

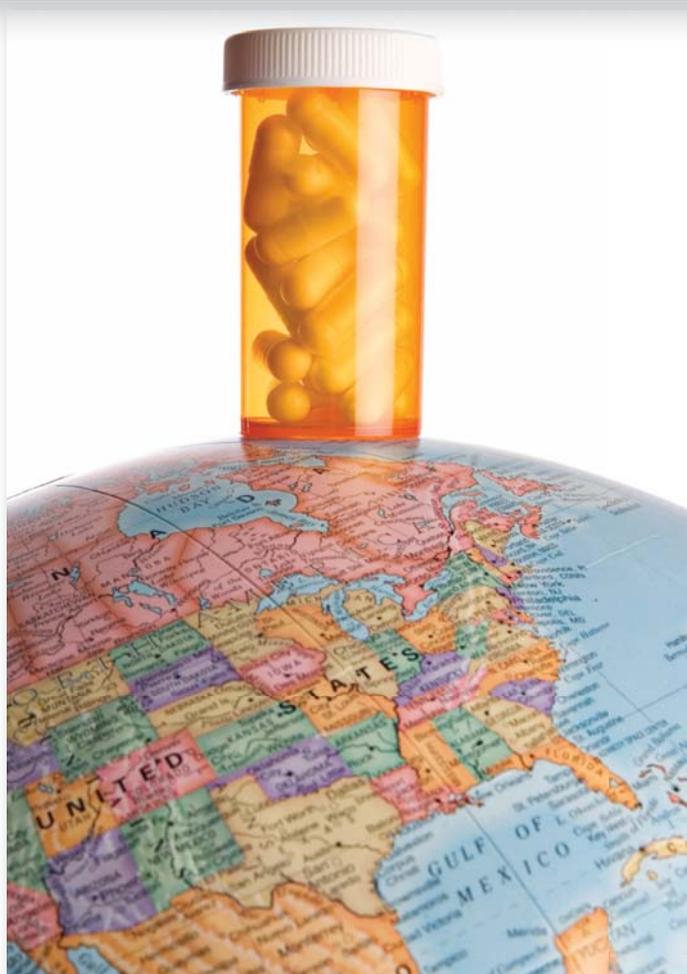
Managed Care Problems and Perspectives for Pharmacy

by Craig Stern, Pharm. D., MBA

Healthcare across the globe is undergoing a fundamental change. This change is driven by three major factors: globalism, consumerism, and information-“ism”. Globalism is driving competition based on the promotion of comparable options, or improved quality at a reduced cost. Consumerism is placing the individual, whether healthy or sick, at the center of the system. Consumer desires, needs, and decisions are changing the basis of medical decisions from top-down to value-driven, bottom-up. Information-ism is creating a marketplace of data and ideas to drive competition for quality enhancement and cost reduction.

We live in an environment of managed care. Managed care health plans that were originally motivated by cost cutting and provider oversight, have morphed in a large part to an emphasis on process and outcomes. As a result, managed care tools (e.g., drug utilization review, formularies, step therapy, quantity limits, etc) have been incorporated into all phases of the healthcare system including Medicare Part D as well as most other public and private group health insurance. Even special insurance products such as Workers’ Compensation have incorporated elements of the managed care tools into their products.

The major limitation in the deployment of managed care tools in all insurance products has been the lack of appreciable impact on prevention and prophylaxis of disease. In this case, the patient is a major player and must take a significant role in their own care. The failure of the healthcare system to stem the increase in the prevalence of obesity,



widespread life style changes, and to make a major impact on smoking cessation has contributed to the lack of progress in prevention of disease. On the positive front, increases in immunization rates and drug therapy options have improved survival in cardiac disease, cancer, AIDS and other chronic diseases.

In this issue of *California Pharmacist*, we address the above topics from several different perspectives.

The drive to a competitive healthcare marketplace is addressed by Roger Howe, MD. Our goal is to provide a broad overview so that pharmacists will understand their role in the context of the marketplace.

In a separate article, Dr. Howe also addresses what health plans expect of pharmacists. Our goal is to provide information that will allow pharmacists to be more informed of payer expectations.

A specific example of managed Medicare is discussed in the Uptown Pharmacy business model, where we present a specific example of an ambulatory pharmacy practicing MTM.

Ensuring that healthcare professionals make decisions based on objective evidence is the rationale for Sheri Strite’s article explaining how to interpret our Evidence-Based Medicine (EBM) reviews.

An Exhaustive EBM Review of the CATIE Trial

The CE article which covers PBM issues from the perspective of how companies decide when and when not, to use them.

The Editorial Review Committee is excited to present this Managed Care issue. The topics discussed are at the core of the vision of the *California Pharmacist* Journal; namely, the customer/patient is the driver, and as pharmacy providers, it is imperative that we understand what they want and how to deliver patient satisfaction, piece of mind, and solutions to their medication and cost issues. ☎

About the Author:

Craig Stern, Pharm. D., MBA is President of ProPharma Pharmaceutical Consultants, Inc. in Northridge and currently serves as CPhA’s Editorial Review Committee Chairperson. Dr. Stern has nothing to disclose in terms of speaker’s bureau’s, significant stock holdings or any biases.