

Texas Oncology:
Webinar Interest?

ONCOLOGY CARE

TEXAS ONCOLOGY

More breakthroughs. More victories.®

Medically Integrated Pharmacy Services

Background. It is widely believed that having a centrally integrated patient care model will result in lower healthcare expenditures overall. Virtual integration through technology or additional vendors such as health benefit quarter-backs are the most common ways utilized today to drive comprehensive management of care and helping patients navigate their health benefits optimally. Additionally, this drive to more effectively manage patient care / expense is increasingly

dependent on a model that is patient centric. A patient-centric model is an approach which allows for higher patient engagement and adherence to a treatment plan. While there are many improvement tools being utilized throughout the healthcare delivery continuum today, only the model which includes the medically integrated pharmacy services (MIPS)

element is proving to be a pure and effective. An evolution of Collaborative Practice Agreements which allows pharmacists in the community to manage patient care, the MIPS approach is an integrated member of one care team for a highly complex disease state at the initial point of care—the physicians office.

Benefits of MIPS

- Higher care plan adherence
- Decreased overall expenses
- Higher patient satisfaction

Texas Oncology: MIPS

Texas Oncology, as a member of the US Oncology Network and supported by the McKesson Specialty team, operates and manages a care model which leverages the medically integrated pharmacy (MIPS) approach as a key driver to attaining better results. This MIPS model includes a team of board certified oncologists of varying sub-specialties, certified nurse oncologist, specialized pharmacy staff and specialize ancillary support team members

such as financial and benefit consultants, nutritionists, and social workers. The team utilizes full information of the patient care plan inclusive of full real-time access to the patient's medical and pharmacy record, real time access to the pharmacy and medical benefit, and full direct access to the patient and their family support team. This fully equipped and integrated team puts the patient in the center and is able to deliver value to

all constituents. Adherence levels, avoidance of exacerbated patient conditions due to drug related side effects, avoidance in delay of treatment and gaps of care, and increased patient satisfaction are all some of the key outcomes of our program.

Texas Oncology MIPS Key Differentiators

1. Singular Care Team and Care Plan
2. Alignment of Care Plan to Patient Benefit
3. Comprehensive Patient Behavioral Assessment Model
4. Aligned Patient Education from Consistent and Established Team
5. Monitoring/Follow Up from Consistent and Established Team
6. Real Time Benefit Access and EMR Integration
7. Clinical Pathways to consistently guide care

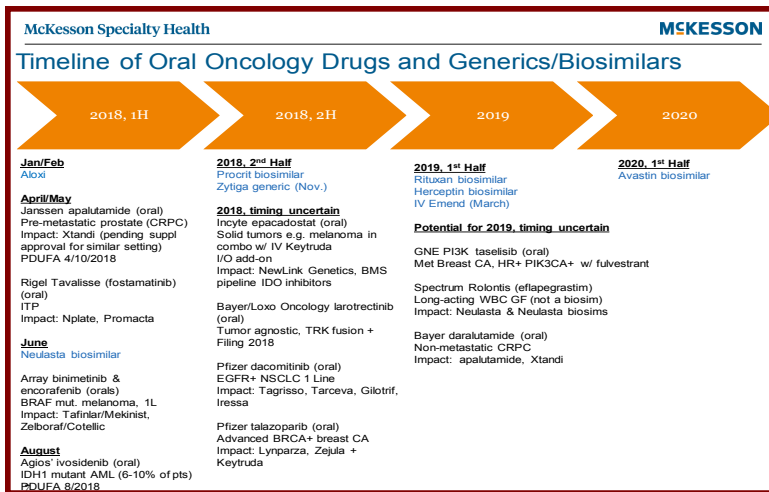
TXO Special points of interest:

- Clinical Pathway / OCM
- One Care team and one care plan for the oncology / highly complex specialty patient
- 420+ Specialty trained and certified physicians
- 150+ Clinical Trails / 2K + participating patients
- Community based model/local to the patient
- 50K new patients annually

Why is a MIPS Model Important to Oncology Care?

Today, there are well over 70 oral chemotherapy drugs playing vital roles in the treatment of many types of cancer. And 35% of drugs being developed by pharmaceutical manufacturers are oral drugs. The costs of these drugs combined with the increasing incidence and prevalence of cancer among the US population has catapulted the need to effectively and appropriately manage

the oncology patient's treatment to the forefront of discussions about healthcare cost containment. According to a study of 418 oncology patients, 10% stopped taking their medications, 7% never filled their prescription, and 9% did not regularly fill their prescription.¹ Given the impact of nonadherence for cancer patients, the outcome can be dire. Today, the most common model for controlling



these costs has been through the management of the oncology patient's medical care plan separate from the drug treatment plan. Utilizing prior authorizations, coinsurance, formularies, preferred specialty pharmacies and telephonic care counseling have been the main tools utilized. Lack of a singular care model and multiple communications from various parties to the patient have increased confusion and frus-

tration that often result in compliance issues, missed side effect reporting and timely disease management to name a few. The more fragmentation of care that exists, the higher the risk is for non-compliance, waste and poor outcomes. Patients with complex disease states, such as cancer, have significant knowledge gaps and need more oversight and contact with their specialty provider to avoid these unintended consequences of the current state model. Having a provider that embraces an integrated care approach employing the physician, the nurses, the pharmacists, the nutritionist, the financial counselor, etc is invaluable to driving better patient experiences, care plan compliance (inclusive of the drug regimens) and cost-effective outcomes for all.

Oral Oncology Patient Adherence 90%+

In Premier's semiannual Economic Outlook survey, it was found that oncology patients with high MPR scores (MPR > 90%) are spending \$17,500-\$25,000 in total medical therapy costs, while less-compliant patients (MPR < 70%) are spending upwards of \$100,000. The national average for medication adherence to oncology medications is below this 70% threshold. The CBO estimates that for every 5 percentage point improvement increase in adherence

(measured by number of prescriptions), total medical costs are reduced by 1%.² For the medically integrated pharmacy such as that at Texas Oncology, our range of adherence ranges from 92% on the low side up to 98% with the practice weighted average being 96% for those patients managed by TXO's medical/pharmacy team. Utilizing these industry benchmarks, the savings we are delivering to our insurance partners is approximately

\$75,000 per patient per year in medical therapy costs at a minimum.

"...Improving medication adherence is identified as a major opportunity for health care cost savings- perhaps as much as \$2B in avoided costs with 1% improvement." Dr. Richard Migliori, CMO of UnitedHealth Group.

Patient Satisfaction 95%+ with Texas Oncology MIPS Model

Results of 484 patient satisfaction surveys (62% of surveys sent to oral chemo patients) showed that 96.4% of patients were either satisfied or extremely satisfied with the patient care services provided by Texas Oncology. Most notable were patient's value and satisfaction with Texas Oncology in the areas Of:

- 1) convenience in receiving medication,
- 2) time to receive medication,
- 3) interaction with staff,
- 4) general satisfaction with the care provided.

From patient: "You sure are there for us and we appreciate you so much. It's been such a stressful day this is the first glimmer of hope all day long."

Best Practices– P & T Committee

Texas Oncology as a member of US Oncology participates regularly in P&T Committee meetings with over 2,000 other oncology physicians, a growing number of whom also have a medically integrated pharmacy care model in place. Through this committee we exchange patient care experiences inclu-

sive of oral chemotherapy reviews and identification of best practices. This forum allows our team to progress on improving patient care and innovating in our care model. Additionally during these meeting, our partner McKesson Specialty Health, brings new information regarding

new entrants to the market or changes to current oral agents that are impacting to care, appropriateness and cost effectiveness.

Lessons Learned

As our integrated medical pharmacy oncology care model continues to evolve, we adjust and improve in our knowledge, best practices, and vision of what the patient needs in order to attain optimal outcomes in the most cost-effective manner. While we are naturally a continually learning organization, the following is a list of some of the most important core lessons learned that are critical to the success of achieving our vision for our practice and our patients.

- All cancer patients and the manifestation of their diseases are unique and must be individually assessed and care plans developed with these things taken into consideration.
- Cancer is a complex disease and our knowledge of that disease and its reactions to the various treatment regimens known and emerging must be continually reviewed and ana-

- Over-communication trumps under-communication. The ability to provide the best health outcome for each patient depends upon the easy efficient flow of information between all clinicians, the patient and their family.
- Receptiveness of the patient and their family to adhering to the care plan is positively influenced by their familiarity with and trust in their care team as well as accessibility to them.
- Financial barriers must be eliminated. Providing support to the patient in minimizing the fiscal impact of their treatment costs is a major determining factor to adherence and outcomes.
- Patients are easily overwhelmed by too many different individuals trying to consult with them on their condition. Patients must

be told up front who they will be working with, what that person(s) role is and their direct contact information.



- Nurses, APPs & Pharmacy staff need prompt notification from the Physician of any new oral chemotherapy orders or changes in the doses or frequency for existing patients.

Summary

This model involving the tightly integrated medical and pharmacy care components of oncology care is a differentiator in the delivering of a patient centric solution that drives industry leading outcomes and cost containment. Texas Oncology, has been working on this model for years and with the help and shared knowledge gained from our peers within the US Oncology Network as well as the support from McKesson Specialty Health, we will continue to progress and enhance our patient care into the future beyond the traditional

models that exist today. The medically integrated pharmacy care model takes integration to its purest point. Overall, the medically integrated pharmacy care model is the ideal solution for the perfect integration of medical and pharmacy care for the complex specialty disease state patient. The model is patient friendly, cost effective, a positive contributor to the overall advancement of knowledge and identification of improved care for the oncology patient. As the incidence and prevalence of cancer increases, the value

of this model will grow in importance. Areas for future enhancements will be the incorporation of patient based technology tools, an integrated oncology treatment and outcomes knowledge center and collaboration and alignment with the payer market to develop additional solutions that innovate in this space further.

JIM SCHWARTZ, RPH
PRESIDENT,
NATIONAL COMMUNITY ONCOLOGY
DISPENSING ASSOCIATION,

EXECUTIVE DIRECTOR
TEXAS ONCOLOGY PHARMACY

Phone: 9724902926
FAX: 9723869408
Email: Jim.Schwartz@usoncology.com

VISION, MISSION & CORE VALUES

Texas Oncology founders believed there was a better way to treat patients with cancer. Its mission, vision, and core values reflect the practice's commitment to providing high-quality, evidence-based patient-centered care to cancer patients.

Our Vision

To be the first choice for cancer care.

Our Mission

To provide excellent, evidence-based care for each patient we serve, while advancing cancer care for tomorrow.

The Core Values of Texas Oncology

The principles that guide our practice are patient centered, and encompass three spheres:

Patient Care

- To provide compassionate, individualized care for our patients.
- To provide care that is comprehensive and coordinated close to our patients' home.
- To attract and nurture the best physicians.
- To recognize and support the central role of clinical research in advancing cancer care.

Culture

- That engenders a collegial physician partnership.
- That respects individuals and the collective wisdom of the group.
- That embraces openness and fairness.

Business – Our practice values professional management that:

- Promotes convenient access at rural and urban sites.
- Provides leadership in efficient care delivery and improves all aspects of cancer care.
- Provides a financial structure to expand services to our patients.
- Is competitive in all aspects of our business.

McKesson
Specialty Health



DIANA VERRILLI
SENIOR VICE PRESIDENT
STRATEGY AND PRACTICE SOLUTIONS

Phone: 281-863-6380
Email: Diana.Verrilli@mckesson.com