Medically Integrated Pharmacy Quality Initiatives in Large Multi-Site Oncology Networks

Gury Doshi, M.D.
Medical Director, Oral Oncolytics
Texas Oncology
• 460 Physicians
• 210 Locations
• 42 Pharmacy locations
• 1 Central Pharmacy
Does your practice have an in-house pharmacy/dispensary that dispenses oral oncolytics?

A. YES
B. NO
Agree/Disagree:

A Medically Integrated Pharmacy leads to improved patient care compared to other (specialty) pharmacy.
Objective:
Define Medically Integrated Pharmacy Care (MIPC)

Benefits of MIPC

- Increase access to therapy
- Decrease financial burden
- Coordinated care by their medical team

"No one cares for your patients like you do."

- Improved management/care of your patient
- Control/delivery of high quality oncology care in a value based world
Oral Oncology Drugs as Cancer Therapy

25-35% of all new cancer drugs in development are oral drugs,

Of 22 new drug approvals to date, 7 drug approvals are ORAL hematology/oncology drugs

Oral Oncolytics

a New Paradigm to Quality Patient Care

Oral cancer medicines impact several aspects of cancer treatment

- Drug accessibility
- Financial burden
- Shifting traditional provider roles and responsibilities to patients & caregivers
- Safety monitoring
- Adherence concerns

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Medically Integrated Pharmacy- Value
TRUE Integration of Pharmacy/Medical Care

ONE CARE TEAM
Anchored by Physicians

ONE CARE PLAN
Guided by Industry Accepted Clinical Pathways

ONE PATIENT RECORD

PATIENT OUTCOMES & CARE
✓ Patient satisfaction
✓ Patient adherence
✓ Care plan compliance

PRESENTED AT: ASCO Quality Care Symposium
#ASCOQLTY19
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PRESENTED BY: GURY DOSHI, M.D.
Prior Authorization Details

PA team secures prior authorizations, appeals and resolves dispensing issues:
- Identifies formulary preference
- Identifies in network pharmacies
- Assists high dollar reviews and quantity limits
- Educate or conference dispensing pharmacy with the PBM or plan for claims processing
- Proactively communicate formulary changes
- Communicates insurance updates with clinic
- Turn around time 10 min to 48 hrs
- Proactively works PAs prior to expiration
- Immediate referral to financial assistance
- Developed relationship with other Specialty Pharmacy to track patient’s prescription
- Relationship with pharmacy, physician, patient, insurance

Appeal denials: PAP requirement, off label
RX Resolve: Formulary change, Therapy Change, Out of network, No PA needed
Denials: Off label, step therapy

Texas Oncology RX PA_PAS Data
Financial Burden Limits Access

• 38,111 scripts
• 18% overall abandonment rate
• Relationship between OOP cost with delayed/reduced treatment initiation

<table>
<thead>
<tr>
<th>Abandonment Rate</th>
<th>OOP cost $</th>
</tr>
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<tbody>
<tr>
<td>10%</td>
<td>&lt; $ 10</td>
</tr>
<tr>
<td>13.5%</td>
<td>50-100</td>
</tr>
<tr>
<td>31.7%</td>
<td>100-500</td>
</tr>
<tr>
<td>41%</td>
<td>500-2000</td>
</tr>
<tr>
<td>49.4%</td>
<td>&gt; 2000</td>
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Patient Assistance Details

- Savings Cards process as primary to include Vouchers, Free Trial Offers and Co-Pay Cards
- Foundation grants process as secondary
- PAP includes Bridge programs and 1st fill
  - Drug ships to patient home
  - Few programs issue pharmacy processing cards

Swift transition from PA to PAS for comprehensive financial screening

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings Cards</td>
<td>$3,294</td>
<td>$13,484</td>
<td>$6,366</td>
</tr>
<tr>
<td>Foundation</td>
<td>$7,474</td>
<td>$13,657</td>
<td>$8,931</td>
</tr>
<tr>
<td>PAP 1st Fill</td>
<td>$88,986</td>
<td>$78,870</td>
<td>$36,580</td>
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Texas Oncology RX PA_PAS Data
## Medically Integrated Pharmacy Difference

<table>
<thead>
<tr>
<th></th>
<th>MIPC</th>
<th>Other pharmacy</th>
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</thead>
<tbody>
<tr>
<td>Time to obtain medication</td>
<td>24-48 hours</td>
<td>Days- weeks</td>
</tr>
<tr>
<td>Prior authorization</td>
<td>hours/performed by MIPC team</td>
<td>Hrs-days, multiple people/steps</td>
</tr>
<tr>
<td>Patient assistance</td>
<td>Provided by oncology MIPC team</td>
<td>Patient burden</td>
</tr>
<tr>
<td>Concurrent medication check</td>
<td>Accurate/same EMR</td>
<td>Not possible</td>
</tr>
<tr>
<td>Adverse effects</td>
<td>Evaluated and managed</td>
<td>N/A</td>
</tr>
<tr>
<td>Care delivery</td>
<td>Coordinated/optimal</td>
<td>Fragmented</td>
</tr>
</tbody>
</table>

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Patient & Team Feedback

“Convenience in receiving medication”
“Time to receiving medication”
“Interaction with staff”
“General satisfaction with the care provided”

• “You sure are there for us and we appreciate you so much. It’s been such a stressful day this is the first glimmer of hope all day long.”

• -Texas Oncology Patient
Conclusion: Benefit of MIPC

Integrated total care plan by the medical team
Improved patient satisfaction & outcomes

Coordinated management/care of your patient
“No one cares for your patients like you do.”

Control/delivery of high quality oncology care for patients
in a value based world
Agree/Disagree:

A Medically Integrated Pharmacy leads to improved patient care compared to other (specialty) pharmacy.
Comparison Responses to Slide #16 and #4

Current Results

- B 67%
- C 33%

Previous Results

- B 33%
- C 67%
Future Direction

• AE monitoring:
  • Patient education, Utilizing technology solutions to enhance AE monitoring, early interventions
• Value Based Care: avoid ER visits, decrease hospitalization
• Adherence: what matters, demonstrating value to payers
• DIR fees
• Decrease costs: starter 14 day/partial fills

• Patient-Centered Standards for Medically Integrated Dispensing: ASCO/NCODA Standards

COMING SOON
Thanks to ... Texas Oncology Teams

PA/PAS Team:
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