



Mediscor PBM Services

Taking medicine management to new heights

Clinical Management In Action

Presented by Wayne Perel B.Pharm
Mediscor: General Manager & Clinical Platform



Claims Evolution

- Mediscor founded – 1989
- Batch based claims processing 1989 -1996
- Management identified the need to make claims processing a real time event to address the risks associated – financial and clinical
- November 1996 Mediscor purchased the RxClaim™ PBM and MediSpan™ software – Both chosen for reliability and excellent reputation



Claims Evolution Continued

- RxClaim manages 100 millions lives in USA & Wolters Kluwer MediSpan is regarded as the market leader in Clinicals
- 16/1/97–30/3/98 both were customised for South African market



Background

- 2nd April 1998 – Mediscor commenced online real-time claiming
- **Online claiming** addressed the issue of financial risks that providers were for years unhappy about and allowed Mediscor to start declining claims that were inappropriate from a clinical perspective
- Clinical / Pharmaceutical care took its first ‘baby’ steps
- Edits not possible to implement in a batch environment could now finally be applied!



▶ What is Clinical Management

Numerous definitions exist, dependant on who you ask in the industry

When Mediscor refers to Clinical Management

The online screening of a pharmaceutical product against another product/s on a prescription and those stored by the Mediscor PBM in the individual's electronic medicine cabinet for appropriateness and safety **prior** to the medication being dispensed.



▶ What is Clinical Management ? Continued

Clinical Management = Drug Utilisation Review (DUR)

Types of DUR

- **Retrospective**
- **Prospective**
- **Concurrent**



▶ What is Clinical Management ? Continued

- **Retrospective DUR** is typically conducted after the medication is dispensed and with the focus on population pattern analysis
- **Prospective DUR** is before dispensing and can detect drug-specific problems such as drug-drug interactions, dosage errors, etc
- **Concurrent DUR** is performed at the time of dispensing and is the most interactive regarding patient & provider. This is the DUR performed by the Mediscor PMB



Mediscor's aim

Mediscor's concurrent DUR ensures that:

- Pharmaceutical care forms part of the delivery of medication and that the desired outcomes are achieved by involving three major functions:
 - (i) **identifying** potential and actual drug-related problems;
 - (ii) **resolving** actual drug-related problems; and
 - (iii) **preventing** drug-related problems.

The ultimate goal of DUR is to engage educational interventions with the physician/provider and patient to improve prescribing and drug use



What is required to perform an accurate clinical screening?

Accurate member data regarding:

- Member number and dependant codes
- Date of birth – determines age
- Gender
- Member's health profile populated where possible with an existing disease/s
- Comprehensive claims profile of the member - history – electronic medicine cabinet with; service dates, provider information, and the pharmaceutical products supplied with quantities and duration



What is required to perform an accurate clinical screening? Continued

Clinical modules integrated into the claims assessment software

- Mediscor utilizes Wolters Kluwer's MediSpan™ suite of modules, that Mediscor has customised for South Africa and that are integrated into the Systems Excellence (SXC) RxClaim PBM software
- SA utilises NAPPI™ codes –National Pharmaceutical Product Interface
- no intelligence – unique code per medication/surgical/consumable

What is required to perform an accurate clinical screening? Continued

Clinical modules integrated into the claims assessment software

- Mediscor coded each NAPPI code to its unique MediSpan Generic Product Identifier (GPI™) code
- The GPI code contains all the ingredient information and the necessary clinical intelligence to allow for clinical screening as the NAPPI code does not support this



The GPI number

GPI Number Break Down for SUDAFED Tablets 60mg™

12-xx-xx-xx-xx-xx-xx Subset 1 = Drug Group = Decongestants
12-34-xx-xx-xx-xx-xx Subset 2 = Drug Class = Sympathomimetics
12-34-56-xx-xx-xx-xx Subset 3 = Drug Subclass = Systemic Decongestants
12-34-56-78-xx-xx-xx Subset 4 = Drug name = Pseudoephedrine
12-34-56-78-90-xx-xx Subset 5 = Drug name extension = Hydrochloride
12-34-56-78-90-12-xx Subset 6 = Dosage form = Tablets
12-34-56-78-90-12-34 Subset 7 = Strength = 60mg

The GPI activates the following clinical edits

▶ Clinical modules activated by the GPI Number

Ingredient duplication Level: Reject	Drug to age interaction Level: Reject
Therapeutic duplication Level: Informational	Drug to gender interaction Level: Reject
Maximum daily dose exceeded Level: Reject	Drug to Known Disease State Level: Reject
Drug to drug interaction Level: Informational	Inferred Health Check Level: Informational



▶ What is required to perform clinical screening?

Continued

Each clinical edit applied needs to support:

- Screening at various severity levels – Need to ensure that ‘noise’ is not created as too many messages that do not add value will desensitize the provider – Mediscor wants the provider to react to messages
- Clear messaging where an intervention has been applied especially where claims are rejected.



▶ What is required to perform clinical screening?

Continued

Each clinical edit applied needs to support:

- Logging of **all** interventions for reporting and case management
- Mediscor together with the client determines the type of edit that are activated and the intervention level
- overrides are possible by way of a patient specific preauthorization

- Edits can be a combination of:
 - Soft or informational; and
 - Hard or Reject edits



▶ Ingredient Duplication CHECK

Patient obtaining a refill of his/her current medication before a certain percentage of the quantity supplied has been used will be rejected

Example:

- 1st of August, Patient X receives 100 Stopayne™ – 30 days supply and 10 days later attempts to obtain 100 Stilpane™
- System has been set to only allow a repeat of the exact same molecule once 75% of a 30 days supply has been used – in this case day 23 – 23rd August 2006.
- Prevents abuse and replication of the same ingredient/s



► Duplication Therapy Check

The submitted new drug, is checked against the patient's claims history to ensure that a similar drug is not currently being used.

Example:

- 2 Proton Pump Inhibitor's / 2 Statins
- This module has an allowance indicator that determines how many products from a therapeutic class may be dispensed, before a duplicate therapy message is generated.



▶ Dosage Range checking

Submitted dosage is checked and validated according to patient's age:

- Paediatric – 1 to 14 years of age
- Adult – 15 to 64 years
- Geriatric – 65 <

Inappropriate dosages – where the maximum daily dosage is exceeded will be rejected back to dispense

Benefits:

- Prevents over-dosing and associated adverse reactions
- Prevents days supply manipulation

▶ Drug to Drug interaction

A situation in which two or more separate drugs are affected by each other, i.e. the effects are increased or decreased, or they produce a new effect that neither produces on its own

Benefits :

- Patients health status not compromised
- No additional add-on costs to scheme due to emergency treatment, hospitalization, physician visits etc



▶ Drug to Gender checking

Examples:

- Hormone Replacement Therapy - e.g. Premarin™, Trisequens™, etc
 - **Rejected for Males**
- Certain Hormone Inhibitors – e.g. Propecia™, Proscar™
 - **Rejected for Females**

Benefits:

- Ensures drugs contra-indicated for a gender from being dispensed
- Limits fraud and abuse by preventing the switching of claims to other dependents

▶ Drug to Age checking

Identifies drugs contra-indications for specified age groups

Example:

- **Ciprobay /Xefo** Should not be given to any patient under 18 years of age
- **Tetracycline** Should not be given to children under 12 years of age

Benefits:

- Prevent add-on costs to the Scheme
- Improve patient outcomes
- Limits possible fraud and abuse by moving dependents



▶ Drug to Known Disease state checking

Mediscor PBM carries information of each dependent regarding current or pre-existing diagnosed medical conditions :

Example:

- Porphyria; Diabetes; Parkinsons Disease; Asthma etc.
- Patient with Astma will not receive Beta-blockers
- Alert message to provider or rejection of claim depending on severity

Benefits:

- No exacerbation of patient's condition
- Enhanced patient care



▶ Inferred Health State checking

Utilizes the primary indication that the drug is registered for Patient receiving Ventolin will be considered as being Asthmatic. As this is a proxy/inferred diagnosis the claim is not rejected but a warning for severe cases will be sent back to dispenser

Benefits:

- Assist with patient counseling



The results

Is there any merit in applying a clinical assessment to the claiming process?

No official South African survey exists.

We therefore, need to turn to the USA.....



The results Continue

A Health Care Financing Administration project with the Iowa Medicaid program - survey of pharmacists for their opinions about on-line DUR messages (ODUR), revealed that:

- 77 % agree or strongly agree that ODUR should be a part of the Medicaid system
- 81 % strongly agree that ODUR is a valuable tool
- 65 % believe that all prescriptions should be screened with an ODUR system.

<http://www.ahrq.gov/news/ulpix.htm>



▶ The results

- Although we do not have surveys as yet, what we do have is data for the Mediscor client base of 1.5 million lives of the 31 schemes we manage medication for.
- If we look at the occurrence and the figures produced by the Mediscor Data warehouse, based on these claims then it is a resounding - **YES!**



The results

<i>Service type</i>	<i>Saving ?</i>	<i>Value 2003/4/5</i>	<i>%</i>
Pricing management	Yes	R287 million	27
Utilisation management	Yes	R395 million	55
Clinical management	Yes	R126 million	18

Down stream savings due to Clinical Management	?	Rand Value ?	% ?
---	----------	---------------------	------------



Benefits

- Mediscor's clinical interventions assist providers with counseling and managing their patient/client
- Ensures that medication is used appropriately preventing unnecessary and additional costs
- Provides very useful data for case management
- **Note:** overrides are possible by way of a patient specific preauthorization



▶ The path forward

- Mediscor is constantly striving to enhance it's clinical suite of products in conjunction with our USA suppliers
- We encourage the use of clinical reports to case manage patients and even for peer review of providers





▶ Thank you for your time