

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

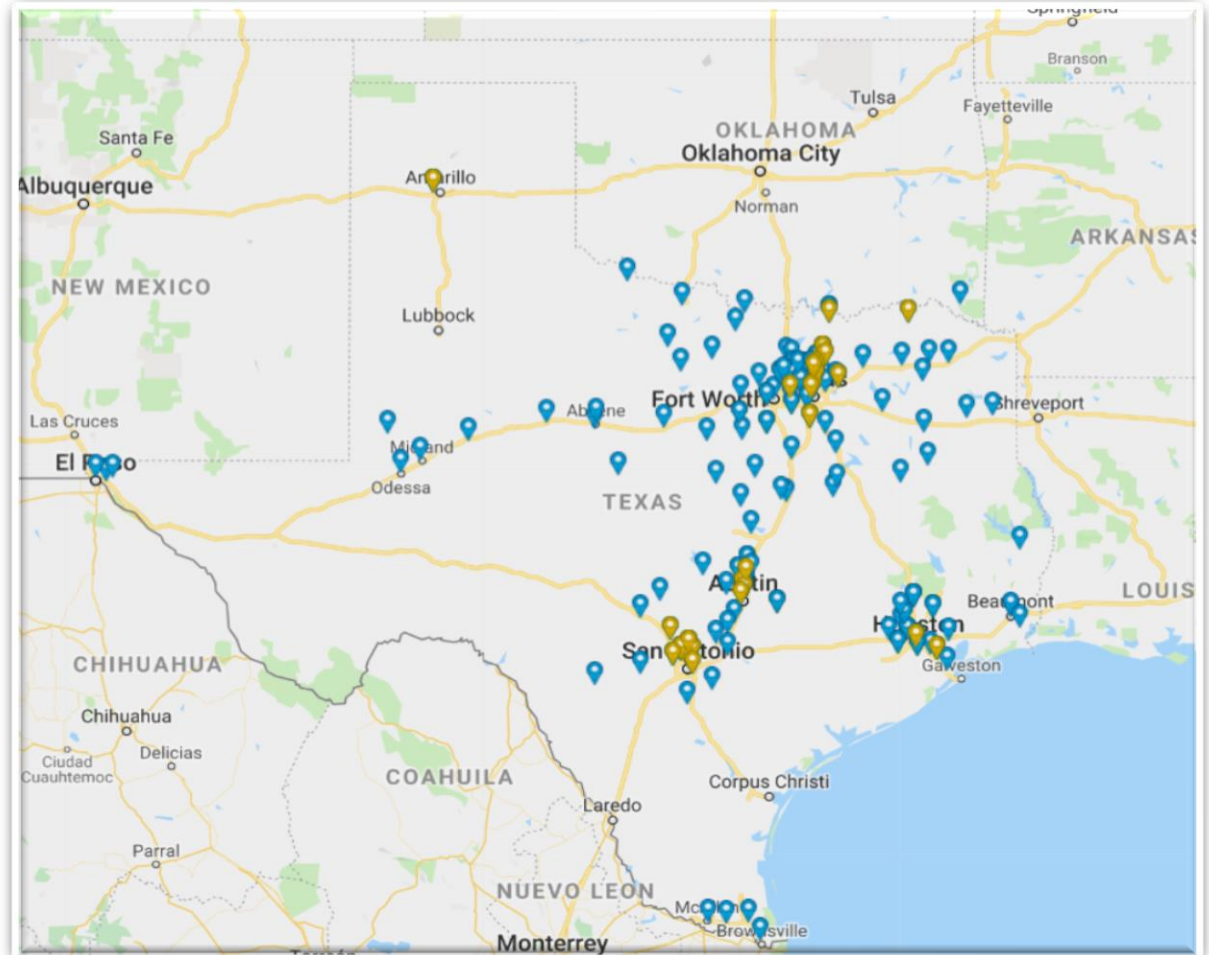
Gury Doshi, M.D.

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



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



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,¹

2009

2019

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

1. Mosely W, et al. Community Oncology 2009;6:358-61

www.fda.gov/drugs/new-drugs-fda-cders-new-molecular-entities-and-new-therapeutic-biological-products/novel-drug-approvals-2019

Oral Oncolytics a New Paradigm to Quality Patient Care

Oral cancer medicines impact several aspects
of cancer treatment

Drug
accessibility

Financial
burden

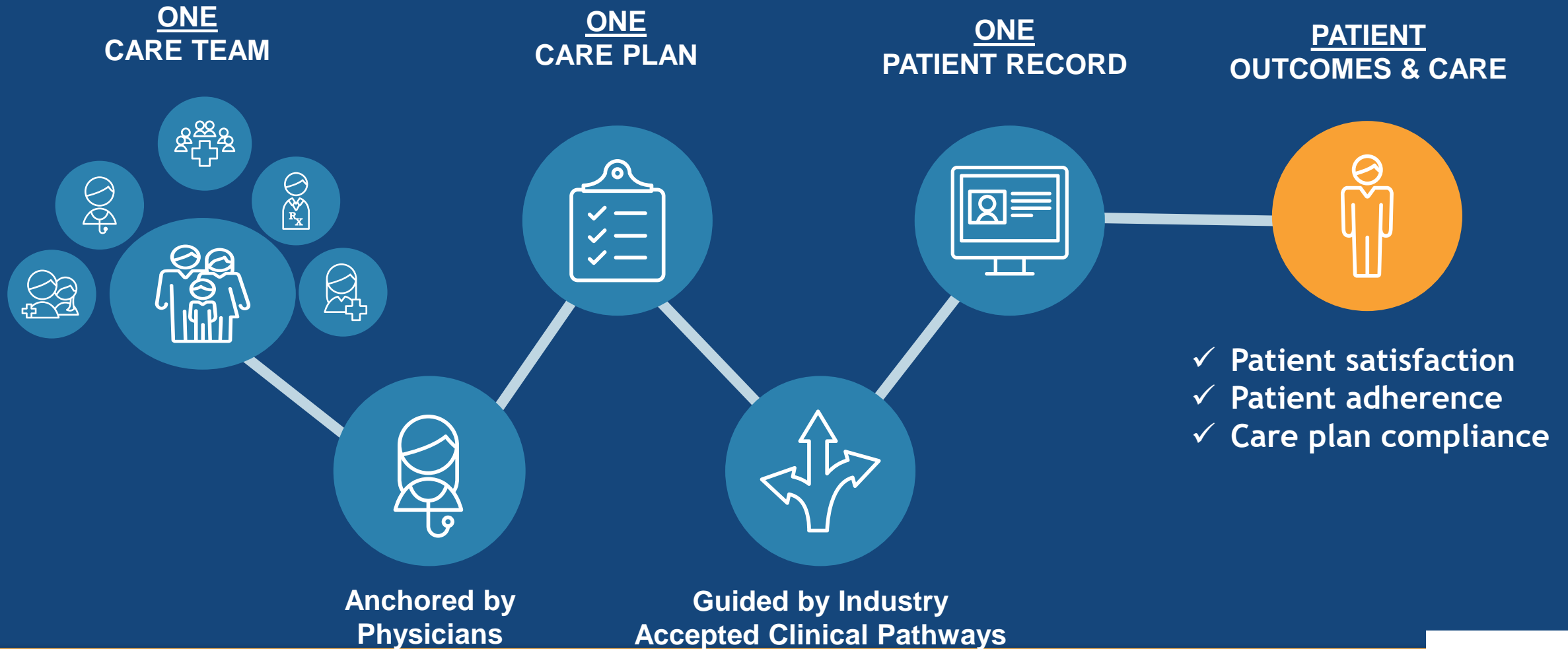
Shifting
traditional
provider roles and
responsibilities to
patients &
caregivers

Safety
monitoring

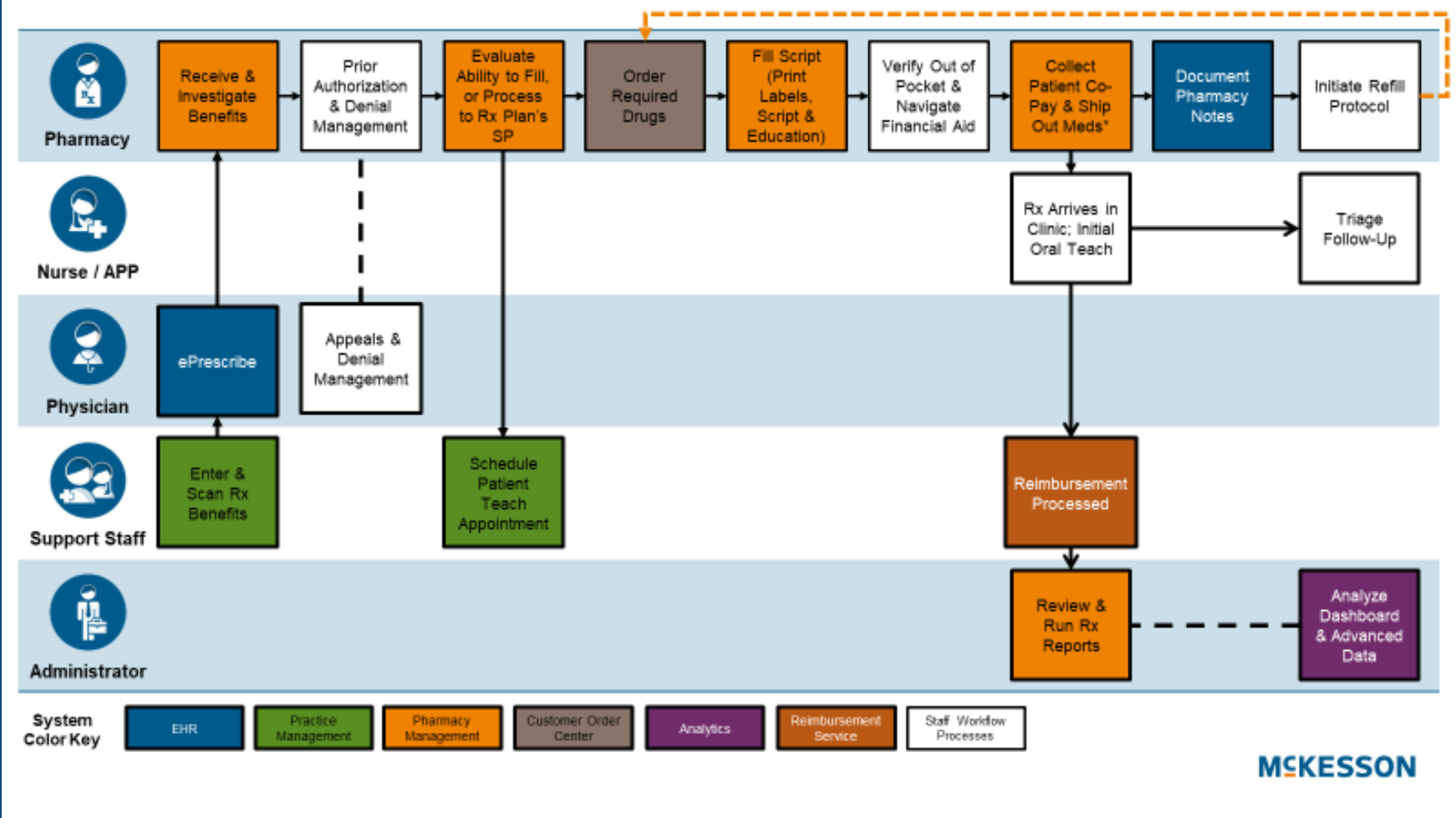
Adherence
concerns

Medically Integrated Pharmacy- Value

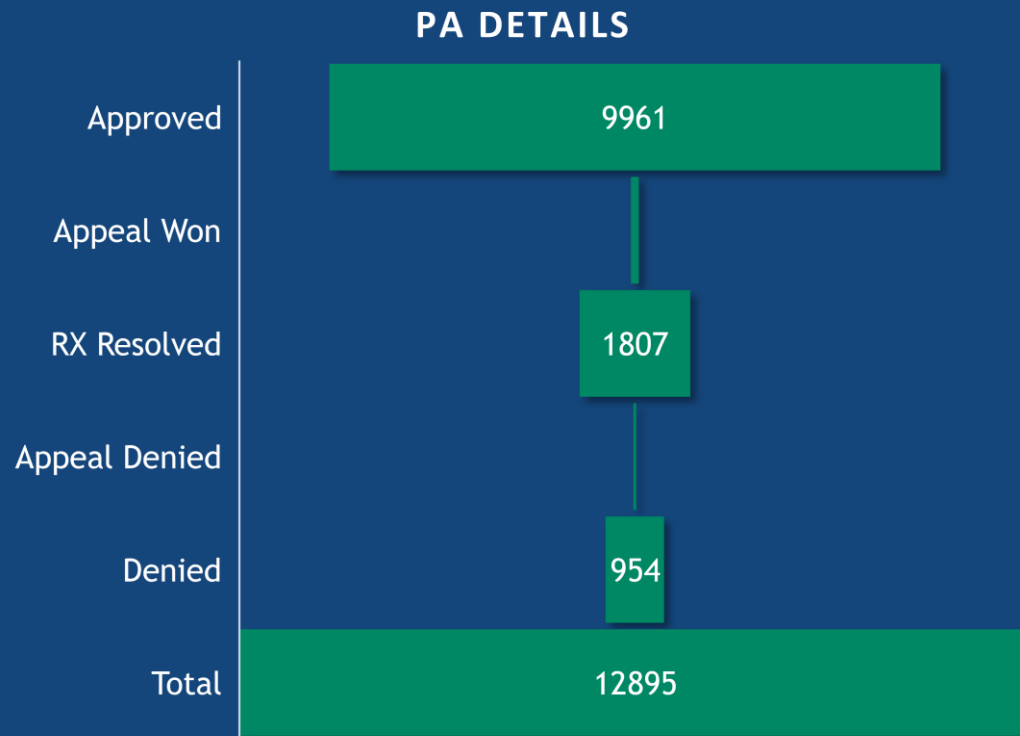
TRUE Integration of Pharmacy/Medical Care



Integration of Medical & Pharmacy Care



Prior Authorization Details



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

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

Financial Burden Limits Access

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JOURNAL OF CLINICAL ONCOLOGY ORIGINAL REPORT

Association of Patient Out-of-Pocket Costs With Prescription Abandonment and Delay in Fills of Novel Oral Anticancer Agents

Jalpa A. Doshi, Pengxiang Li, Hairong Huo, Amy R. Pettit, and Katrina A. Armstrong

Author affiliations and support information (if applicable) appear at the end of this article.
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Corresponding author: Jalpa A. Doshi,

A B S T R A C T

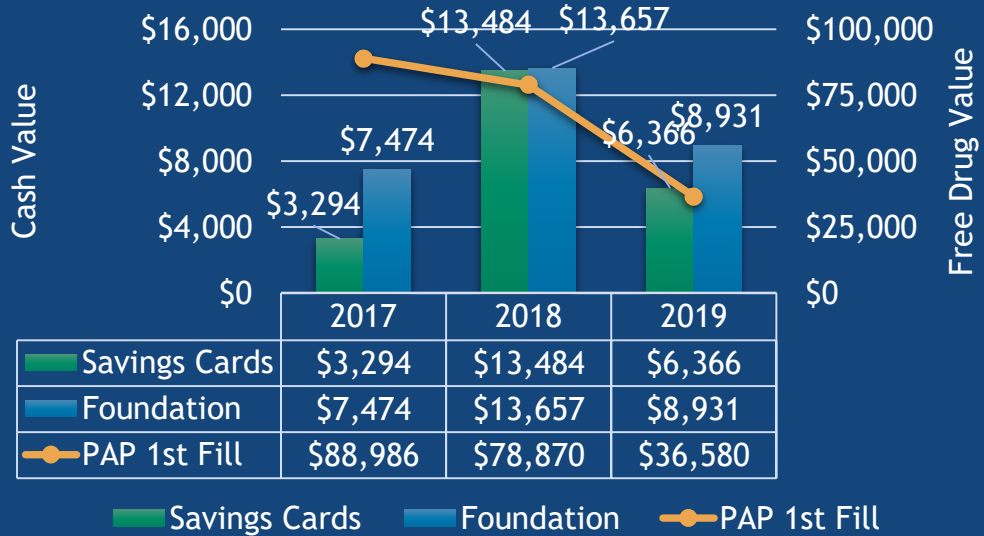
Purpose
The number of novel oral anticancer agents is increasing, but financial barriers may limit access. We examined associations between out-of-pocket (OOP) costs and reduced and/or delayed treatment initiation.

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

Abandonment Rate	OOP cost \$
10%	< \$ 10
13.5%	50-100
31.7%	100-500
41%	500-2000
49.4%	> 2000

Patient Assistance Details

PAS Total Value in \$K



Swift transition from PA to PAS for comprehensive financial screening

- 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

Texas Oncology RX PA_PAS Data

Medically Integrated Pharmacy Difference

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

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:

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Comparison Responses to Slide #16 and #4

Current Results



- A 0%
- B 67%
- C 33%

Previous Results



- A 0%
- 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



COMING SOON

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

Thanks to ... Texas Oncology Teams



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Neal Dave
Mark Lawson
Chris Sellers
Brandon Alexander
Kareem Coleman
Lois Miles