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### Prior authorization initiative

If you'd like to help fund and be part of an initiative between HCPro and Covermymeds.com to help make prior authorizations (PA) easier to complete and the success rate on PA requests higher in long-term care (LTC), contact me offline. The program will introduce to LTC facilities a new resource that cuts down significantly on the time to complete PAs and is designed to increase access to appropriate medications.

—BC ([bcote@hcpro.com](mailto:bcote@hcpro.com) or 860/232-6377)

# HCPro

## LTC: Frontline staff members take larger role in product selection

If you market or sell to the LTC segment (or if you're considering this), be advised: Adopting similar strategies and messaging you use for the acute care or physician practice setting won't work.

LTC facilities differ from other health-care settings in virtually every possible way; they are staffed and reimbursed differently and treat sicker, more clinically complex patients. Nursing homes' clinical decision-making process is nearly as complex as the patients they treat.

Although every Medicare-certified nursing home is required to retain the services of a medical director, physicians aren't necessarily the primary drivers of medical decisions in LTC. Nursing homes provide long-term, intensive, round-the-clock care to often frail and very sick patients. These patients receive medical and personal care from several providers, including nurses, therapists, certified nurse assistants (CNA), social workers, and dietitians. Most facilities rely on interdisciplinary teams, including the director of nursing (DON), a consultant pharmacist, the patient and his or her family, and the MDS coordinator, who oversee documentation and reimbursement (<http://blogs.hcpro.com/mdscentral/>).

### RN ROLE IN DISEASE RECOGNITION

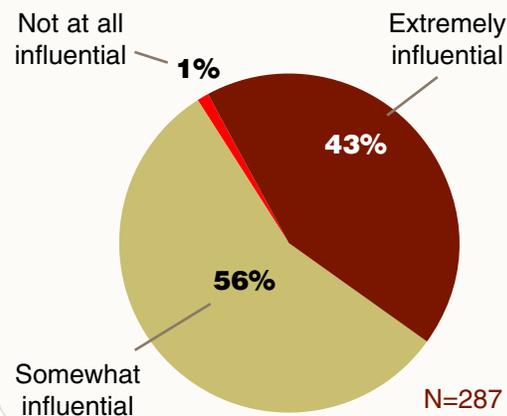
In this clinically complex patient population, the potential for new diseases and conditions, cognitive and physical decline, and adverse reactions is high. Frontline staff members are often the first to notice and report these changes. In fact, in a recent

HCPro survey, 87% of respondents reported that floor nurses are involved in resident disease recognition, whereas 67% responded that the facility medical director is involved. Sixty-three percent of respondents reported that CNAs are the first to recognize and report changes in a resident's mental, physical, and emotional state.

Even with such complicated issues as medication regimen monitoring, LTC nurses are acutely involved in decision-making processes. Seventy percent of our survey respondents reported that their floor nurses are primarily responsible for monitoring a resident's medication regimen—only 12% indicated that the medical director is primarily responsible. Further, 43% of 287 responding facilities said nurses are "extremely influential" in medication decisions; 98% of respondents indicated that the nurses in their facility are involved on some level in decisions regarding a resident's medications. > p. 2

### Product selection

**Q:** At your facility, how influential are nurses in decisions regarding a resident's medications?





## Survey snapshot

### Mass cuts healthcare coverage by \$115 million

Overseers of Massachusetts' trailblazing healthcare program made their first cuts June 23, trimming \$115 million, or 12%, from Commonwealth Care, which subsidizes premiums for needy residents and is the centerpiece of the 2006 law. To read the full story, click here: [www.healthleadersmedia.com/content.cfm?content\\_id=235017&topic=WS\\_HLM2\\_FIN](http://www.healthleadersmedia.com/content.cfm?content_id=235017&topic=WS_HLM2_FIN).

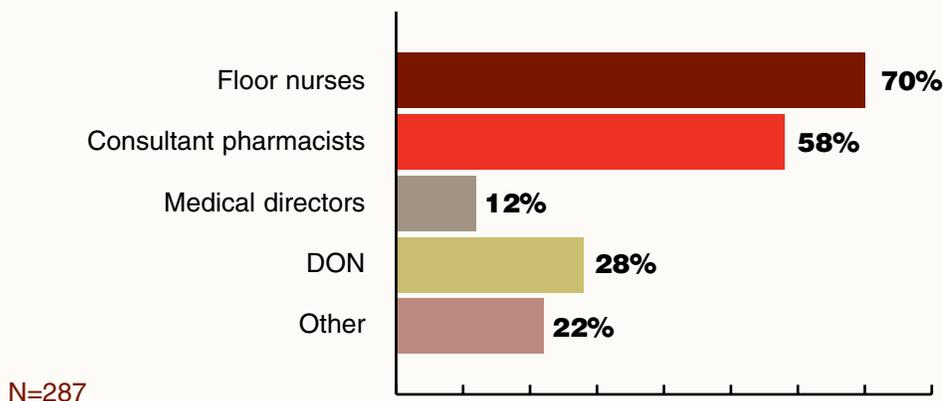
### Quality could save Medicare Advantage

Lost in the public insurance and health reform debate last week was a MedPAC report issued June 16 to Congress criticizing Medicare Advantage for paying private insurers billions more than what the government pays providers through traditional fee-for-service Medicare—despite the fact that many Medicare Advantage programs offer similar services. To read the full story, click here: [http://healthplans.hcpro.com/content/235028/topic/WS\\_HLM2\\_HEP/Quality-Could-Save-Medicare-Advantage.html](http://healthplans.hcpro.com/content/235028/topic/WS_HLM2_HEP/Quality-Could-Save-Medicare-Advantage.html).

## Product selection < p. 1

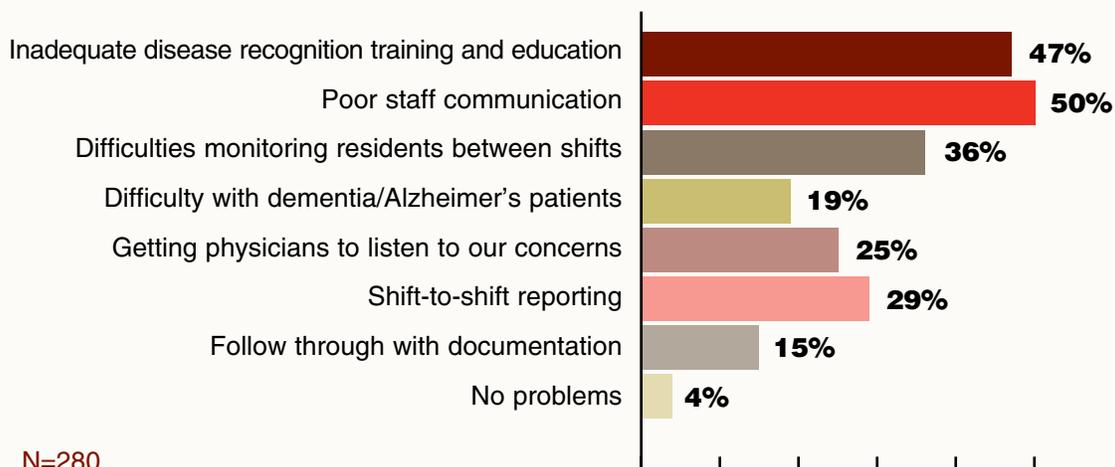
### Medication monitoring

**Q:** In your facility, who is primarily responsible for monitoring a resident's medication regimen and reporting declines, efficacy issues, potential medication interactions, etc.? If multiple answers, select all that apply.



### Disease recognition roadblocks

**Q:** What challenges do you face with disease recognition and reporting?



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## Product selection <p.2

### CONCLUSION

The clinical decision-making picture in LTC facilities is complex at best, but the marketing and sales message is simple: Understand the patients they treat and how care is delivered. Doctors and pharmacists are important, but so are the frontline caregivers who interact with the residents on a daily basis. No

matter which marketing/selling tactics you use, remember that no campaign is complete without considering frontline staff members. ■

*Editor's note: Feel free to write or call to dive deeper into these questions and findings at [bcote@hcpro.com](mailto:bcote@hcpro.com) or 860/232-6377.*

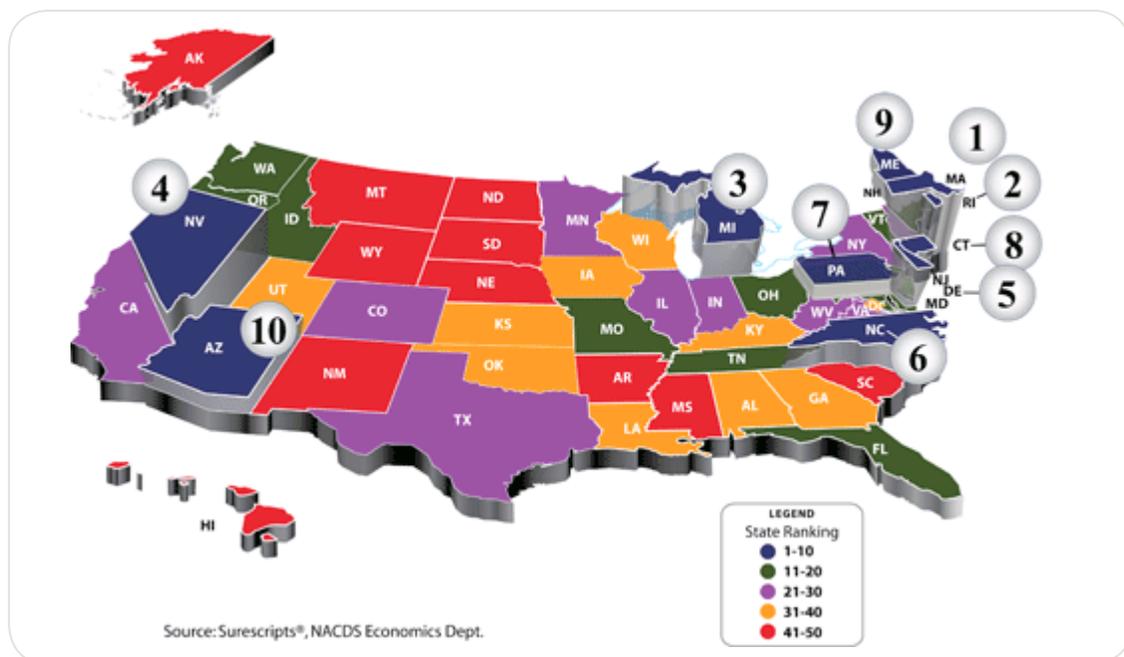
## Reporter's notebook

### Mass ranks first in routing prescriptions electronically

Massachusetts ranks first in the nation in sending more than 6.7 million prescriptions electronically in 2008, reports Surescripts. That represents 20.5% of all eligible prescriptions in the state, up significantly from 2.3% in 2005. Massachusetts and 14 other states were recognized at the fourth annual Safe-Rx Awards, which recognizes the top 10 e-prescribing states for 2008, and

for the first time this year, the top five most improved states. Vermont, Tennessee, Kansas, Illinois, and Missouri were the most improved states. Rhode Island, Michigan, Nevada, and Delaware round out the top five e-prescribing states. (See chart on p. 4.)

Get rankings and other information at [www.surescripts.com/safe-rx-awards.html](http://www.surescripts.com/safe-rx-awards.html). > p.4





## E-prescribing < p. 3

### E-prescribing adoption, by state

Rankings determined by the number of prescriptions routed electronically as a percentage of the total number of prescriptions eligible for electronic routing.

|                  |                         |
|------------------|-------------------------|
| 1 Massachusetts  | 27 Indiana              |
| 2 Rhode Island   | 28 California           |
| 3 Michigan       | 29 Texas                |
| 4 Nevada         | 30 New Hampshire        |
| 5 Delaware       | 31 Kansas               |
| 6 North Carolina | 32 Kentucky             |
| 7 Pennsylvania   | 33 Louisiana            |
| 8 Connecticut    | 34 District of Columbia |
| 9 Maine          | 35 Iowa                 |
| 10 Arizona       | 36 Georgia              |
| 11 Maryland      | 37 Alabama              |
| 12 New Jersey    | 38 Oklahoma             |
| 13 Ohio          | 39 Wisconsin            |
| 14 Vermont       | 40 Utah                 |
| 15 Oregon        | 41 Nebraska             |
| 16 Idaho         | 42 Alaska               |
| 17 Washington    | 43 New Mexico           |
| 18 Tennessee     | 44 Wyoming              |
| 19 Missouri      | 45 Arkansas             |
| 20 Florida       | 46 Montana              |
| 21 Illinois      | 47 South Dakota         |
| 22 Colorado      | 48 South Carolina       |
| 23 Minnesota     | 49 Hawaii               |
| 24 New York      | 50 Mississippi          |
| 25 Virginia      | 51 North Dakota         |
| 26 West Virginia |                         |

Source: Surescripts.

## Drug adherence: Internet's power helpful says study

The Internet is in a prime position to significantly affect patient adherence, according to *Online Adherence Programs: Evaluating Manufacturers' Opportunity to Impact Patient Adherence*, a new report from Manhattan Research. "Relatively small changes in patient behavior have the potential to substantially increase revenue," said Monique Levy, senior director of research

at Manhattan Research and report author. The report shows that emerging technology, consumer adoption of new media, and an increasing culture of self-service are among the factors driving the Internet's power as an adherence tool. Click here for more information: [www.manhattanresearch.com/products/Research\\_Modules/Consumer/online-patient-adherence.aspx](http://www.manhattanresearch.com/products/Research_Modules/Consumer/online-patient-adherence.aspx). ■



### Medicare Part D

President Barack Obama and the drug industry announced partial funding for Medicare's coverage gap. Read the details here: <http://blogs.hcpro.com/mdscentral/2009/06/medicare-doughnut-hole>.

### Account manager insight

## Facilitating C-suite quality initiatives

As more hospitals cut their budgets, account managers and brand teams focused on these institutions may need to understand what to illustrate when making a case for joining a new initiative, launching a new quality improvement program, or building resources in the name of patient safety. "Realize that CFOs now are more abreast of the clinical issues, and not just a number cruncher as they were 10, 15, or 20 years ago," says John Domansky, CFO at Knoxville (IA) Hospital and Clinics. "There's a lot more of a balanced approach now in the CFO world than there was in the past." Domansky, who makes financial decisions for a critical

access hospital licensed for 25 beds, says that he is interested most in programs that will minimize the hospital's risk, and in that vein, he'll pay more attention to those programs emphasizing a proactive approach to patient care (e.g., arguing for a bar coding program for medications to prevent potential medication errors). For the full article, click here: [www.healthleadersmedia.com/content/235054/topic/WS\\_HLM2\\_FIN/How-Do-You-Gain-a-CFOs-Support-for-Quality-and-Patient-Safety-Programs.html](http://www.healthleadersmedia.com/content/235054/topic/WS_HLM2_FIN/How-Do-You-Gain-a-CFOs-Support-for-Quality-and-Patient-Safety-Programs.html).

To brainstorm building a quality initiative with hospitals' and health systems' C-suite in your market, contact the editor. ■

### Conversation

## Commercial policies, economy affect site of care

*How drug cost, climate affect myelodysplastic syndrome patients*

by Bryan Cote

Urban medical and academic centers are concerned that the economy and/or job loss has forced people to delay doctor visits, and hold off reporting symptoms. Susan Buchanan, MS, PA-C, adult leukemia physician assistant at the Dana-Farber Cancer Institute in Boston, says a 5%–10% drop in new patient consults for adult leukemia is being noticed, as well as fewer second opinion consults (perhaps due to travel expenses), and an increase in Medicaid patients from New Hampshire and Maine—two states severely hit with unemployment since December.

"Leukemia symptoms like bruising don't always show up so with [primary care physician] visits down due to the economy, there have been fewer physicals, which means fewer CBCs ordered—reducing the likelihood that a physician could catch an abnormal blood count," Buchanan says.

Buchanan and her physician colleague are used to seeing four new patients per week, about half for myelodysplastic syndrome (MDS). "These numbers have remained relatively steady since patients often request my MD, but overall for the four physicians in our group, visits were down," she says.

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### Conversation

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Interestingly, Dana-Farber is seeing growth in the number of complex cases for rare leukemia and bone marrow transplants—the result of commercial payers' policies to encourage physicians to refer these types of cases to institutions with larger volumes and more developed infrastructure and expertise. This growth at Dana-Farber has offset some of the dip on less complex cases. "It tells me that our new patient volume would be much lower without these cases," Buchanan says.

In some ways, treating patients with MDS has become more difficult in the economic downturn since patients, and some doctors, are either uneducated about the disease or are faced with a difficult financial decision, says Buchanan.

According to the American Cancer Society, about 40% of patients with MDS convert to full-blown leukemia and of all newly diagnosed MDS patients annually (approximately 14,000 in the United States), about 10%–15% have deletion 5q cytogenetic abnormality, which essentially means they are missing the long arm on the fifth chromosome. If the 5q is their only abnormality, Buchanan says Revlimid (lenalidomide; Celgene) has worked well in about 50% of cases to either eliminate the abnormality or improve blood count so much that the patient no longer needs transfusions.

The cost to use Revlimid (lenalidomide; Celgene) per month is significant (*The Wall Street Journal*, July 1, 2006, "Celgene to Price Cancer Medicine at \$6,195 a Month"), so seniors with Part D benefits hit the catastrophic cap almost immediately and, unless they can get patient assistance, are forced to

pay a large portion out of pocket. "This is a lot financially to bear for a treatment that is not guaranteed to provide a patient benefit," says Buchanan, adding that Celgene has been generous with patients who can't afford the drug. Sometimes, underinsured patients make too much to qualify, however, and have elected to halt treatment.

Alternatively, Vidaza (azacitidine; Celgene) and Dacogen (decitabine; Eisai) are two other treatment options indicated for those with MDS, but some community physicians have not given Vidaza enough time for proper trial efficacy, says Buchanan. "Based on the CALGB clinical trial data presented by L. Silverman in 2006, and in our experience, patients need four cycles, one per month, before we compare bone marrow results to baseline. Unfortunately, some oncologists who don't see blood count improvement after two cycles stop the course and try something else," she says. Many oncologists are now educated on the four-cycle benefit since the FDA approved the drug in 2004. Buchanan thinks patients are less likely to stop Vidaza or Dacogen treatment for financial reasons since these injectables are delivered under a hospital Medicare Part A or in-office Medicare Part B benefit. ■

*Editor's note: The full story will appear in the July Oncology Business Review.*

#### MEDICAREFIND™

Here's a new resource to quickly search for Medicare rules, regulations, and CMS documents. Check it out at [www.medicarefind.com](http://www.medicarefind.com). If you'd like me to arrange a Web-based tutorial to walk you through it, e-mail [bcote@hcpro.com](mailto:bcote@hcpro.com). ■

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