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The *voice* of the
community
pharmacist.

Peer-Approved Strategies for Securing Payer Partnerships

Troy, Rebecca, Andrea
CPESN USA, Shrivvers, Marcums



Disclosure Statement

There are no relevant financial relationships with ACPE defined commercial interests for anyone who was in control of the content of the activity.



Pharmacist and Technician Learning Objectives

- Review real-world examples of enhanced services that health plans and payers value.
- Identify areas where health plans are looking to partner with pharmacies to improve patient care.
- Outline strategies for approaching plan sponsors based on peer success stories.



Troy Trygstad
Executive Director
CPESN USA
ttrygstad@cpesn.com

The New Marketplace

Opportunities and Threats Abound

The Peak of Opportunity and Peril

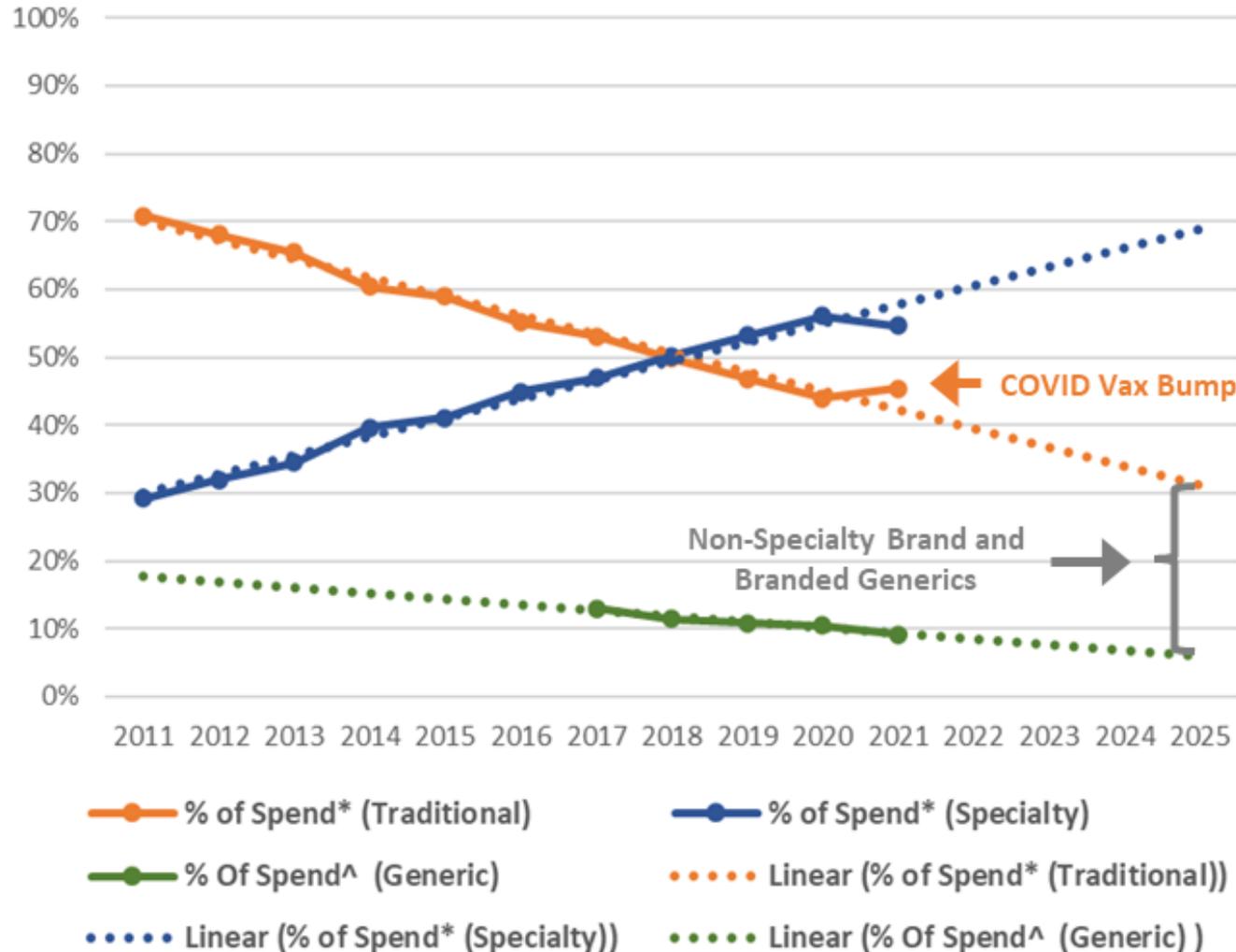


↓↓↓ Pharmacy Portion of Drug Spend

(Is this Good or Bad?...)

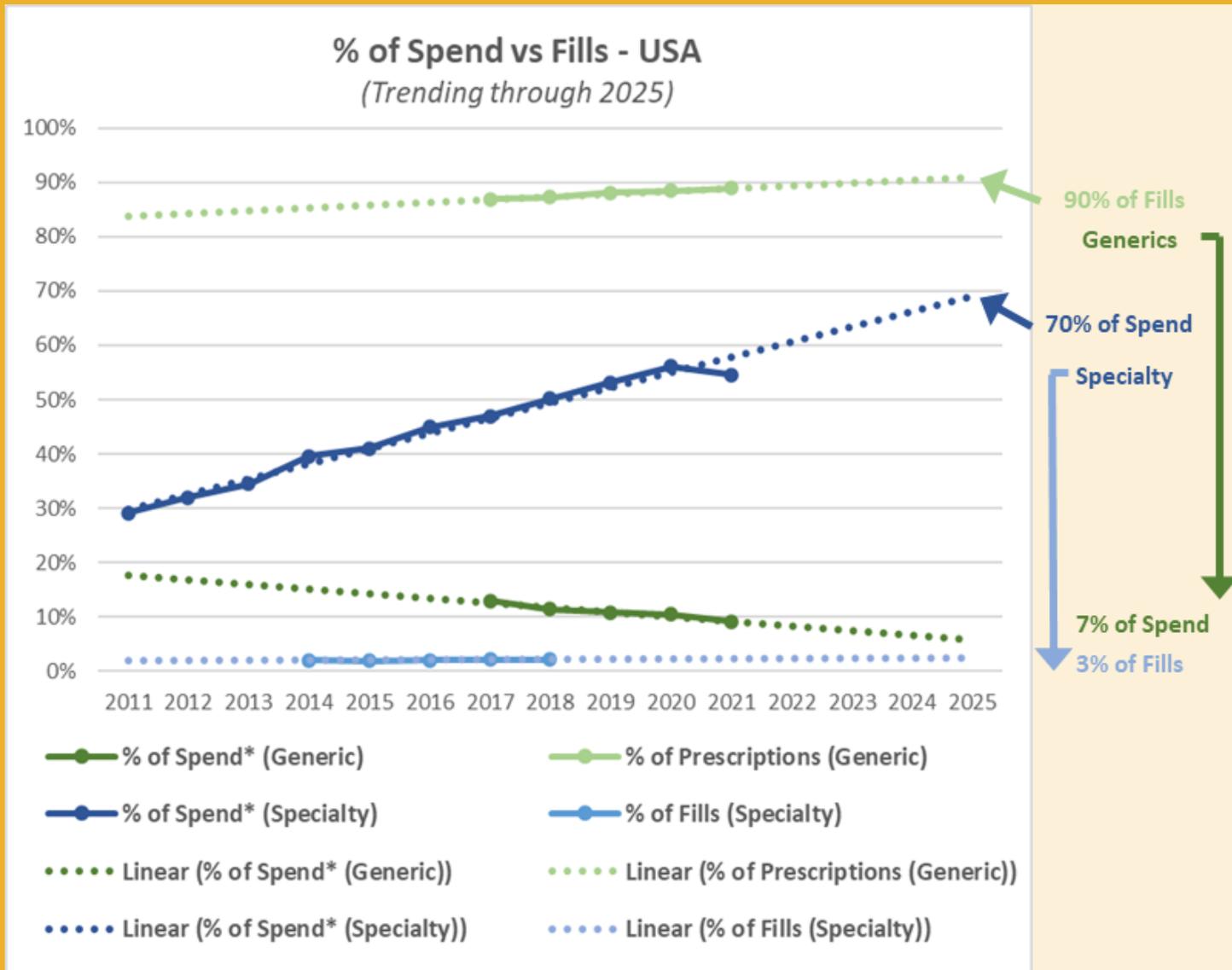
The Peak of Opportunity and Peril

% of Total Spending on Medications - USA
(Trending through 2025)



- Specialty Rx as a portion of total drug spend is trending up to **70%** by 2025
- Generic Rx as a portion of total drug spend is trending down to **7%** by 2025
- Non-Specialty Brand and Branded Generics are trending down to 23% by 2025
- If Non-Specialty Brand becomes Specialty, **60k+ pharmacies will represent ~ 10-15% of spend** by 2025

The Peak of Opportunity and Peril



- **3% of fills will be 70%+ of total drug spend (or more if all branded drugs go specialty/lite)**
- **90% of fills** (care delivery) will be in a community pharmacy on **7% of total drug spend**
- Community pharmacies will provide **majority of care delivery**, at a remarkable **minority of the cost**

Migrating from Retail Model to Services Model

Product + Nothing = Unsustainable

No Product + Service = Crowded

Product + Service = Differentiation



Vs
■



Migrating from Retail Model to Services Model

The “Roaring 80s, and 90s – Retailing Centric”



The “Sustainable 20s, and 30s - Services”



The New Payers – COVID Effect

- COVID Demonstrates Scale of Community Pharmacy

Results

From February 2020 through September 2022, pharmacists and their teammates conducted >42 million COVID-19 tests, provided >270 million vaccinations (including 8.1 million COVID-19 vaccinations for long-term care residents) within community pharmacy programs alone, and provided >50 million influenza and other vaccinations per year. Pharmacists plausibly accounted for >50% of COVID-19 vaccinations in the United States. Pharmacists prescribed, dispensed, and administered an uncounted number of antibody products and antiviral medications, including care for 5.4 million inpatients and innumerable outpatients. Using conservative estimates, pandemic interventions by pharmacists and teammates averted >1 million deaths, >8 million hospitalizations, and \$450 billion in health care costs.

Conclusions

Pharmacists and their teammates contributed to America's health and recovery during the COVID-19 pandemic by providing >350 million clinical interventions to >150 million people in the form of testing, parenteral antibodies, vaccinations, antiviral therapies, and inpatient care. The number of lives touched and people cared for by pharmacists continues to rise.

Essential services: Quantifying the contributions of America's pharmacists in COVID-19 clinical interventions

John D. Grabenstein  

Published: August 18, 2022 • DOI: <https://doi.org/10.1016/j.japh.2022.08.010>

The New Payers – Patient-Consumers Speak

- COVID Changes Public Opinion of Community Pharmacy

Journal of Pharmaceutical Policy and Practice

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Research | [Open Access](#) | [Published: 29 October 2022](#)

Public views of community pharmacy services during the COVID-19 pandemic: a national survey

[Alein W. Bou-Saba](#) , [Kassem M. Kassak](#) & [Pascale R. Salameh](#)

Journal of Pharmaceutical Policy and Practice **15**, Article number: 76 (2022) | [Cite this article](#)

720 Accesses | **2** Citations | [Metrics](#)

Results

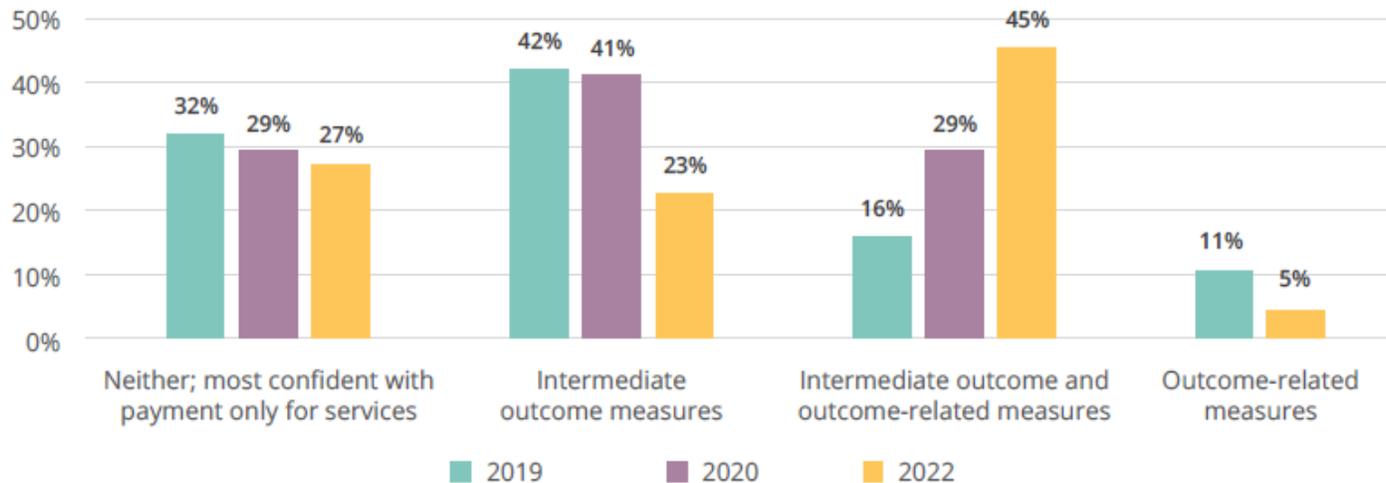
Out of 491 responses, only 9.6% scored above the 75th percentile (19.3% for the general services, 2.4% for dispensing indicator and 12.6% for storage indicator). The main concerns focused on lack of medication and reduced opening hours; however, 67.1% of respondents preferred consulting the community pharmacist instead of visiting primary health care centers, doctor's private clinic and hospitals. Higher mean values of indicators B, C and in the overall indicator were significantly found in the presence of a pharmacist compared to the support pharmacy workforce.

The New Payers – Health Plans

PHARMACY PERFORMANCE-BASED REIMBURSEMENT

CONFIDENCE IN LINKING PERFORMANCE TO REIMBURSEMENT

If your pharmacy organization were to be held accountable on the basis of quality measures, which option would you feel most confident linking to reimbursement?



2022

PQS
sponsored by Pharmacy Quality Solutions

INDUSTRY TREND REPORT in Pharmacy Quality

- Health Plans are now looking to pharmacies as an opportunity to meet “medical”-side measures

The New Payers - Continued Consolidation Necessitates Business Partnerships

- Wall Street Bets Big On Community Pharmacy Footprint/Relationships



Walmart Health Grows in Florida with 16 New Health Centers Opening in 2023

Oct. 26, 2022 | 4 Min. Read | Health & Wellness | f t in p e s



HEALTHCARE • EDITORS' PICK

CVS Health To Escalate Physician Acquisitions In Primary Care Strategy

Bruce Japsen Senior Contributor

I write about healthcare business and policy

Amazon, CVS, and Walmart are playing health care's long game

ROBERT PEARL, MD | POLICY | OCTOBER 25, 2022

< 13 SHARES

In recent months, three of the nation's largest retailers have stirred up a frenzy on Wall Street with a string of high-profile health care deals.

Amazon bought primary-care company One Medical in early August for \$3.9 billion. That was a month before CVS spent \$8 billion to acquire Signify Health and its network of 10,000 clinicians who make home visits (both virtually and IRL). A day later, Walmart inked a 10-year agreement with the world's largest

"As soon as we were looking at life beyond the [COVID-19] vaccination period and getting into this endemic role in our lives, it was important to think about what's the next growth venture for this company because **dispensing of pharmaceuticals is not going to be our long-term growth avenue**," said Rosalind "Roz" Brewer, Walgreens Boots Alliance CEO, during an onstage interview at the HLTH 2022 conference.

"We have the ability to take that relationship between the pharmacist and consumer, combine that with the primary care that VillageMD delivers and then think about the in-home care of CareCentrix and you can almost patch together a continuum of care," Brewer said.



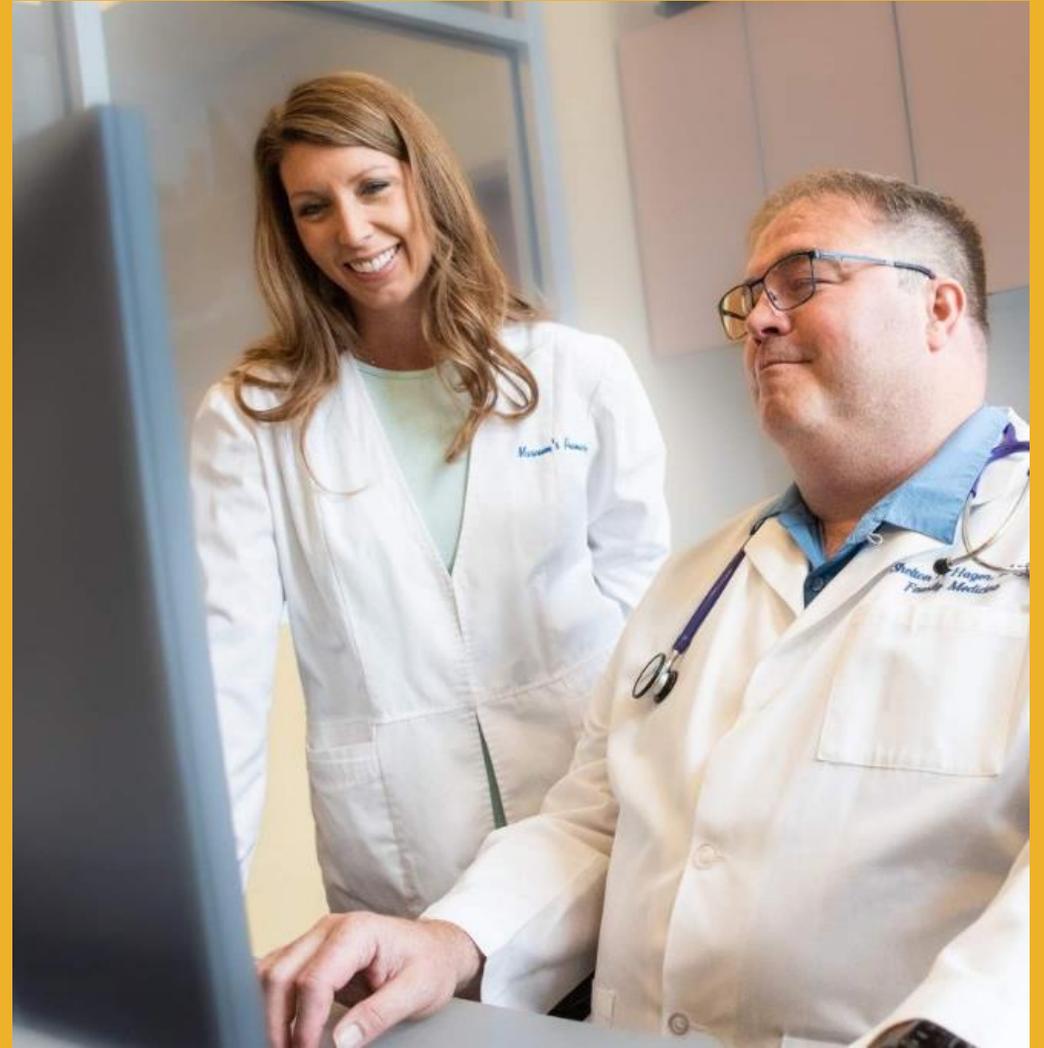
Rebecca A. Wagers

CEM Northeast Tn Independent
Pharmacy Coalition

MNF CPESN NET

Rebecca@netnipc.com

Hear first-hand experiences from your peers who have secured value-based contracts for pharmacist-led clinical services. Learn how to approach plan sponsors and establish payment **programs based on mutual needs and the ability of your pharmacy to deliver enhanced services.**





Expanding the Role of Pharmacy in Gap Closure

- Preferred Partners: Emergent is a national ACO (currently active in 7 states) Emergent chooses partners that are not only “regional” but are capable of “national” coverage to create a model of consistency and efficiency.
- CPESN USA has partnered with Emergent in a value-based care contract that centers on improved patient outcomes through pharmacist interventions. Communication barriers are being removed through HIE tasking, real time physician/pharmacist communication, and eCareplan submissions solidifying pharmacists as part of the patient’s elongated health record.

Gap closure opportunities and layering care

SUPD/SPC
Initiation/
gaps/coding
/strength

Medication
Adherence in
Non-insulin
diabetic meds

Screenings:

- Flu
- Fall Risk
- Medication reconciliation for re-admit prevention
- Colorectal Screening

Prevention:

- COPD/Asthma Protocols and Rescue Kits
- Using insights to target at risk patients

What about Non-Medicare options:

- Asthma Medication Adherence in pediatric patients
- Using birth control prescribing for NAS prevention

Scorecard/ 5-
star goals

First year successes

	Since 2019	Since 2021	Assigned	Reached
Total eCareplans submitted	Over 56,000 HIE documented	Over 39,000 HIE documented		
*Gap patients			Over 9730	Over 5140 with over 2300 known gap closures
Stores enrolled into programs	15	32 (currently over 350 anticipated and growing)		
Stores onboarded to EHR	15	42		

Developing a program

- Identify opportunities
- Research
- Community
- CMS Scoring (cms.data.gov)

- Approach stakeholders and listen...Be prepared to offer solutions

- Establish goals
- Define success markers
- Develop reimbursement pathway
- Establish protocols

- Invest in staff education
- Develop written P&P and practice standards

- Train EVERYONE!
Program Champions: what they are and are not
- NEED TO KNOW BASIS...everyone needs to know

- Start small
- Opportunity versus readiness

Employers as Payers

Self Funded Workarounds

Direct contracting for self-insured and beyond

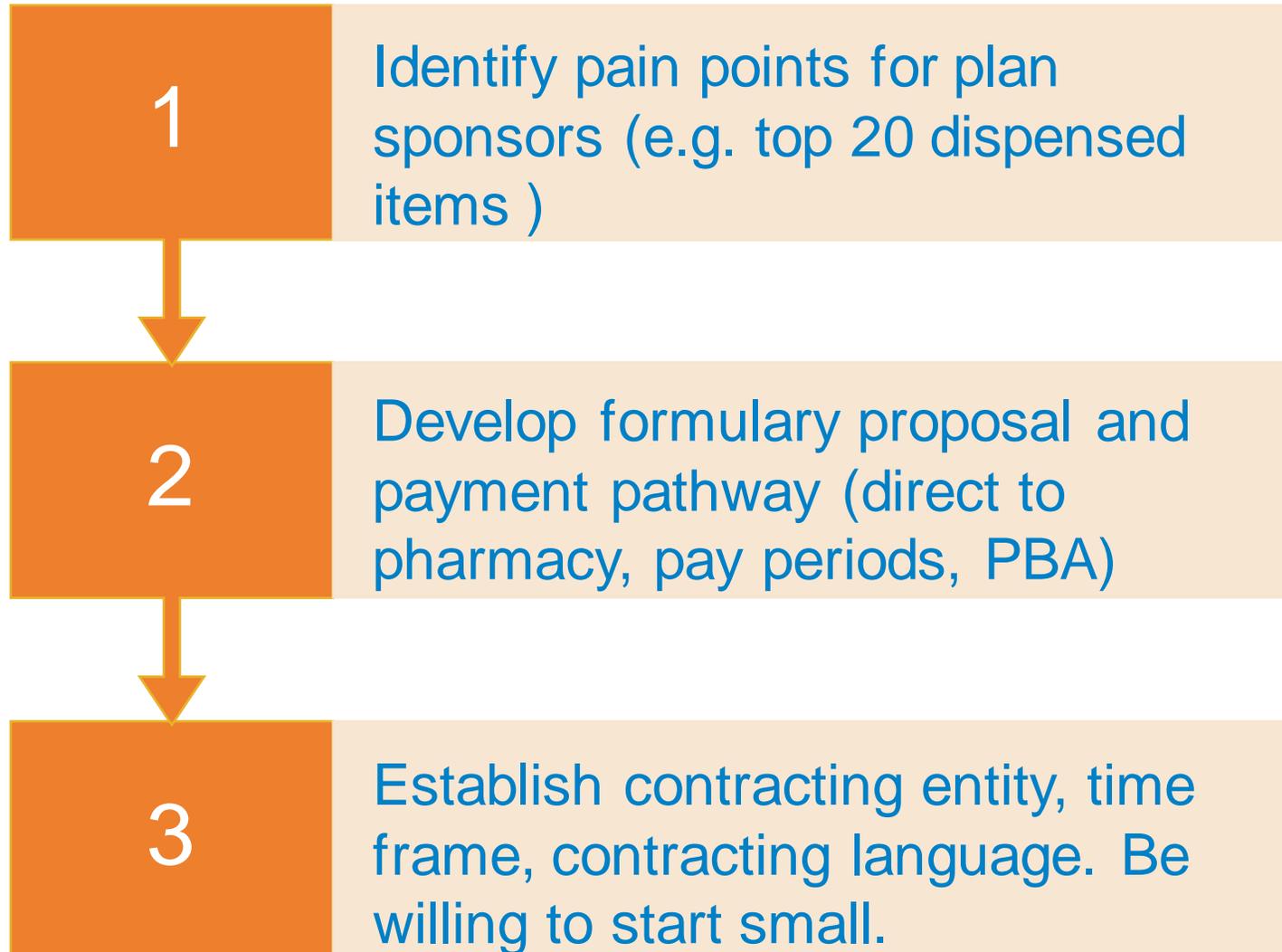
Current field of vision

- Private and Self-insured plans.....
- Direct reimbursement for low cost generics
- Direct test and treat
- Direct immunization
- Top 10 formulary

Stakeholders that we forgot

- Organizations managing large patient loads have the liberty to choose how the dollars are spent

Steps to Direct Contracting



Manufacturers as Partners

Direct purchasing possibilities and beyond

Changing the game



Opportunities to buy brands direct? Challenges and possibilities

- Some brand manufacturers coming to the table
- Potential pricing as little as 25%
- Conversations open for distributors

Utilizing Patient Assistance to help patients, payers and your own bottom line

- Although generics are largely inexpensive, they are plentiful.
- Reducing cost has teeth to impact stakeholders

DIR impact

- Discuss the impact of reducing certain high-cost brands and key generics from DIR
- Processing through PBA and using the HIE for certain medication gap closures

Direct to Patient

Why patients are willing to pay direct

What Tests Can I Offer ?

Some of the most common include:

- Covid
- Flu
- Strep
- RSV

Complete list at FDA link:

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcli/a/analyteswaived.cfm>

Why Patients Are Willing to Self-pay

Convenience

Shorter wait times

High deductibles

Working families (parents, kids, the juggling act)

Reduction in exposure risk for vulnerable patient populations

Marketing for success

Professional:

Reach out to Urgent
Cares, ER's, Private
Physician's offices.

- Position yourself
as a partner
- Self Insured Employers

Public:

Facebook
Instagram
Community pages

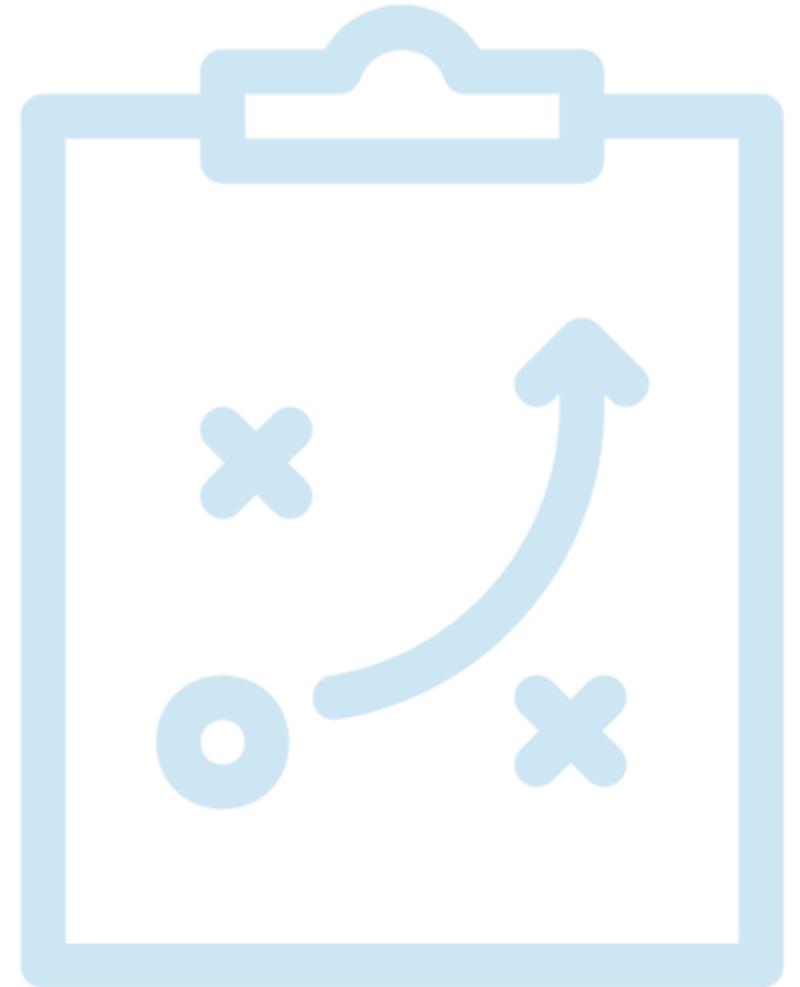
- Position yourself
as the answer for
avoiding long waits

Game Plan

RESEARCH: Take the time to understand the organizations you want to work with. Geography, patient load, scores (cms.data.gov).

REACH OUT: Use contact information freely available, identify contacts in your peer group, believe that what you have to offer is relevant, impactful, and timely.

ROAD MAP: Allow payer to define pain points. Work with them to develop a road map to success. This is not a sprint, it's a marathon. Master your long game.





Andrea Kowalski, PharmD, RPh
Director of Clinical Services, Shrivens Pharmacy
Andrea.kowalski@shrivenspharmacy.com

Health Plans as Payers

Andrea Kowalski, PharmD, RPh
Director of Clinical Services
Shrivers Pharmacy

Shrivers Pharmacy

Multi-store independent pharmacy

- 10 stores in Southeast Ohio
- 1 store in North Central Ohio

Other niche practices include

- LTC pharmacy
- Hospice company
- Compounding lab
- Specialty pharmacy

	<p>Athens, OH 310 West Union St., Suite 101, Athens, OH 45701 740-447-9201</p> <p>Location Details</p>		<p>Belpre, OH 812 Farson Street, Belpre, OH 45714 740-780-0204</p> <p>Location Details</p>
	<p>Crooksville, OH 120 S. Buckeye St. Crooksville, Ohio 43731 740-982-3081</p> <p>Location Details</p>		<p>Dresden, OH 101 W Dave Longaberger Ave. Dresden, Ohio 43821 740-521-5095</p> <p>Location Details</p>
	<p>Logan, OH 21 Hocking Mall Logan, Ohio 43138 740-216-4496</p> <p>Location Details</p>		<p>Loudonville, OH 202 W Main St Loudonville, OH 44842 419-994-3221</p> <p>Location Details</p>
	<p>McArthur, OH 530 N. Market St. McArthur, OH 45651 740-596-2566</p> <p>Location Details</p>		<p>McConnelsville, OH 105 North Kennebec Ave. McConnelsville, Ohio 43756 740-962-2552</p> <p>Location Details</p>
	<p>Nelsonville, OH 40 Watkins St. Nelsonville, Ohio 45764 740-753-2484</p> <p>Location Details</p>		<p>Zanesville (Brighton), OH 406 Brighton Blvd. Zanesville, Ohio 43701 740-452-3691</p> <p>Location Details</p>
	<p>Zanesville (East Pike), OH 2050 East Pike Zanesville, Ohio 43701 740-647-5594</p> <p>Location Details</p>		



Foundations for Clinical Services

- Confidence
 - You have done this
- Organization
 - Med sync, appointment-based model, MTM platforms
- Documentation
 - P&P, workflow, training
- Adaptability
 - Know your patients, start small

Clinical Formula

Identify a need

Develop a P&P
and workflow

Create a
patient list

Call patients

Document

Bill interaction

Provider Status Clinical Services

- Approached by a payer in 2020
 - We were 4 of 10 pharmacies in Ohio
- Given billing codes for time and freedom to choose what clinical services we wanted to provide
- Developed behavioral health, diabetes, and hypertension management services
 - Shaped by the pandemic/quarantine/lock-downs
- Successful because of our established clinical service foundations

Behavioral Health Service

Identify a need

- Mental health

Develop a P&P and workflow

- Script, calendar

Create a patient list

- Targeted medications

Call patients

- Phone consultation

Document

- PHQ9/GAD7

Bill interaction

- Corporate employee

Barriers

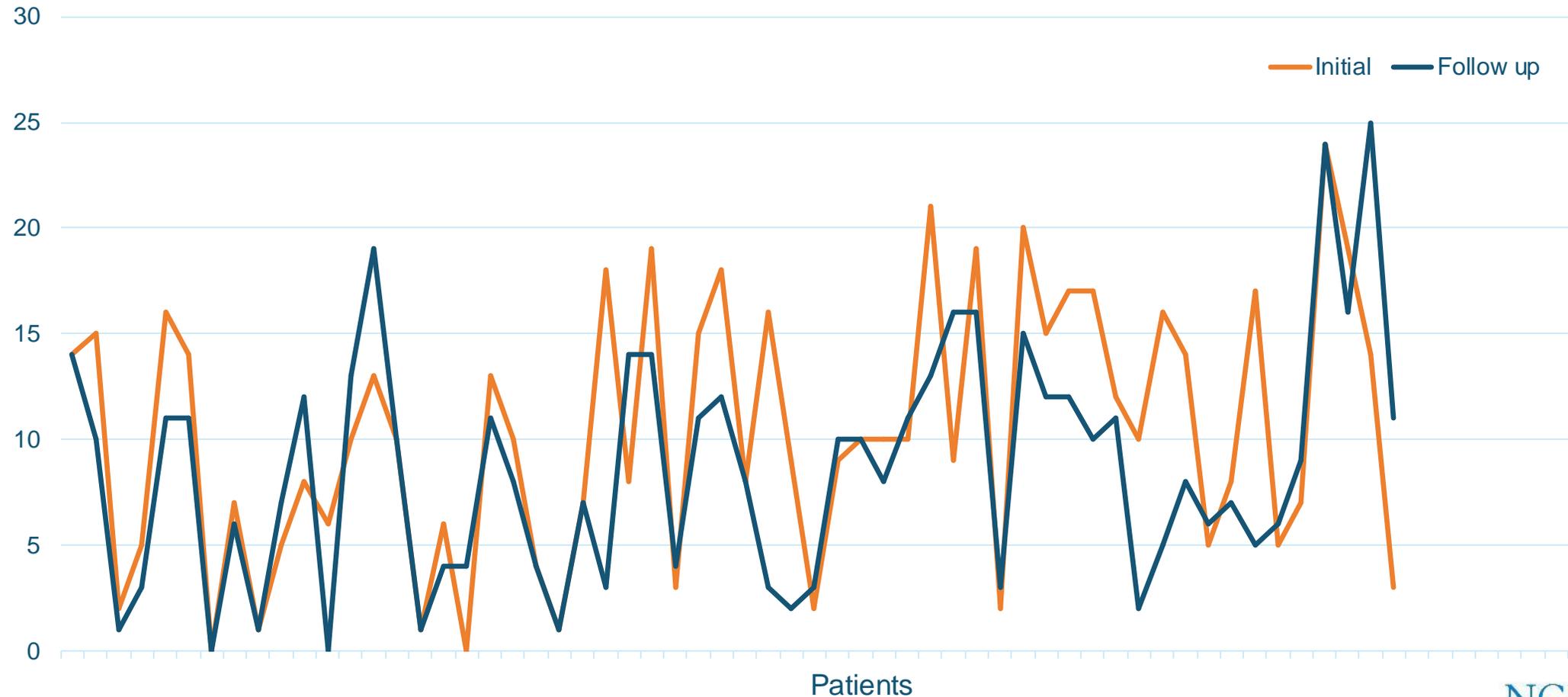
- Billing
 - What platform/portal to use?
 - Who does the billing?
 - How much time does it take?
- Staffing
 - When does the pharmacist perform consults?
 - Do you have other staff who can assist?

Facilitators

- Clinical overlap time
 - Finding dedicated hours for pharmacist to do consultations
 - Set goals for how to sustain those additional hours
- Scheduling
 - Technician spends 20 minutes calling patients on a platform that sends reminders
 - 73% billable claims rate from scheduled calls vs cold calling

Clinical Service Results

Behavioral Health Service (n=57)



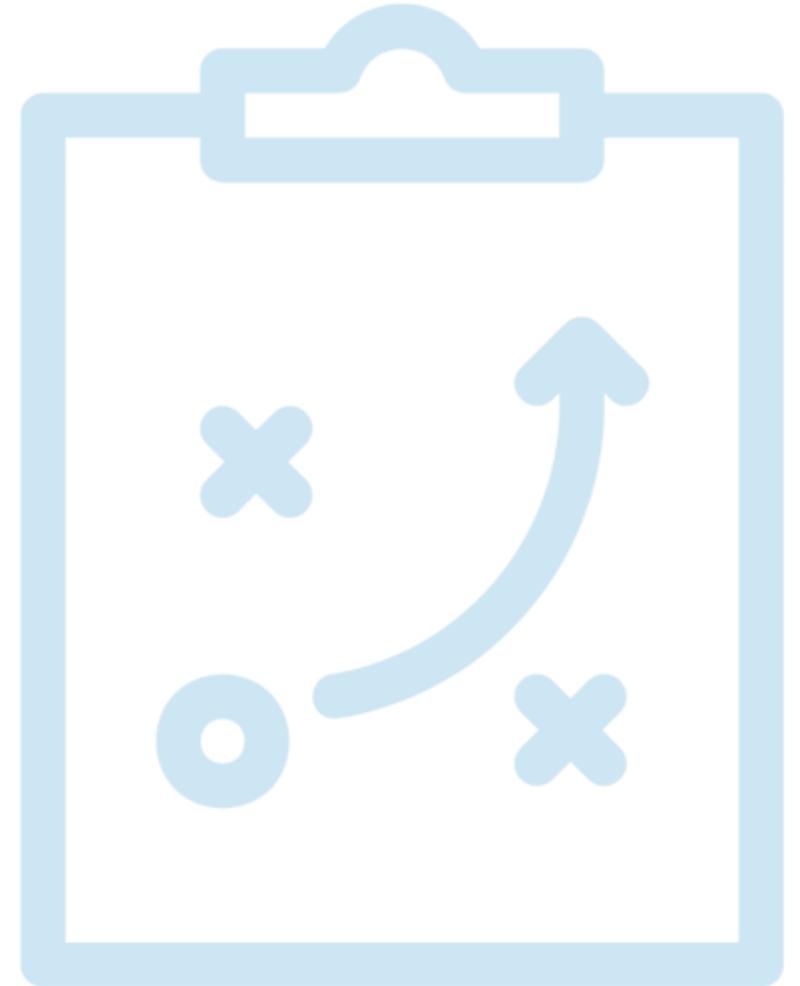
72% stable/improved, 28% worsened (have follow up)

Game Plan

FOUNDATION: establish the framework to integrate services (MTM, medsync)

RESEARCH: identify a need in your patient population

OUTREACH: using data to go to payers for clinical service collaboration





Andrea Kowalski, PharmD, RPh

Director of Clinical Services, Shrivvers
Pharmacy

Andrea.kowalski@shrivverspharmacy.com



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Claim CE by August 18, 2023

Submit Questions!





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