Pharmacy Provider Meeting
September 13, 2017

Chris Chan, Pharm.D.
Sr. Director
Pharmaceutical Services
Inland Empire Health Plan
Agenda

- IEHP Pharmaceutical Service Strategic Initiatives
- Pharmaceutical Services Statistics
- P4P Milestones
- P4P & Pharmacy Home Program Results
- 2018 P4P
Best Pharmacy Experience

FIVE RIGHTS
- Right Drug
- Right Patient
- Right Dose
- Right Route
- Right Time
IEHP’s 5 Strategic Priorities

- Quality of Care & Services
- Access to Care
- Practice Transformation
- Human Development
- Technology & Data Analytics
# of Calls

<table>
<thead>
<tr>
<th>Year</th>
<th>Calls</th>
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<tbody>
<tr>
<td>2013</td>
<td>50,000</td>
</tr>
<tr>
<td>2014</td>
<td>100,000</td>
</tr>
<tr>
<td>2015</td>
<td>150,000</td>
</tr>
<tr>
<td>2016</td>
<td>200,000</td>
</tr>
<tr>
<td>2017</td>
<td>est</td>
</tr>
</tbody>
</table>
Keep Members In the Loop

SMS notification on PA status - Go Live in September
Communication Channels

Use Easy Navigation for Customer Satisfaction
KEEP CALM AND ASK YOUR PHARMACIST

KeepCalmAndPosters.com
Our Job

Pill Nation: The Rise of Rx Drug Use

The total number of prescriptions filled by all Americans, including adults and children, has increased by 85 percent over two decades, while the total U.S. population has increased by only 21 percent.

Source: Quintiles IMS.
© 2017 Consumer Reports. All Rights Reserved.
Too Many Meds? America’s Love Affair With Prescription Medication

We now take more pills than ever. Is that doing more harm than good?

By Teresa Carr
August 03, 2017
Our Focus

Optimization of drug use
(Deliver the right drug, right dose, for the right patient)
P4P Program Experience

Pharmacy Pay for Performance Program
P4P Milestones

October 2013:
Phase I of P4P

March 2014:
First P4P Incentive Payment

October 2015:
Phase II of P4P

July 2015:
P4P Program Development & Workshop (every 6 months)

July 2016:
Phase III of P4P, Pharmacy Home Program

2018:
“Pharmacy Yelp” Concept Promotion

2018:
Separation between “dispensing Providers vs high quality – service provider”
P4P Result

MEDICAID PERFORMANCE SCORE
(higher is better)

Date (every 6 months)
MEDICAID PERFORMANCE SCORE
(lower is better)

- Asthma - Absence of Controller Therapy
- Asthma - Suboptimal Control
- Drug-Drug Interactions
- High-Risk Medications
IEHP Pharmacy Home

Our team supports your health.
Program Activity: CMR Completion Rate

* CMR Completion Rate = [# Patients with a Served CMR to date] / [# Patients with CMR to date]
Number of MTM Reviews

<table>
<thead>
<tr>
<th>Month</th>
<th>July 16</th>
<th>August 16</th>
<th>September 16</th>
<th>October 16</th>
<th>November 16</th>
<th>December 16</th>
<th>January 17</th>
<th>February 17</th>
<th>March 17</th>
<th>April 17</th>
<th>May 17</th>
<th>June 17</th>
<th>July 17</th>
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<tbody>
<tr>
<td>Total</td>
<td>1164</td>
<td>2608</td>
<td>290</td>
<td>366</td>
<td>116</td>
<td>209</td>
<td>193</td>
<td>96</td>
<td>97</td>
<td>122</td>
<td>112</td>
<td>87</td>
<td>10</td>
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</tbody>
</table>
# of Active Members

![Graph showing the number of active members from July-16 to July-17. The graph includes monthly totals from different years with distinct color codes for each month.]
Pharmacy Home Payment

2605 encounters

$44470
CMR Case Completion Trends

Total Cases Served at Retail

- Face to Face
- Telephonic

- 90% (658 cases)
- 10% (77 cases)

**Served – Retail**

<table>
<thead>
<tr>
<th></th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
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<tr>
<td></td>
<td>360</td>
<td>484</td>
<td>613</td>
<td>734</td>
<td>735</td>
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**Declined – Retail**

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<tr>
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<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
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<th>Mar-17</th>
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<th>May-17</th>
<th>Jun-17</th>
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<tr>
<td></td>
<td>179</td>
<td>476</td>
<td>580</td>
<td>632</td>
<td>642</td>
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</table>

**Served – Call Center**

<table>
<thead>
<tr>
<th></th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
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<tbody>
<tr>
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**Declined – Call Center**

<table>
<thead>
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<th>Aug-16</th>
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</table>
**Program Results: Safety Alerts (Red Flags)**

**Resolution Summary**

<table>
<thead>
<tr>
<th>Served Cases with Safety Alerts</th>
<th>373</th>
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</thead>
<tbody>
<tr>
<td>Total Served Safety Alerts</td>
<td>624</td>
</tr>
<tr>
<td>Average # Safety Alerts Per Case</td>
<td>1.7</td>
</tr>
<tr>
<td>% Resolved: Change in Therapy</td>
<td>6.6%</td>
</tr>
<tr>
<td>% Resolved: Status Pending</td>
<td>49.4%</td>
</tr>
<tr>
<td>% Resolved: No Change in Therapy</td>
<td>44.1%</td>
</tr>
</tbody>
</table>

**Top 6 Resolutions (% of Served Cases)**

- Educated Pt. 36.9%
- Not clinically relevant 33.7%
- Provided info. and/or rec. to prescriber to revw. and/or mon. 7.5%
- Discont. Rec. to prescriber - Accepted 5.6%
- No Longer Applicable 5.1%
- Discont. Rec. to prescriber - Declined 4.5%

**Claims Based Results**

- # Drugs Eliminated = 0

**Served Patients by Month vs. Patients with Drug Eliminations**

- Patients That Have Eliminated* At Least One Drug: 239 (100%)
- Patients That Have Yet to Eliminate One Drug: 0 (0%)

* Drugs are deemed eliminated when they have not been re-filled 42 days after the current active fill’s supply is exhausted.
Program Results: Safety Alerts (Red Flags)
Resolution Summary

<table>
<thead>
<tr>
<th>Total Served Safety Alerts</th>
<th># Drugs Eliminated</th>
</tr>
</thead>
<tbody>
<tr>
<td>624</td>
<td>0</td>
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</tbody>
</table>

~20 cases with drugs eliminated

* Drug are deemed eliminated when they have not been re-filled 42 days after the current active fill’s supply is exhausted.
P4P Concept

Dispensing

P4P & Pharmacy Home

Clinical Services
Successful vs Try Again

Phase 1
- "admin type" P4P
- Community Strategies Only

Phase 2
- Pharmacy QM Concept Awareness
- “Clinical type” P4P
- Pharmacy Home- Outcome-based MTM structure and Payment model

Phase 3
- Safe Rx via Proper DUR review- All Pharmacy
- Pharmacy Consultant – MTM @ Community Pharmacy
- Pharmacy Quality Star Rating Tool (Yelp of Pharmacy)
- Customer Service
• Outcome-based MTM
  – Responses and quality of MTM services are not meeting goals
  – May not be reasonable given the infrastructure
  – May need to wait for the right time
  – Pharmacist credentialing and training?
  – Reasonable to set expectation to conduct MTM ONLY if collaborative agreement or relationship is in place
• Where is the value of MTM?
• Focus on DUR- clean script first?
• Can we investigate on paying pharmacists to dispense “clean script” rather than jumping into MTM?
Final Model

Rx Network

SafeRx Network

MTM Network

All Pharmacy Services

Superior DUR Performance

High Pharmacy Quality Rating

Advanced Pharmacy Practice Status and collaboration w/ local physicians

High Pharmacy Quality Rating
2018 P4P

• Focus on the basics
• Creation of “Safe Rx Network”
• Creation of “pharmacy consultant” near each physician providers
“Safe Rx” Pharmacy Network

- Outstanding pharmacy services
- Prescription screening
- Prescription review
- Consultation
- Medication Therapy Review
- Improve outcomes
P4P Changes (2018)

Current P4P and Pharmacy Home
(Ends in Sep 17)

New DUR edits
(Starts in Oct 2017)

P4P Extension
(Oct-Dec17)

Tier 1
Display

Tier 2
DUR Payment

Tier 3
POC MTM
## Tier 1 - IEHP Pharmacy Network

<table>
<thead>
<tr>
<th>Participants:</th>
<th>Any in-network Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifier:</td>
<td>N/A</td>
</tr>
<tr>
<td>Credentialing Application:</td>
<td>Optional</td>
</tr>
</tbody>
</table>

### Display Measurements:
- Adherence score – Diabetes, HTN, and Statins
- Statin use in diabetes
- *Opioid drug use*
- Asthma
- # of paid claims with DUR alerts by pharmacy
- Customer service score
• Safe Rx Pharmacy Network
• Launch of Safe Rx Pharmacy Campaign
• P4P$ going to DUR- program budget-$10m
• Elevate rx safety and utilization threshold (benchmark: 90% of DUR are overridden)
• Support new DUR monitoring requirement
• Goals:
  – decrease # of paid claims with DUR
  – Promote safe medicine use
Tier 2 P4P Payment Tier

Ensure proper oversight of all Drug Utilization Review (DUR) alerts

Participants: Any In-network Pharmacy
Qualifiers: Must opt in to the P4P Program and meet the program eligibility criteria
Credentialing: Must complete IEHP Pharmacy Credentialing Application
Measurement: DUR intervention & Percentage (%) of total paid claims with Safety DUR alerts
DUR statistics

<table>
<thead>
<tr>
<th>DUR Category</th>
<th>IEHP</th>
<th>Industry statistics</th>
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</thead>
<tbody>
<tr>
<td>Drug-Drug Interaction (DDI)</td>
<td>60.48% (385K)</td>
<td>26.7%</td>
</tr>
<tr>
<td>Dose Range (DR)</td>
<td>52.3% (1.08m)</td>
<td>7.5% HD 5.5% LD</td>
</tr>
<tr>
<td>Therapeutic Duplication (TD)</td>
<td>59.6% (1.7m)</td>
<td>32%</td>
</tr>
</tbody>
</table>

- Top 5 alerts comprised 79% of DUR alerts
- 93.1% of the time they are overridden
- Clinical alert overridden rate: 85.7 to 93% - average 90%
- Admin alert: 36-51.6%
What would you recommend?

- Enalapril vs losartan
- Fluoxetine 10mg and duloxetine 30mg
- Pantoprazole vs omeprazole
- Fluticasone diskus and budesonide flexhaler
DHCS DUR Rule
Pharmacists Responsibilities

• Review all relevant DURs
• Screen and determine the most appropriate interventions
• All P4P related Soft-Edits will require OVERRIDE by entering the DUR PPS Codes
• Please note that all soft edits DO NOT require intervention code to be entered currently
<table>
<thead>
<tr>
<th>Target Drug Category or Name</th>
<th>Allowances</th>
<th>Avg. Monthly Paid Claim Vol TD</th>
</tr>
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<tbody>
<tr>
<td>Serotonin-Specific ReUptake Inhibitor (SSRIs) Antidepressants</td>
<td></td>
<td>3884</td>
</tr>
<tr>
<td>Serotonin-Norepinephrine RU Inhibitor (SNRIs) Antidepressants</td>
<td></td>
<td>1593</td>
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<tr>
<td>Anticonvulsants</td>
<td>2</td>
<td>9576</td>
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<tr>
<td>Histamine-2 Receptor Antagonists (H2 Antagonists)</td>
<td>1</td>
<td>57</td>
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<tr>
<td>Proton Pump Inhibitors</td>
<td>2</td>
<td>448</td>
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<tr>
<td>Antihistamines</td>
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<td>8459</td>
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<tr>
<td>Antianxiety Agents</td>
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<td>3395</td>
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<tr>
<td>Topical Corticosteroids</td>
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<td>991</td>
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<tr>
<td>Angiotensin Converting Enzyme (ACE) Inhibitors</td>
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<td>314</td>
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<tr>
<td>Antihyperlipidemetics HMG Co-A Reductase Inhibitors (Statins)</td>
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<td>407</td>
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<tr>
<td>Central Muscle Relaxants</td>
<td></td>
<td>878</td>
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<tr>
<td>Beta-Blockers (Systemic)</td>
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<td>529</td>
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<tr>
<td>Beta-Lactams</td>
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<td>542</td>
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<tr>
<td>Calcium Channel Blockers</td>
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<td>219</td>
</tr>
<tr>
<td>Angiotensin Inhibiting Agents (ACE-I/ARB)</td>
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<td>592</td>
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<tr>
<td>Orally Inhaled Steroids</td>
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<td>439</td>
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<tr>
<td>Topical Antifungals</td>
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<td>365</td>
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<tr>
<td>Angiotensin II Receptor Antagonists (ARBs)</td>
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<tr>
<td>Attention Deficit Hyperactivity Disorder (ADHD) Agents</td>
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<td>293</td>
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<tr>
<td>Non-Steroidal Anti-Inflammatory (NSAID) &amp; Salicylates</td>
<td>1</td>
<td>2689</td>
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<tr>
<td>Hypnotics</td>
<td>1</td>
<td>152</td>
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<tr>
<td>Loop Diuretics</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>Thiazide and Related Diuretics (STCs A4I, A4J, A4V, J7H, R1F)</td>
<td></td>
<td>286</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>36225</td>
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### PSC- Professional Service Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
<th>Comment / Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>PE</td>
<td>Patient Educated</td>
<td>Patient educated regarding concern; action or new information provided</td>
</tr>
<tr>
<td>P0</td>
<td>Patient Consulted</td>
<td>Patient consulted regarding concern; action or new information provided</td>
</tr>
<tr>
<td>R0</td>
<td>RPH consulted other source</td>
<td>RPH review other source information such as CUREs, Pharmacy History, medical charts, etc... (RPH required to document source and info gained from source)</td>
</tr>
<tr>
<td>SW</td>
<td>Literature search - review</td>
<td>RPH researches literature for clarification on side effects or interaction (RPH required to document source and info gained from source)</td>
</tr>
<tr>
<td>M0</td>
<td>Prescriber consulted</td>
<td>MD office contacted</td>
</tr>
<tr>
<td>Code</td>
<td>Definition</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1A</td>
<td>Filled as is, false positive</td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td>Filled Rx as is</td>
<td></td>
</tr>
<tr>
<td>1C</td>
<td>Filled with different dose</td>
<td></td>
</tr>
<tr>
<td>1D</td>
<td>Filled with different directions</td>
<td></td>
</tr>
<tr>
<td>1F</td>
<td>Filled with different quantity</td>
<td></td>
</tr>
<tr>
<td>1G</td>
<td>Filled with prescriber approval</td>
<td></td>
</tr>
<tr>
<td>4A</td>
<td>Prescribed with acknowledgements</td>
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## DUR Intervention Payment

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<tr>
<th>Codes</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>R0 + any Code 2</td>
<td>Positive</td>
</tr>
<tr>
<td>PE + any code 2</td>
<td>No payment</td>
</tr>
<tr>
<td>P0 + any code 2</td>
<td>No payment</td>
</tr>
<tr>
<td>SW + any code 2</td>
<td>Positive</td>
</tr>
<tr>
<td>M0 + any code 2</td>
<td>Positive</td>
</tr>
</tbody>
</table>
## DUR Scenarios

<table>
<thead>
<tr>
<th>Action due to DUR alerts</th>
<th>Intervention Result</th>
<th>Codes</th>
<th>Outcome and payment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and consult patients then determine clinical appropriateness</td>
<td>Continue to dispense</td>
<td>P0 + any RSC Code (paid with DUR intervention code)</td>
<td>No payment (part of Pharmacists’ responsibility)</td>
</tr>
<tr>
<td></td>
<td>Not to dispense and consult with physician (and modify medication)</td>
<td>No code is necessary. Initial claim will be abandoned</td>
<td>Effort will be accounted for in the overall DUR Paid Volume %</td>
</tr>
<tr>
<td>Research literature to determine clinical appropriateness</td>
<td>Continue to dispense</td>
<td>SW + any RSC Code (paid with DUR intervention code)</td>
<td>Count toward P4P payment pool</td>
</tr>
<tr>
<td></td>
<td>Not to dispense and consult with physician (and modify medication)</td>
<td>No code is necessary. Initial claim will be abandoned</td>
<td>Effort will be accounted for in the overall DUR Paid Volume %</td>
</tr>
<tr>
<td>Review alerts with the physician to determine clinical appropriateness</td>
<td>Continue to dispense</td>
<td>M0 + any RSC Code (paid with DUR intervention code)</td>
<td>Count toward P4P payment pool</td>
</tr>
<tr>
<td></td>
<td>Not to dispense and modify to another medication</td>
<td>No code is necessary. Initial claim will be abandoned</td>
<td>Effort will be accounted for in the overall DUR Paid Volume %</td>
</tr>
<tr>
<td>Action due to DUR alerts</td>
<td>Intervention Result</td>
<td>Codes</td>
<td>Outcome and payment Status</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------</td>
<td>-------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Review other sources such as chart notes, CUREs, Rx history to determine clinical appropriateness</td>
<td>Continue to dispense</td>
<td>R0 + any RSC Code (paid with DUR intervention code)</td>
<td>Count toward P4P payment pool</td>
</tr>
<tr>
<td></td>
<td>Not to dispense and consult with physician (and modify medication)</td>
<td>No code is necessary. Initial claim will be abandoned</td>
<td>Effort will be accounted for in the overall DUR Paid Volume %</td>
</tr>
<tr>
<td>Educate patients regarding the alerts (precaution)</td>
<td>Continue to dispense</td>
<td>PE + any RSC Code (paid with DUR intervention code)</td>
<td>No payment (part of Pharmacists’ responsibility)</td>
</tr>
</tbody>
</table>
Claim-level DUR intervention payment

- $5m will be allocated for all paid prescriptions with payable PSC/RSC codes
- The P4P payment per claim will be determined based on final paid prescription volume with payable PSC/RSC codes
- Assuming all current rx with DUR codes are “reviewed” and “paid”, you will get $11.5 for your DUR work for each Rx
- Results will be reviewed and subject to audit
- Results will be monitored monthly
- DUR statistics will be included as part of Pharmacy Quality Rating metrics
- Payment will be made every 6 months
DUR Bonus Payment

• $3m will be allocated to calculate bonus payment for efforts that mitigate risk by NOT filling a prescription with DUR risk.

• Pharmacy will receive bonus payment if the % Paid prescription volume with PSC/RSC of the total Paid prescription is 2SD below (less Paid DUR claims) the mean.

• The mean of the payment period must be above the baseline mean.

• Bonus payment will be calculated by combining the total DUR prescription volume from the Payable Pharmacies.

• 100% payout will be used for this payment.

• Payment will be made every 6 months.
# P4P Bonus Breakdown

<table>
<thead>
<tr>
<th>P4P category</th>
<th>P4P bonus allocation</th>
</tr>
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<tbody>
<tr>
<td>DUR intervention with claims</td>
<td>$5m</td>
</tr>
<tr>
<td>DUR intervention without claims</td>
<td>$3m</td>
</tr>
<tr>
<td>Text Program</td>
<td>$1m</td>
</tr>
<tr>
<td>Customer Satisfaction</td>
<td>$1m</td>
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<tr>
<td>Tier 3 MTM</td>
<td>$5m</td>
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DUR Category Phase 1

• High Risk Medications in the Elderly
• Drug-Drug Interactions
• High Dose
• Therapeutic Duplication
• Additional DUR codes in Phase 2
<table>
<thead>
<tr>
<th>Amitriptyline</th>
<th>Estropipate</th>
<th>Metyldopa/Hydrochlorothiazide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benztropine</td>
<td>Glyburide</td>
<td>Nitrofurantoin</td>
</tr>
<tr>
<td>Carbinoxamine</td>
<td>Glyburide/Metformin</td>
<td>Norethindrone</td>
</tr>
<tr>
<td>Clemastine</td>
<td>Guanfacine</td>
<td>Phenobarbital</td>
</tr>
<tr>
<td>Clomipramine</td>
<td>Hydroxyzine</td>
<td>Promethazine</td>
</tr>
<tr>
<td>Cyclobenzaprine</td>
<td>Imipramine</td>
<td>Thioridazine</td>
</tr>
<tr>
<td>Cyproheptadine</td>
<td>Indomethacin</td>
<td>Trihexyphenidyl</td>
</tr>
<tr>
<td>Digoxin</td>
<td>Megestrol</td>
<td>Zaleplon</td>
</tr>
<tr>
<td>Disopyramide</td>
<td>Meprobamate</td>
<td>Zolpidem</td>
</tr>
<tr>
<td>Doxepin</td>
<td>Methocarbamol</td>
<td></td>
</tr>
<tr>
<td>Ergoloid</td>
<td>Metyldopa</td>
<td></td>
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<tr>
<td>Estradiol</td>
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</tr>
</tbody>
</table>
Drug-Drug Interactions

• First DataBank (FDB) stratifies drug-drug interactions into four severity levels, ranging from contraindicated to undetermined.

• FDB defines Severity Level 1 drug-drug interactions as drug combinations that generally should not be dispensed or administered to the same patient.

• Currently, IEHP allows Severity Level 1 drug-drug interactions to process at point-of-sale.
• FDB maintains dosing modules that are designed to identify potentially incorrect dosing
• Currently, IEHP allows most drugs to process at point-of-sale if the daily dose submitted is greater than one-times the FDB reference upper limit but less than or at two-times the FDB reference upper limit for all age groups.
• FDB utilizes specialized therapeutic drug classes to detect duplicate therapy.

• FDB defines duplicate therapy as unintentional duplication “use” indications, duplicative pharmacology, or duplicative mechanisms of action that not considered “adjunctive therapy.” Duplicate therapy not only indicates inefficient use of medications, but also indicates potential medication risk to the member.

• Exception: i.e. anticonvulsants
Questions to Providers

• DUR edit hub services?
• Create MTM using collaborative agreement model-
  identify high risk MTM criteria
• Enhanced MTM program structure in community Rx setting
• Program Budget: $5m
• Ramp up time may take more than 1 year due to the time to obtain “Advanced pharmacy practice” status
• Goal:
  – Creation of “mini Kaiser” model, allowing pharmacy with Collaborative agreement to offer enhanced MTM services
Participants:
1. In-network Pharmacy
2. Pharmacies meeting the qualifiers listed below

Qualifiers:
1. Pharmacist received Advanced Pharmacist Practice (APP) status
2. Have existing collaborative agreement with IEHP contracted physicians

Credentialing:
1. Must complete IEHP Pharmacy Credentialing Application
2. Copy of a signed collaborative agreement with date, physicians, and detail protocol
Text Message Program ($1m)

- To encourage pharmacy to implement text message system to provide notification to the IEHP Members
- IVR system that provides the same functionality is allowed
- Independent pharmacies will receive $2500 per store (independent pharmacy chains with 10 or more pharmacies are considered chains).
- Each Chain will receive $25,000 for meeting the requirement and opt-in threshold.
- Pharmacy Text Program requirement:
  - Adoption of Text Program
  - Pharmacy to provide report showing IEHP Members Opt-in rate >50%
  - Text message status must include “prescription is processed” “prescription is pending for more info” and “ready for pick up” (welcome any feedback)
• **Member Satisfaction Survey Result ($1m)**
  – Annual review of Pharmacy Satisfaction Survey
  – IEHP’s contracted Survey vendor will conduct Customer satisfaction survey in Fall 2018
  – Target denominator per store: 30 patients
  – Data to be populated for Quality Rating display
  – Customer Service Ratings: 93%
  – Incentive: $2000 per store (independent or chains)
Star Rating in Provider Directory

https://www3.iehp.org/en/members/find-a-doctor/?dev=full

This is the area where the P4P Star Rating would be placed. The rating will be inside the star.

Add filter based on P4P Star Rating, descending sequence.

Depending on the search selection, these should reflect the selected search description. For instance, if member selects pharmacy then “Doctors Near and Doctors In” should state “Pharmacies Near and Pharmacies In.”
Credentialing

• Basic credentialing elements- in house or NCPDP
  – For all pharmacies
  – For member portal display
  – May be included in the Pharmacy Quality Rating Display calculation

• Enhanced credentialing elements
  – For MTM only