

# How to make use of aggregate spend data?

21 Oct 15 | Presented by Andy Bender & Brendan Washburn

# Agenda

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## **What is the CMS data base and how easy can it be accessed?**

- Tools to access this information
- Company spend information
- Competitor spend information

## **Connecting spend information with other data sources, to audit and monitor compliant behavior**

- Auditing and monitoring spend
- Medicare part D information
- Rx and ICD10 information

# Why is CMS Open Payments data worth paying attention to?

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- **The information is publicly available, easy to access and analyze**
  - Used by media, regulatory agencies, and the public
- **At the CBI Transparency and Aggregate Spend Conference, CMS stated**
  - CMS Website has a total of 6.5 million hits
  - Full data set downloaded 50,000 times
- **It's important to identify outliers in the data that could bring unwanted attention to your organization**
  - Do you have justification for the outliers?
  - Do you need to put corrective actions in place?

**BUSINESS DAY** *The New York Times*  
**Detailing Financial Links of Doctors and Drug Makers**

**Doctors Got \$6.5 Billion  
From Drug, Device Makers  
in U.S.**

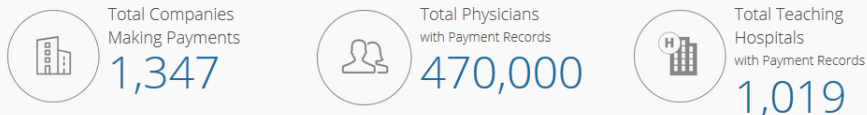
# What is CMS Open Payments data and what did we do with it?

- Companies started reporting related spend details to CMS in August of 2013
- CMS provides a web front end to search the data by company or HCP/HCO
- Dataset is publicly available on their website by June 30<sup>th</sup> each year
  - Downloaded in CSV file ~5-7 GB
  - Too large for Excel: we selected QlikSense
  - Alternatives: BI / Crystal / homegrown data analytics / reporting tool

## 2013 Summary (5 months)



▼ SHOW MORE DETAILS ▼



## 2014 Summary (full year)



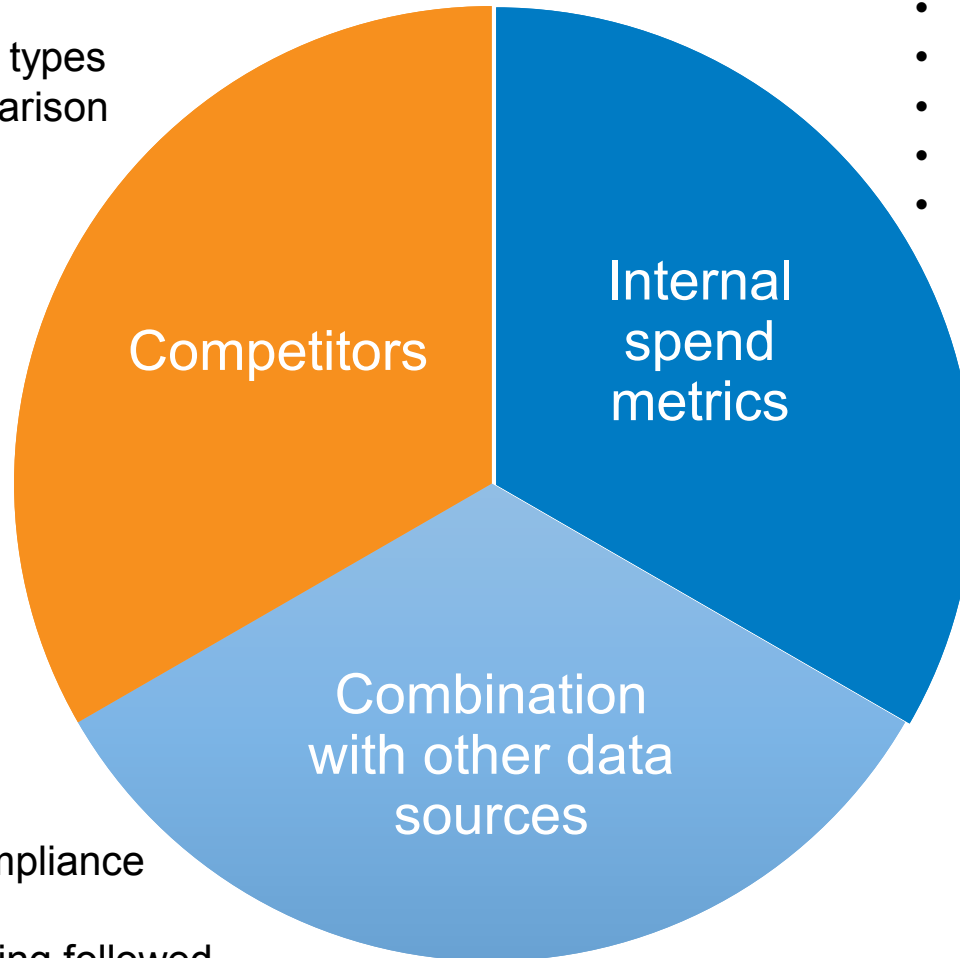
▼ SHOW MORE DETAILS ▼



# What will be in this database that is of interest?

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- Types of programs
- Comparison in spend types
- Average spend comparison



- Compliance with policies
- Analysis of spend
- Outlier analysis
- Monitor off label
- Utilization of HCPs

- Effectiveness of compliance
- Off label promotion
- Standard of care being followed

# The company dashboard allows monitoring of spend

## Dashboard to monitor overall spend for company X

Total Spend

**\$4,700,524**

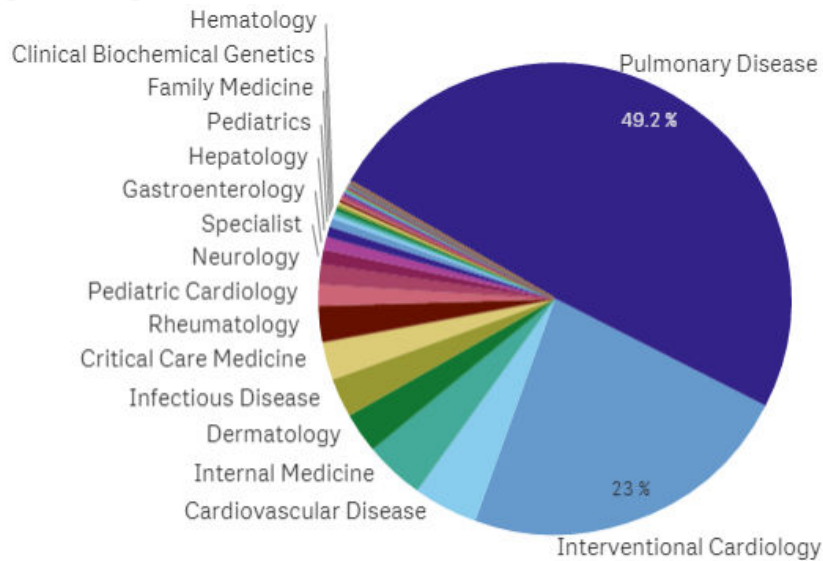
Physician Spend

**\$4,544,949**

# of Physicians

**8,498**

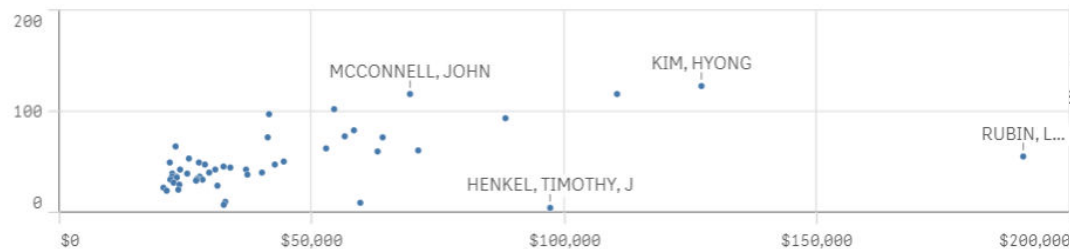
### Top 20 Specialties



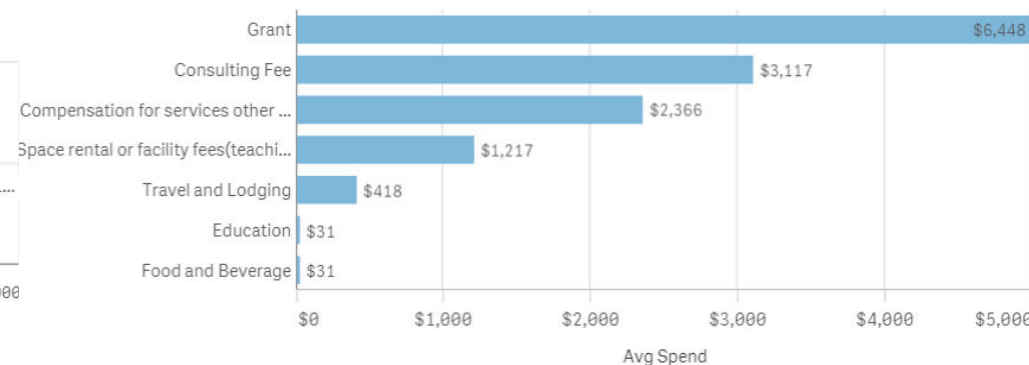
### Top 20 Physicians

Full Name	Q	Payment Amount	Avg Payment
RUBIN, LEWIS		\$190,959	\$3,410
KIM, HYONG		\$127,136	\$1,009
TORRES, FERNANDO		\$110,388	\$935
HENKEL, TIMOTHY, J		\$97,125	\$19,425
ZOLTY, RONALD		\$88,258	\$939
MINAI, OMAR		\$70,947	\$1,144
MCCONNELL, JOHN		\$69,321	\$587
MCLAUGHLIN, VALLERIE		\$63,902	\$852

### Top 50 Physicians



### Spend by Type



# Sample analysis that a compliance officer can use this data for

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## Sample Analysis

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- Specialty HCPs contracted
- Frequency of HCP usage
- Outliers in Payments/ Average Payments
- Frequency/price of meals by HCP and sales rep
- Value of meals within our policies?
- % of HCPs surpassing annual cap/ therapeutic area
- Attendees to speaker programs
- HCP specialty requesting reprints
- Increase in activity before /after release of new research data
- Payment to specialties not covered by our products

# The company dashboard allows monitoring of HCP spend

Total Spend  
\$4,522,824

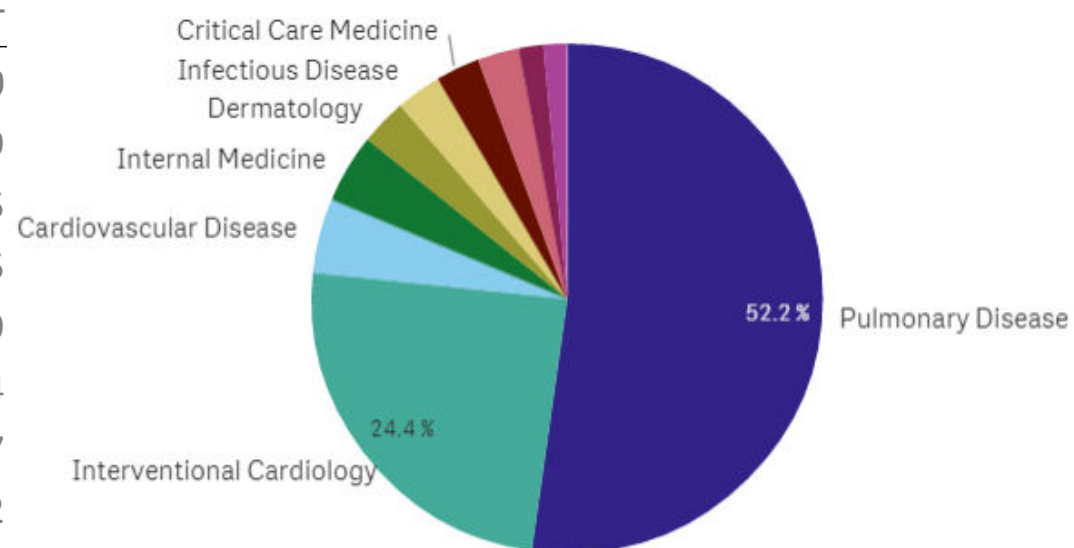
Physician Spend  
\$4,519,024

# of Physicians  
8,443

## Top HCPs

Full Name	PMT Total	# PMTs	Avg PMT
Rubin, Lewis	190,959	56	3,410
Kim, Hyong	127,136	126	1,009
Torres, Fernando	110,388	118	935
Henkel, Timothy	97,125	5	19,425
Zolty, Ronald	88,258	94	939
Mianai, Omar	70,947	62	1,144
McConnell, John	69,321	118	587
Mclaughlin, Vallerie	63,902	75	852
Forfia, Paul	62,891	61	1,031

## Top 10 specialties





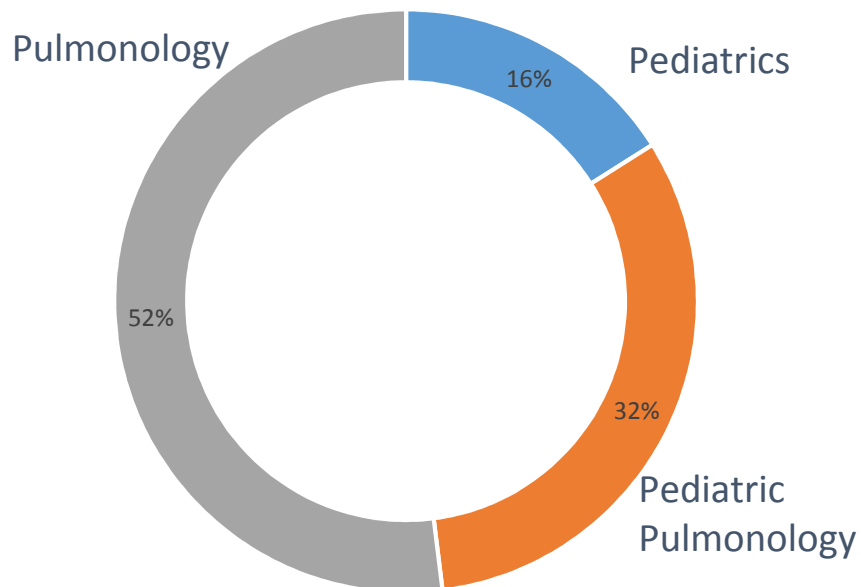
# Monitoring of spend caps

Consulting Payments - \$100K Spend Cap		Total Payment Amount	Number of Payments
⊖ RUBIN, LEWIS		<b>\$173,653</b>	23
⊕ Compensation for services other than consulting, including serving as faculty or as a speaker at a venue other than a continuing education program		\$9,672	1
⊕ Consulting Fee		\$163,981	22
⊖ KIM, HYONG		<b>\$103,387</b>	40
⊕ Compensation for services other than consulting, including serving as faculty or as a speaker at a venue other than a continuing education program		\$87,337	32
⊕ Consulting Fee		\$16,050	8
⊕ HENKEL, TIMOTHY, J		\$97,125	5
⊕ TORRES, FERNANDO		\$86,058	29
⊕ ZOLTY, RONALD		\$74,450	29
⊕ MINAI, OMAR		\$62,663	23
⊕ FORFIA, PAUL		\$54,604	15

Did the business follow the exception process for these consultants?

# Use data to identify off-label promotion

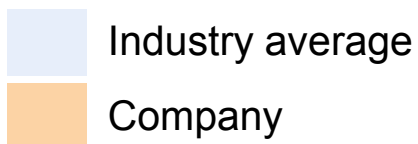
## Almost 50% of drug used in pediatric



## HCPs prescribing for Pediatric use

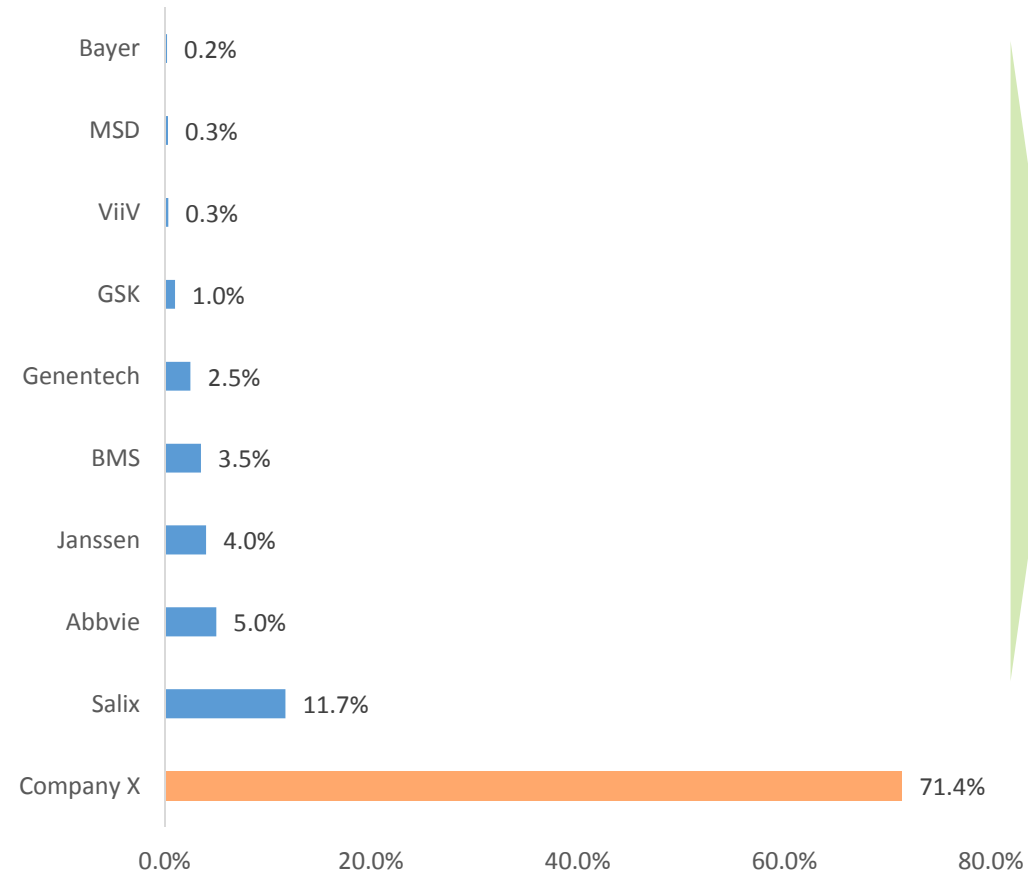
HCP Name	PMT
Whitley, Richard	512,421
Collaco, Joseph	65,123
Cannon, Carolyn	48,380
Futterman, Donna	44,686
Zanni, Robert	32,202
Mila, Carlos	26,920
Nakamura, Craig	22,309

# Are your payment amounts by type in line with the industry average?



# Identify who else your top consultants are working for

Other companies your top HCPs are working with

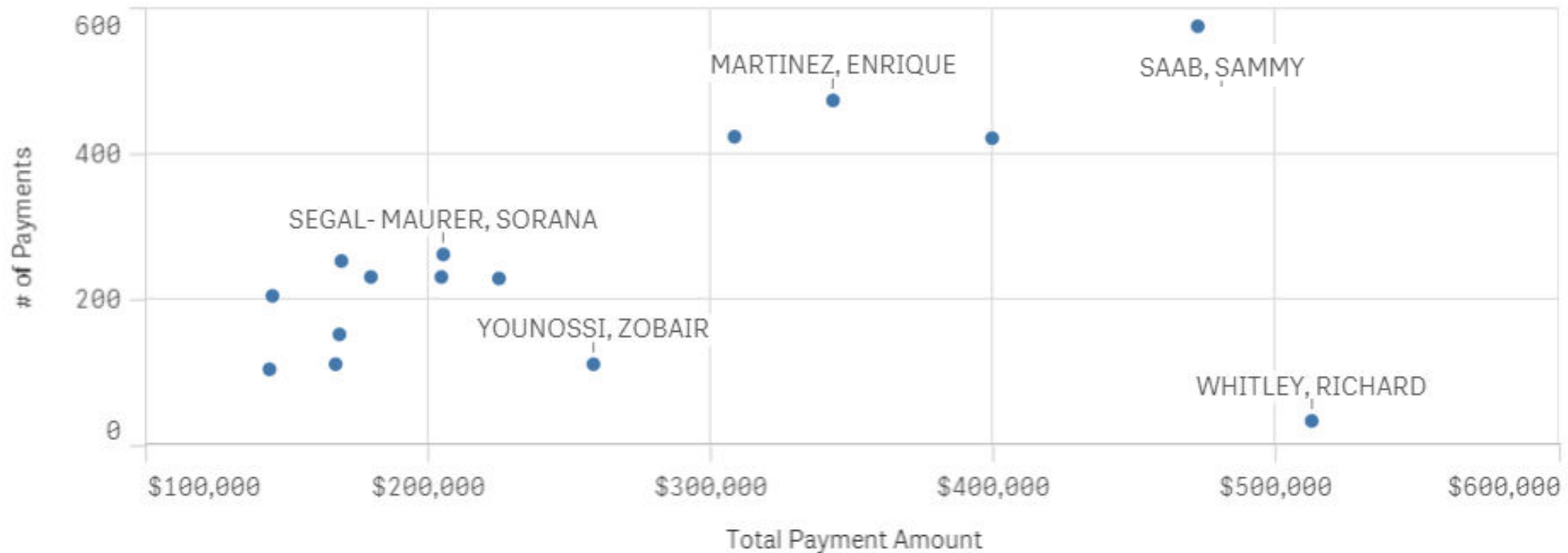


## Potential Analysis

- Identify HCPs that are working for other companies
- Identify types of spend (spend categories) for other companies
- Identify spend by category as % of overall revenue, analyze:
  - Differences in spend tactics
  - Trends

# Identify outliers among your top consultants based on overall payments...

## Physician Spend



Large total payment amount for a relatively low number of payments, will this bring unwanted attention to this consultant, and you by association?

## ... and with what others are paying for these events

	Total Payment Amount	Number of Payments	<u>Average</u>
SAAB, SAMMY	\$472,099	576	
Gilead Sciences Inc	\$127,020	127	
Compensation for services other than consulting, including serving as faculty or as a speaker at a venue other than a continuing education program	\$69,400	26	\$2,669
Travel and Lodging	\$15,436	52	
Honoraria	\$39,800	12	\$3,317
Food and Beverage	\$2,384	37	
Janssen Pharmaceuticals, Inc	\$33,396	39	
AbbVie, Inc.	\$85,882	88	
Salix Pharmaceuticals, Ltd	\$99,103	184	
Consulting Fee	\$2,500	1	\$2,500
Travel and Lodging	\$15,355	97	
Honoraria	\$77,314	48	\$1,611
Food and Beverage	\$3,934	38	

Drilling down to the details of the spend gives us better insight to how much other companies are paying for events.

# Its important to be aware of the limitations of CMS data

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- **The CMS data shows payment details for payments between companies and HCPs, but it does not provide all details**
  - No context around fee for service payments
    - Are speaker payments for ½ day or multi-day programs?
    - What services are being performed for payments classified as consulting? Or honoraria?
  - Research payments are shown as lump sum payments and do not provide enough detail
  - Travel payments do not provide distance of travel or start location only destination
- **The potential exists to arrive at conclusions without the full context**

# Agenda

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## **What is the CMS data base and how easy can it be accessed?**

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## **Connecting spend information with other data sources, to audit and monitor compliant behavior**

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- Rx and ICD10 information



# Connecting Open Payments with other data sources

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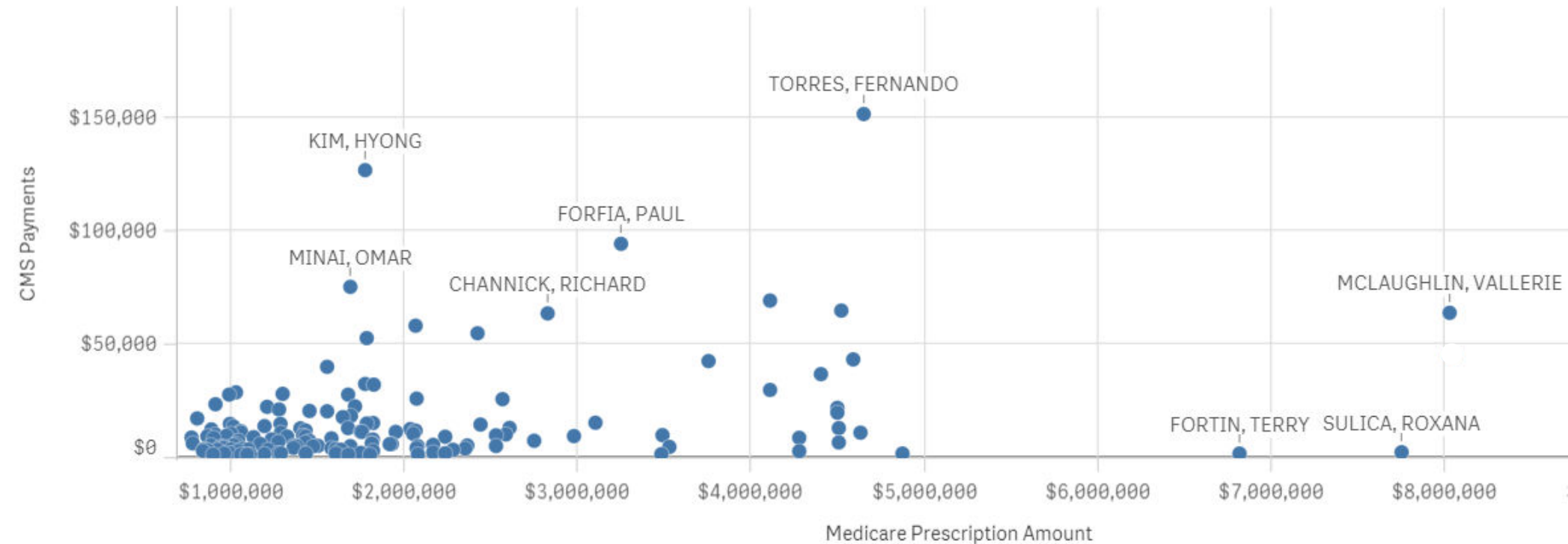
## Medicare Part D data

- Includes prescription information by physician for prescriptions filled by patients that participate in Medicare Part D plan (~2/3 of all Medicare beneficiaries) for 2013
- 23 million records; 2.7 GB of data
- \$81 billion total spend
- Data can be found on the CMS website and can be downloaded in bulk as tab delimited format or in groups by last name in MS Excel format

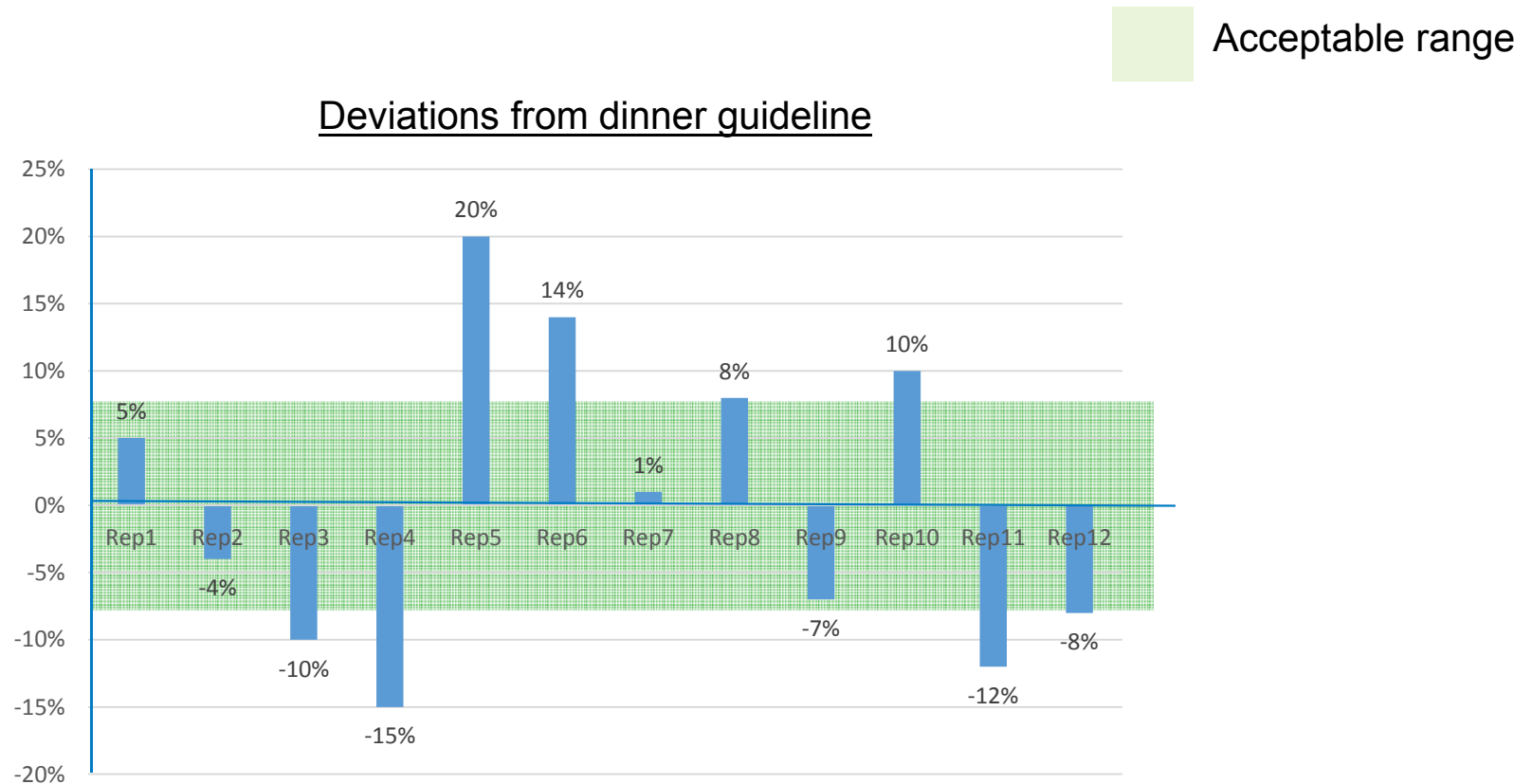
## Additional data sources

- Rx or Prescription data
- Debarment lists/sanction data
- ICD10 insurance claim data (off-label)

# Large amount of CMS payments and high Medicare prescription dollars could be a cause for concern

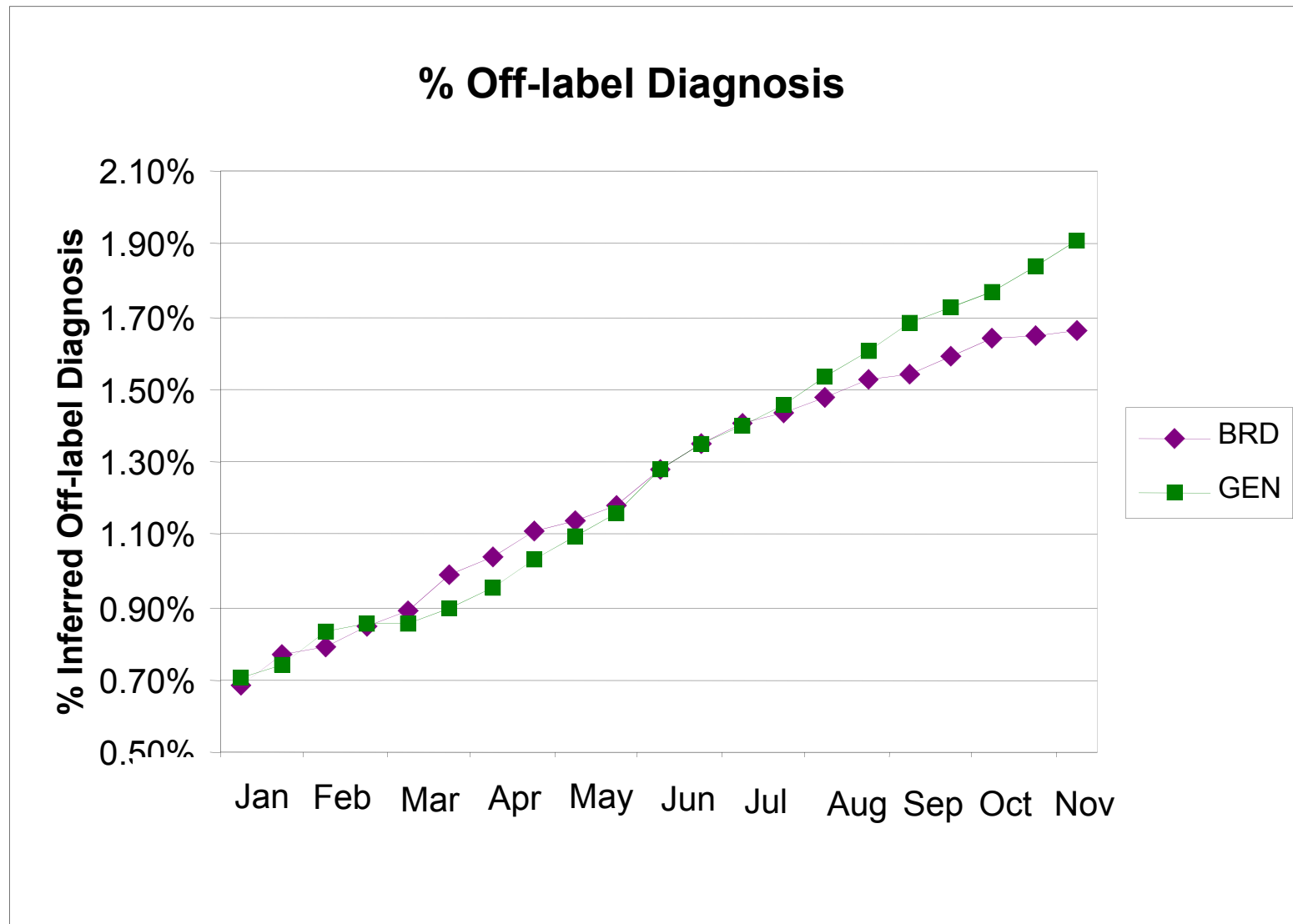


# Using transparency and other data to monitor compliance



# Monitoring off-label prescribing of HCPs attending speaker programs

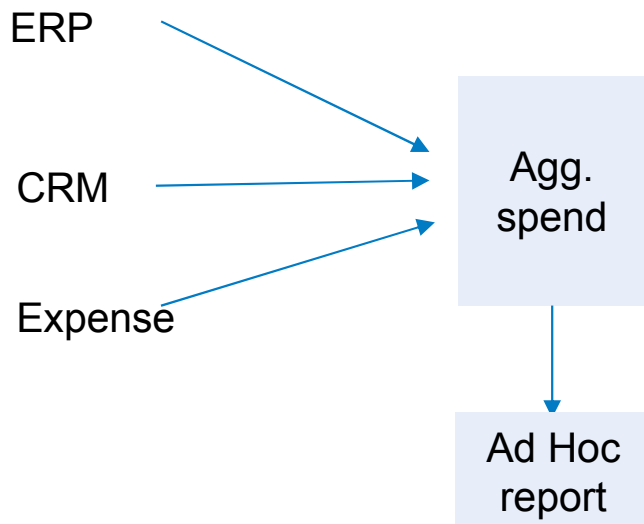
Connecting, Rx, ICD10 data with HCPs attending speaker programs



# Investments in data marts to collect additional information and allow for flexible reporting

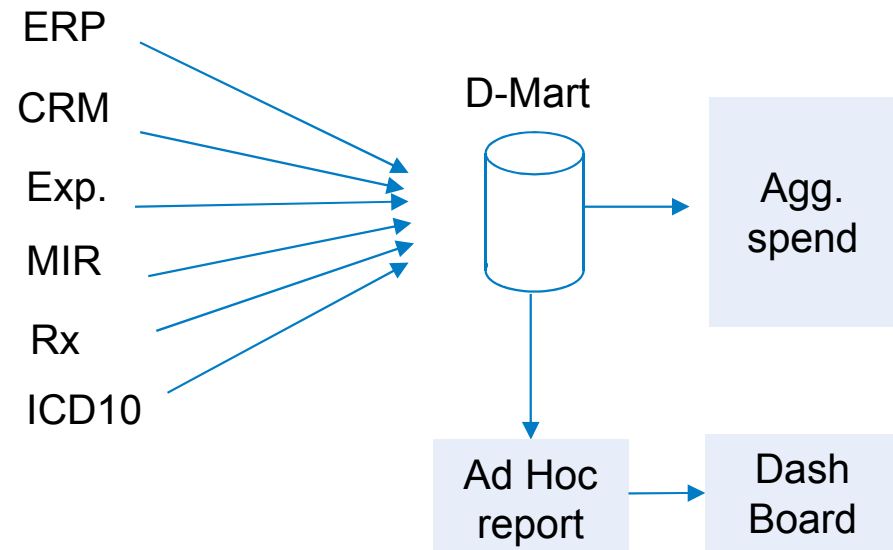
## Model 1

Designed to address aggregate spend reporting need, limited functionality



## Model 2

Strategic design to collect additional information for decision making purposes



Data mart allows for more flexibility in collecting data beyond aggregate spend needs

# Questions

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# Contact information

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