

Maximizing Patient Assistance Programs (PAP's)

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Rockford, Illinois

The speaker has no conflicts to disclose.

Pharmaceutical Assistance Programs

300+ manufacturers offer free replacement
of **4000+** eligible drugs and dosages

In 2007, Pfizer helped 1.1 million uninsured patients access 7.7 million prescriptions worth \$800 million in wholesale prices.

** Drugmakers Offer Aid To People 'on the Edge' The Washington Post, July 1, 2008.

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Definition

Pharmaceutical Assistance Programs (PAPs) are sponsored by the pharmaceutical manufacturers

- Available for low-income, uninsured and underinsured patients
- Enrollment requires patient medical and financial documentation
- PAPs are available for Inpatient, Outpatient and Infusion patients
- Manufacturers send the approved drug to the pharmacy or patient

Manufacturers Don't Make it Easy

- More than 700 unique eligibility qualifications
- Constantly changing requirements
- Piles of paperwork and forms
- No notification of new programs
- Strict reporting guidelines

Evaluating Vendor Models

Software

- Minimal cost
- Health-system resources used
- Limited recovery/savings
- Retail outpatient, charity and smaller facilities

Remote support

- Vendor & Health-system resources used
- Increased recovery/savings
- Recovery fee splits or fees per application
- Small to medium facilities, inpatient, outpatient and infusion centers

On-site full service support

- Vendor resources primarily used
- Maximum recovery/savings
- Recovery fee splits
- Medium to large facilities, inpatient, outpatient and infusion centers

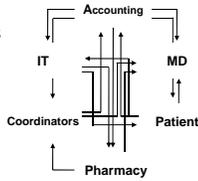
As a result, most pharmacies...

- Don't participate in medication assistance programs
- Don't understand the complexities and time needed to administer successfully
- Don't maximize their savings
- Internal capture at SAHS previously captured approximately \$2,000/month on 2-3 drugs.



Outsourcing Optimizes Savings

- Patient ID'd
 - Meditech Report identifies eligible patients to pre-selected medications
- Application prepared by Vendor
 - May require signatures by patient, MD, DOP, etc
- If approved “replacement” drug sent to SAH
 - Inventory and invoices are segregated until verification
- Patients account is credited
- On-site Manager provides monthly QA and audit reports



After Outsourcing PAP...

FACILITY	TOTAL RECEIVED
Swedish American Hospital	\$211,075.16
Swedish American Medical Oncology	\$221,939.91
TOTAL RECEIVED (Gross)	\$433,015.07
Debit	\$173,205.65
TOTAL RECEIVED (Net)	\$259,809.42



~1.5% OF SAHS TOTAL DRUG SPEND!!

Other Features of Outsourcing

- **Win - Win opportunity**
 - The more savings identified by the vendor, the more savings to the health system
- **Savings may be provided for devices (ie stents)**
- **Become a “rock star”!**

Questions

ICHP 2011 Annual Meeting
Management Pearls
Thomas Carey, PharmD

Post Test Questions:

True or False

1. Patient Assistance Programs are intended for low-income, uninsured or underinsured patients?
2. Patients Assistance Programs can be done internally or can be outsourced?
3. Outsourcing Patient Assistance Programs requires the least amount of internally staffing time?
4. Outsourcing Patient Assistance Programs typically results in more savings than if done internally?

Patient's Own Medications: *Use them or lose them?*

Travis Hunerdosse, Pharm.D.
Pharmacy Specialist Supervisor
Drug Policy, Procurement & Utilization
Rush University Medical Center

This speaker has no conflicts of interest to disclose.

Which best describes the use of patient's own medications at your facility?

- A. Patient's own medications are widely used at my facility.
- B. Patient's own medications are sometimes used at my facility.
- C. Patient's own medications are never used at my facility.
- D. What are patient's own medications?

What is a Patient's Own Medication?

- Patient's Own Medication (POM)
- A medication brought in by the patient, family member, or licensed independent practitioner for use while the patient is under the hospital's care



Medication Safety Issues and POM

- Integrity of medication
 - Storage?
 - Expiration?
 - Adulterated or contaminated?
 - Proper handling?
- Administration of duplicate doses
- Prescribing duplicate therapy
- Inadvertent administration by patient and/or family member

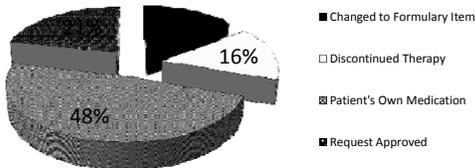
Other Considerations with POM

- Loss of patient's own supply
- Forget to send home upon discharge
- Storage and access
- Bar code medication administration



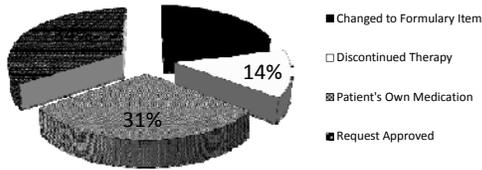
POM Use at Rush University Medical Center

Non-Formulary Request Outcomes
July - September, 2010



POM Use at Rush University Medical Center

Non-formulary Request Outcomes
January – March, 2011



The "Rules"

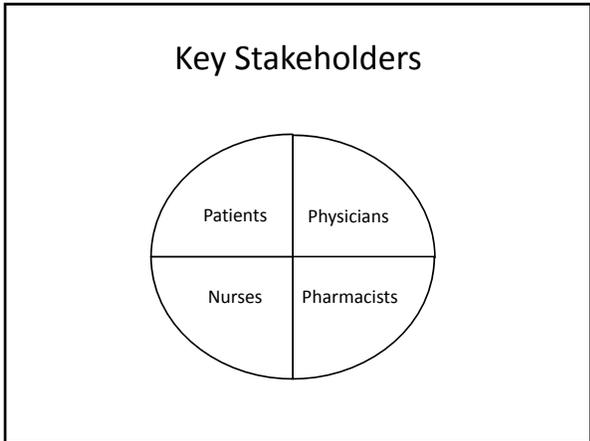
- Centers for Medicare & Medicaid Services (CMS)
- CMS Interpretive Guideline §482.25 (b)(1)
- "...compounding, dispensing and packaging of drugs and biologicals are performed under the supervision of a pharmacist, in accordance with applicable laws and in a manner to promote patient safety."

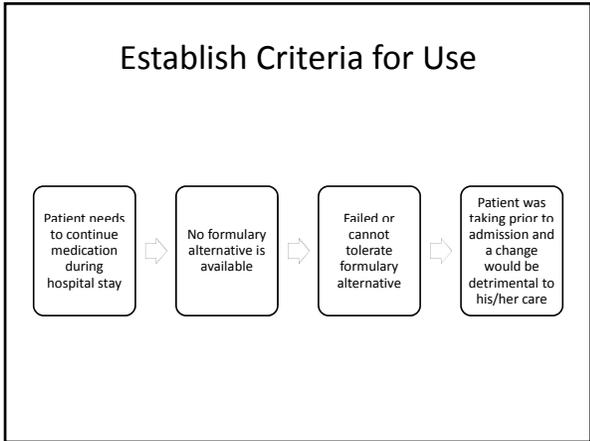
CMS Guidelines, State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, (Rev. 47, 06-05-09)

The "Rules"

- The Joint Commission, Standard MM.03.01.05
- "The hospital safely controls medications brought into the hospital by patients, their families, or licensed independent practitioners."
 - Define when POM can be administered
 - Identify the medication and visually evaluates the medication's integrity
 - Inform prescriber and patient if POM is not permitted

The Joint Commission Hospital Accreditation Requirements. Standard MM.03.01.05. The Joint Commission E-dition, Updated June 29, 2011.





- ### The Good
- Allows for continuation of home therapy when pharmacy cannot obtain in a timely manner
 - Medications only available through a restricted access program
 - Bosentan (Tracleer®), Lenalidomide (Revlimid®)
 - Medications only available in a multi-use package or container
 - Oral birth control, exenatide (Byetta®)
 - Medications that are part of a clinical trial

The Bad

- Controlled substances
 - High risk medications
 - Secure storage issues
- Herbal and dietary products
 - Absence of regulations
 - Concerns regarding standardization, contamination, adulteration, mislabeling
- Non-FDA approved / foreign medications

FDA Policy on Importation of Drugs (1998)

- Intended use is unapproved and for a serious condition for which effective treatment is not available
- No promotion by those involved with distribution
- Does not represent unreasonable risk
- Individual seeking import affirms in writing that it is for patient own use
- Limited to 3 month supply
- Continuation of therapy initiated in a foreign country

"Policy on importation of drugs." www.fda.gov . Accessed June 7,2011

Domperidone

- June 7, 2004 FDA warned pharmacies that it is illegal to compound domperidone
- Potential health risks to lactating women
- Patients with severe gastroparesis or GI motility disorders refractory to standard therapy may benefit
- Physicians encouraged to open Investigational New Drug Application requesting FDA authorization to administer to humans

"How to obtain domperidone." www.fda.gov . Accessed June 7,2011

Procedure for Use of POM

- Physician order including dose, dosage form, frequency and route
- Pharmacist assessment and verification
 - Identification (color, shape, and imprint)
 - Integrity
 - Original container
- Documentation of assessment in progress notes section of medical record
- Documentation of nurse administration on medication administration record (MAR)

Stages of Implementation

- P&T Committee
- Nursing /Pharmacy
- Risk or Legal

Policy Development

Education

- Dear Doctor Letter
- Talking Points
- Formal Education
- Scripted Responses

- Non-formulary requests
- % use of POM

Monitoring

Next Steps

- Monitor measures of success
 - Number of non-formulary requests
 - Percent use of POM
- Develop list of restricted access medications
 - What medications fall into this category?
- Address ambulatory clinic “white bagging”
 - Medications brought in by patients for administration in the clinic setting
 - Can be dictated by patient’s insurance coverage
- Ongoing targeted education

ICHP 2011 Annual Meeting
Management Pearls
Patient's Own Medications: Use them or lose them?
Travis Hunerdosse, Pharm.D.

Post Test:

1. Which of the following are key stakeholders in developing a patient's own medication policy?
 - A. Physician
 - B. Pharmacist
 - C. Nurse
 - D. Patient
 - E. All of the above

2. Which of the following is a medication safety concern with the use of patients own medication?
 - A. Losing the patient's own supply of their medication.
 - B. Not being able to verify the integrity of the patient's own medication.
 - C. Not sending the patient's supply of medication home with him/her upon discharge.
 - D. Not allowing the patient to take their own supply of medications when formulary alternatives are available.

Branding and Influence for Change

Illinois Council of Health -System Pharmacists
September 16th 2011
Desi Kotis Pharm.D
Director, Pharmacy

I

11/11/2011

Disclosure

I have no relationships, financial or otherwise, or any other form of conflicting interest to disclose relating to the content of this presentation.

Objectives

- Explain the key elements critical to influencing change.
- Cite two key principles for transforming your personal brand.

Branding and Influence for Change

- “The US is doing an especially “rotten job” of delivering chronic care, but at spectacular “cost.”

Susan Detzer
Health Affairs
January, 2009

Balance: Delivering Better Care at a Lower Cost

- \$2.4 trillion and growing
- Life expectancy at new highs
- Rapid growth of multiple chronic illnesses over age 44
- Increasing reliance on medication use
- Increasing cost sharing

Impact of Economic Crisis on Finances

- Debt markets are stressed
- Cash reserves are stressed making bond market unattractive
- Reductions in charitable donations
- Reduction in investment income
- Hospital operating margins continue to be bombarded
 - Reductions in elective healthcare spending
 - Increasing interest rates on variable-rate debt
 - Increasing bad debt expense associated with elevated levels of unemployment and loss of healthcare benefits
 - Steadily increasing supply costs

Key Concepts—Creating Your Brand

- Personal brands are cumulative perceptions others have of traits, behaviors, and actions
- What you think of yourself is your internal brand
- How others see you is your external brand
- Personal brand credibility is a function of others' perceptions of your competence, trustworthiness, passion, tenacity

Key Concepts—Creating your Brand

- To begin transforming your brand in a professional context, identify resources (knowledge, skills, leadership, communication skills, etc.) most valued and needed by the organization, and develop those resources

Key Concepts --- Influencing Others

- Influence is the power to effect change, the capacity to shift other people's thinking or actions by means of discussion, example, or even by mere force of personality
- Influencing involves 4 critical elements
 - Establishing credibility
 - Framing goals to identify common ground
 - Reinforcing position with compelling and vivid evidence
 - Connecting emotionally with the audience

Key Concepts --- Influencing Others

- To influence effectively you need to identify shared benefits and connection with what you are proposing and what your audience needs or wants relative to your idea
- Find common ground with your stakeholders
 - Especially the Decision Maker

Key Concepts – Influencing Others

- To present persuasively and with credibility, you should state your assumptions clearly and openly.
- Expose any potential conflicts of interest
- Present all sides of the argument
- Avoid temptation to oversell weak arguments

There is a perfect Storm Brewing.....

- WE Need a balance of better safety & quality of care---especially chronic care---and constraining costs.
 - Medical Home
 - Accountable Care Organization (ACOs)
 - Health Care Reform
- With increased reliance on medication use, the Business of Pharmacy is an increasingly vital component of the effort.

Traditional View of Pharmacy— What's Our Brand?

- Ancillary support service
- Revenue or cost focus depending on reimbursement
- Focus on cost of drugs not total costs
- Little understanding of the value of clinical services
- Net result: view and manage pharmacy as a commodity
- Pharmacy somewhat isolated from strategic issues with limited leadership opportunity

Pharmacy as a “Black Hole”

- Drug cost and labor cost visible markers for the C-suite
- Little understanding of all the complex functions that make- up a high performing pharmacy
- Virtually no recognition for the opportunity presented

Pharmacy's Hindsight Perspective

- Pharmacists and Pharmacy Technicians just “tending to business”
- Lack of proactive strategy
- Poor communication
- Business acumen often suspect
- ---Reputation Matters!!!

Designing a New Pharmacy Strategy

- Combine proven redesign strategies into a pharmacy plan for successfully preparing for the coming “perfect storm”
- Traditional management strategies are no longer applicable
- How do you build the reputation of excellence?

Pharmacy Redesign

- Pharmacy Literature and Tools to improve skills required to support a successful redesign program
 - Creativity
 - Innovation
 - Change Management
 - Advocacy

Literature Supports Practice

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Advance Medical Science and Knowledge

ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, Mar. 2009, p. 1074-1079
 0066-4804/09/508-00-0 doi:10.1128/AAC.00560-08
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Effect of Differences in MIC Values on Clinical Outcomes in Patients with Bloodstream Infections Caused by Gram-Negative Organisms Treated with Levofloxacin⁷

Robyn DeFife,¹ Marc H. Scheetz,^{1,2*} Joe M. Feinglass,³ Michael J. Postelnick,¹ and Kimberly K. Scarsi⁴
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Received 2 May 2008/Returned for modification 30 August 2008/Accepted 8 December 2008

*Antimicrob Agents
 Chemother* 2009

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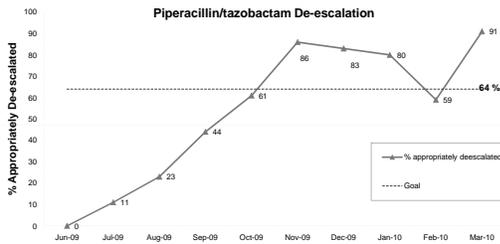
Department of Pharmacy - Process Improvement Initiatives

New Improvement Project	Driver	Complete	Objectives
Prevention of Medication Dispensing and Labeling Errors	Deliver Care that is safe and without error	Expect 6/2010	Capture of near misses within pharmacy operations can provide information to guide process improvement focus. It is essential to establishing a method for ongoing recording of these events as recommended by ISMP.
Antimicrobial Treatment De-escalation	Deliver the most effective care based on clinical evidence	Expect 8/2010	Streamlining therapy based on microbiological documentation can reduce unnecessary broad spectrum antimicrobial use and help reduce selection pressures for antimicrobial resistance as well as attain appropriate resource utilization.

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Antimicrobial Treatment De-escalation



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Emotional Intelligence

- Emotional Intelligence (EI) is the ability to recognize and to positively manage emotions in oneself, in others, and in groups

Emotional Intelligence

- Emotions are powerful organizers of thought, action
- Emotions are contagious
- Leaders establish a work unit's emotional climate

Branding Yourself and Your Organization

- Understand What is Your "Brand" Name
 - What are some famous brands in the world?
 - Why do firms worry so much about their brands?

Top 10 for Building a Better Personal Brand

- 1. Become an expert source
- 2. Develop great communication skills
- 3. Develop 30 second “elevator speech”
- 4. Build relationships
- 5. Make your boss look good
- 6. Dress appropriately
- 7. Be a class act
- 8. Give often and generously
- 9. Know about people
- 10. Be Kind

Understanding Your “Brand” Name

- You are a “brand” in your organization
- A major task for leaders is to build and protect the brand name of their organization
- Build and protect brand name of the pharmacy department

Pharmacy Brand Challenges

- General perception
- Medication safety
- Manpower
- Potential for negative outcomes if drugs are not properly managed
- Increasing risk management and compliance liabilities
- Reduced margins that threaten patient care infrastructure

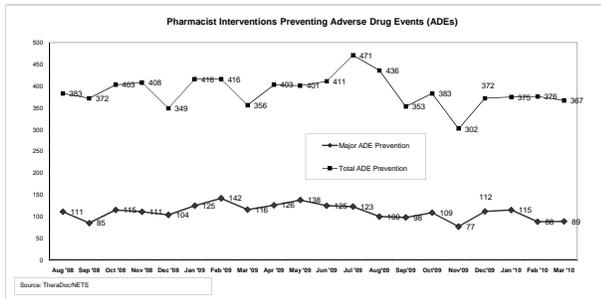
Department of Pharmacy – Quality Plan Indicators

Indicators	Methodology
SCIP-compliance for surgical patients on prophylactic antibiotics	SCIP I: Antibiotic administered within 1 hour prior to surgical incision SCIP II: Appropriate antibiotic selection SCIP III: Antibiotic discontinuation within 24 or 48 hours after start
ADE Prevention by pharmacists	Track pharmacist documented interventions that prevented minor and major adverse medication events and the associated NMH cost avoidance value in dollars
Restricted antimicrobials and organism resistance	Track prescribing attempts for, and changes to orders for restricted antimicrobials

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Quality Indicator: Deliver Exceptional Care



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Pharmacy Brand

- Need to establish pharmacy as a positive contributor to the challenges
- Need to create the perception that pharmacy is material to the organization's efforts in terms of:
 - » Finances
 - » Patient Safety
 - » Clinical Care/Patient Centered Care
 - » Regulatory Compliance

Enhancing Your “Brand Name”

Principles of Resources: The individual who has more resources has greater impact.

What resources do you offer your pharmacy department or pharmacy school?

Deliver Exceptional Care

Antimicrobial Stewardship Team & ID Service	General Adult Medicine
Solid Organ Transplant	Stem Cell Transplant
Anticoagulation Dosing Service	Hematology-Oncology
Critical Care	Ambulatory HIV
Neonatal ICU	Psychiatry
Women's Health	Investigational Drugs Service
Drug Information Service	Nutritional Support Service
OR/Surgery Care	

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Enhancing Your “Brand” Name

- The only resources that “matter” are those that are valued within your organization
- Principles of Scarcity: Resources that are particularly scarce are very valued
- Bottom Line: Develop resources that are both valued and scarce within your firm. What might these be?

Advance Medical Science and Knowledge

Evaluation of a New Oxytocin Protocol

Lauren Healy, PharmD
Pharmacy Practice Resident
Northwestern Memorial Hospital
Chicago, IL



Implications

- Implementation of a protocol standardizing oxytocin administration is beneficial in terms of usage and cost and did not confer significant increase in rate of adverse events such as hypotension
- This new protocol will provide an annual cost savings of over \$70,500

New Protocol

	BEFORE	AFTER
Concentration available	15 units/250 mL NS 10 units/500 mL NS	30 units/500 mL NS
Rate of Infusion	Often "wide open" or "off the pump"	18 units over 1 hour* then 3.6 units/hour
When started	After delivery of the placenta (expectant)	After delivery of the fetus (active)

*Could be increased to 36 units in the presence of uterine atony

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Questions?

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ICHP 2011 Annual Meeting
Communicating with Colleagues
Desi Kotis, PharmD

Post Test:

1. Influencing change and the power to affect change in people's thinking involves:

A. Connecting emotionally with the audience

B. Communicating effectively

c. Establishing credibility

D A. and C

E. All of the above

2. In building your brand, you should always make your boss look good.

True / False