

Specialty Pharmacy Continuum®

Operations & Management

APRIL 6, 2018

Hitting High Mark Through Case Management



By Karen Blum

A few years ago, nurses at Highmark, a Pittsburgh-based insurer, found themselves increasingly calling on the company's two pharmacists in case management for assistance in managing members' medication needs. As a result, the company decided to fill out the department, adding 10 clinical case management pharmacists to its care team by the end of 2016.

Day-to-day, the case management pharmacists perform a wide range of clinical services and offer financially-related support to help improve the care of their members. This includes educating members on proper medication usage, side effects and drug interactions; identifying cost savings opportunities for members to better afford their medications and stay adherent; and tailoring education and

counseling to the member's specific needs and medical literacy. Additionally, they work to address the needs of their highest-cost members with substantial medical and pharmaceutical expenses or those suffering from rare illnesses and diseases.

In some cases, nurses or other members of a multidisciplinary care team refer members to the pharmacists, while in other instances members call the case management team directly with questions. Addressing member queries can take anywhere from 10 to 15 minutes to several weeks depending on the complexity of what they need, said Mike Rasky, PharmD, RPh, one of the clinical case management pharmacists.

"We are sort of like a Swiss Army knife," Dr. Rasky said. He and his colleagues interact with members' care providers as well as Highmark's utilization management, medication therapy management or clinical pharmacy strategies teams as needed to track down answers and devise solutions. "I would say our team is very diversified and very flexible in what we do."

Highmark and the Blues



Highmark Inc. and its health insurance subsidiaries and affiliates collectively are among the 10 largest health insurers in the United States and comprise the fourth-largest Blue Cross Blue Shield–affiliated organization. The Highmark group operates health insurance plans in Pennsylvania, Delaware and West Virginia, and serves 5.2 million members and hundreds of thousands of additional members through the Blue Card program. Highmark is an independent member of Blue Cross Blue Shield.

For more information, visit www.highmark.com (<http://www.highmark.com>).

In an example, a member receiving treatment for cancer reached out to Dr. Rasky to inquire if a specific medication the doctor was considering would be covered, or what it would take to get it covered. The patient also asked how much it would cost, where the medication could be obtained and administered, and if it was appropriate given the disease state. Dr. Rasky quickly set to work speaking with the member's physician and company's utilization management and member services teams to help answer the patient's questions.

Team-Based Model

Dr. Rasky and his colleagues work as part of a multidisciplinary team model with nurse case managers, nurse disease state managers, medical directors, behavioral health specialists, social workers and nonclinical support personnel to cover all lines of the health plan's business. This includes members covered under Medicare and the Affordable Care Act (ACA) as well as those who are commercially insured, said Gia Patterson, PharmD, the manager of the pharmacy case management group. Each pharmacist working with Highmark's Medicare and ACA members is assigned to certain geographic regions, with the goal of putting the member in contact with the same pharmacist every time to address their needs.

Pharmacists aligned with Highmark's commercially insured members work with members throughout the country. However, each time a person calls with a question or the case management team reaches out proactively, the team still tries to ensure the person gets to speak with the same pharmacist.

Members are identified for case management services if they have chronic, challenging conditions such as asthma, diabetes or coronary artery disease; if they are undergoing transitions of care; or if they had a recent emergency room visit, Dr. Patterson said. It's not always as easy to build rapport over the phone as it is for retail pharmacists who see patients regularly when they pick up their medications, Dr. Patterson said, but the service is taking hold. "We've had members call back months later and ask for the same pharmacist who helped them with a completely different issue before. It's very rewarding for the team."

Case management pharmacists also participate in medical rounds—type conference calls with other multidisciplinary team members, in which someone will discuss a particularly complex member and their health needs, and what they

have already tried, to get the team's input on additional ideas. "It spotlights that we're really trying everything we can think of to help our members get the resolution that they need, and it also helps our teams build relationships among each other," Dr. Patterson said.

Role in Managed Care

Highmark's arrangement is "a great example of how pharmacists can contribute in managed care to improving patients' health care and utilization of medications," said Susan Cantrell, RPh, the CEO of the Academy of Managed Care Pharmacy (AMCP). Involving pharmacists is becoming "increasingly common," she said, not only in the managed care setting but also in collaborative practice arrangements, in work with community pharmacists and in other team-based models of care.

Studies have demonstrated the benefits of pharmacist involvement, including helping members avoid drug-drug interactions, improve medication adherence and avoid adverse reactions, Ms. Cantrell noted. A 2010 meta-analysis (*Med Care* 2010;48[10]:923-933) of pharmacists' effects as team members in patient care found favorable associations across various patient outcomes, health care settings and disease states, she said (box).

Documenting Pharmacists' Value

A meta-analysis of 298 studies showed significant improvements in blood pressure, hemoglobin A_{1c}, LDL cholesterol and adverse drug events ($P<0.05$) when managed-care pharmacists provided direct patient care. Similar results also were seen for patient knowledge, medication adherence, general health and quality of life ($P<0.05$).



(/aimages/2018/spc0418_014c_48412_600.jpg)



(/aimages/2018/spc0418_014d_48412_600.jpg)



(/aimages/2018/spc0418_014e_48412_600.jpg)

Source: *Med Care*. 2010;48(10):923-933.

AMCP Looking at Medication Therapy Management

Medication reconciliation during transitions of care is one challenging area in which pharmacists can really make a difference, according to Mary Jo Carden, RPh, JD, AMCP's vice president of government and pharmacy affairs. Ms. Carden said AMCP is embarking on a project looking at how medication therapy management services by health plan pharmacists during transitions of care from a hospital setting affect member outcomes.

The sources reported no relevant financial relationships.