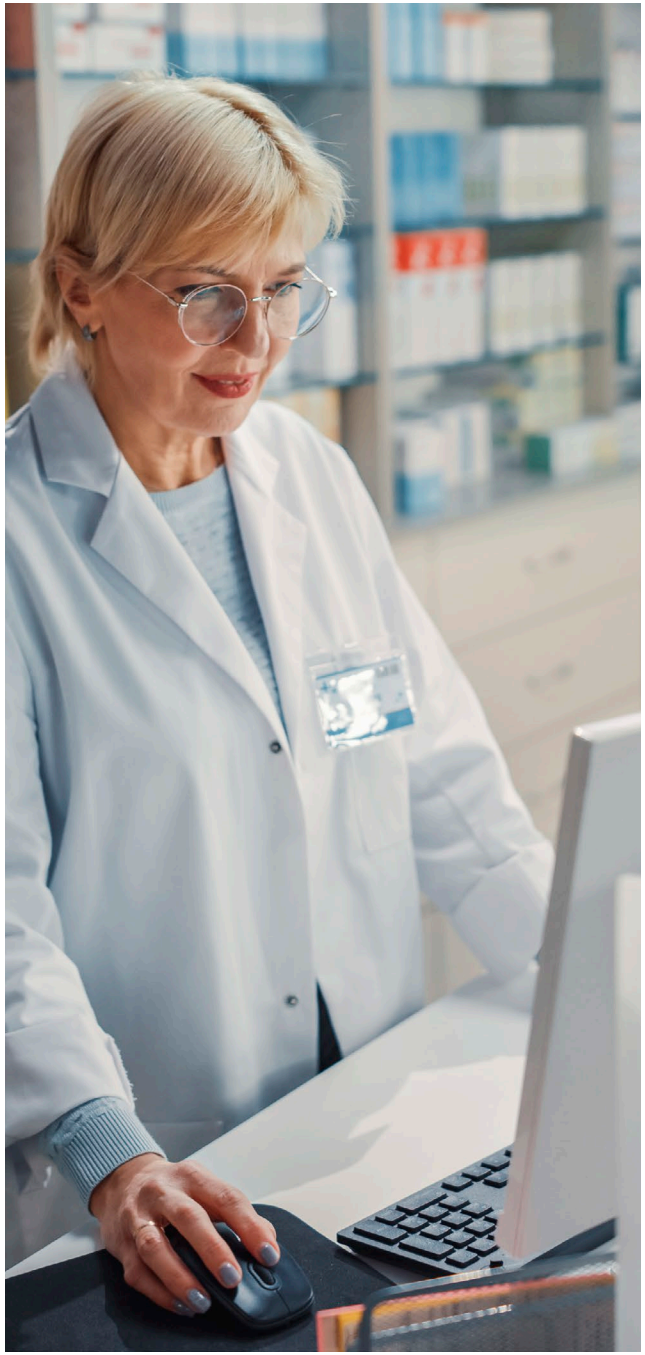
Aligning data resources to drive drug management and decision-making

From PBMs and payers, to prescribers and pharmacies, Medi-Span® helps all players work from consistent drug and pricing data to advance safety and efficiency

Wolters Kluwer



The drug benefit is one of the most important to those selecting an insurance plan.

The U.S. Department of Health and Human Services estimates 84% of the American population is covered by prescription drug insurance.[1] And health plan members are taking advantage of their drug benefits. In 2022, according to Statista, there were more than 6.7 million medical prescriptions dispensed in the U.S.[2]

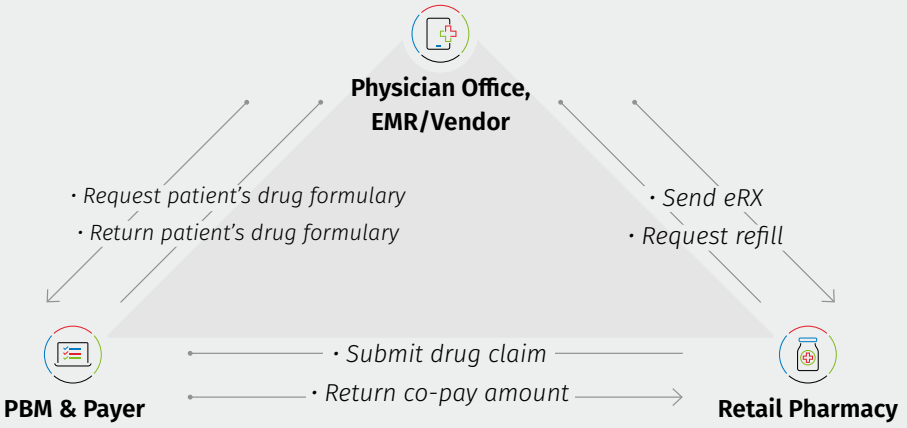
For those behind critical decisions regarding drug management, prescribing, and dispensing, these interactions are becoming increasingly challenging as the volume of new drugs, consumers, transactions, and the speed and complexity of healthcare business increases. In order to keep patients and members safe without sacrificing efficiency or profit, healthcare businesses need to have consistent drug data to help streamline and align communication and information-sharing between partners.

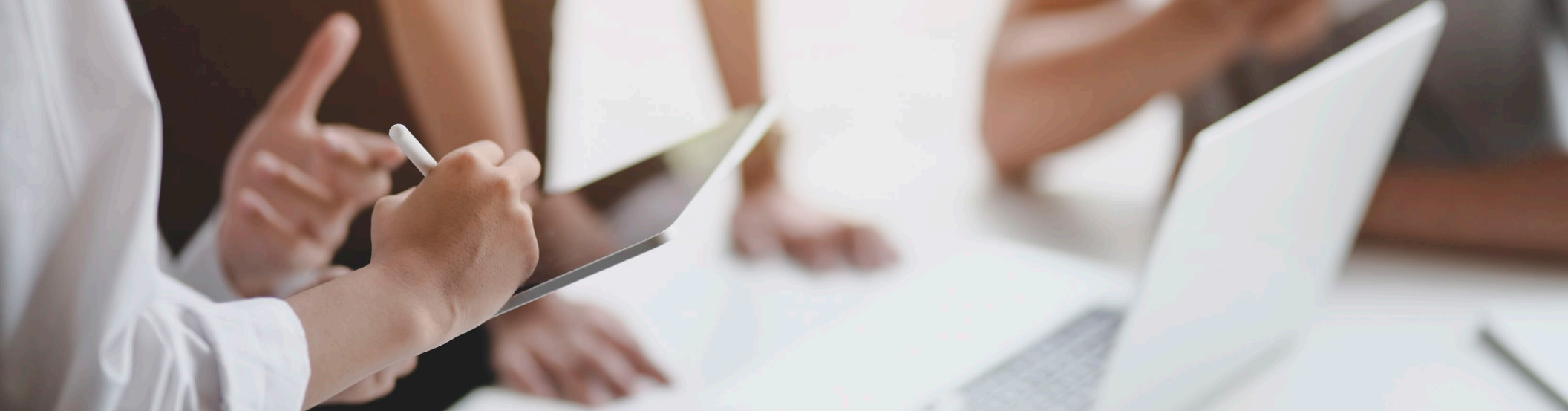
Sharing information: The drug decision-makers' triangle

Drug decisions are not made in a linear fashion. Rather the various players involved in the lifecycle of a prescription engage in frequent back-and-forth:

- Pharmacy benefit managers (PBMs) / payers and physician offices/ electronic medical records (EMRs) communicate back-and-forth regarding what's on a patient's drug formulary.
- Physician offices/EMRs and retail pharmacies send each other requests for electronic prescriptions and refill orders.
- Pharmacies and PBMs/payers are in constant contact regarding drug claim submissions and co-pay amounts.

The result looks less like a line than like an ever-circulating triangle:





The exchange of data back-and-forth between the points of this triangle presents many opportunities for miscommunications that could lead to patient safety issues and medication errors. At best, these incomplete or inconsistent transfers of information could require manual checks and callbacks between the businesses and professionals involved to confirm or align the data or the extra steps of additional research. This costs time and staff hours, which while a drain on resources, isn't the worst-case scenario. Conflicting data could lead to lost revenue opportunities. Or there is even potential for adverse drug events resulting in poor outcomes or lasting harm to patients and members.

Instead of adding more tools and content sources to risk more inconsistencies in drug decision workflow, Medi-Span® drug data is a solution that can help streamline processes and unify decision-making and communication across the continuum of care.

As it is already one of the most trusted and widely used tools among benefit managers, Medi-Span offers drug management teams an instant alignment with other partners in their healthcare space.

Medi-Span advantage

The Medi-Span proprietary generic product identifier, or GPI, offers a breakdown of therapeutic classes that is more detailed, enhancing the pharmacists' ability to recommend safe, effective medication therapies for formulary development.

How does the Medi-Span GPI help with drug decisions?

- *14-character value structure allows for the creation of complex drug lists with any level of granularity.*
- *It ties to the Medi-Span proprietary generic product packaging code to help with purchasing decisions.*
- *After decades of development, it is the standard within healthcare IT.*
- *Pharmacies can use it to process exact orders and identify brands and generics.*
- *PBMs and payers can use it to develop formularies and define factors for inclusion or exclusion in co-pay tiers.*

When both PBM and payer are using Medi-Span drug data, they both have access to Medi-Span's GPI for grouping mechanisms, explains Karen Eckert, MPM, RPh, Senior Manager of Commercial Support for Clinical Effectiveness at Wolters Kluwer, Health. "It's a good thing when those two players are both using the same data sources. We have seen that payers, once they change to a PBM that is using Medi-Span data, will come and also switch to some Medi-Span offerings for streamlining and consistency."

Data unity: Communication and efficiency at the business level

Aligned data allows prescribers to choose the most cost-effective and time-effective scenario for their patients from the start by selecting only those drug therapies that are approved and on the payer's formulary.

Medi-Span advantage

When both the prescriber and payer are using Medi-Span, Eckert notes, the added level of data granularity provided by the GPI, rather than simply the National Drug Code (NDC), makes data transfer between prescriber and payer an easier experience.

Once the prescription is written, the PBM communicates with the retail pharmacy to determine, when the pharmacy actually dispenses the drug, how much the PBM is going to pay and what the pharmacy needs to collect.

Payers perform analytics on drug products and drug pricing in part as a form of checks and balances on their PBM partners. When both PBM and payer are using aligned data associated with NDCs that understand each other and can communicate information with interoperability to common pricing points, communications and business processes are more likely to proceed smoothly.

Clinical consistency directly impacts patient safety

Data sharing also affects clinical safety when it comes to the drug decision-making process.

At all three points of the triangle – the PBM, the prescriber, and the pharmacy – there is likely to be a clinical screening to check a new prescription for drug interactions based on available information about the drug product and the patient or member's current medication regimen or contraindications based on whatever is known about the patient's profile.

"The more that the doctor's office is in sync with what the pharmacy is seeing for interactions, the fewer questions," Eckert says. "It stops a phone call between those two players, especially if it's a severe enough interaction that you might want to change therapy."

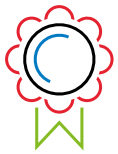
Alignment in clinical cross-checking can be vital to patient safety:

- In some cases, the PBM is the only player with a complete view to a member's full medication regimen, particularly if a member is seeing multiple specialists and/or shops at multiple pharmacies. Aligned data can help streamline and reinforce safety alerts between the partner businesses.

- Provider offices and pharmacies can reduce patient confusion and increase adherence to treatment by distributing consistent educational and patient counseling materials related to medications being prescribed.

Drug decisions rely on pricing data and formulations

Drug pricing data resources matter, as there is no single drug price benchmark to determine coverage and reimbursement.



Medi-Span advantage

Medi-Span is unique for its Average Wholesale Price (AWP) and Average Wholesale Acquisition Cost (AWAC) pricing concepts which are determined, along with up to 12 other current and historical pricing concepts, based on manufacturer information and proprietary formulations for specific NDCs.

Consistency in clinical screening

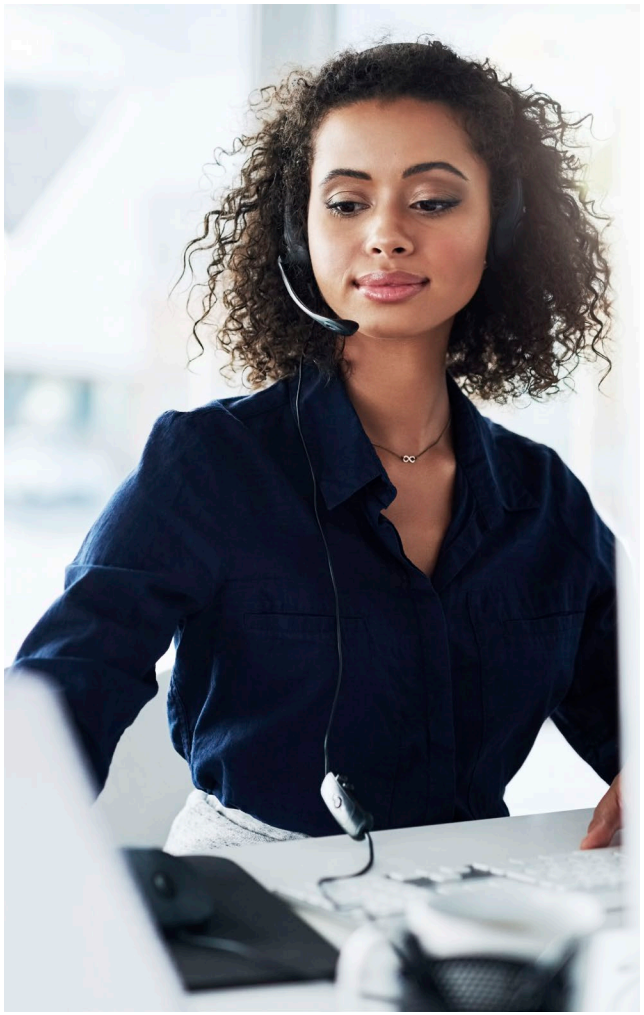
In a model scenario, pharmacy informatics experts say pharmacists and medication safety specialists on all points of the triangle should have access to the following data inputs for every patient in order to screen for medication safety:

Model data inputs that would follow each patient or member are:

- Diagnosis/ Indication
- Age
- Weight
- Gender / Sex assigned at birth
- Any available and relevant labs (i.e., potassium, sodium)
- Current drug levels
- Serum creatinine/ Creatinine clearance/ eGFR

Actual data inputs that follow a prescription for dispensing are:

- Indication (sometimes)
- Age
- Gender



If, for example, one healthcare entity is determining reimbursement rules based on AWP, but the partner organization it is working with does not have Medi-Span data or a comparable AWP concept, the price for the same NDC will be different. However, Eckert notes, it will be difficult for two businesses using disparate data sources to determine why their prices aren't aligned – is it because the two businesses are using entirely different pricing concepts, or are they using the same pricing concept but formulated differently by two vendors with varying editorial policies?

"There are a lot of complexities if there are different data sources being used by payer and the PBM they're monitoring," she says. "When they don't match, it's probably going to cause a lot of manual intervention and slowdowns, impacting resource availability."

This often results in data users sending questions back to their various vendors asking why information doesn't match what's being shared by others in the industry. The truth more often than not, Eckert explains, is not necessarily that a drug price has changed, but rather that an industry partner has a different way of calculating or listing the price.

Confidence and security in consistency

As a solution of Wolters Kluwer, Medi-Span data aligns with recommendations and evidence presented in other trusted resources clinicians are using every day, including:

- UpToDate® clinical decision support
- Lexicomp® drug reference
- Facts and Comparisons® drug reference

Because these solutions all operate under the same editorial policies[3], drug management teams can be confident that their decisions are backed by rigorous review and consistent data across their organization and any partner businesses also using Medi-Span and Wolters Kluwer resources.

When all points of the triangle are communicating using aligned information, "then you know the overarching rules as to how they're going to pay for the drug and the medical benefit on the payer side, dispense the prescription on the pharmacy side, and make the safety checks," Eckert says. "They're making those decisions with the same drug data, and it benefits safety and patient trust."

References

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2. https://www.statista.com/statistics/238702/us-total-medical-prescriptions-issued/
3. https://www.wolterskluwer.com/en/solutions/medi-span/about/content-and-editorial-process