

Patient-Centered Specialty Care

Module 3 Instructional Webinar

Impacting Quality and
Cost of Care



Important Note

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- With respect to the issue of coverage, each Anthem Member should review his/her Certificate of Coverage and Schedule of Benefits for details concerning benefits, procedures and exclusions prior to receiving treatment. If Members have any questions concerning their benefits, they may call the Member Services number listed on the back of their ID card.

What does Cost of Care mean to stakeholders in the healthcare system?

Provider

- Ability to earn shared savings
- Reduce waste and enable an optimal and equitable distribution of scarce resources while reducing harm from unnecessary tests and procedures and sustaining/improving quality care to patients.
- Respect and respond to Patient Cost burdens

Patient

- Co-Pays; Co-Insurance, High Deductible Plans are an increasing burden on Patients' budgets

Employer

- Bend the Trend on Premium
- Reduce employee out of pocket spend

Anthem

- Bend the Trend on Premium/Patient Cost Share
- Meet Program Cost Targets while maintaining quality care to Members
- Increase Membership

Providers can be Heroes by Saving Members Out-of-Pocket Costs

- Reducing costs of care (using preferred labs, using high quality most cost effective radiology centers, using in network providers and specialists, selecting generic drugs, reducing unnecessary services) can save working families hundreds, if not thousands of dollars in cost sharing
- This drives member satisfaction and retention for the practice
- This significantly increases adherence with treatment plans and improves patient health- driving a virtuous cycle

Working together, we can help you be a hero.

Anthem Cost of Care Programs

Anthem supports providers by offering the following programs:

- Infusible Sites of Service
- Prescribing Generics vs. Brand Equivalent
- Half Tablet Program
- Preferred Glucometer Program

A male doctor with a stethoscope around his neck and a female doctor are both wearing white lab coats over blue scrubs. They are sitting at a desk with a computer monitor and keyboard, looking at the screen with interest. The background shows a clinical office with shelves and a stethoscope on the desk.

Infusible Sites of Service

Why Should My Practice Consider Infusible Sites of Service?

IV Infusion therapy can be costly and inconvenient for patients.

Home-based therapy or in-office options can be significantly less expensive and much more comfortable for your patients.

Treatment satisfaction can lead to improved medication adherence and better health outcomes. Factors affecting treatment satisfaction include:

- Safety
- Out-of-pocket costs
- Time and flexibility
- Convenience

Why Should My Practice Consider Infusible Sites of Service?

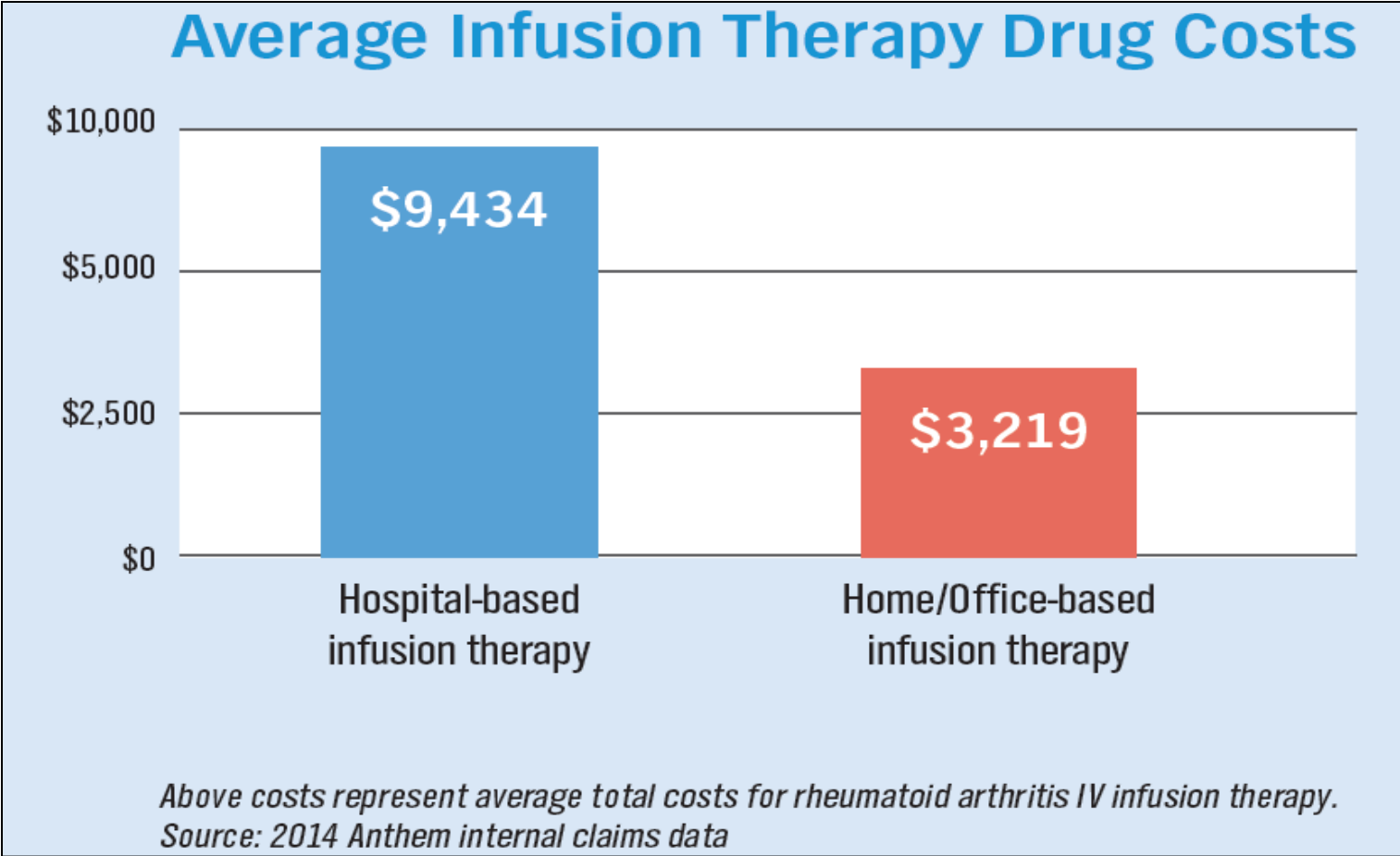
Providers and patients have options today when IV Infusion therapy is part of the patients' treatment plan.

The delivery of IV Infusion therapy in the home, IV Infusion Centers or even the physician's office has become an acceptable practice and should be considered when available and appropriate.

Offering these options to the patient and family can address patient concerns with convenience, availability and costs that could potentially impact the overall success of the treatment plan.

The cost of receiving IV Infusion therapy in the home, IV Infusion Centers or physician offices can be significantly less expensive and much more comfortable for your patients. This could lead to greater patient satisfaction and adherence to the treatment plan.

Why Should My Practice Consider Infusible Sites of Service?



Which Drugs Are Typically Eligible for Home Infusion?

All non-oncology infusible drugs should be considered for non-hospital sites of service. A few examples of drugs that can typically be administered in the home setting are the following (but NOT limited to the following):

- Remicade
- Factor IVIG (gammoglobulin)
- Orencia
- Prolia
- Rituxan

How to Choose Infusible Sites of Service


Consider referring members to specialists who use home or office-based settings for infusions, as well as follow-up with current patients to discuss more comfortable home-based settings as an option (see your state-specific list)

Who can help in discussing patient options?

Care Coordination – working with hospitals/emergency room discharges can impact the patients being transitioned to home with IV Infusion Therapy as part of the discharge plan. Having this information and engaging in discussions early can impact the overall outcome for the patient and the costs.

- Patients who have financial or transportation barriers to treatment should have these options presented when IV Infusion therapy is part of their treatment plan.

Medical Neighborhood - Consider referring members to specialists who use home or office-based settings for infusions, as well as follow-up with current patients to discuss more comfortable home-based settings as an option (see your state-specific list)

A photograph of two medical professionals, a man and a woman, both wearing white lab coats over blue scrubs. The man, on the left, has a stethoscope around his neck and is leaning over a computer monitor. The woman, on the right, is sitting at the desk and looking at the monitor. They appear to be in a clinical or office environment. The text 'Using Generics to Improve Clinical Outcomes and Decrease Costs' is overlaid on the left side of the image.

**Using Generics to
Improve Clinical
Outcomes and
Decrease Costs**

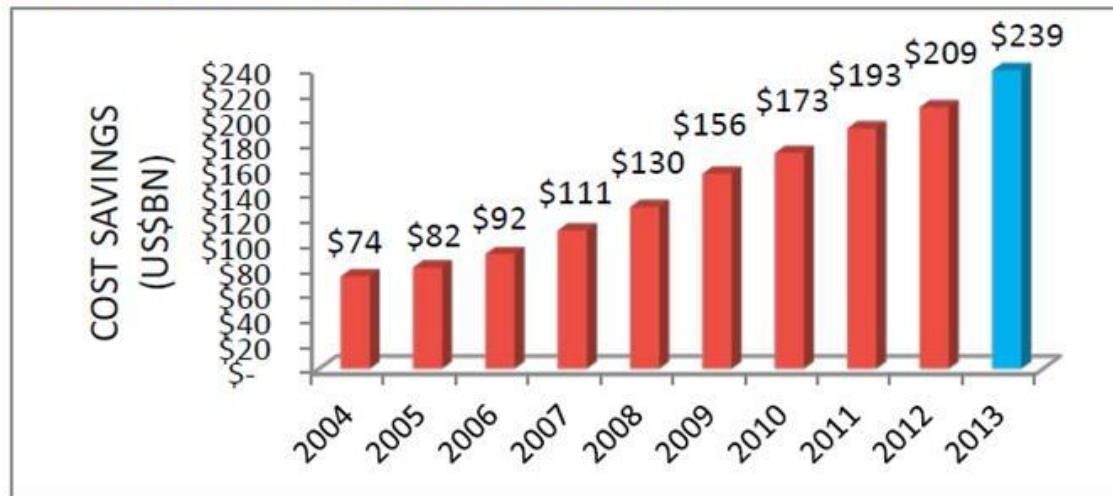
Overview

- **Review the impact of generic cost savings in the U.S. and potential savings over next few years**
- **Describe common key facts about generic medications**
- **Briefly discuss financial barriers and impact on medication adherence**
- **Review potential strategies to assist patients with financial barriers**
- **Share examples of how Anthem promotes generic usage in a coordinated, comprehensive way**

Generic Cost Savings

- U.S. Cost savings in 2013 reached \$239 billion, a 14% increase over cost savings achieved in 2012
- Generic products saved the U.S. health system nearly \$1.5 trillion over the past 10 years.

Figure 1. Generic Cost Savings by Year (2004-2013)

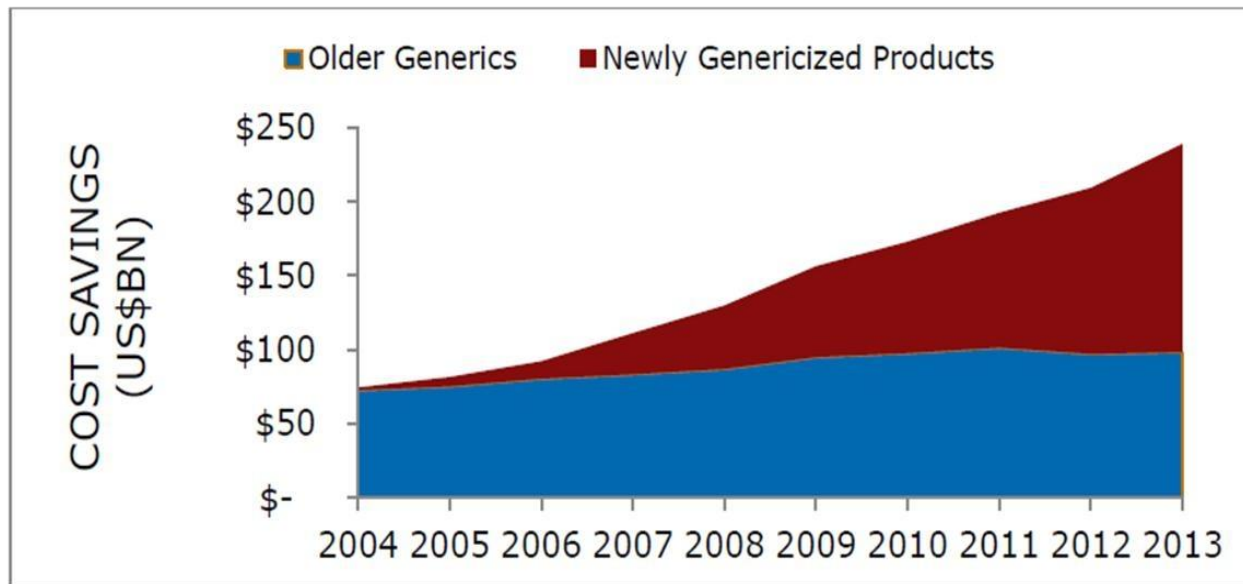


Source: Generic Pharmaceutical Association; *Generic Drug Savings In The U.S. Sixth Annual Edition: 2014*

Generic Cost Savings

- Newer generic products coming to the market saved the U.S. health system \$140 billion dollars alone in 2013. Older generics accounted for \$98 billion

Figure 3. Generic Cost Savings Over Time (2013)



Source: Generic Pharmaceutical Association; *Generic Drug Savings In The U.S. Sixth Annual Edition: 2014*

Generic Drug Pipeline

2015	2016	2017	2018	2019	\$1.2B in CoC 2014 *
\$542M	\$414M	\$145M	\$41M	\$56M	
Abilify Aggrenox AndroGel Avodart Epipen Finacea Frova Generess Fe Namenda Nexium Ortho TC Lo Welchol Zyvox	Azor Benicar/HCT Crestor Gleevec Glumetza Kaletra ProAir HFA Seroquel XR Tamiflu Zetia	Adcirca Cialis Reyataz Strattera Sustiva Treximet Viagra Viread Vytorin	Acanya Levitra Sensipar Solodyn (65mg, 115mg) Zytiga	Lyrica Solodyn (55mg, 80mg, 105mg) Uloric	

A 1% increase in generic utilization results in approximately 1-2% reduction in total drug spend.

*2014 Commercial Cost of Care for Anthem and our affiliated plans

Generic Facts

- The price of a generic drug is often just one-fifth the cost of a brand name drug
- Generics can be sold at a lower price because they do not have the same development costs as manufacturers of brand-name drugs
- Each state has its own laws for generic substitution

Source: PL Technician Training Tutorial, Appropriate Generic Substitution. Pharmacist's Letter/Pharmacy Technician's Letter. January 2013

Generic Facts

FDA approval requires the generic

- Contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- Be identical in strength, dosage form, and route of administration
- Have the same use indications
- Be bioequivalent
- Meet the same batch requirements for identity, strength, purity, and quality
- Be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products

Source: Food and Drug Administration, Center for Drug Evaluation and Research. What are generic drugs? May 12, 2009. www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/ucm144456.htm

Generic Facts

- The FDA publishes a book commonly known as the “Orange Book”
 - This coding system is used to rate generic drugs as bioequivalent to the brand-name product
- AB designation by the FDA means that products have the same active ingredients and work in the same way as the branded agent; this is therapeutic equivalence
- AB designation means the product was tested for bioequivalence in vivo and/or in vitro studies

Source: PL Continuing Education, Demystifying Generic Substitution: Knowing the Law. Pharmacist's Letter. March 2013

Drug Costs and Medication Adherence

- The cost of medication non-adherence in the U.S. exceeds \$100 billion annually
- Inability to afford medications is one of these barriers to medication adherence
- Impact of medication non-adherence leads to
 - Treatment failures
 - Unnecessary treatment
 - Disease exacerbation
 - Increased utilization
 - Patient and physician frustration
 - Death

A Team Approach

Provider

Nurse/ Medical
Assistant

Case Manager

Care
Coordinator

Front Office
Staff

A Team Approach

- Consider generic medications when clinically appropriate
- Involve the patient in the decision-making process
- Be sensitive to patients' total drug costs and listen for patient flags such as:
 - Patient calls and wants to cancel an appointment because inability to pay for office visits
 - Patient complains they can't afford their prescriptions
- Utilize care coordination team members to flag and assist with patients with financial barriers
- Be familiar with the patient's health plan prescription benefits (Medicare, Health Savings Accounts, tiered co-pays)
- Comprehensive Medication Management Reviews (see next slide)

A Team Approach

Comprehensive medication management reviews allow the clinician to:

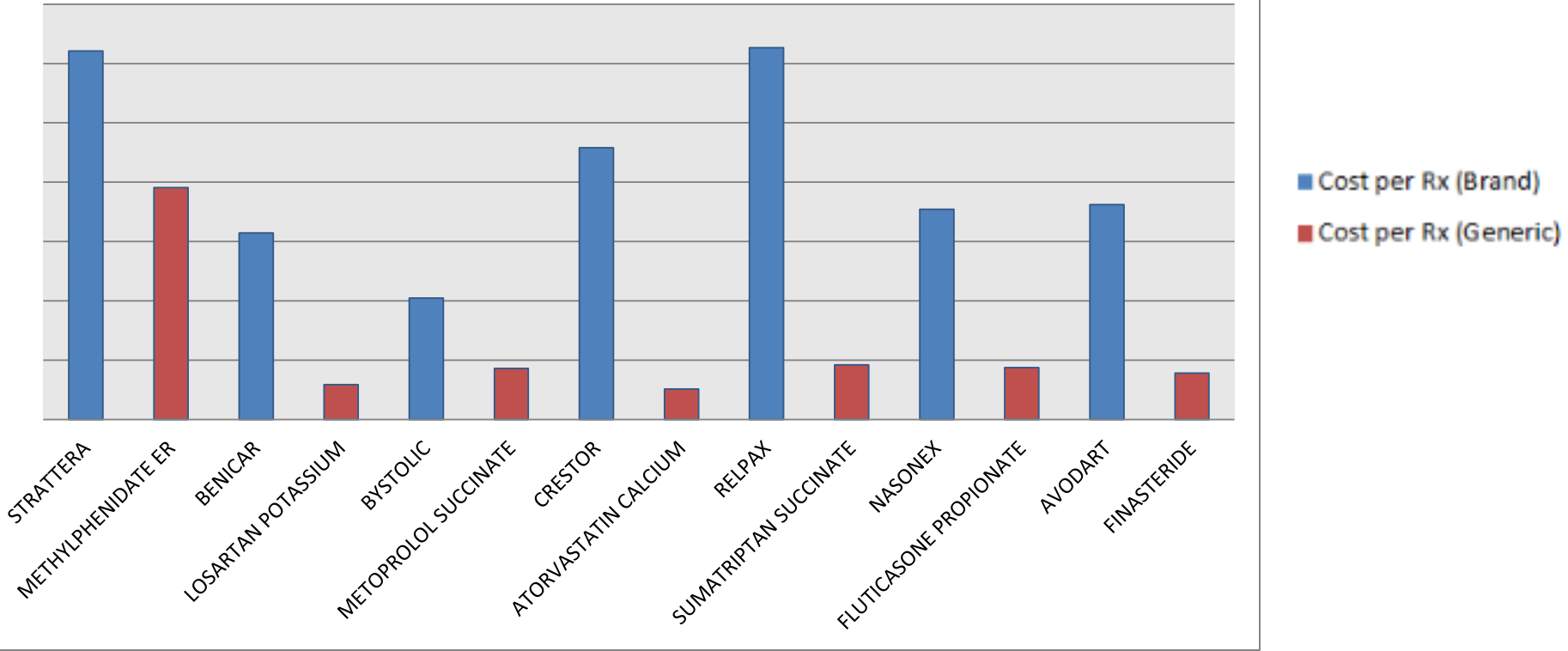
- Identify duplicates or overlapping drugs that can be eliminated
- Brand products that can be switched to generics or therapeutic alternatives
- Consider tablet splitting if appropriate to lower costs if needed
- Maximize the patient's benefits: A 90-day supply may reduce the amount spent on co-pays compared to a 30-day supply.
- Consider assistance programs

GDR Metric Savings by Class

GDR Classes (April 2014 Effective Date)	Average Plan Savings per Rx (Brand vs Generic)*	Average Member Savings per Rx (Brand vs Generic)
Beta-Blockers and Beta-Blocker Combos	\$54	\$71
ADHD Medications	\$245	\$48
ARBs and ARB Combos	\$55	\$65
Statins	\$108	\$66
Nasal Steroids	\$118	\$51
Serotonin Agonists (Migraine Medications)	\$418	\$96
Prostatic Hypertrophy Agents	\$100	\$59

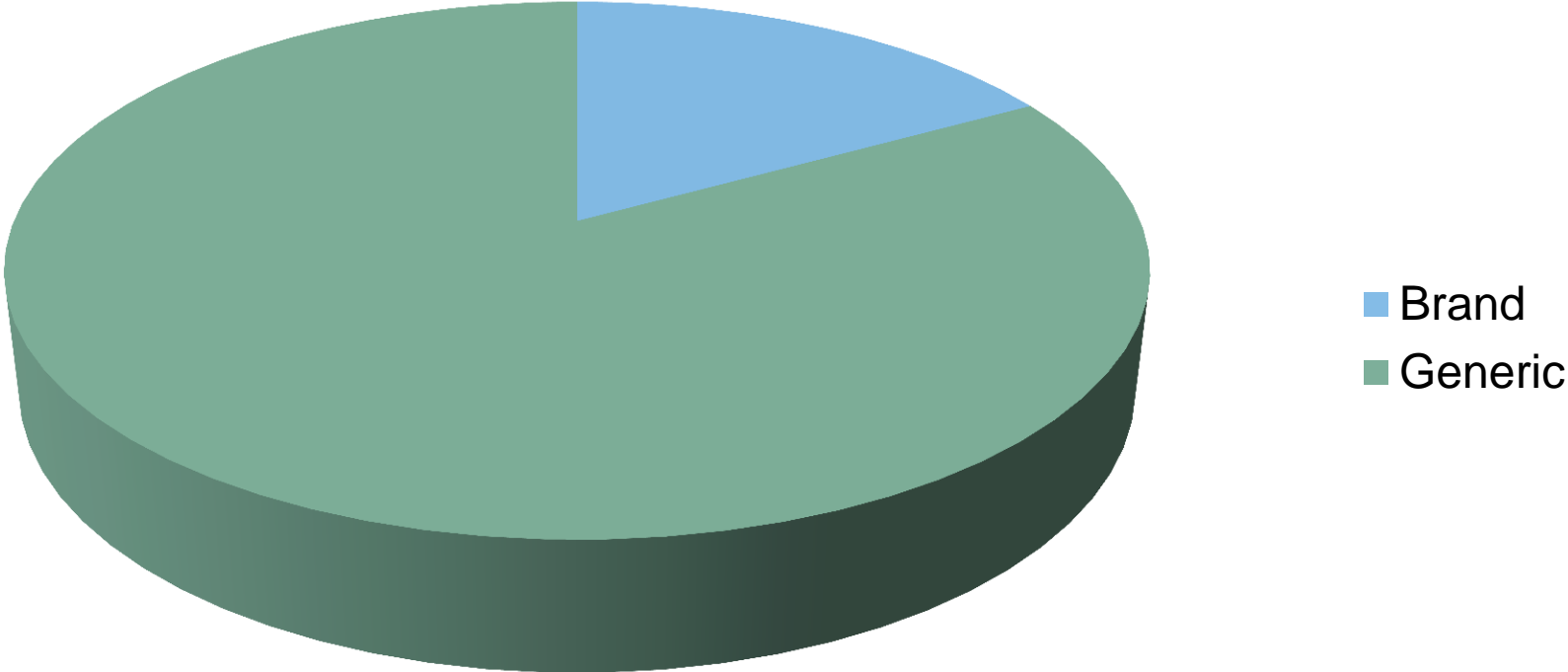
Examples of Generic Savings

Cost per Rx



Brand Utilization Adds Up*

Claim Volume



* 12-month commercial data for GDR metric drug classes

A comprehensive approach to encouraging generics

When members have both our medical and pharmacy programs, we can promote generics in a coordinated, comprehensive way:

- Member engagement with our nurses
- Brand-to-generic programs for retail and home delivery
- Newly available generic programs
- Generic Select
- Preferred Generics



Better health begins with better medication management

We're helping your patients:

- Manage chronic conditions
- Address medication gaps
- Improve medication adherence
- Save money

Healthier employees; lower medical costs

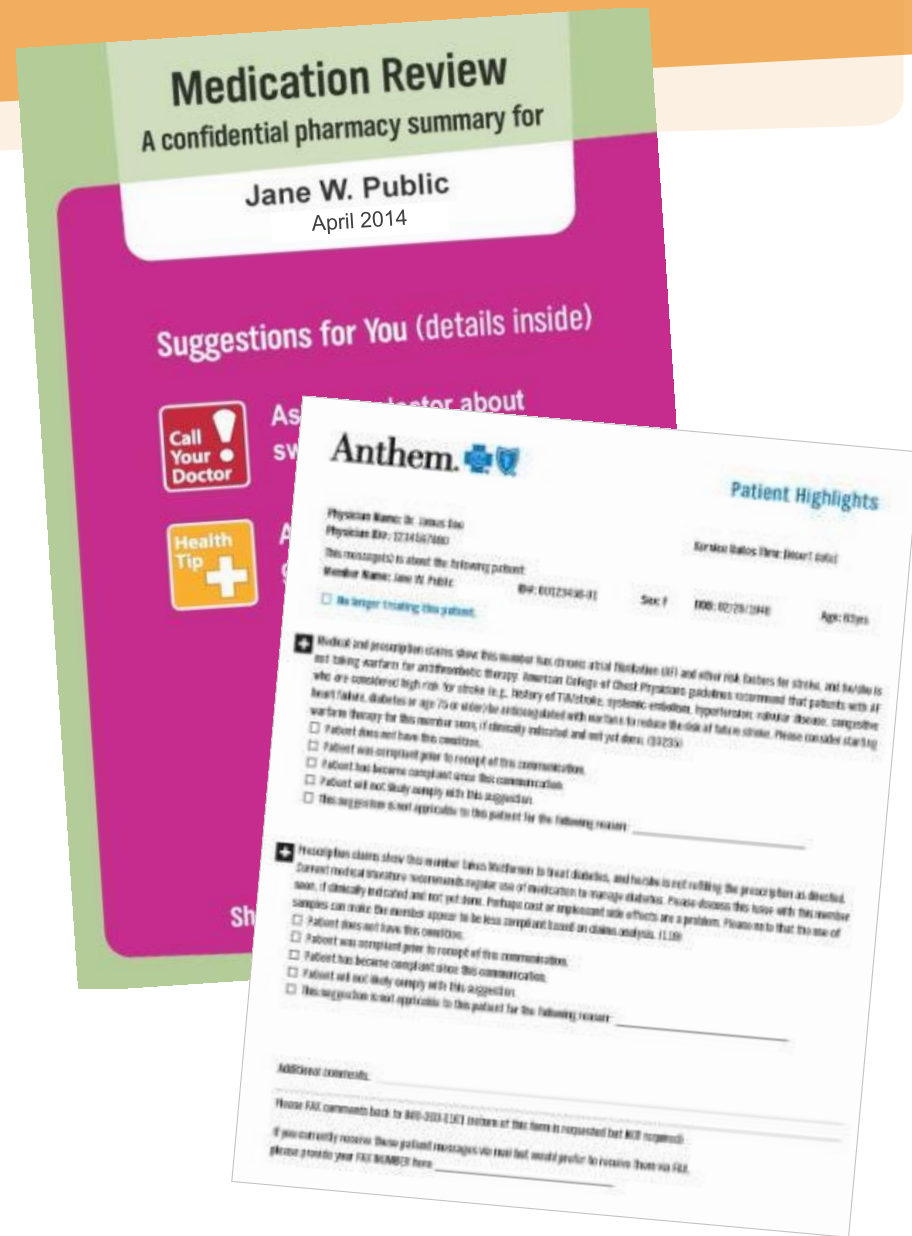
- **2.6M** messages sent
- **25%** more compliant with medications
- **21%** care gaps closed
- **\$75M** in pharmacy

Identifying care gaps and engaging your patients

We focus on top conditions that drive medical costs and lost productivity:

- Diabetes
- Cardiovascular
- Respiratory
- Depression
- ADHD

Plus we encourage the safe use of warfarin and help your patients save money!



Next Steps

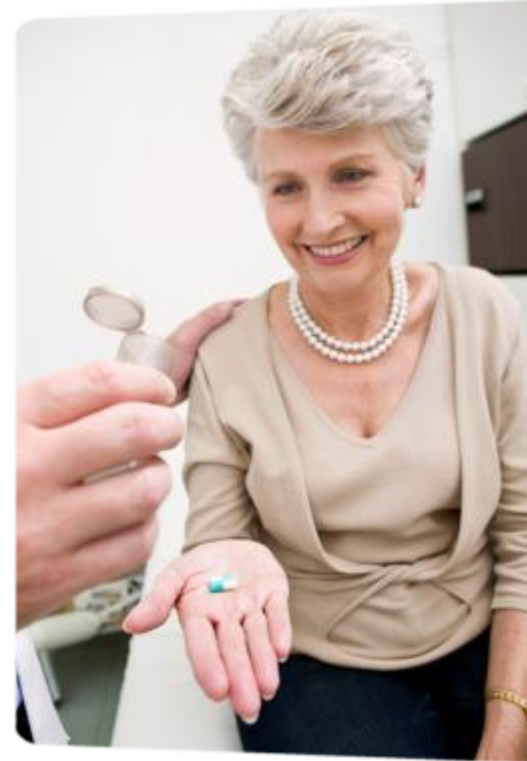
- **Consider pulling data on brand name medications that have opportunity for therapeutic alternatives**
- **Define your organization's focus in managing generic utilization**
- **Remember to ask patients about medication adherence and if drug costs are a concern**
- **Consider comprehensive medication reviews to remove drug costs barriers and simplify regimen**

A male and female doctor in white coats are looking at a computer monitor in a clinical setting. The male doctor is standing and pointing at the screen, while the female doctor is sitting and typing on the keyboard. The background shows a white cabinet with black folders.

Half Tablet Program

Cost-effective prescribing

- Cost-effective prescribing helps manage pharmacy spend and makes medications more affordable for your patients.
- For those with financial barriers to medication adherence, a small savings could make a big difference.
- The strategies are in place for Anthem members with combined medical-pharmacy coverage and can help you and your patients improve pharmacy costs on common prescriptions.



Anthem's Half-Tablet Program

How does it work?

- Write prescriptions for qualified once daily medications with directions to take ½ tablet per day.

Who Saves? Members

- Half of Anthem's commercial medical-pharmacy members have the half-tab benefit. Members with this benefit pay just half their usual copay cost on select medications prescribed with instructions to take half of a tablet.
- *The program does not apply to Medicare or Medicaid.*
- Patients with a coinsurance save by paying their coinsurance percentage on a fewer number of tablets.
- Patients paying towards a deductible will pay out of pocket on a fewer number of tablets.
- The patient continues to save money on refills if they stay in the Half Tablet program.

Anthem's Half-Tablet Program

Who Saves? Providers

- Prescribing half tablets for qualified medications lowers overall pharmacy costs
- Average pharmacy savings per 30-day prescription of qualified statin medications is \$5 for generic and \$35 for brand. This adds up to \$60-\$420 annually for each participating member.

Example:

Whole tablet Prescription	Qty	Equivalent Half Tablet Prescription	Qty
Crestor 20mg Take one tablet (20mg) once a day	30	Crestor 40mg Take ½ tablet (20mg) once a day	15

A photograph of two medical professionals, a man and a woman, both wearing white lab coats over blue scrubs. The man is standing and leaning over the woman, who is seated at a desk. They are both looking at a computer monitor. The man has a stethoscope around his neck. The woman is smiling. The background shows a clinical setting with shelves and a computer mouse on the desk.

Preferred Glucometer Program

Anthem's Preferred Glucometer Program

How does it work?

- Anthem's combined medical-pharmacy members get a preferred glucometer for free; providers prescribe the test strips used with the selected glucometer.
- OneTouch® and ACCU-CHEK® test strips are on Anthem's preferred brand tier and may cost less than the non-preferred alternatives. Members can call for a free preferred glucometer and then start using the preferred strips.

Who Saves?

Members

- Test strips for preferred glucometers are on tier 2 of the formulary and have lower member out of pocket costs compared to non-preferred/ Tier 3 strips. Individual member savings varies based on their benefit.

Providers

- Preferred strips save \$50 per 30-day prescription on average compared to non-preferred strips, adding up to as much as \$600 annually.

Anthem's Preferred Glucometer Program

Which test strips are preferred?

Anthem's preferred glucometers include OneTouch® and ACCU-CHEK® products. Test strips for these meters are on the preferred brand tier and cost less than the non-preferred alternatives. Patients can also get select OneTouch® and ACCU-CHEK® meters for free, including:

ACCU-CHEK®	OneTouch®
<ul style="list-style-type: none">• ACCU-CHEK Nano• ACCU-CHEK Aviva Plus	<ul style="list-style-type: none">• OneTouch Verio• OneTouch Verio IQ• OneTouch Verio Synch System• OneTouch Ultra 2• OneTouch UltraMini

How do patients get a free glucometer?

Brand	ACCU-CHEK®	OneTouch®
Available Glucometers	<ul style="list-style-type: none"> • ACCU-CHEK Nano • ACCU-CHEK Aviva Plus 	<ul style="list-style-type: none"> • OneTouch Verio • OneTouch Verio IQ • OneTouch Verio Sync System • OneTouch Ultra 2 • OneTouch UltraMini
Contact information	888-355-4242	1-877-725-2783 Order Code 361BCC001
Free glucometer process	<p>Member can request a coupon for the free glucometer by calling the number above.</p> <p>The coupon will be sent immediately via email or standard mail and can be redeemed at their local pharmacy.</p>	<p>Member can request a free glucometer, to be shipped at no cost, by calling the number above and providing order code 361BCC001.</p>
Additional Steps	Provide a prescription for the test strips used with the selected glucometer. See the table below for more detail.	

Can you tell me more about the free glucometers and their test strips?

Glucometer	Glucometer Features	Strips
ACCU-CHEK Nano	Small meter. Before- and after-meal markers. Able to download. 500-test memory with 7, 14, 30 and 90 day averaging. No coding.	ACCU-CHEK Smartview
ACCU-CHEK Aviva Plus	Before and after meal markers, customizable test reminders. Able to download. 500-test memory with 7, 14, 30 and 90 day averaging. No coding.	ACCU-CHEK Aviva Plus
OneTouch Verio	In and out of range alerts. Messages on progress/ patterns. Able to download. 500-test memory with 7 day averaging. No coding.	OneTouch Verio
OneTouch Verio IQ	Before and after meal tagging. Messages on patterns. Able to download. 750-test memory with 7, 14, 30 and 90 day averaging. No coding.	OneTouch Verio
OneTouch Verio Synch System	Bluetooth compatible to send results to iPhone or iPad using mobile app. Trending functionality within app.	OneTouch Verio
OneTouch Ultra 2	Before and after meal tagging with notes. Able to download. 500 test memory with 7, 14, and 30 day averaging. Requires user coding.	OneTouch Ultra
OneTouch UltraMini	Small meter. Able to download. 500-test memory. Works at higher and at cooler temperatures. Requires user coding	OneTouch Ultra

Next Steps

ENHANCED PERSONAL HEALTH CARE
Patient-Centered Specialty Care

Module 3 PDSA - Cycle Number: 1

What is the Aim Statement? What are we trying to test? How will the patient experience be impacted?

	List the tasks needed to execute this test of change	Responsible Person	Date to be performed	Place to be performed
Plan				
	Predict what will happen when the test is carried out		Measures to determine if prediction succeeds	
Do	Describe			
Study	Describe what you			
Act	What did you do?			

ENHANCED PERSONAL HEALTH CARE
Patient-Centered Specialty Care

Module 3 Questions

What opportunities have you identified in your practice to reduce cost of care? (generic vs. brand name, duplicate testing, unnecessary testing)

Do you currently utilize clinical decision support tools to improve medical decisions (Diagnostic suggestions, Patient summaries for hand-offs between clinicians, performance dashboards with prompts for areas needing attention)? If yes, which ones do you use?

Have you encountered resistance from patients for prescribing generic over brand names? If yes, how have you managed this response?

Please complete the following:

Please refer to the CDT Learning Collaborative Activities checklist or the PCSC Provider Toolkit to access each event and view the session.

- Identify a Module 3 PDSA opportunity within your practice related to reducing cost of care or creating an efficiency.
 - Examples: prescribing generic over brand-named drugs, using the Choosing Wisely Guidelines, steering to in-network facilities

- Submit completed Module 3 PDSA Worksheet to PCSC@anthem.com (View Module 3 PDSA Sample on Provider Toolkit)