



Pharmacoeconomic Outcomes of a Pharmacist-Led Medication Review Program

Susan Steele, PharmD

Director of Pharmacy, GEMCare Health Plan

Consultant Pharmacists:

Ryan Gates, PharmD, Matthew Dehner, PharmD, BCPS
(ARS Response Card: Channel 51)

Disclosure

“Susan Steele, declares no conflicts of interest or financial interests in any product or service mentioned in this presentation, including grants, employment, gifts, stock holdings, or honoraria.”

“Ryan Gates and Matthew Dehner declare partial ownership in both Frontline Pharmacy Consulting and CliniCoSoft and no other conflict of interest or financial interest.”

Learning Objectives

- Describe the economic and clinical outcomes that are affected by clinically trained pharmacist provided medication reviews
- Identify common recommendation categories for medication changes identified during medication reviews

Brief Overview

Medicare Cost Share Model intentions

- Control program costs
- Encourage physician and patient communication about choice of therapy and cost effectiveness
- Provide assistance when costs become catastrophic
- **Proactive approach**

Brief Overview

Reality

- Less than half of patients know their plan includes a coverage gap
- Many physicians feel discussing costs with patients is important, very few actually do it

Hsu J, Fung V, Price M, Huang J, Brand R, Hui R, Fireman B, Newhouse JP. Medicare beneficiaries' knowledge of Part D prescription drug program benefits and responses to drug costs. JAMA. 2008 Apr 23;299(16):1929-36.

Shrank WH, Asch SM, Joseph GJ, Young HN, Ettner SL, Kholodenko Y, Glassman P, Kravitz RL. Physicians' perceived knowledge of and responsibility for managing patients' out-of-pocket costs for prescription drugs. Ann Pharmacother. 2006 Sep;40(9):1534-40. Epub 2006 Aug 15.

Health Plan/County Demographics

- GEMCare Health Plan, Kern County, CA
- ~8,000 enrollees
- Kern County is medically underserved
 - CA averages 262 physicians/100,000 population
 - Kern County averages 132 physicians/100,000 population
 - Number of Geriatric specialists is limited
- 65 & older population has increased 21% since 2000 in Kern Co.

State Health Facts (2009). California: <http://statehealthfacts.org>

<http://www.bakersfield.com/news/business/economy/x254541985/Kerns-unemployment-holds-steady-in-July>

Source: 2009 County Health Status Profiles, California Department of Public Health

Program Initiation

Goals of Program

- Reduce number of members falling into the Medicare Gap
- Reduce overall drug cost to plan
- Reduce overall drug cost to members
- Improve overall utilization in the Prescriber population

Program Initiation

- Targeting medications
- Introducing the concept

Patient Demographics

Patient Population

- Medicare eligible patients enrolled with GEMCare Health Plan in Kern County, CA
- Members invited to participate included those on targeted medications with a Primary Care Physician in the targeted pilot group

Participation

- Approximately 50% of members invited
- 319 members seen
- 14 excluded from results

Program Methods

- Preparation
 - Pharmacy claims history
 - Member information (name, PCP, DOB, etc)
- Interview
 - Medical history
 - Medication review
 - Medication and disease state education
- Recommendations
- Follow up

Overall Interventions

Number of Interventions Recommended 1174

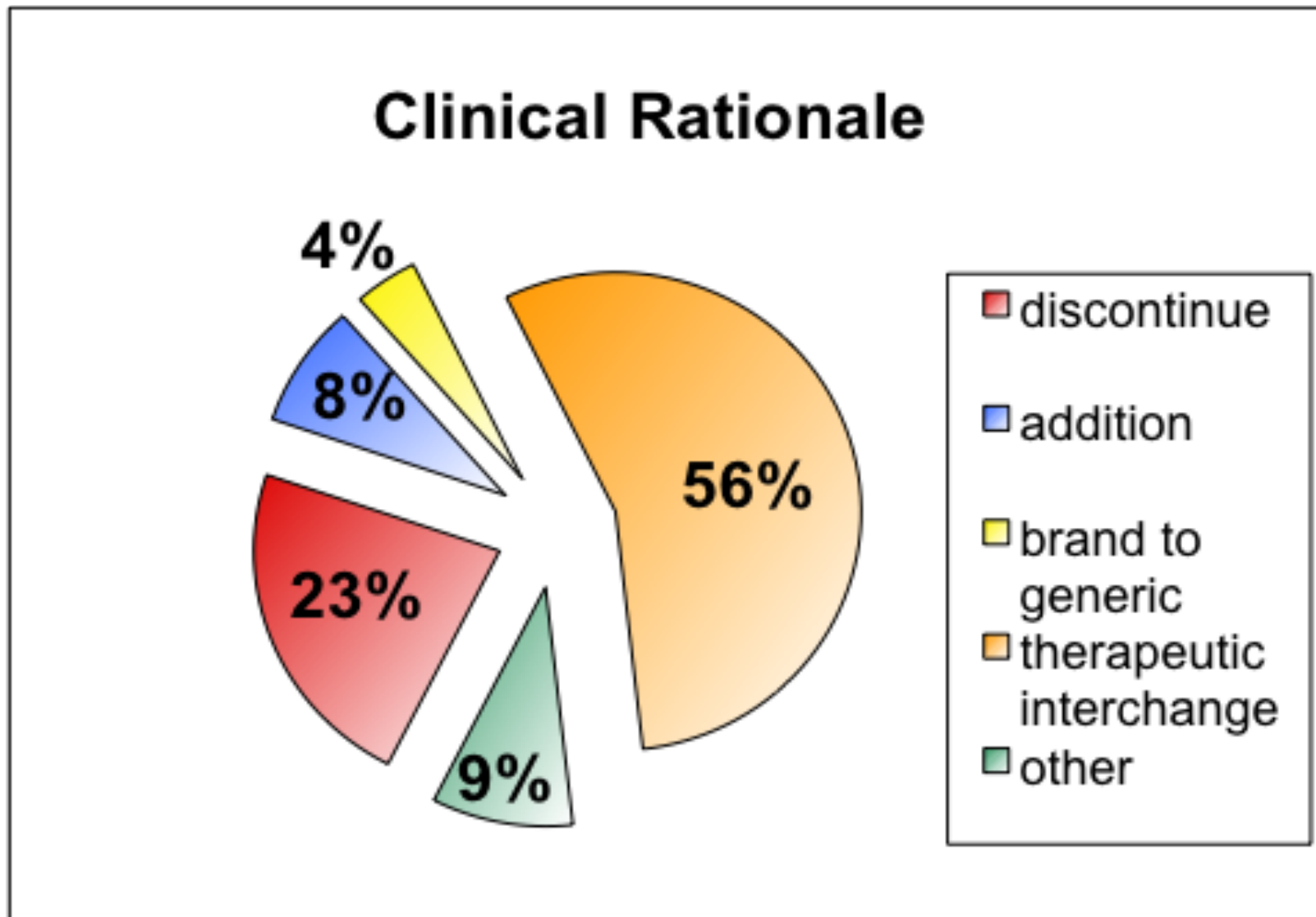
Number of Interventions Implemented 726

Number of Implemented Changes Sustained 666

Overall Conversion Rate 62%

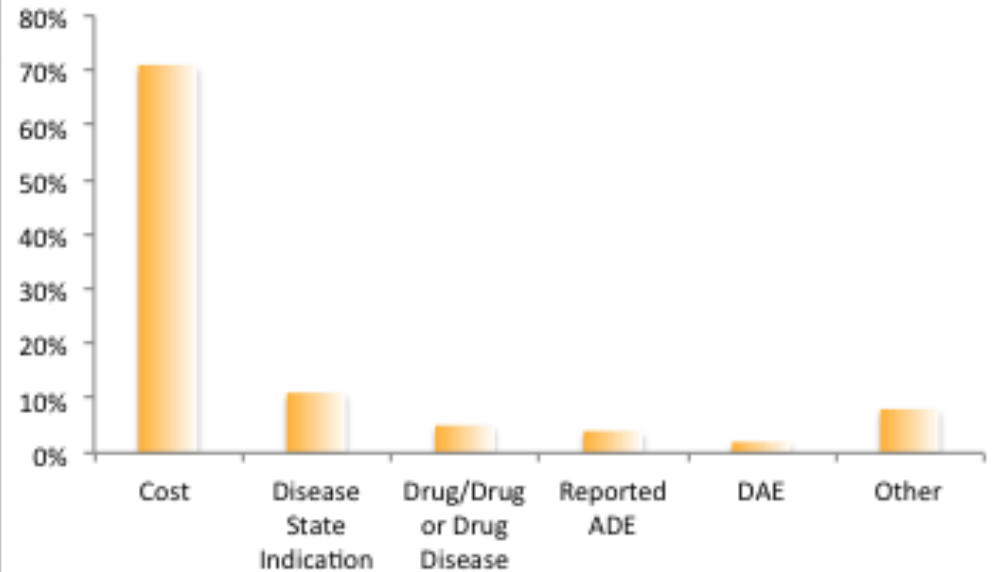
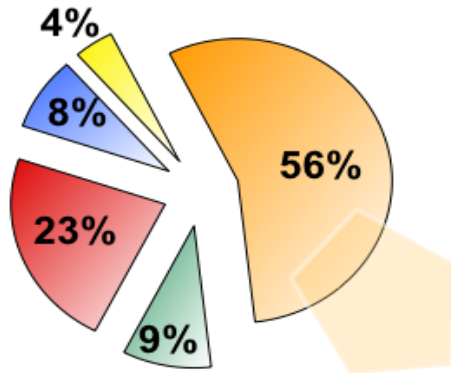
Overall Retention Rate 92%

Clinical Rationale – Change is Good



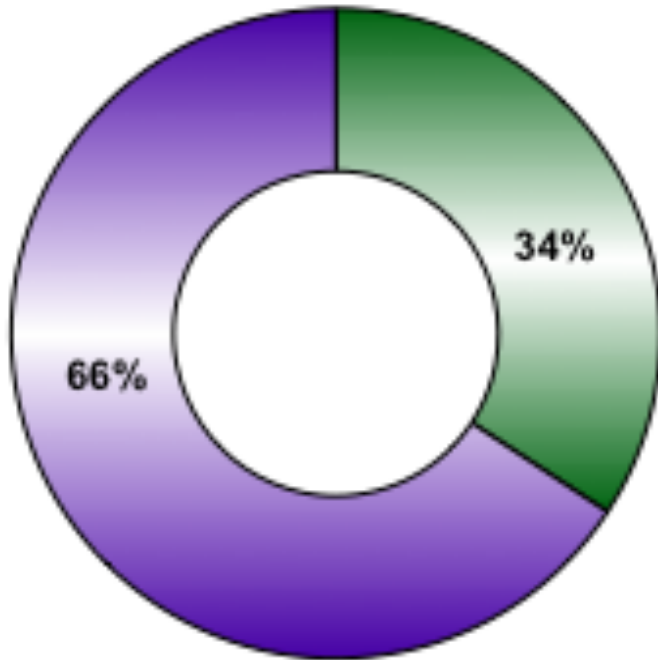
Clinical Rationale – Change is Good

- discontinue
- addition
- brand to generic
- therapeutic interchange
- other

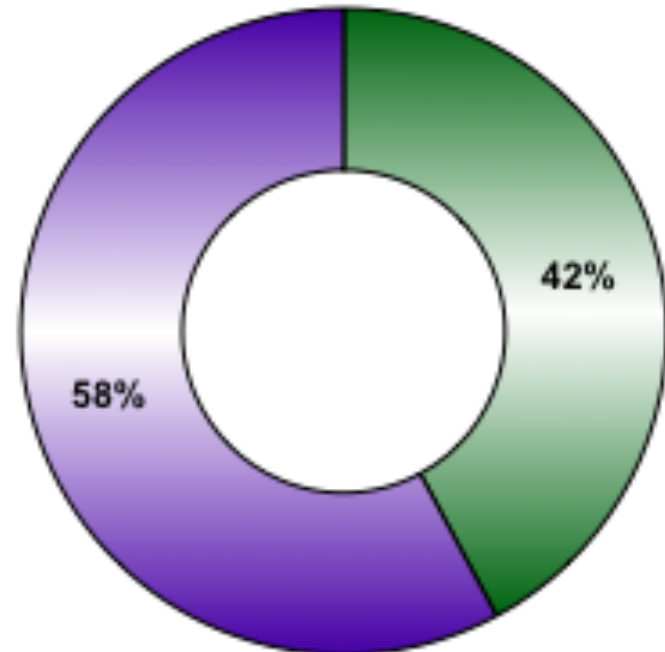


Hitting The Target

Recommendations



Implementations



Implementation of change of Targeted Medications: 76%

Top Conversions

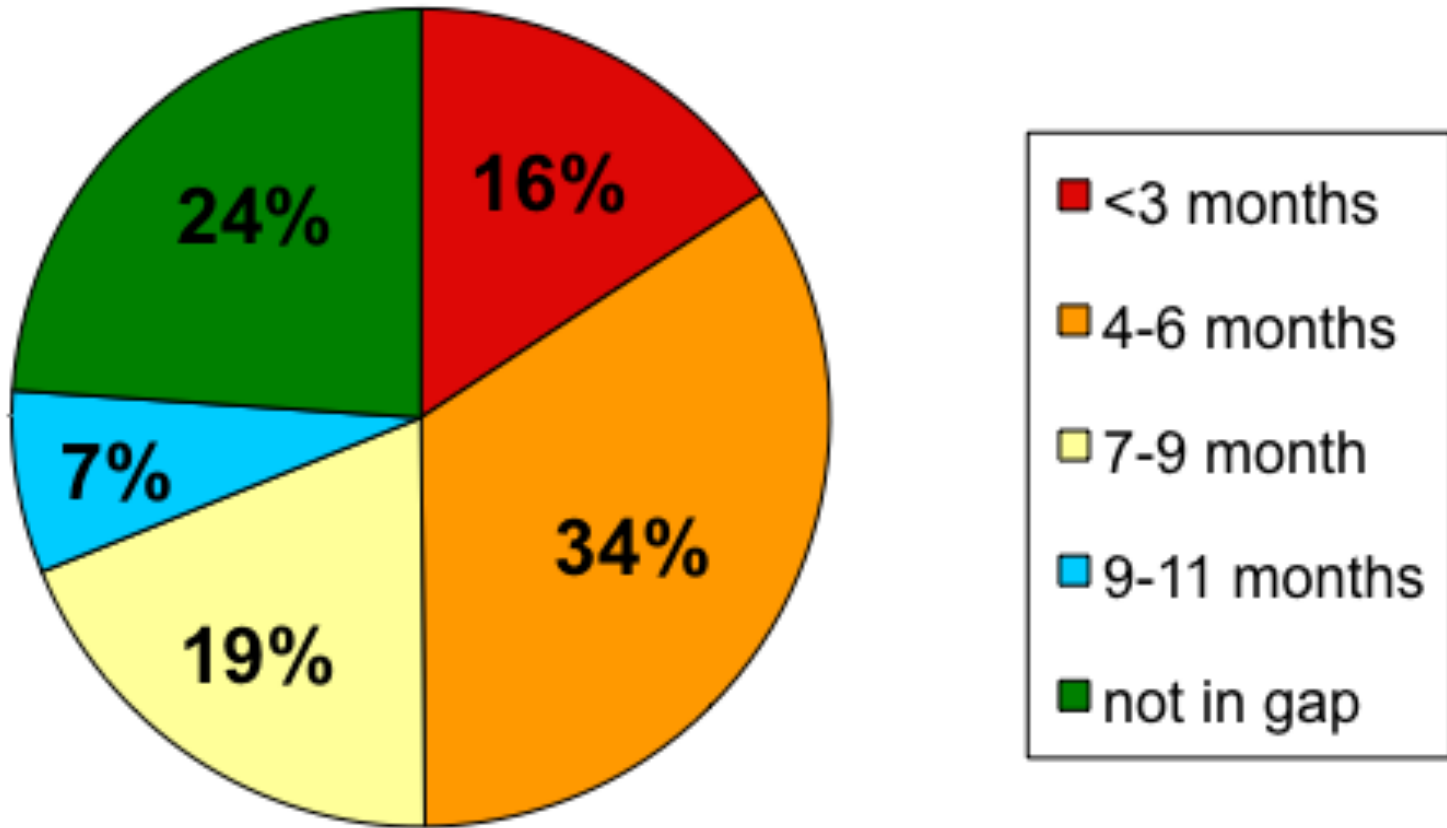
	Pre-Visit	Sustained Change	Conversion Rate	Retention Rate
Lipitor**	52	38	85%	84%
Actos	42	28	71%	93%
Advair	31	24	97%	75%
Pantoprazole**	26	22	92%	91%
Spiriva	26	20	85%	90%
Crestor**	22	16	82%	88%
Diovan**	26	16	65%	94%
Plavix	35	15	46%	93%
Lovastatin**	27	11	44%	91%
Celebrex**	13	10	85%	90%
Flomax**	20	10	50%	100%
Glyburide	17	10	65%	90%
Lexapro**	14	10	71%	100%
Aricept	16	9	63%	89%
Nexium**	11	9	82%	100%

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

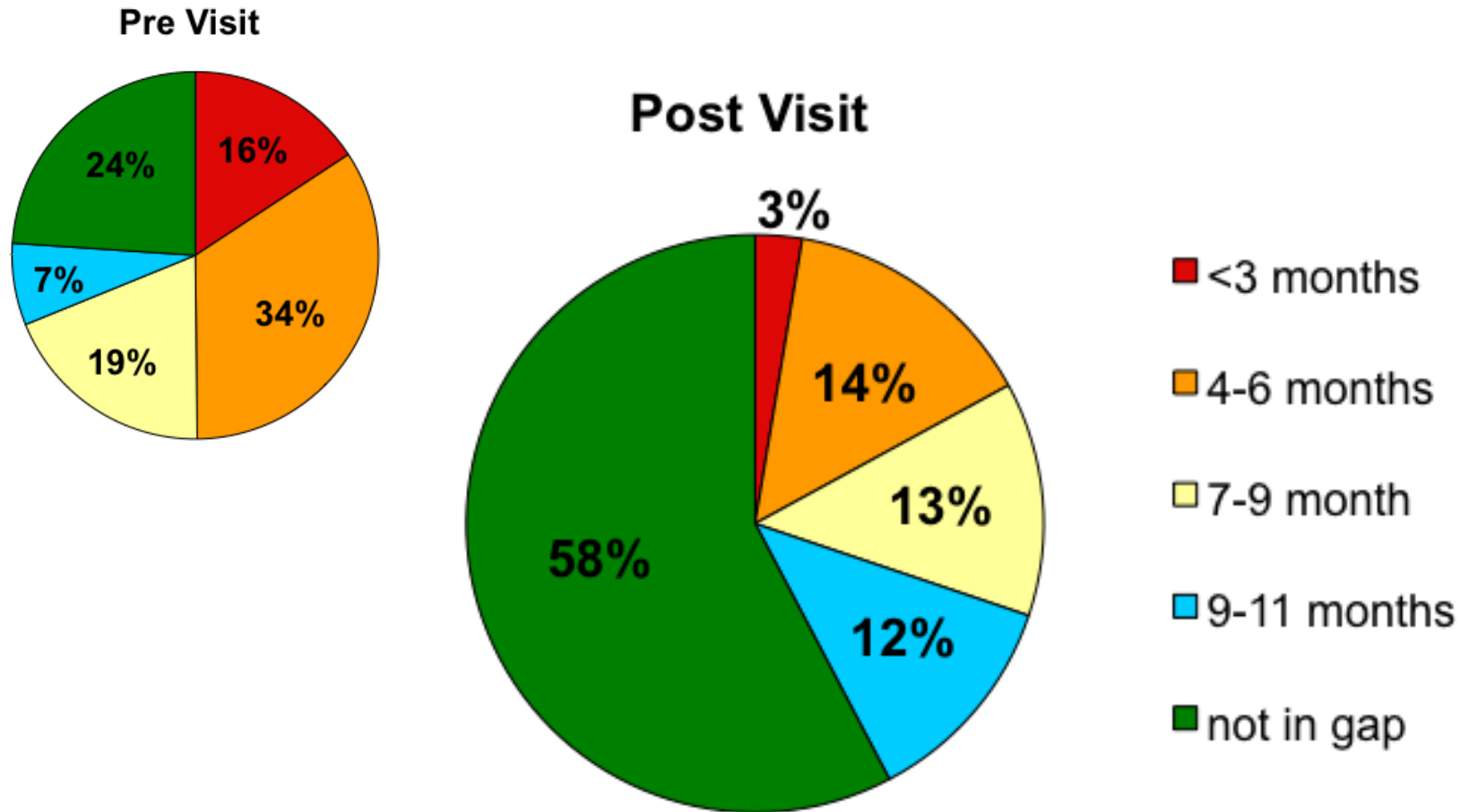
This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Medicare Gap

Pre Visit



Medicare Gap



Financial Data

Fiscal Impact

	Monthly	Annually
Pre-Visit Drug Spend (Company)	\$102,057.95	\$1,224,695.40
Post-Visit Drug Spend (Company)	\$53,982.56	\$647,790.72
Pre-Visit CoPay	\$33,882.17	\$406,586.04
Post-Visit CoPay	\$20,051.06	\$240,612.92

Fiscal Impact – The Bottom Line

Total Annual Savings (Company): \$603,580.66

Total Annual Savings (Member): \$165,973.32

Return on Investment

Program Savings:	\$603,580.66
Cost of Program:	~ <u>\$55,357.00</u>
Total Savings:	\$548,223.66

ROI: 1100%

TOTAL annual drug spend: \$8,985,578.72

This return on investment for 305 patients equates to 6.1% of the total drug spend.

Improved Utilization

	2009	2010	2011
Annual script count	205,079	216,674	228,343
Average plan cost per script	\$33.91	\$31.67	\$30.66
PMPM cost	\$105.35	\$98.69	\$96.87
Generic Utilization	80.16%	84.5%	86.7%

Clinical Outcomes

Prior to Program:

- 21 patients ER/Hospitalizations
- Total of 36 visits

Post Program:

- 10 patients ER/Hospitalizations
- Total of 28 visits

Of the 28 visits after participation in the program, none were considered clinically related to the medication change.

Current Program

- Expanded to phone consultations as well as in person
- Increased the number of Pharmacists seeing patients
- Continuation of targeting and inviting members
- Have folded into MTMP program
- High risk medical home clinic

Logistics

- Targeting Criteria
- Pre-visit preparation
- Patient Interviews and feedback
- Recommendation format
- Physician feedback
- Scalability
- Reproducibility



Assessments

Assessment Question 1

Economic and clinical outcomes that are affected by Clinical Pharmacist-led medication review include:

1/A Total drug cost to plan

2/B Member co pay





3/C Hospitalizations

4/D A and B only

5/E A, B, and C

Assessment Question 2

The two most common reasons for recommending changes to medication regimens during this Medication Review Program were:

-  Generic substitution and therapeutic interchange
-  Generic substitution and discontinuation of unnecessary medication
-  Therapeutic interchange and addition of indicated medication
-  Therapeutic interchange and discontinuation of unnecessary



Questions?

Contact Information

For more information please contact:

Susan Steele, PharmD

Director of Pharmacy

GEMCare Health Plan

661-377-0712

ssteele@gemcarehealthplan.com
Ryan@CliniCoSoft.com

Ryan Gates, PharmD

President, Frontline Pharmacy
Consulting

Managing Partner, CliniCoSoft

661-319-3403

Matthew Dehner, PharmD, BCPS

Vice President, Frontline



Presentation Evaluation

Please get your ARS Response Card ready