

2023 VIZIENT CONNECTIONS SUMMIT

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Specialty Pharmacy Growth Through GLP-1 Medication Management

Joshua Lynch, PharmD

Specialty and Retail Pharmacy Manager

Lisa Fratesi, RPh, MHA

Executive Director of Pharmacy

Singing River Health System, Pascagoula, MS.

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Learning Objectives

- Describe the process for implementing specialty pharmacy services into primary care clinics for diabetes management.
- Discuss the growth potential of specialty pharmacy services through diabetes care.
- Explain the impact of a high-touch approach in specialty pharmacy on outcomes for patients and health systems.

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Pilot Program with Semaglutide

- Through coordination with Singing River Weight-Loss Clinics, we piloted a program through our specialty pharmacy aimed to improve health metrics among our employees and in our community.
- We provided semaglutide to patients who enrolled through weight-loss clinic at an affordable cash price and ran the program from March 2022 through March 2023.
- The results from the program were eye-opening and led to the thought process of how we could grow this program to further benefit our health system and our community.
 - Singing River Health System (SRHS) Employees
 - 536 SRHS Employees enrolled in the program
 - **7,768.9** lbs. lost – an average of 14.5 pounds per employee
 - Non-SRHS Employees
 - 369 Non-SRHS employees enrolled in the program
 - **3,259.3** lbs. lost – an average of 8.8 lbs
 - Total pounds lost over the 1 year span – **11,028.2 lbs!**

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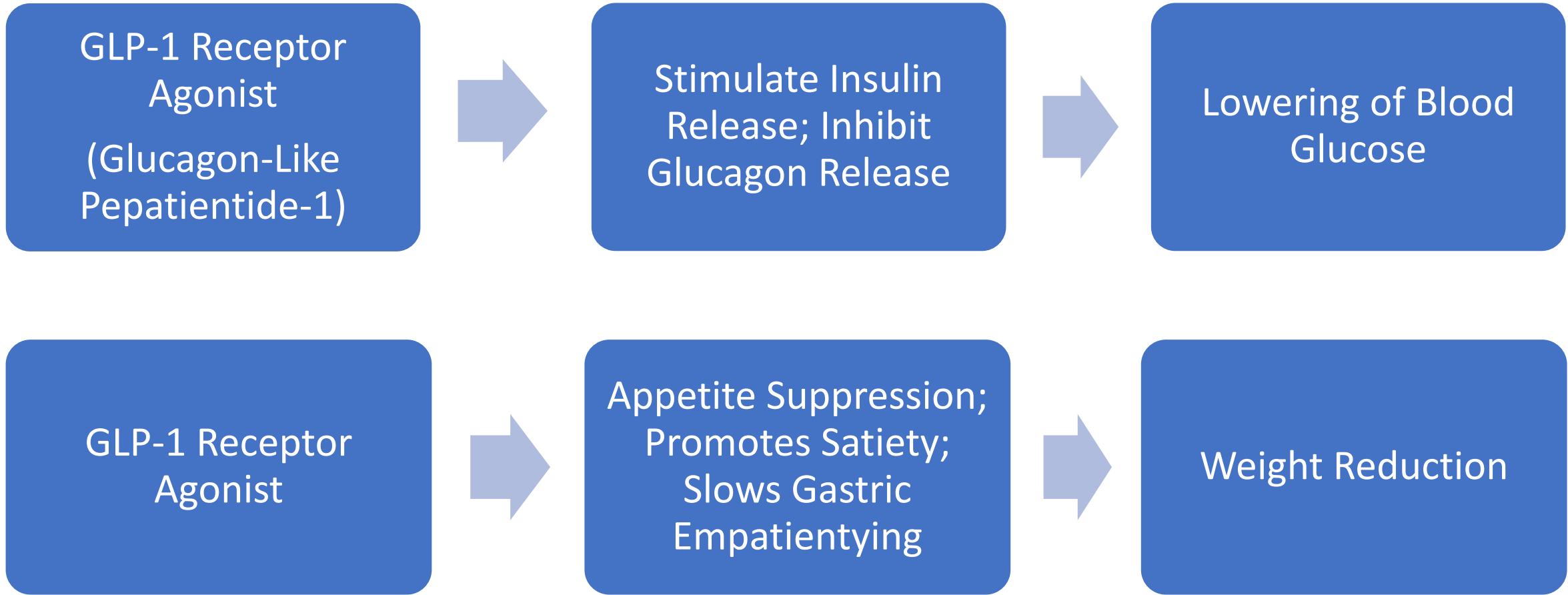
Obesity and Diabetes in Our Counties and State

- In Jackson and Harrison Counties, where our health system serves a large portion of the population, the percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m² (age-adjusted) is 38% and 36%, respectively.
 - 39.1% of all Mississippians are considered obese (BMI>30)
 - Obesity is associated with increased risk for diabetes and cardiovascular problems.
 - Obese adults have an increased rate of absenteeism from work and lost productivity (presenteeism) on the job due to health problems.
- The percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted) for both counties is 11%.
 - 1 in 7 Mississippians are living with diabetes
 - \$2.4B per year in direct medical costs
 - \$995M per year in indirect costs

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GLP-1 Mechanism of Action in Type 2 Diabetes and Obesity



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GLP-1 Prescribing Across our System

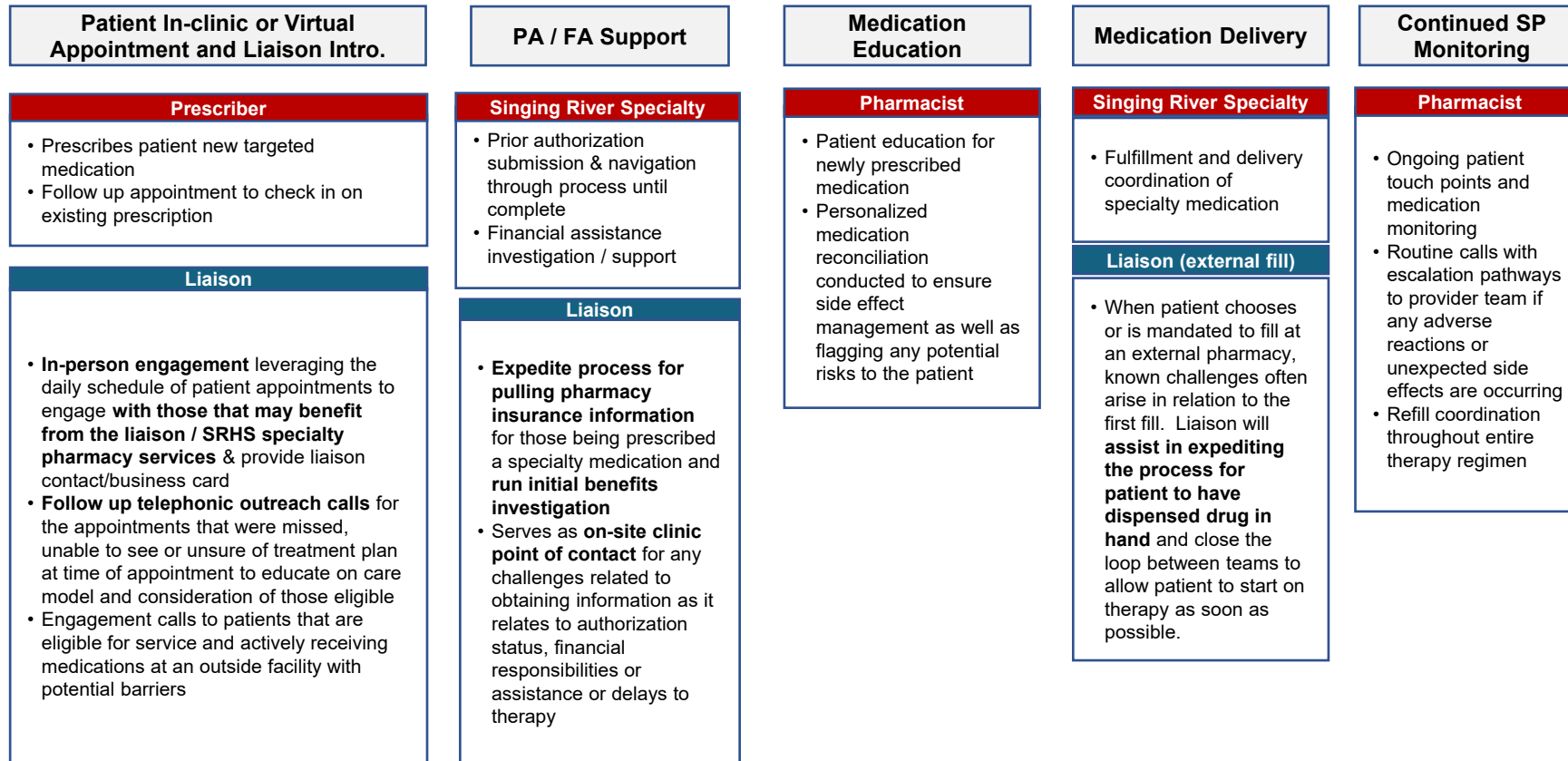
Clinic Name	Sum of all RXs	Unique RXs	Distinct UPIs	Annual Opportunity (\$)
Endocrinology*	1,564	374	204	1,705,169
Ocean Springs Clinic*	2,862	1,100	464	3,167,254
Pascagoula Clinic*	3,063	1,099	529	3,401,747
Vancleave Clinic*	2,323	645	331	2,525,257
Hurley Clinic*	712	334	166	788,602
Weight-loss Clinics	6,852	2,284	1136	7,468,680
TOTAL	17,376	5,836	2,830	19,056,709

* Only GLP-1s indicated for T2DM were included

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Specialty Medication Journey



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Benefits of the Specialty Pharmacy Service Model

- Providing prescription medications through a specialty pharmacy service model using a liaison-based approach has been shown to have many benefits:
 - Decrease time to start medication
 - Promote continuity of care
 - Increase adherence rates
 - Increase health system revenue
 - Negate manufacturer 340B restrictions
 - Decrease workload on office staff
- This has been a very effective model for other clinics in our health system including oncology, rheumatology, neurology, gastroenterology, pulmonology, and several others.

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Clinic Integration Process

- Initial contact with practice administrator to set up a meeting where the service will be presented
- On-site meeting where the service model is presented and described in-depth.
- Benefits to the office staff and patient as well as the pharmacy are explained and any questions about the program are answered.
- A timeline for implementation is set-up.
- IT department notified so the drug grouper can be applied for e-scripts coming from the sites' providers on the established go-live date.
- Follow-up meeting with staff currently handling PAs to ensure a smooth transition over to the liaison.

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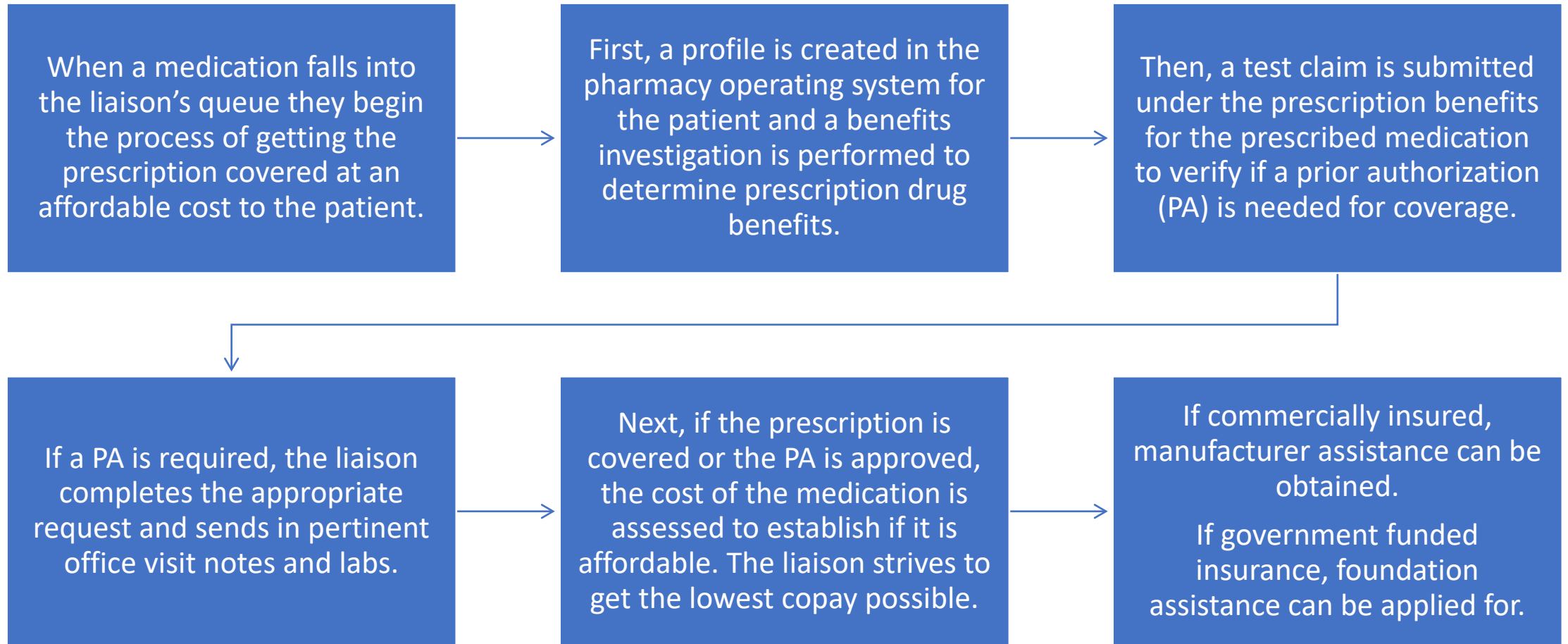
Funneling Patients into the Specialty Pharmacy

- The first step is to establish a target drug list, which in this case was all GLP-1s.
- A queue is then created for all desired medications that are prescribed to be captured in when signed by the provider.
- Any medication on the target drug list will fall into the liaison's queue regardless of where the intended destination (pharmacy) is located.
- Any medication not on the target drug list will bypass the queue and be sent straight to the desired pharmacy.
- The medication remains in the queue until the liaison releases it. The liaison has the option to redirect the Rx while it is in the queue if requested by the patient.

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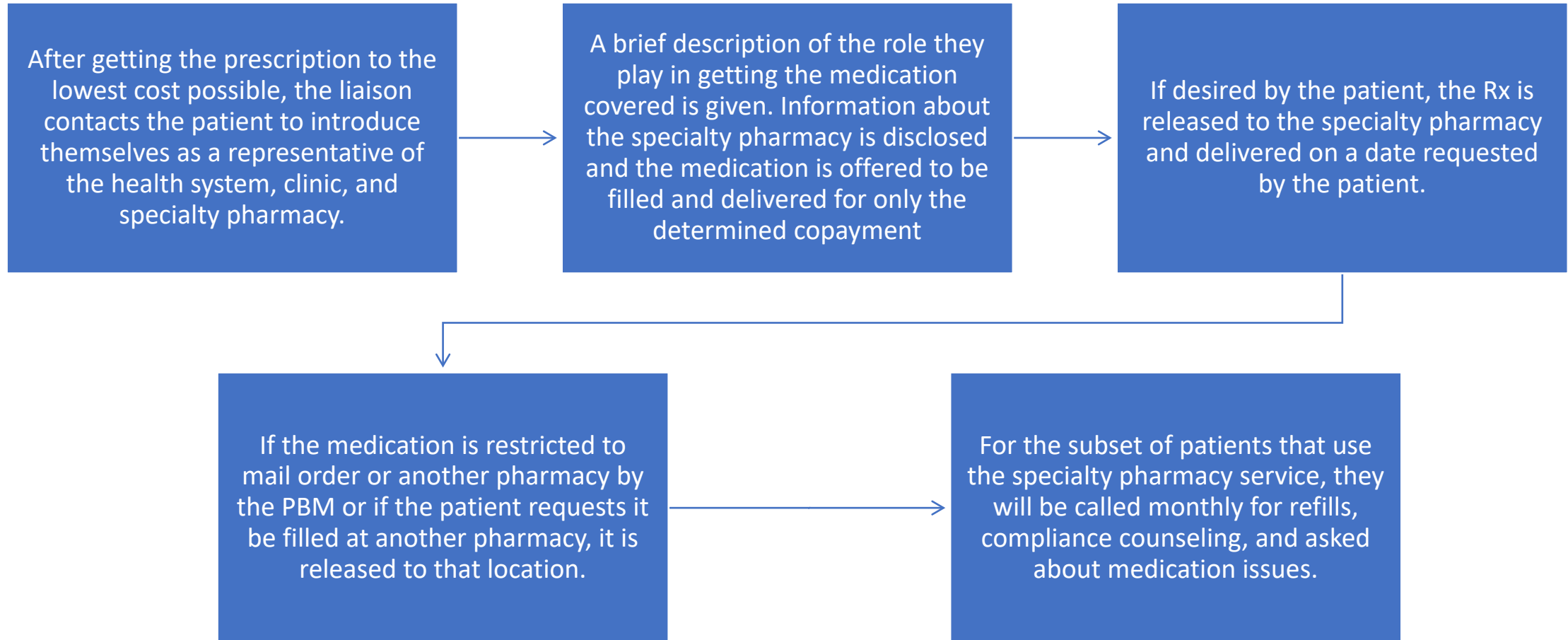
Liaison Workflow – Processing Medications in the Work Queue



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Liaison Workflow – Contacting the Patient and Filling the Prescription



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Diabetes Outcomes – Similar Service Model Implemented at Hartford Healthcare

Figure 1. Investigation of average HbA1c reduction for a sample of n=163 patients on service for a minimum of 6 months was evaluated, demonstrating a 1.2% average reduction. **Figure 2.** Illustration of the Liaison Care Model workflow and resulting outcomes including total patients on service, average prior authorization turnaround time (days), average proportion of days covered (PDC), and per script copay (85th percentile).

Figure 1

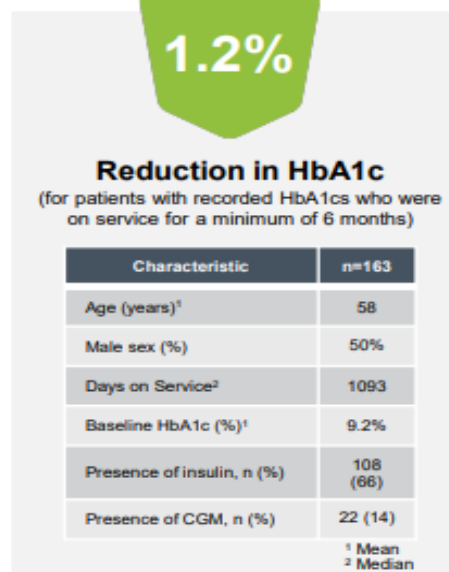
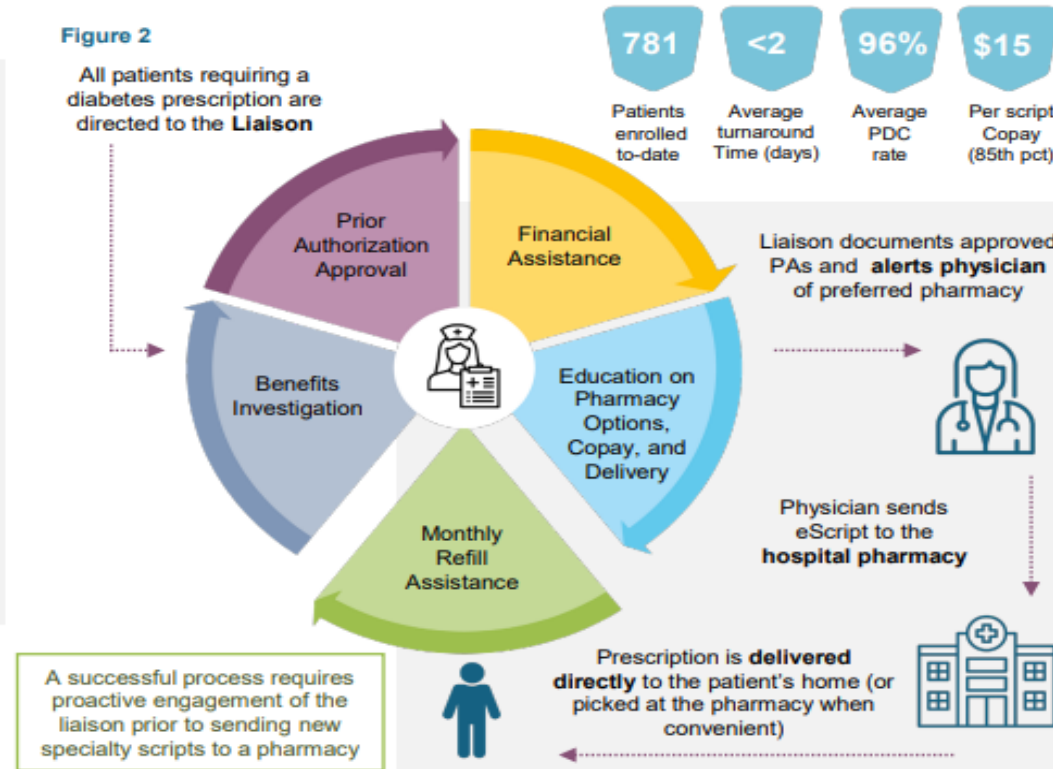


Figure 2



Impact of a Pharmacy Liaison-Managed Care Model Within a Health System on Clinical and Economic Outcomes in Patients with Diabetes. Nicholas Bull, PharmD; Brianne Nichols, PharmD; Martha Stutsky, PharmD, BCPS; Shreevidya Periyasamy, MSHIA; Eric Arlia, RPh, MBA. <https://www.shieldshhealthsolutions.com/wp-content/uploads/2023/05/Shields-Poster-Hartford-Diabetes-Outcomes-May2023.pdf>

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Obesity Outcomes

- Data to come early 2024.
- We began enrolling patients in May 2023
- We currently have 156 patients on the program for weight-loss
- Many new patients are gaining access with more payers adding weight-loss medications to their formulary.

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New Pharmacy Revenue Generated

	March	April	May	June	July
Revenue	\$34,313	\$43,578	\$81,991	\$190,949	\$210,321
Cost of Goods (COGS)	\$17,677	\$23,195	\$45,634	\$115,948	\$127,464
Net	\$16,636	\$20,382	\$36,358	\$75,001	\$82,857
Margin	48.5%	46.8%	44.3%	39.3%	39.4%
Rx Count	19	43	73	162	179

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Lessons Learned

- We started with no additional personnel but needed to add our first dedicated liaison after 40-50 patients had been enrolled.
- One liaison can handle 175-225 patients for this drug class and disease state before an additional liaison needs to be added.
- Navigating drug shortages and manufacturer coupon changes was very challenging during the time when we implemented the program.

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Key Takeaways

- Implementing specialty pharmacy care into diabetes and weight-loss disease states can be effectively done when targeting high-cost medications such as GLP-1s.
- Liaison-based diabetes management can be very beneficial to health systems looking for ways to add additional revenue streams.
- Adding a GLP-1 service line into the specialty pharmacy workflow is a great way to provide high-touch pharmacy care in diabetes and weight loss management to better serve the community and primary care clinics in an around the health system.

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Questions?



Contact:

Joshua Lynch, Joshua.Lynch@mysrhs.com

This educational session is enabled through the generous support of the Vizient Member Networks program.

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