By Edith Rosato

Many think 2014 is shaping up to be a repeat performance of 2013 and all of its turbulence and change. Exactly how the Affordable Care Act continues to unfold is anyone’s guess. If only we had a crystal ball. In 2014 AMCP expects that isn’t enough: continued rapid change in health care delivery — and the role of managed care pharmacy. The tumult aside, are we at the beginning of a new Golden Age of managed care pharmacy? I think so. And AMCP is ready.

Forces shaping managed care pharmacy

In 2014 implementation of the ACA will dramatically affect managed care pharmacy, as millions of Americans utilize its Essential Health Benefits (EHBs) prescription drug coverage and its quality measures take hold. To describe ACA implementation as a top-of-mind concern is an understatement, if our inaugural AMCP Nexus 2013 conference is any indication. Well attended sessions were on the health insurance marketplaces, ACOs and BHBs, including one by health care futurist and ACO critic Jeff Goldsmith.

There are other forces, however, driving change in population health and the role of managed care pharmacy. The pressure on payers, providers and policy makers to both increase the quality of health care and make it more affordable will only intensify in 2014 and beyond, as the demographics of the U.S. population morph. The graying of America brings with it an increase in the preponderance of chronic diseases, which account for more than 75% of the nation’s $2.7 trillion in annual health care spend. Let’s not forget the other pressures at work, including U.S. businesses facing increasing global competition and Congress facing growing pressure to cut budget deficits.

Health reform and these pressures have unleashed a new wave of managed care innovations, which AMCP has embraced with a wide array of new and retooled programming. Leading the list are population health (including efforts to improve health outcomes of the broader community’s population, as well as select patient cohorts), coordination of care and transitions of care, followed closely by medication therapy management, formulary development and biosimilars. All of these areas call for a managed, integrated approach addressing the pharmacy and medical benefits together.

As the saying goes, the new AMCP is all over these like white on rice.

• In 2013 AMCP launched a Management of Medication Certificate Program that provides basic and advanced train pharmacy and key innovations on population health and managed care principles.

• In June a Transitions of Care Summit — with leading experts from various health sectors — examined opportunities for pharmacists to transpose the care continuum. It’s collaborative with federal agencies, the American Pharmacists Association, the American Association of Health Systems Pharmacists and health information technology vendors on a hospital readmissions initiative.

• An Integrated Care Summit in May focused on population health and quality improvement in anaphylaxis, drawing managed care leaders, nurses, physicians and patient advocates.

• At AMCP Nexus 2013: Connecting Health Care and Long-Term Care, educational tracks in specialty pharmacy, health reform, managed care research and clinical breakthroughs connected the dots between managed care pharmacy and key innovations in medication adherence, MTM, formulary development, comparative effectiveness research (CER), and population health.

• In 2013 we launched an Account Management Training Program geared specifically to pharmaceutical representatives who manage relationships with managed care organizations.

• Granting pharmacist provider status is another means to improve. AMCP continues to press federal policy makers to expand pharmacists’ role in providing primary care; in the states, we actively support bills along these lines — such as the one California just enacted with AMCP support.

• Finally, we’ve extended full membership benefits to doctors, nurses and other practitioners who administer the pharmacy benefit in managed care settings.

Another revolution is taking place in formulary development and decision making and AMCP is at the ready. As “real world” pressures for improved health outcomes and affordability intensify, the “safety and efficacy” standard alone no longer cuts it. Pharmacy and therapeutics committees increasingly apply a stricter test: Are new medications safer, better or more cost effective than existing ones? Answering that involves evaluating real-world performance, a complex task requiring new assessment methods and tools.

• AMCP is actively working to develop a Biosimilars Collective Intelligence System to monitor for the therapeutic equivalents’ safety and effectiveness (see below).

• In 2013 AMCP, together with the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) and the Pharmaceutical Council, unveiled an online CER toolkit, giving formulary decision makers a powerful tool to assess CER studies.

• The CER Collaborative (another AMCP, ISPOR and NPC initiative) announced plans to develop and offer a certificate program, with online tools, Web-based, interactive modules and live workshops.

• Medicare Part D is expected to get a CER boost in 2014, with Congress to consider new requirements for formularies, MTM and controlled substances. Health plans too will continue to explore ways to meet and surpass quality metrics.

• AMCP opposes bills that mandate MTM for beneficiaries with one chronic disease. Given the unmet needs of beneficiaries with multiple conditions, a mandate would further stretch Medicare’s limited resources, not to mention inhibit best practices.

• AMCP supports a Medicare Part D lock-in program to limit individuals with a history of inappropriate utilization or abuse to one prescriber and one pharmacy (or chain).

• Getting real-time access to utilization data for prescription benefit managers, prescription drug plans, and Medicare Advantage prescription drug plans will enable them to implement systems that flag inappropriate utilization and intervene to ensure appropriate prescribing.

• AMCP supports preferred pharmacy networks, which could reduce out-of-pocket costs for beneficiaries and help plans achieve HEDIS quality goals.

Rise of specialty pharmacy

Becoming the leader in specialty pharmacy is a top AMCP strategic priority. Advances in specialty pharmacy, sparked by one amazing scientific advance after another, will continue to affect the quality and affordability of health care. The fastest-growing segment of the pharmaceutical industry, specialty drugs already account for almost one-third of all U.S. drug spend ($93 billion). On the horizon, at least in this country, are biosimilars. Will this be the year the Food and Drug Administration begins approving biosimilars, which could save consumers and payers billions of dollars? Before then, though, the FDA needs to resolve the simmering naming debate. Another AMCP focus is increasing awareness and understanding of specialty pharmacy drugs, including innovator products and biosimilars.

• AMCP is working aggressively with other leading health care organizations to develop a powerful tool to assess CER studies.

• AMCP’s Specialty Care Summit in May explored ways to integrate the medical and pharmacy benefits in specialty pharmacy organizations.

• AMCP is actively engaged in FDA and World Health Organization discussions on biosimilar naming. For reasons of safety, market acceptance and patient engagement, biosimilars should have the same active ingredient name as the brand name product, which we believe will encourage appropriate substitution.

• Finally, we expect no let-up in state biosimilar legislative activity. AMCP and our state advocates will continue to fight bills that preempt FDA’s determinations on interchangeability by imposing restrictions on substitution.

Right side of access, quality

“The times they are a-changin’,” as the song goes. At AMCP we’ve embraced change with a wide array of new and innovative services. So new and innovative that one could say we’re the “new” AMCP. On top of that, managed care pharmacy continues its work on new and bigger roles, all along the care continuum.

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