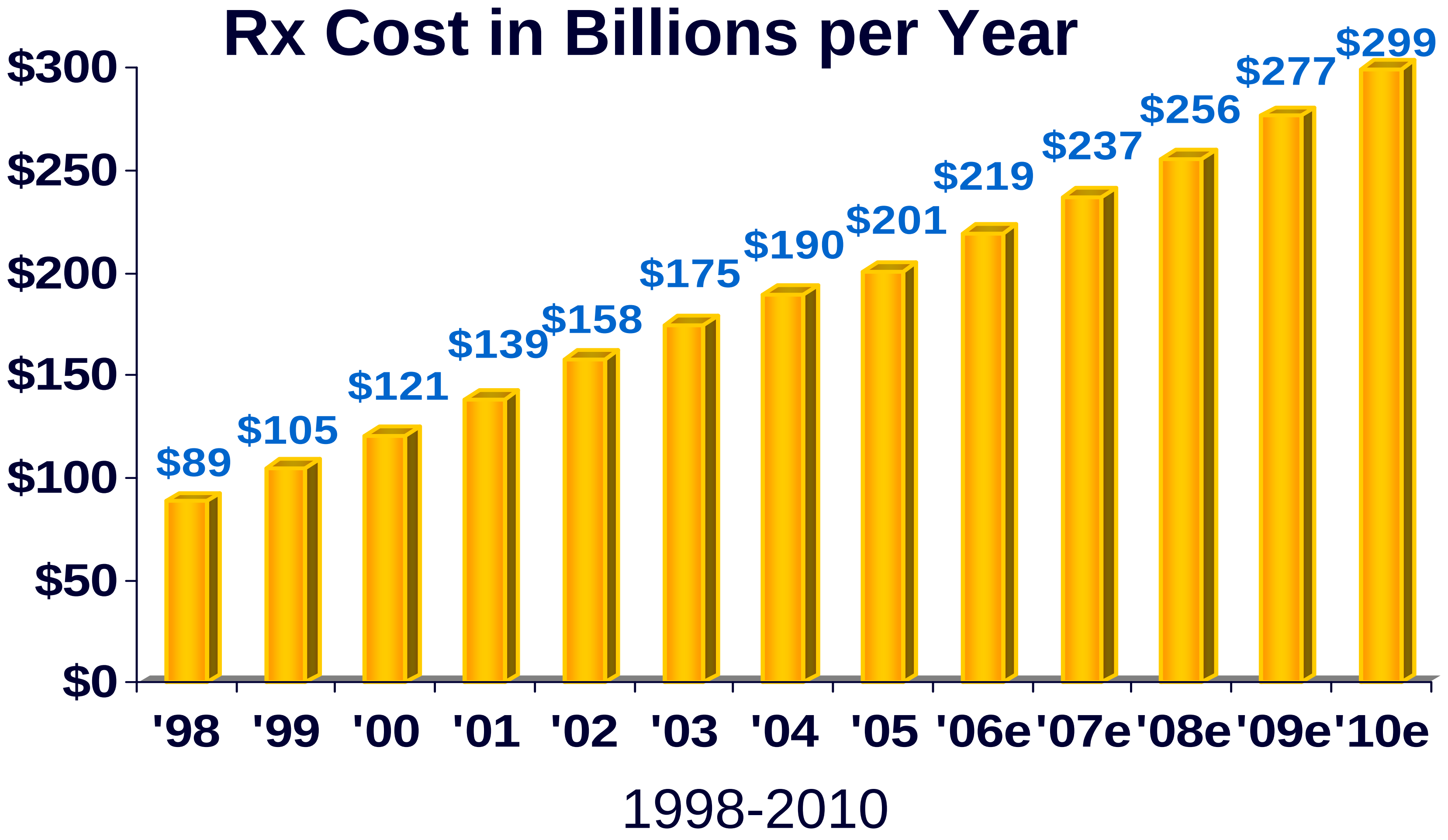
The Rising Prescription Costs

- Prescription drug spending has been one of the fastest growing components of rising health care expenditures at rates of increase greater than hospital and physician services.

- Spending in the US for prescription drugs was $200.7 billion dollars in 2005, almost 5 times more than the $40.3 billion dollars spent in 1990.

The Henry J. Kaiser Family Foundation, “Prescription Drug Trends: May 2007.

Rising Pharmacy Trends



Source: CMS, Office of the Actuary, National Health Statistics Group, 2006

Factors Driving Change

- *Cost*
  - Retail prescription prices increased an average of 7.5% a year from 1994 to 2006 (from an average of $28.67 to $68.26), almost triple the average annual inflation rate of 2.6%.
- *Utilization*
  - The average number of retail prescriptions per individual increased from 7.9 in 1994 to 12.4 in 2006.
- *Types of Drugs*
  - The average retail price for a brand name drug versus a generic drug in 2006 was $111 for the brand vs. $32 for a generic, over 3 times the price of the generic.

The Henry J. Kaiser Family Foundation, “Prescription Drug Trends: May 2007.

Factors Driving Change

- *Generic Availability*
  - From mid-2006 through 2010, an estimated $46.5 billion of branded drugs will lose their patents to generic competitors.
  - This translates to approximately 70 medications, including 19 blockbusters.
  - This year, an estimated $9.6 billion worth of branded drugs will go off the patent list.

Source: IMS Health

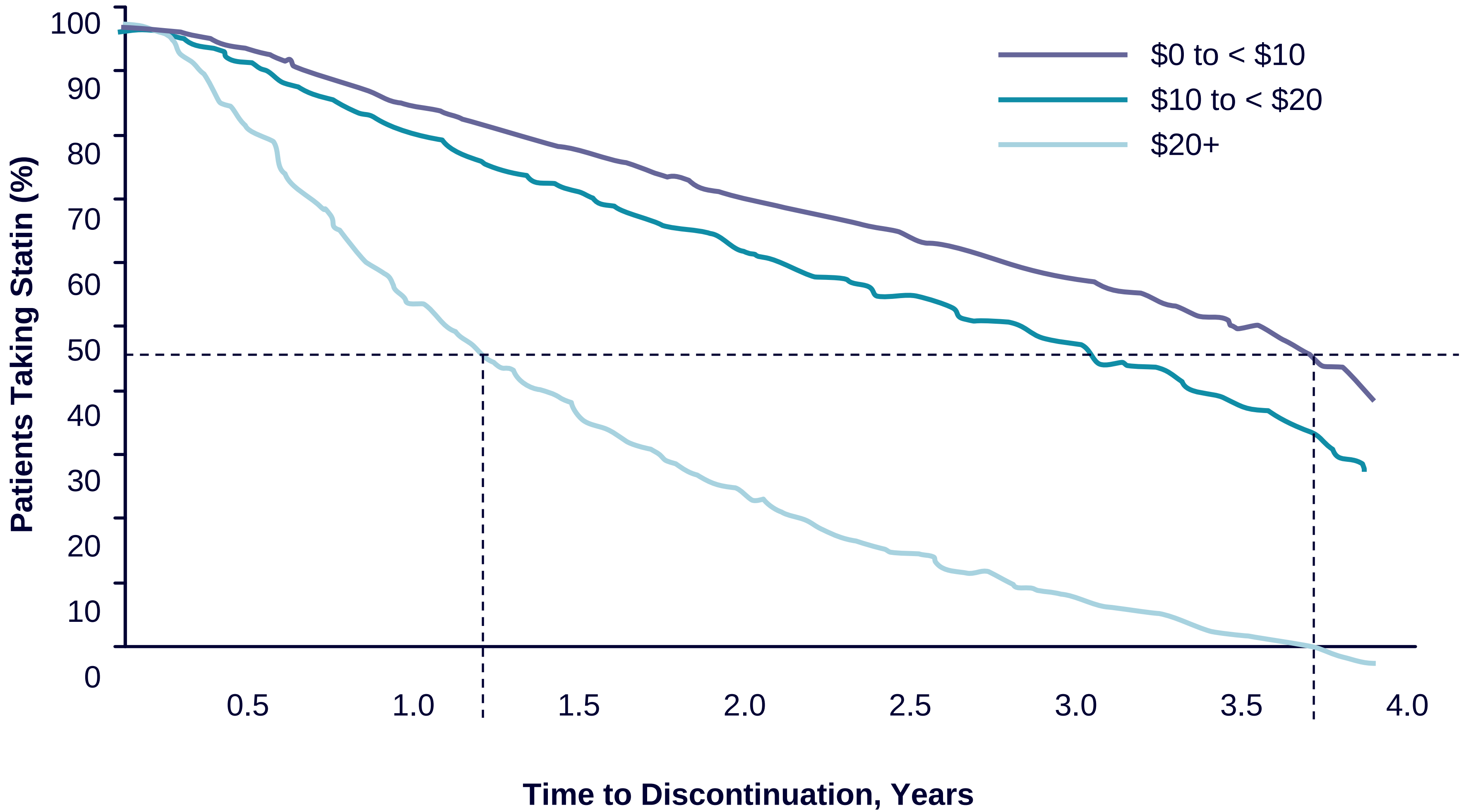
Generic Facts

- Approximately three-quarters of FDA approved drugs have generic counterparts.
- According to a 1998 study by the Congressional Budget Office, generic drugs save consumers between $8 billion and $10 billion each year.
- FDA requires the same safety, efficacy, potency, purity, strength and quality for generics as brand-name drugs.

Source: FDA

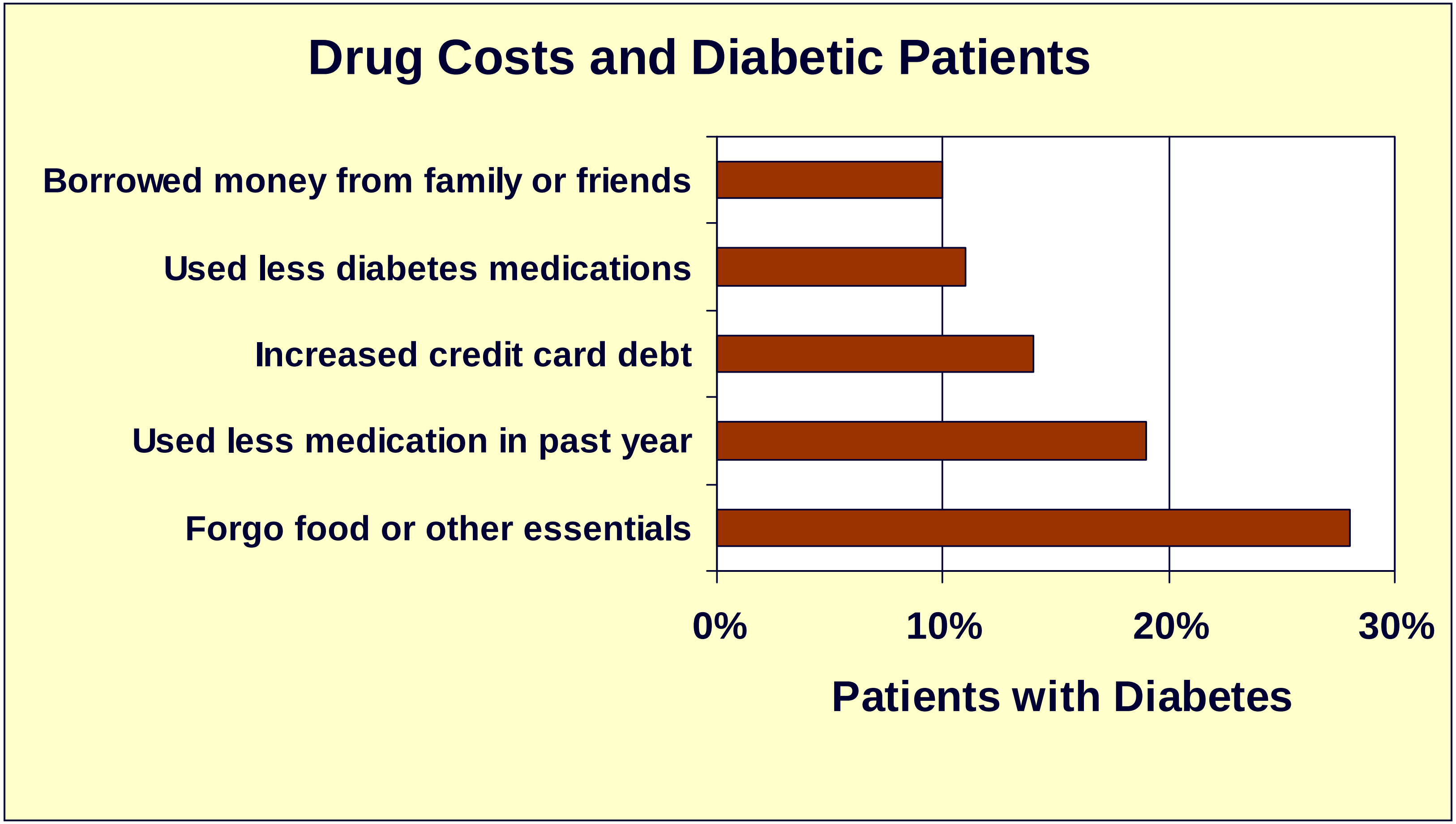
How Cost Affects Patients

Compliance Directly Related to Copay Amount



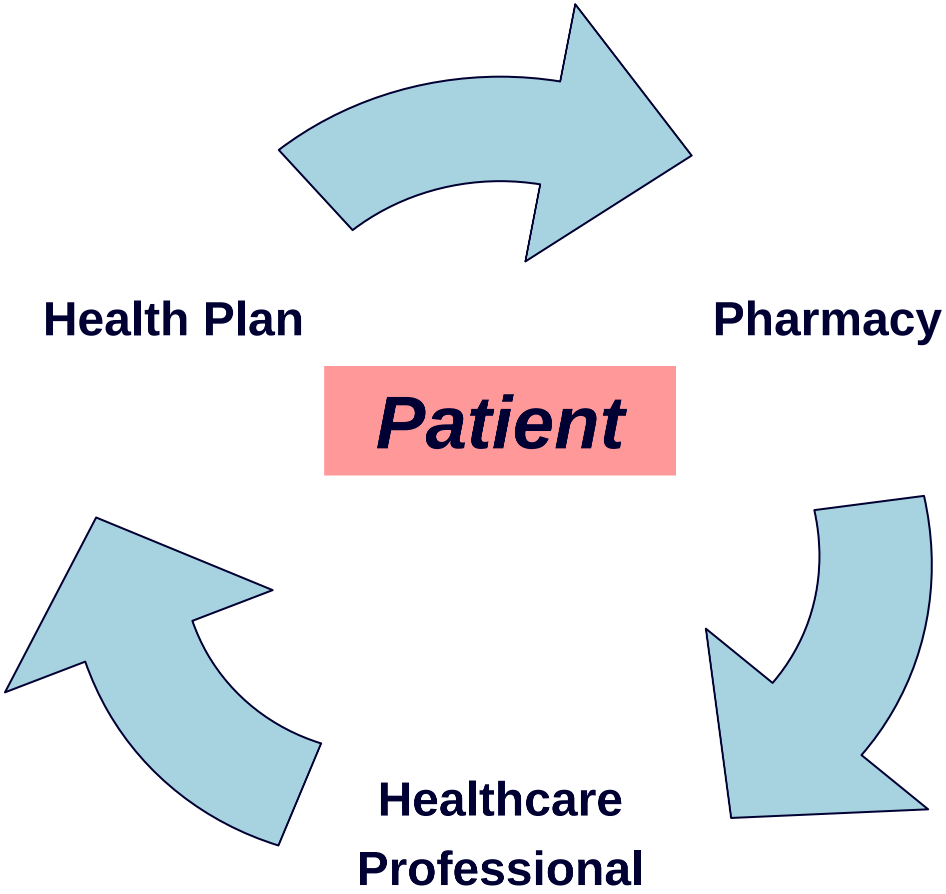
*Adjusted for all available covariates. The median time to discontinuation was 3.9+ years for $0 to <$10; 2.2 years for $10-$20; and 1.0 years for > $20. Ellis JJ, et al. *Journal of General Internal Medicine*. 2004

How Drug Costs Affect Patient Choices



J Piette. Diabetes Care 2004;27:384-91

Continuum of Care



P4P Program Overview

This program was developed to foster collaborative relationships with our providers in order to promote improved health outcomes for our patients.

P4P Program Components and Scoring

Program Components:	**Points**
Chronic Disease & Preventive (Process)……………….....	40
Chronic Disease (Outcomes)…………………………...……	10
Pharmacy: Generic Drug Utilization……………………....	25
Technology Measure: EMR/e-Rx…………....………….…	20
Use of the P4P Web Portal………………………….…….	5
Maximum Points Available	**100**

Each provider/group will be scored on their aggregate points. The maximum achievable points are 100.

P4P
Pharmacy
Component

P4P Pharmacy Measure
Generic Drug Utilization

Goals	Targets	Points
Below the comparison network rate	Below network rate but showed improvement of greater than or equal to **1% to 1.99% over** their previous year’s rate	5
Below the comparison network rate	Below network rate but showed improvement of greater than or equal to **2% over** their previous year’s rate	10
Threshold Goal	Generic rate equal to or up to **1.99% above** Comparison Network rate	15
Target Goal	Generic rate between **2% and 2.99% above** Comparison Network rate	20
Maximum Goal	Generic rate greater than or equal to **3% above** Comparison Network rate	25

P4P Pharmacy Component

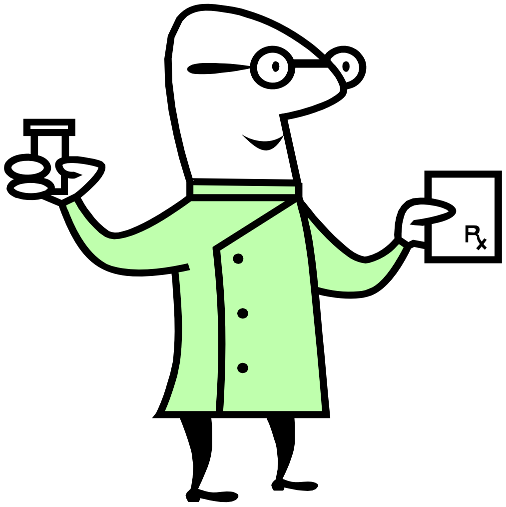
Increase in Overall Generic Drug Utilization

- Generic drugs prescribed, during the measurement period
  - Equal to or better than the network rate
  - Group improvement over previous year

Network Rate

- Based on PCP specialty
  - Pediatrics, Family Practice, Internal Medicine
  - Multi-specialty groups are weighted
- *Moving target:* State-wide network rate fluctuates with respect to utilization

Clinical Pharmacist



Clinical Pharmacist Role

- P4P Design and Maintenance
  - Generate, review and expand generic utilization reports
  - Quality Assurance
- P4P Implementation
  - Identify medical groups for pharmacist outreach
  - Promotion of program to provider community
  - Supplement process and outcomes measures

Clinical Pharmacist Role

- Conduct face to face consultations with healthcare professionals
- Support the use of medications based on nationally recognized treatment guidelines
- Encourage medication compliance and patient safety
- Promote the use of cost-effective medications
- Provide objective clinical tools and patient/provider specific reporting

Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.

P4P Steps for Success

1. Generate summary report to identify groups for pharmacist outreach
2. Contact medical group(s)
3. Review pharmacy utilization reports
   - Group
   - Individual
4. Identify areas of opportunity
5. Follow up

Pharmacy Reports

- P4P group summary report
- P4P group detail report
- P4P individual provider report
- Patient specific reporting

P4P Group Summary Report

- Group generic utilization rate versus network
- Group improvement results
- Generic utilization by therapeutic class
- Average cost of brand versus generic prescription by therapeutic class
- Top branded prescriptions

P4P Group Detail Report

- Top 25 branded prescriptions
- Top 25 generic prescriptions
- Top prescribed by therapeutic class

P4P Individual Provider Report

- Provider’s generic utilization versus group and network
- Top 25 branded prescriptions
- Top 25 generic prescriptions
- Top prescriptions by therapeutic class

P4P Pharmacy Report

Primary Care Pay For Performance Program

SAMPLE GROUP (STATE)

Drug Prescribing Report - Prescriptions Filled 1/1/2006 - 12/31/2006

Our participating physicians and providers share a common goal to improve the health of the members we serve. One significant health care challenge, the rising cost of prescription drugs, can result in members restricting their use of medications. Less costly generic drug alternatives may improve patient medication compliance, and thereby reduce serious health consequences. We encourage our participating physicians to write prescriptions for generic drugs whenever appropriate.

Please refer to the back of this report for medical literature references and additional details.

For opportunities to improve generic utilization, please contact your Clinical Account Pharmacist:
State: Clinical Account Pharmacist Phone # **State:** Clinical Account Pharmacist Phone # **State:** Clinical Account Pharmacist Phone #

For all other questions concerning this program, please call:
State: Provider Call Center, (800) 999-9999 **State:** contact your Provider Relations Representative **State:** Provider Representative, (999) 999-9999

SAMPLE GROUP (YOUR GROUP) RESULTS FOR 1/1/2006- 12/31/2006

Your Group Result is either based on the difference in the generic prescribing rates for your group and the Comparison Network **OR** if below the **Comparison Network**; your group generic prescribing rate improvement will be compared to your group result from the previous measurement year.

Your Group's Comparison Network is as follows:

State: Your State Specialty: Internal Medicine

Your Group Results YTD:

Your Group % Generic Rate: 55.98 %

Comparison Network % Generic Rate: 58.14 %

Your Group Result: -2.16 % Your Group Improvement Result: 6.46 %

Goal (if below the Comparison Network):

Improvement 1: **Below Comparison Rate and group improvement >=1% to 1.99%**

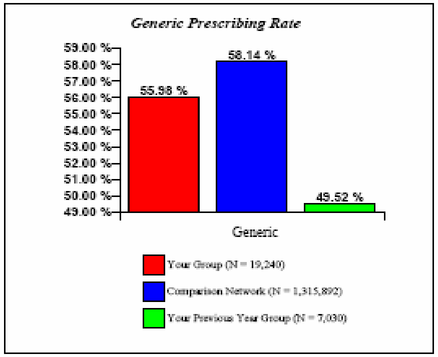
Improvement 2: **Below Comparison Rate and group improvement >=2%**

Goal (if equal to or above the Comparison Network):

Threshold: **Equal to the Comparison Network Rate and up to 1.99%**

Target: **2% to 2.99% Above the Comparison Network Rate**

Maximum: **3% or more Above the Comparison Network Rate**



YOUR GROUP PRESCRIPTIONS FILLED / *COMPARISON NETWORK*

Classifications	BRAND # Scripts	GENERIC # Scripts	Total Scripts	GROUP % Generic	NETWORK % Generic	BRAND Avg Cost / Script	GENERIC Avg Cost / Script
ACEI & ARB	564	963	1,527	63.06 %	66.17 %	$103.87	$16.29
ANTIBIOTICS	170	736	906	81.24 %	87.24 %	$89.11	$19.96
NARCOTIC ANALGESICS	54	965	1,019	94.70 %	94.54 %	$380.76	$34.76
ORAL DIABETIC AGENTS	177	592	769	76.98 %	73.88 %	$239.50	$25.14
ORAL CONTRACEPTIVES	118	324	442	73.30 %	78.37 %	$61.66	$35.99
STIMULANTS/STRATTERA	126	28	154	18.18 %	31.24 %	$133.42	$36.54
SSRI/SNRI/WELLBUTRIN	808	656	1,464	44.81 %	43.66 %	$137.95	$46.45
NSAIDs/COX2s	57	251	308	81.49 %	80.53 %	$189.47	$22.17
ALL OTHER DRUGS	6,396	6,255	12,651	49.44 %	52.57 %	$151.04	$23.88
Total Scripts:	8,470	10,770	19,240	55.98 %	58.14 %		

*YOUR GROUP TOP BRAND PRESCRIPTIONS FILLED**

Drug	# of Scripts	Drug	# of Scripts	Drug	# of Scripts
LIPITOR	1,006	FOSAMAX	191	NEXIUM	168
ZETIA	471	NORVASC	179	ZYRTEC	156
PREVACID	325	VYTORIN	176	DIOVAN	142
LEXAPRO	296	SINGULAIR	173	SYNTHROID	136
PROTONIX	235	WELLBUTRIN XL	171	ADVAIR DISKUS	130
TOPROL XL	234	ZOLOFT	171	CRESTOR	129

* *Generic alternatives may be an option in some cases.*

Impacting Providers…One Group at a Time

Generic Utilization Of Intervention Group

SAMPLE GROUP (YOUR GROUP) RESULTS FOR 1/1/2006- 12/31/2006

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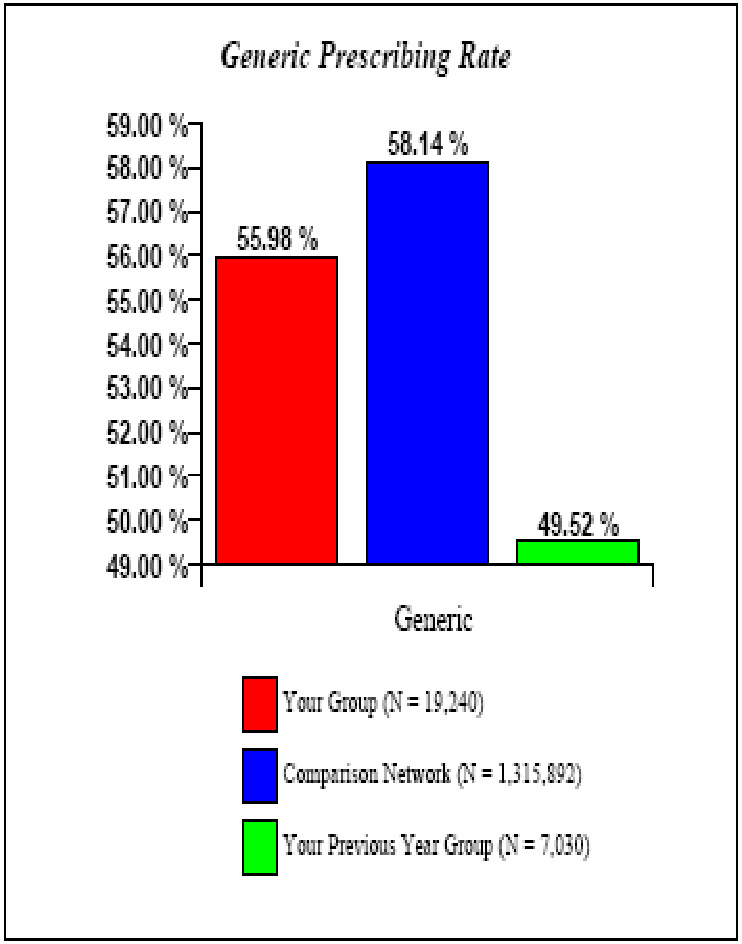
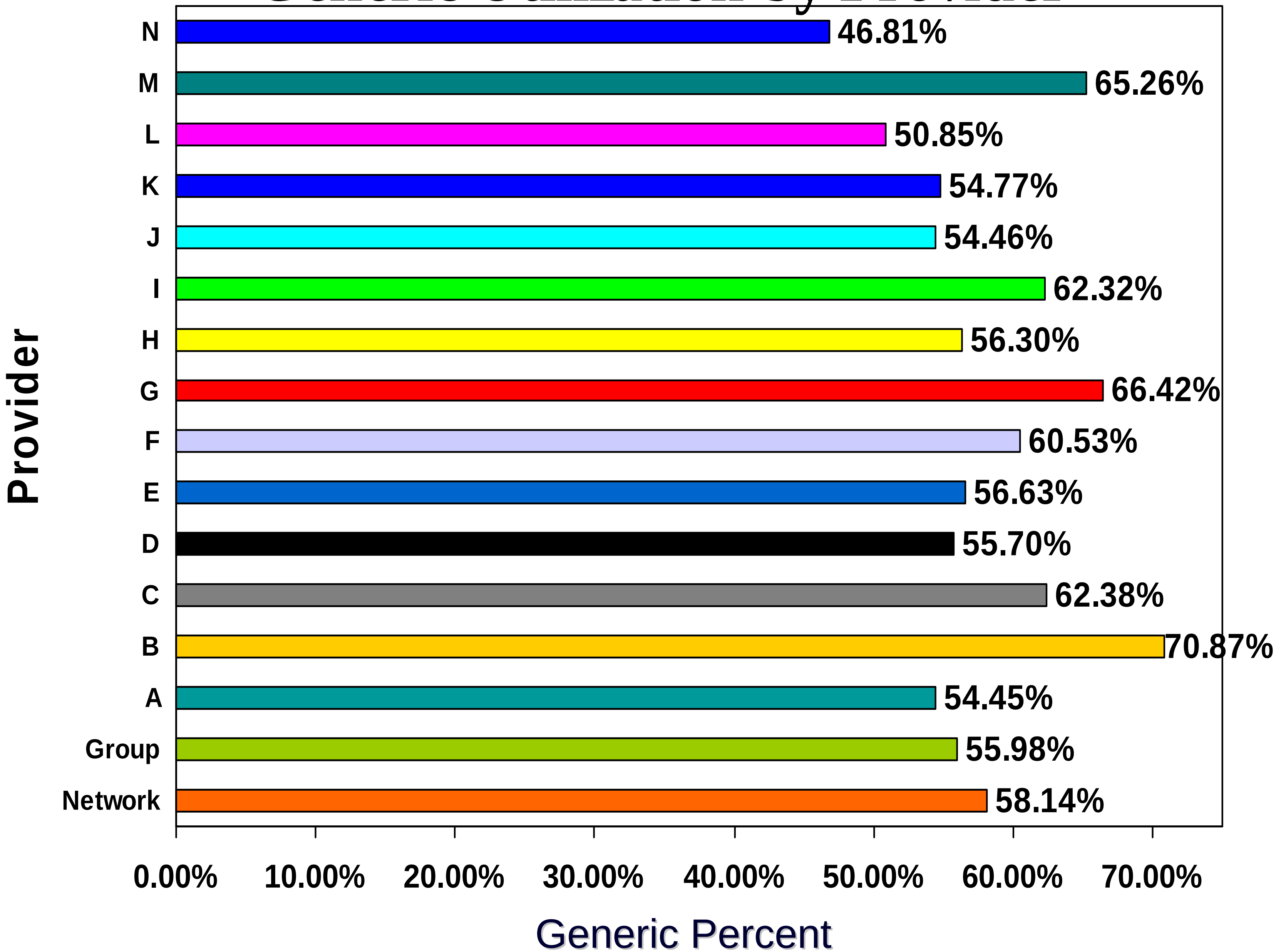


Generic Utilization by Provider



Results by Therapeutic Class

	YOUR GROUP PRESCRIPTIONS FILLED					*COMPARISON NETWORK*	
Classifications	BRAND # Scripts	GENERIC # Scripts	Total Scripts	GROUP % Generic	NETWORK % Generic	BRAND Avg Cost / Script	GENERIC Avg Cost / Script
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ORAL DIABETIC AGENTS	177	592	769	76.98 %	73.88 %	$239.50	$25.14
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ALL OTHER DRUGS	6,396	6,255	12,651	49.44 %	52.57 %	$151.04	$23.88
Total Scripts:	8,470	10,770	19,240	55.98 %	58.14 %		

Areas below network

ACEI and ARB (-3.0%)

Antibiotics (-6.0%)

Stimulants (-13.0%)

Oral Contraceptives (-5.0%)

2006 Results: Below Network

- ACEI and ARB (-3.0%)
- Antibiotics (-6.0%)
- Stimulants (-13.0%)
- Oral Contraceptives (-5.0%)
- All Other Drugs (-3.0%)

2007 Improvements

- ACEI and ARB (-1.3%)
- Antibiotics (-1.0%)
- Stimulants (-10.0%)
- Oral Contraceptives (0.31%)
- All Other Drugs (-1.0%)

2007 Results

YOUR GROUP PRESCRIPTIONS FILLED

Classifications	BRAND # Scripts	GENERIC # Scripts	Total Scripts	GROUP % Generic	NETWORK % Generic
ACEI & ARB	475	1,037	1,512	68.58 %	69.87 %
ANTIBIOTICS	113	1,123	1,236	90.86 %	91.85 %
NARCOTIC ANALGESICS	66	914	980	93.27 %	94.75 %
NSAIDs/COX2s	69	251	320	78.44 %	84.66 %
ORAL CONTRACEPTIVES	108	383	491	78.00 %	77.69 %
ORAL DIABETIC AGENTS	114	609	723	84.23 %	76.61 %
SSRI/SNRI/WELLBUTRIN	586	916	1,502	60.99 %	61.39 %
STIMULANTS/STRATTERA	196	47	243	19.34 %	29.47 %
ALL OTHER DRUGS	5,718	7,059	12,777	55.25 %	56.37 %
Total Scripts:	7,445	12,339	19,784	62.37 %	62.74 %

2007 Improvement

Your Group Result is either based on the difference in the generic prescribing rates for your group and the Comparison Network OR if below the Comparison Network; your group generic prescribing rate improvement will be compared to your group result from the previous measurement year.

Your Group's Comparison Network is as follows:

State: Maine Specialty: Multi-Specialty

Your Group Results YTD:

Your Group % Generic Rate: 62.37 %

Comparison Network % Generic Rate: 62.74 %

Your Group Result: -0.37 % Your Group Improvement Result: 6.39%

Goal (if below the Comparison Network):

Improvement 1: **Below Comparison Rate and group improvement >=1% to 1.99%**

Improvement 2: **Below Comparison Rate and group improvement >=2%**

Goal (if equal to or above the Comparison Network):

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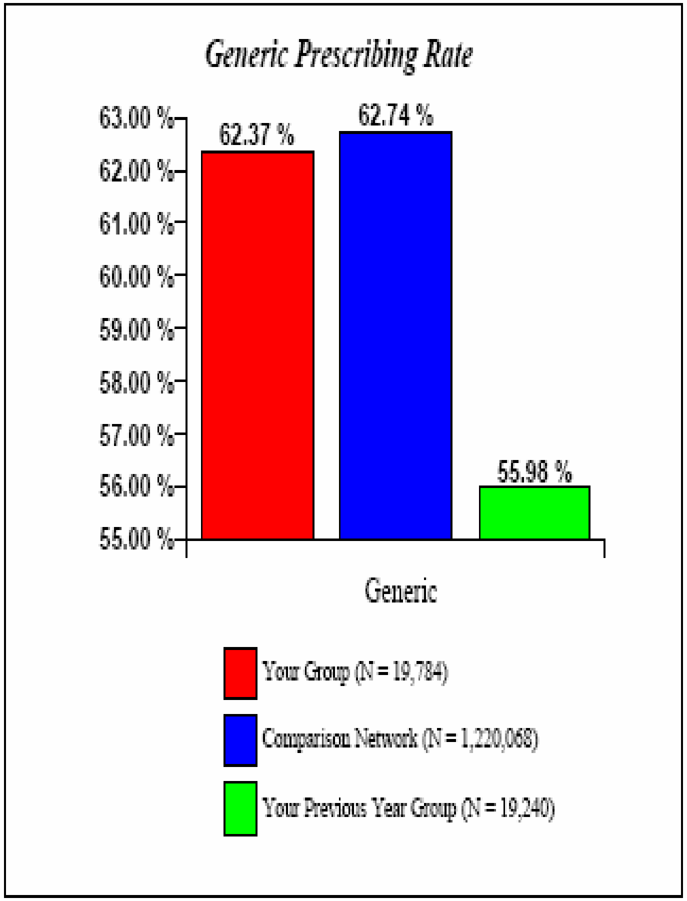
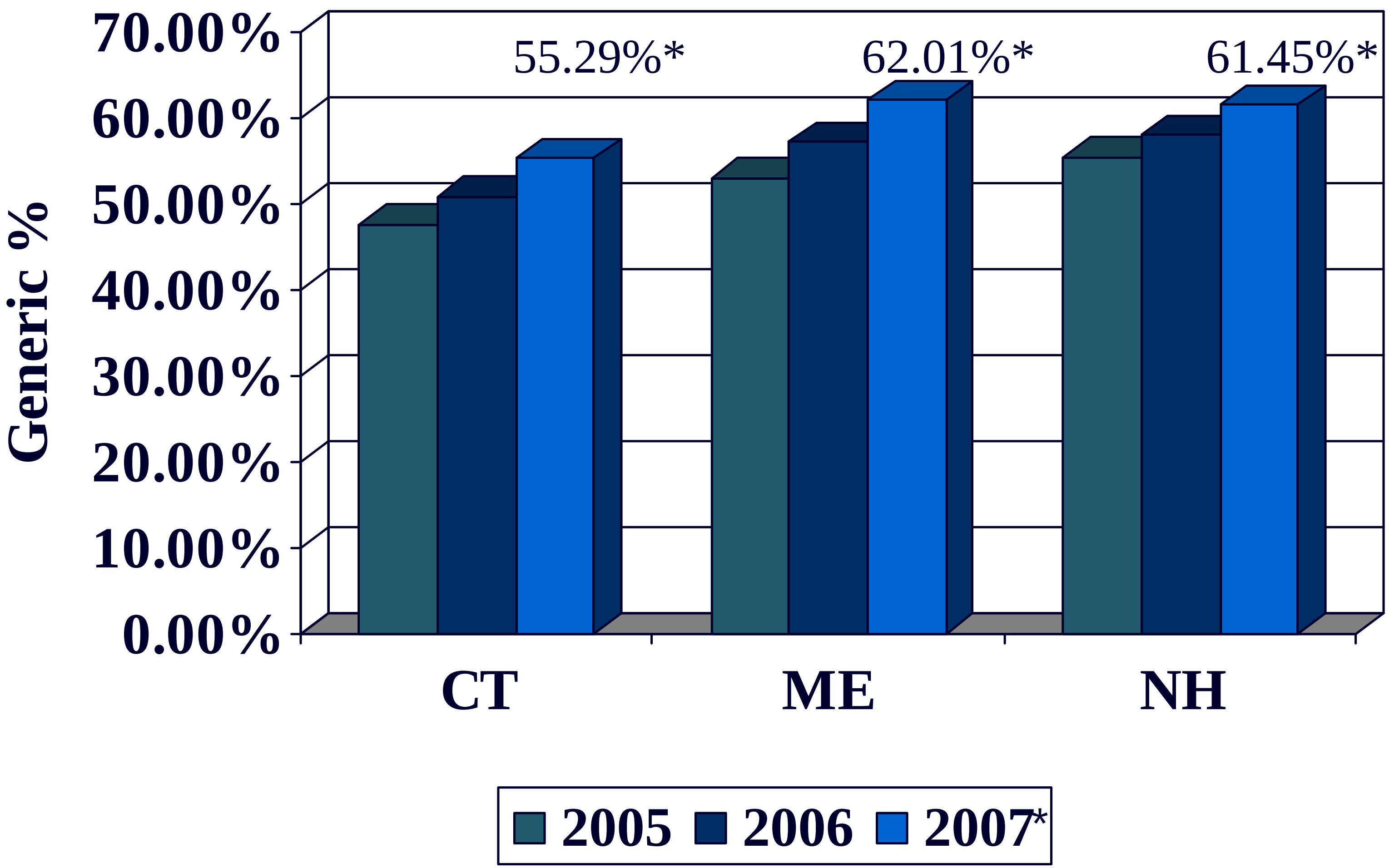


Results

Generic Utilization Results By State

- Overall generic rates increased an average of 7.5% from 2005 to 2007.
- Rates of increase by state.
  - CT: 7.6%
  - ME: 8.9%
  - NH: 5.9%

Generic Utilization Results By State

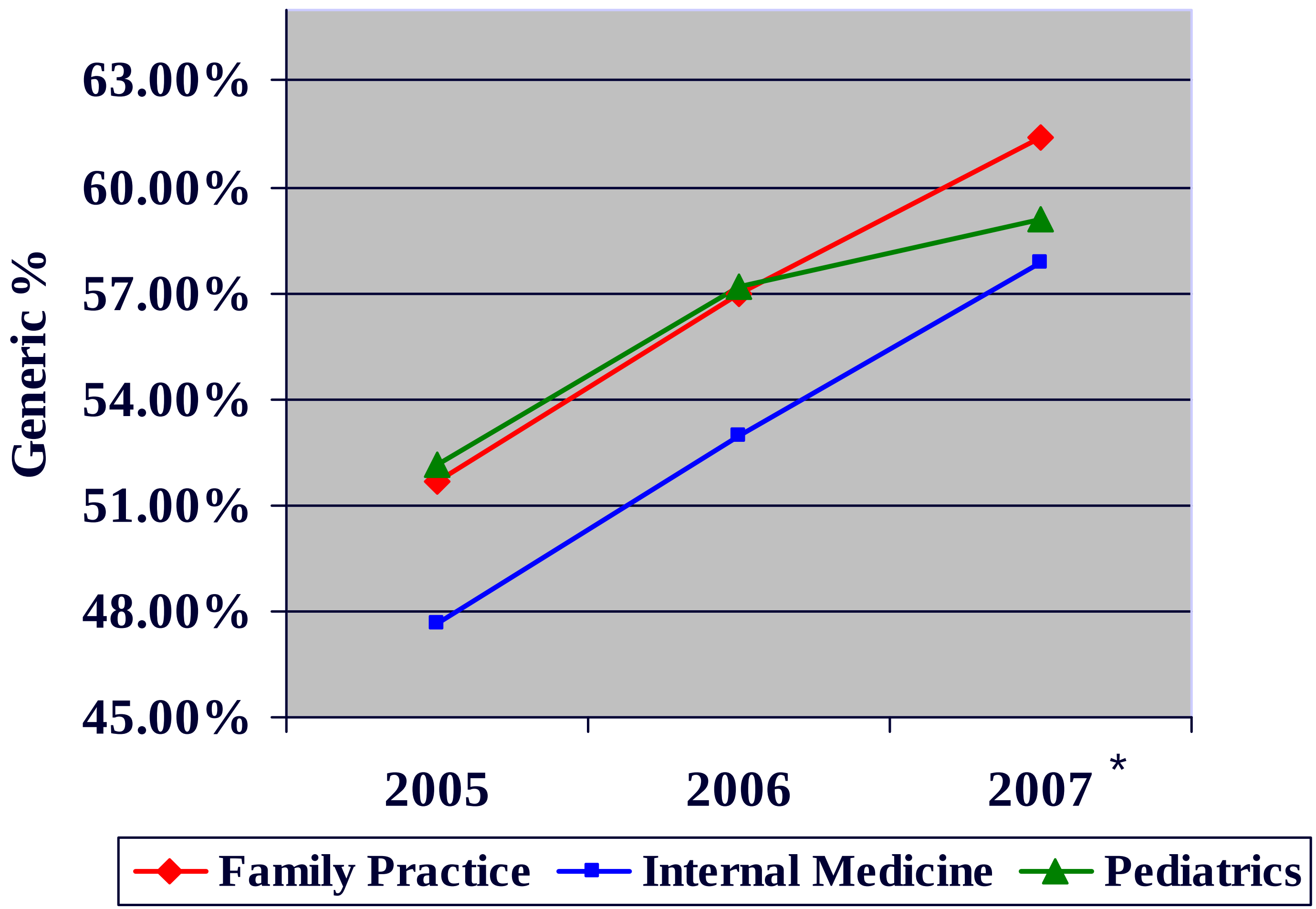


* Results through November 2007

Generic Utilization By Specialty

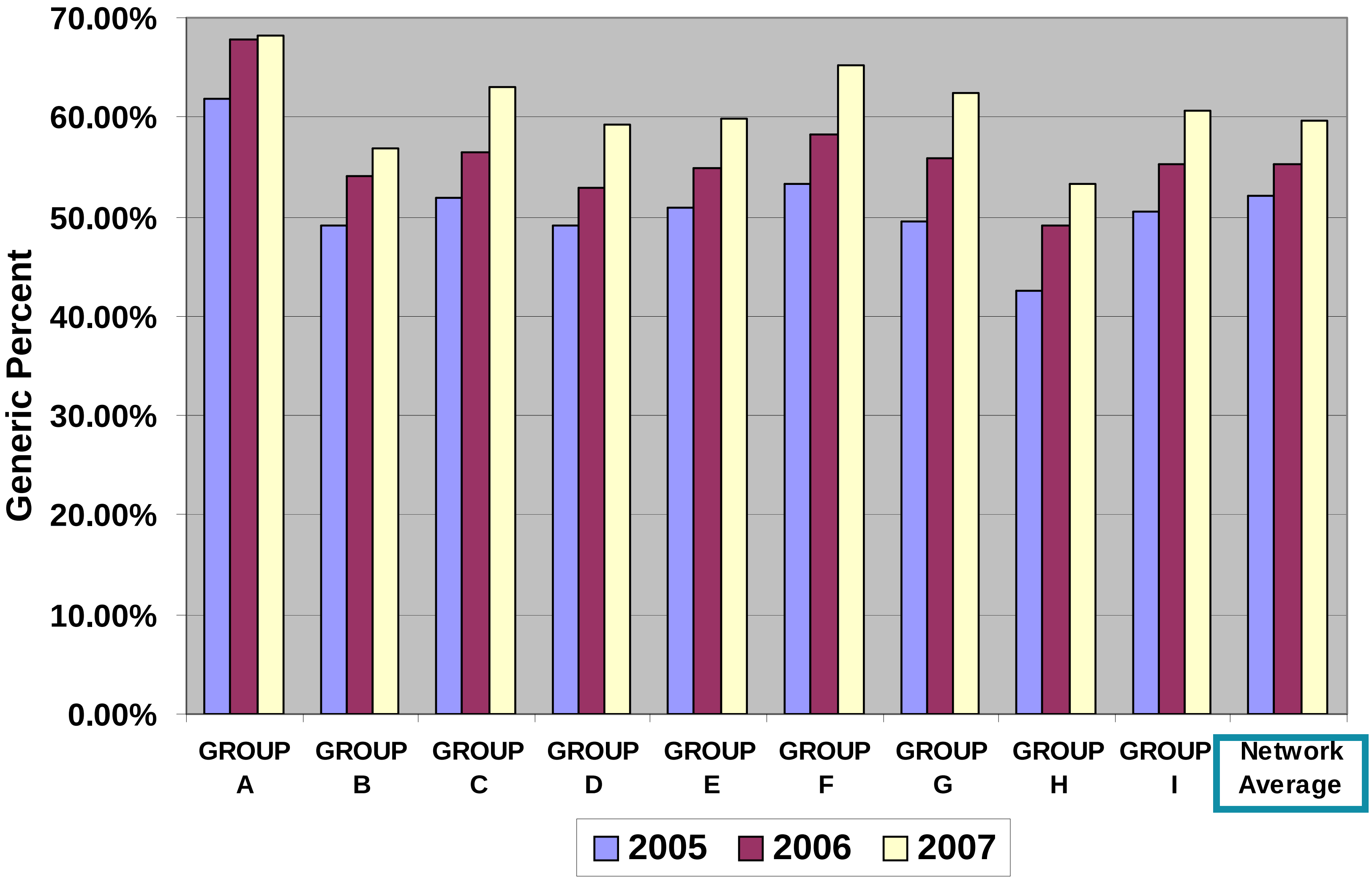
- Overall Rate of Increase for Generic Utilization by Specialty
  - Internal Medicine rate of increase 10.2%
  - Family Practice rate of increase 9.7%
  - Pediatrics rate of increase 6.9%

Generic Utilization By Specialty



* Results through November 2007

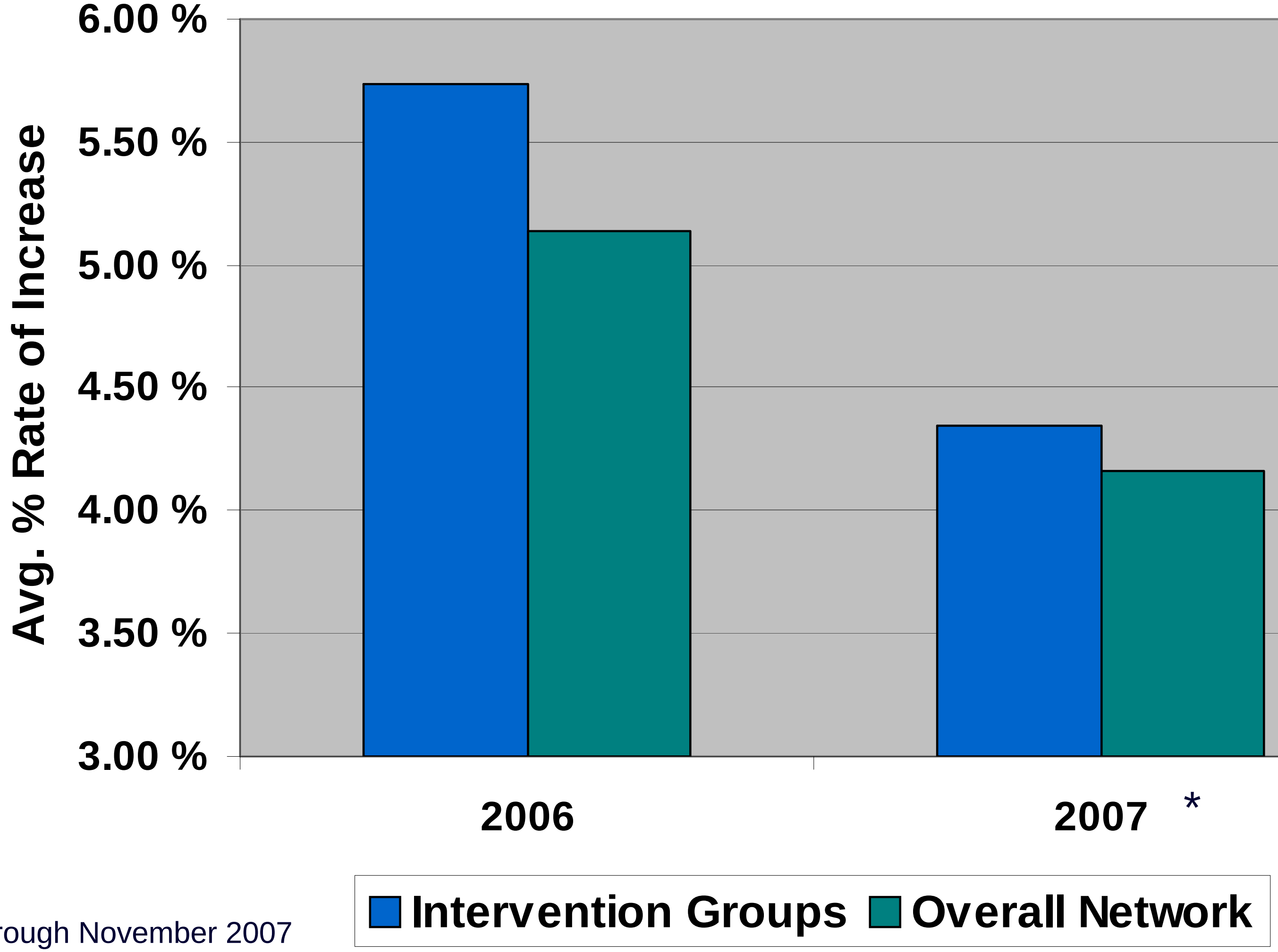
Generic Utilization of Intervention Groups



Generic Utilization of Intervention Groups

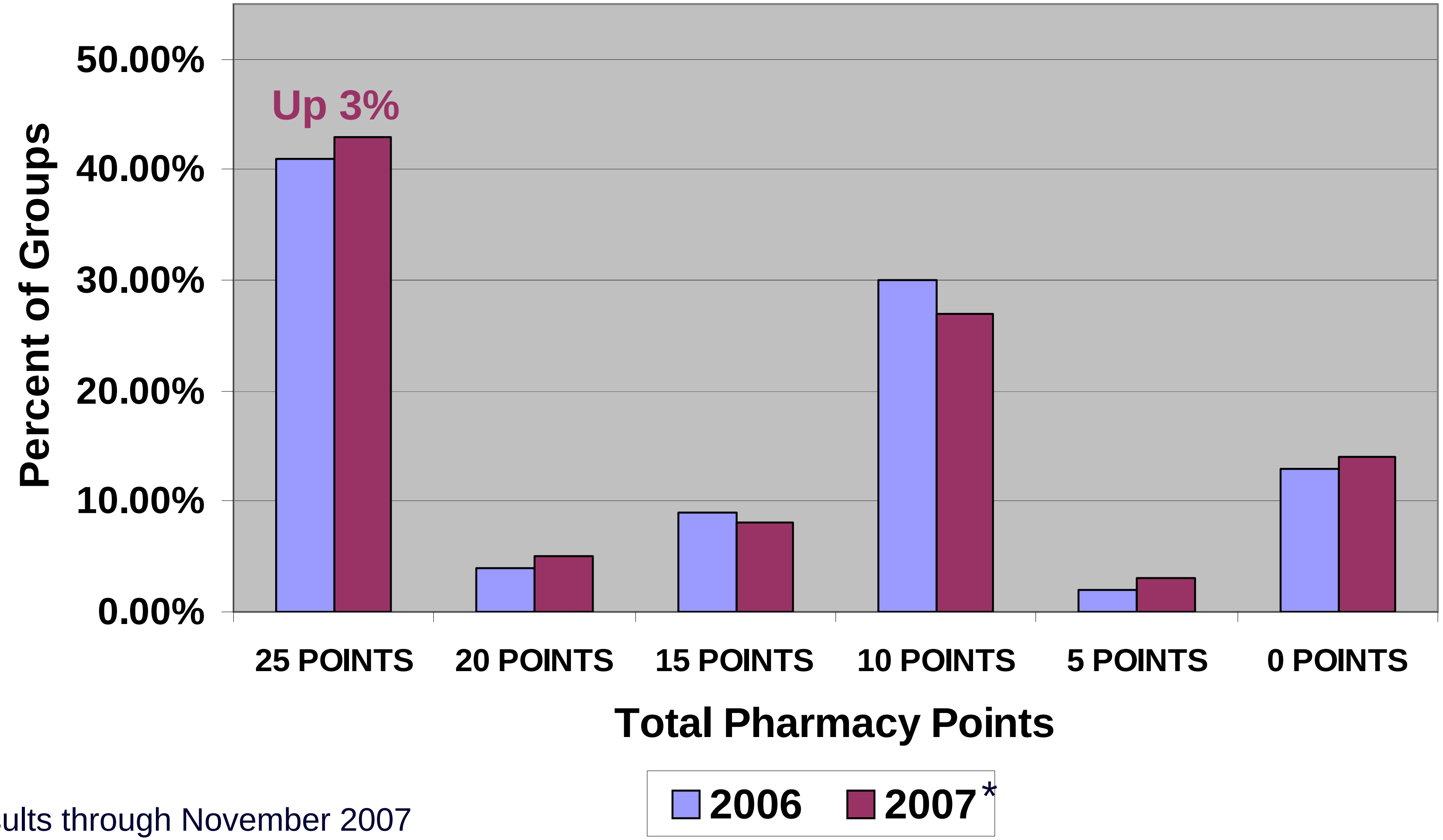
- All of the intervention groups are included within the network.
- In 2007, the number of prescriptions written by the intervention groups comprised 19% of the network's total prescriptions.

Rates of Increase: Intervention Groups vs Network



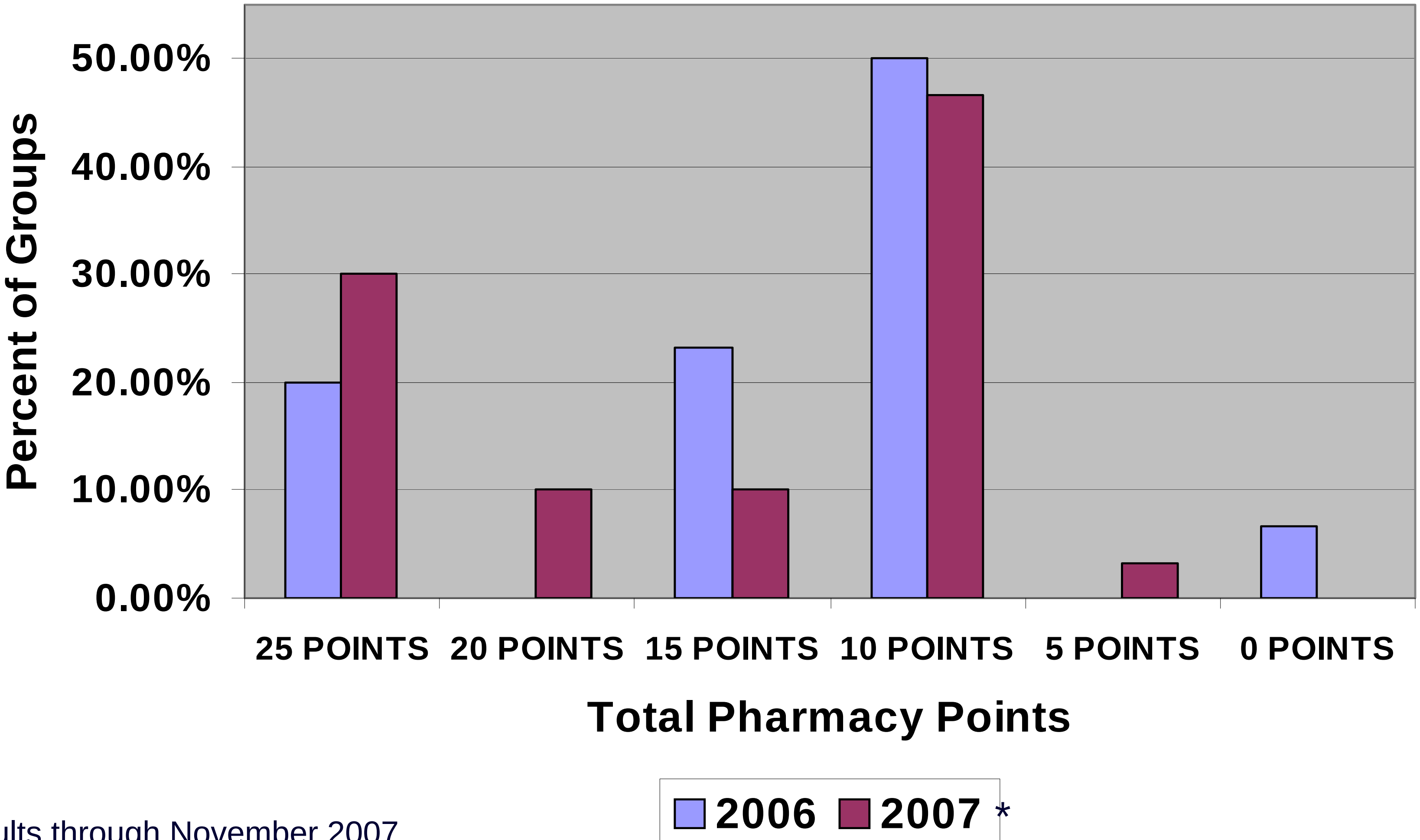
* Results through November 2007

Overall Pharmacy Points Achieved



* Results through November 2007

Intervention Group Pharmacy Points Achieved



* Results through November 2007

Summary of Interventions

- Assisted intervention groups in meeting or exceeding their previous generic utilization rates.

Resulting in:

  - 50% of intervention groups achieving 15 points or greater in the P4P pharmacy component.

- Contributed to a greater *rate of increase* among the intervention groups vs the network.
- Leading to an overall increase in generic utilization with the intervention groups while impacting the network.

Use of a Clinical Pharmacist

- Enhances quality of patient care
- Promotes evidence-based prescribing
- Optimizes cost-effective decision making
- Assists providers in attaining their P4P goals

Partners in Healthcare

Questions???