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**MHCSI**   
*The Pharmacy Benefits Specialists*



## Pharmacy Benefits ROUNDTABLE

## Change is here

Enhanced Scope of Practice is coming to a pharmacy near you. Patients, employers and insurers are considering how to handle the changes to pharmacy services.

### **These are times of transition.**

Recent legislation has redefined the role of the pharmacist and soon patients, employers and insurers alike will feel the impact of these regulatory changes. The skills pharmacists are bringing to the table are often called Medication Management Services (MMS).

But what are these services? Who will pay for them? How much are they worth? Where do employers fit in?

MHCSI—Managed Health Care Services Inc., a Canadian pharmacy benefits manager specializing in preferred provider solutions, invited a group of industry experts to discuss these questions at a roundtable on December 1, 2010, in Toronto.

Here's what they think the new world of pharmacy will look like.

## What are MMS?

In order to have a discussion around what MMS are, the group needed to define the term. Sandra Aylward is the division vice president, professional and regulatory affairs, of Sobeys Pharmacy Group, and also part of a pan-Canadian organization leading the way on the pharmacy changes.

“The easiest way to describe MMS are that the role of pharmacists and pharmacies is changing,” she says. “MMS are the answer to the question: what else can pharmacists do for Canadians to achieve better health outcomes?”

The goal of these services is to harness the specific knowledge and skills of pharmacists across the country. More specifically, MMS is an umbrella term for a set of services pharmacists will soon be legally and professionally allowed to carry out.

Those services, explains Aylward, include things pharmacists already do, such as medication reviews, and also new activities such as: administering drugs by injection (already permitted in Alberta); adapting prescriptions by changing the dosage, the method and/or duration of administration, or correcting errors; performing therapeutic substitutions (switching to an alternate medication); continuing care prescribing (extending a prescription when a primary prescriber is unavailable); and emergency prescriptions for, say, asthma medication during an attack.

“There is a larger philosophical question here for employers: are these the services they should be offering?”

—Tim Clarke, health and benefits innovation leader, Aon Hewitt



Rita Winn, a pharmacist, general manager and chief operations officer of Lovell Drugs Ltd., adds that pharmacists will also take on case management and disease management.

“These services are somewhat holistic,” she says. “Pharmacists will look at the patient as the centre and try to determine what they might need in addition to a prescription filled.”

Aylward agrees. The integrated approach will be an assessment of the patient’s medical needs, which would then inform a care plan that could include a referral or the pharmacist providing medication, she says.

The last aspect of the proposed plan is the responsibility for a follow up, which Aylward acknowledges the whole health care system has had a hard time doing.

With a clearer picture of MMS, Tim Clarke, health and benefits innovation leader at Aon Hewitt, a human resources consulting and outsource-

ing firm, asked the panel of industry experts what patients and employers should expect from these changes.

“So, from a private payer perspective are employees going to get charged for new services by pharmacists and then ask employers to reimburse them?”

Aylward believes they will. “What needs to happen next, though, is a discussion with the government to see what it is prepared to fund – if anything,” she says.

However, whether those funding decisions get made or not, Aylward says that hers and many other pharmacies will incorporate aspects of MMS into their operations by the end of the first quarter of 2011.

## A Game of Chicken

All of the participants recognize the benefits MMS will have for patients. But what do employers gain from this emerging model of pharmacy?

## A New Model for Pharmacy Practice

So what does Medication Management Services encompass? Sandra Aylward, the division vice president, professional and regulatory affairs, of Sobeys Pharmacy Group, and a member of a pan-Canadian organization leading the way on the pharmacy changes explains.

“Pharmacy practice currently includes the providing of medication and related basic services. As pharmacists’ scope of practice expands, their skills and knowledge will be applied in the provision of services such as prescription adaptation, prescription extension (continuation), prescribing drugs for minor ailments, prescribing in an emergency, therapeutic substitution, and administering drugs

by injection. These services are independent of, but can occur in conjunction with, the provision of a medication product,” she says.

This new practice model is being developed in several provinces and is based on the following elements, which reflect the standards of practice required by pharmacy regulators:

- Assessing the patient’s needs
  - This includes determining whether or not to refer to another health care provider
- Formulating a treatment plan
  - This may include prescribing or other services (as above)
- Monitoring and evaluating the patient’s response to therapy

Connie Wong, director of pharmacy benefits at Manulife Financial Canada, says employers are uncertain about the benefits of paying for MMS.

“Employers are not yet willing to take the leap of faith. There needs to be a strong financial argument before they will commit to paying for these services,” she says. “Employers want to see a strong case study that shows a drop in premiums, money saved on their drug costs or an overall savings on their benefit plan. They need to know it will result in concrete savings.”

Clarke wonders if employers really do need to see a strong Return On Investment (ROI). “There is the idea of a pharmacy becoming another paramedical practitioner. Every company that added acupuncture to their plan didn’t need to see a compelling ROI case before they did that,” he said. “There is a larger philosophical question here for employers: are these the services they should be offering?”

He sees employers in a game of chicken, waiting to see what services government will or will not pay for. “Until we get a definitive statement from the government, employers are not going to do anything,” he says.

## Vague Funding Model

If government does not decide to fund MMS, employers will be the next in line expected to pick up the tab. The current opaque funding model for pharmacy services is changing.

“The funding model for core services hasn’t been clear over the past 15 years and changes are here,” says Aylward. “Pharmacy services are valuable and need to be funded on a sustainable level. Employers need to make a distinction around what has meaning for them, what will they pay for.”

But it’s unclear what a new funding model will look like.

Chris von Heymann, senior vice president and co-founder of Cubic Health Inc., says pharmacies need to start differentiating between their dispensing related services and patient care related services, attach appropriate price tags to each, and market the different service options to employers.

“Until a pharmacy can make that a clear and sellable distinction for its services, how can it expect employers to jump on the bandwagon,” he says. “There also has to be a targeted approach to employers. MMS could include programs that are tailored to workforces like focused adherence programs, health risk assessments or know-your-numbers campaigns, and that would appeal to employers.”

Linda Lin, director of clinical services and pharmacy relations for ClaimSecure, a technology-based firm specializing in claims management and plan administrative services, believes that private payers may fund many of these new pharmacy services if these services were to result in cost effective utilization of drug therapy or decrease drug wastage. Many provinces are already covering these type of services under the provincial drug program.

## Convincing Argument

Leanne MacFarlane, senior director of business development for MHCSI, predicts employers will see a lot of benefits by embracing MMS. “There are big wins on disability costs and presenteeism and absenteeism to be had,” she says.

The problem is no one so far is willing to be a demonstration project for the industry.

If employers need a pilot project before financially supporting MMS, then pharmacies – who are employers themselves – should test a funding model themselves, suggests Martin Chung, assistant vice president, strategic

health management, Equitable Life. “They could experiment with ideas to see what works best and then share ideas with their peers. They could start with something simple, like looking to see if the language in their benefit contract allows for non-physician prescribers.”

## Where is the Value?

Aylward says MMS have the potential to allow people to get access to treatment faster and have them back to work more quickly, instead of taking half a day off for a doctor’s visit to get a prescription and then having it filled at a pharmacy.

“We are going to see plan participants coming in to pharmacies with minor ailments, like a urinary tract infection. The person will get an assessment, be given medication and be back to work in an hour,” says Aylward.

Clarke believes it is medical situations such as Aylward described that will reveal which of the services under MMS will be most valuable and, in turn, will motivate employers to fund them.

“Your first sale is to the individual,” he says. “If they are happy to pay \$15 for a service so they can get back to work faster, then that’s the first hurdle. The next is when that employee goes to their HR department for reimbursement. That’s when employers will start the discussion on whether or not these services are valuable.”

Ultimately, the services employees deem valuable and demand are the ones employers will take seriously. From that viewpoint, there is a second level of services where pharmacies can



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add value for employers, says Clarke, and that's on the corporate side offering programs for workforces.

Lin agrees there is a big opportunity for pharmacies to drive value for employers on the corporate side. "If there is a case management proposition like the disability management piece, then there could be a big role for pharmacists," she says.

For example, pharmacists could conduct reviews of an employee base and provide that information to an insurer, which could save employers money or help them identify areas for improvement.

Wong sees a pharmacy trying to target two different groups. "Some employers may want MMS but others may find case management on a fee-for-service model more attractive. Pharmacy has to create a model where plan sponsors can see the value in both options or they will continue to have a problem with funding," she says.

Even though the funding model has not been figured out, these changes are coming. "It's happening and we can't just sit back and wait," says Cindy Dyer, senior manager of operations for MHCSI. "We're going to see a new type of claim coming into our systems, and we need to get ready to handle them."

Aylward adds that pharmacists are keen to bring these issues forward and talk about them because they want to get it right. "The public will be better off if all pharmacists can practice to their full potential," she says.

As spring gets closer and the claims for pharmacy services begin their cascade through the system, one thing remains clear: everyone – patients, employers, providers and insurers – is going to have to look at pharmacy services through a new lens. With more open and continuous dialogue, the industry can figure out how to continue funding the valuable services pharmacists will increasingly provide to patients.

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## A Patient's Story: Medication Review

### How a one-on-one discussion with a pharmacist changed one person's behaviour

"I learned I was taking my medications for Crohn's disease too close together and that reduced their effectiveness," says Geoffrey Ashcroft, a bailer operator for Maritime Paper Products Limited in Dartmouth, Nova Scotia. He learned that piece of valuable information during a medication review with a pharmacist. It was organized through the company's occupational health coordinator and MHCSI. For 45 minutes, Ashcroft and the pharmacist discussed his current medication plan and he learned how his medication works and the best way to take it.

"Doctors don't always explain everything clearly or you're not really listening to them because you're thinking about your prescription," he said.

The pharmacist also discussed changes he could make to his diet and suggested a course of multivitamins he could take to help with his disease management. "I went out and bought what she suggested right after the meeting. I'm feeling more energetic lately since I started the vitamins," he said.

Ashcroft had also been considering biologics – medicinal preparations synthesized from living organisms or their products – as a course of treatment for his disease. But he was nervous about the whole process. "I was able to ask a lot of questions about biologics and she explained how it would work, the side effects, and gave me a lot of reading material to go over," he said. "Thanks to her, I'm going to discuss next steps with my doctor."

Ashcroft described the service as exceptionally beneficial. "Learning to take the medication properly was enough to make it worth it," he says.

He thinks it would be worthwhile for any employee taking medications to consult a pharmacist and believes it should be covered by a benefit plan. "I work a lot of hours and having this disease has been difficult and an inconvenience. I haven't had the time to learn about it and this meeting gave me time to get it straight in my head. I'm so thankful for the opportunity."



#### Pharmacy benefits roundtable participants

**Back row L to R:** Martin Chung, assistant vice president, strategic health management, Equitable Life; Connie Wong, director of pharmacy benefits at Manulife Financial Canada; Rita Winn, a pharmacist, general manager and chief executive officer of Lovell Drugs Ltd.; Linda Lin, director of clinical services and pharmacy relations for ClaimSecure; Cindy Dyer, senior manager of operations for MHCSI; Suzanne Lepage, private health plan strategist; Chris von Heymann, senior vice president and co-founder of Cubic Health Inc; **Front row L to R:** Sandra Aylward, the division vice president, professional and regulatory affairs, of Sobeys Pharmacy Group; Leanne MacFarlane, senior director of business development for MHCSI; Tim Clarke, health and benefits innovation leader at Aon Hewitt