

Improving the Health of South Dakotans through the Prevention and Management of Diabetes and Cardiovascular Disease: A Landscape Analysis - The Payer Perspective

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BACKGROUND

- In South Dakota, 7.9% of the population has diabetes, while cardiovascular disease (CVD) is the leading cause of death in the state.^{1,2} CVD and diabetes have a combined economic impact of over \$1.6 million in South Dakota.³
- Pharmacist provided Medication Therapy Management (MTM) has been shown to improve clinical outcomes for patients with diabetes and CVD along with reducing healthcare costs.^{4,5}
- MTM has the potential to improve clinical and economic outcomes of patients with CVD and diabetes, especially due to pharmacists' accessibility in the rural nature of the state. However, reimbursement for provision of MTM services is lacking.
- Involving payers in the process of developing and implementing new services is critical.

METHODS

Participants

- Strategic snowball recruitment method
- Third-party private payer groups
- Administrators and other key decision-makers of these organizations

Interview

- 1-1.5 hours elicitation interviews
- Semi-structured format with interview guide
 - Current service offerings
 - MTM services
 - Barriers to improving outcomes in patients with diabetes and CVD
- Follow-up questions as needed to expand on ideas

Data Analysis

- Interview audio recorded and transcribed
- Transcripts coded and thematically analyzed with traditional qualitative analysis methods using NVivo

RESULTS

- Participants (n=5) included representatives from two private health plans of a large regional Integrated Delivery Network
- Vast experience in the field
- Various departments represented
 - Plan Structure and Integrity
 - Provider Contracting and Engagement
 - Population Health Services
 - Care Coordination
- None of the payers interviewed currently reimburse for pharmacist-based services

Key Barriers Identified

Pharmacy services currently billed under contract with a Pharmacy Benefit Manager
Lack of pharmacist collaborative practice agreements with physicians for billing
Need process to credential pharmacists as participating providers through the health plan
Lack of policies for coverage or reimbursement of MTM services
Need to develop patient marketing and education materials about MTM
Absence of process to adequately track data for outcomes and cost-effectiveness analysis

Table 1. Payer-identified barriers to reimbursing for pharmacy-based services

ENGAGING PAYERS

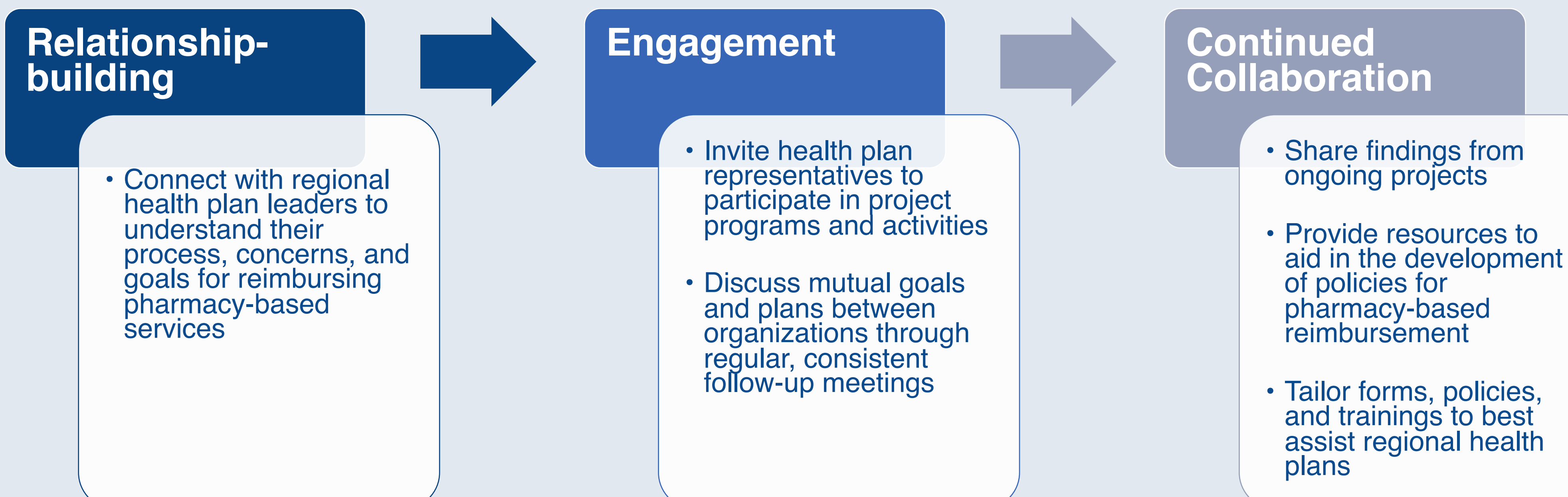


Figure 1. Approaching health plan representatives in a rural state

Education	<ul style="list-style-type: none"> Expressed need for provider education on MTM to promote awareness of services pharmacists can offer to patients Highlighted need to educate health plan employees about MTM Promoted patient education regarding MTM, enrollment process and health benefit 	"I'm not sure that the health system or even the health plan fully understands it in full transparency right now."
Communication	<ul style="list-style-type: none"> Described lost information due to lack of well-defined communication channels between the health plans, providers, pharmacists and patients Noted inconsistency in patient treatment and services due to communication lapses Recognized challenges pharmacists face in obtaining current and accurate patient information Highlighted need for best practices for sharing patient information via electronic health records 	"...if I'm sending them a five-page report and there's really just one element of information...buried on the third page...chances are they're not going to get the information they need."
Team-Based Care	<ul style="list-style-type: none"> Recognized team-based care as an important focus throughout the nation Described how pharmacists are in unique position to improve patient health and assist providers Discussed the potential for pharmacists to take on a bigger role in disease management Characterized need for pharmacist in team-based care as vital 	"Traditionally, this has been the role of only the physician. This isn't working. Pharmacists could take the burden off providers, allowing them more time to provide valuable patient visits."

Figure 2. Identified themes

OBJECTIVES

- To identify facilitators and barriers payers in South Dakota experience when developing programs and policies to expand reimbursement of pharmacy services, such as MTM, for prevention and management of diabetes and CVD
- 5-year project objective is to develop sustainable and financially viable statewide programs that expand on the role of the pharmacist to impact prevention and management of diabetes and CVD across the state of South Dakota

DISCUSSION & IMPLICATIONS

- Critical to include payers in early conversations
 - Needed and valuable perspective
 - Future success
 - Long-term sustainability
- Key barriers to be addressed
 - Confusion regarding MTM services
 - Gaps in communication
 - Pharmacist services underutilized
- Next steps
 - Work with payer groups in the state to overcome barriers
 - Provide focused education
 - Develop toolkit of resources
 - Aid in policy development
- Focus on implementation of a sustainable model to reimburse for pharmacy-based services and provide better team-based care for patients with diabetes and CVD in the state of South Dakota