

Project Description

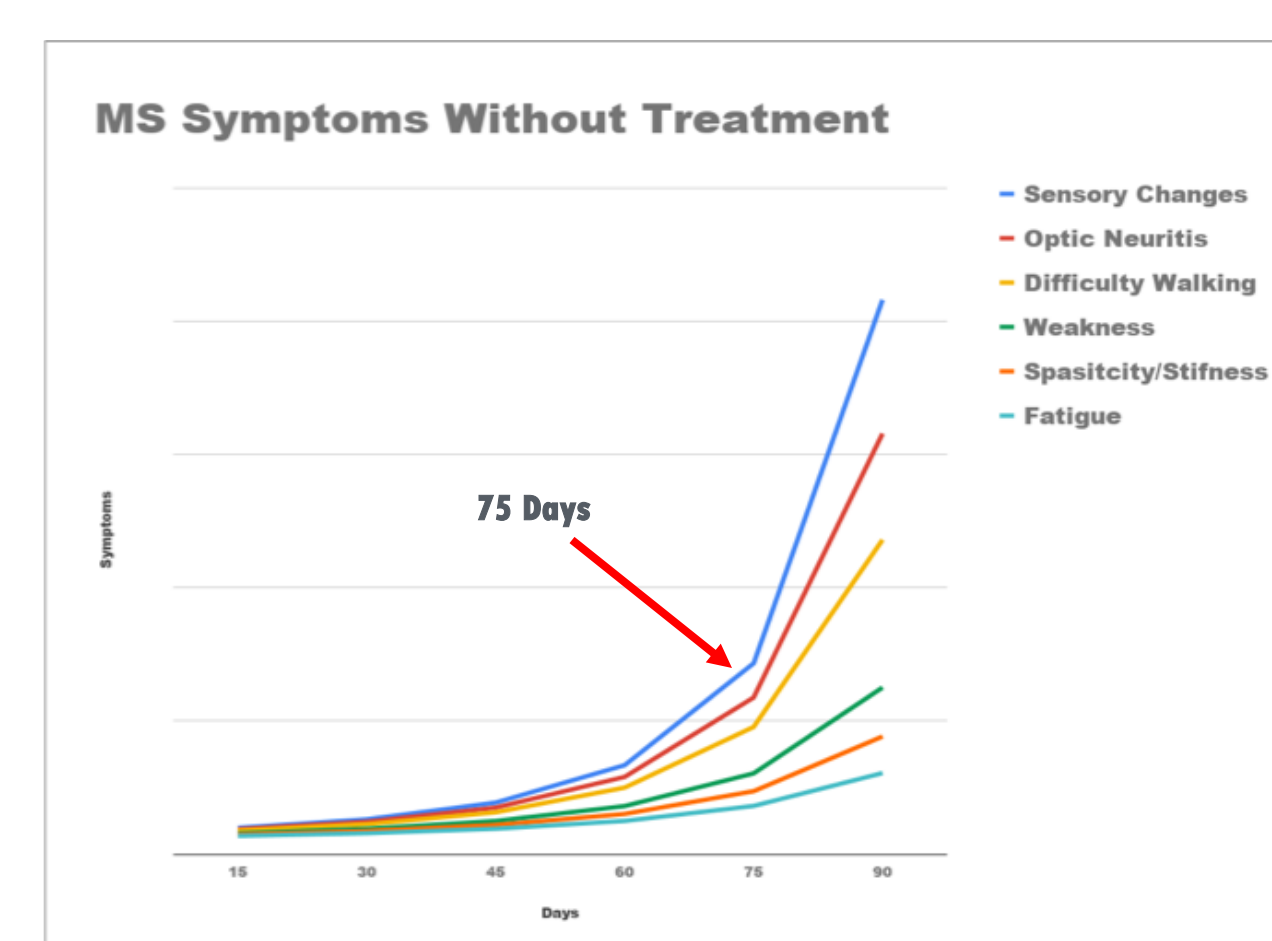
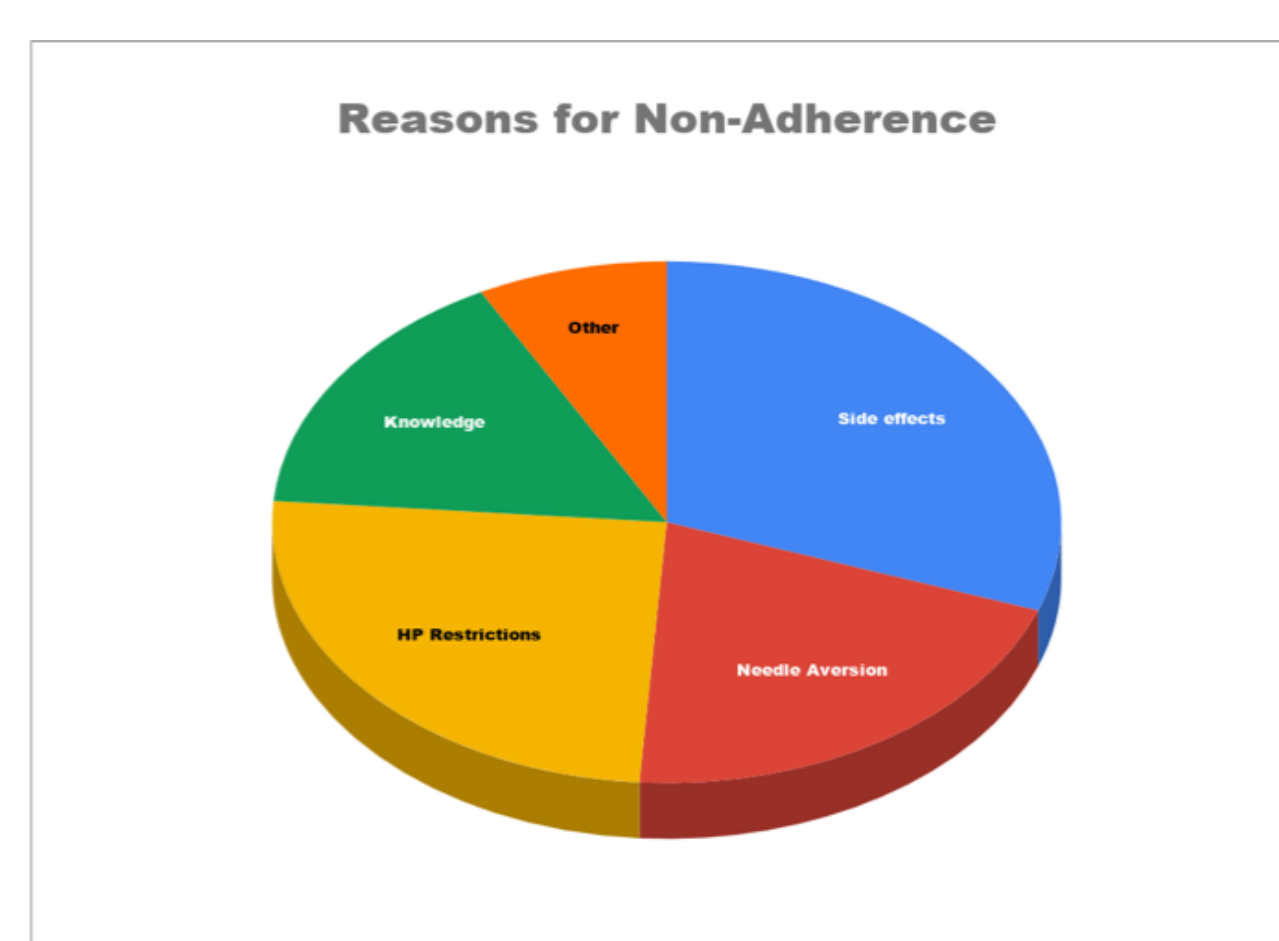
A population health pharmacist led program for Multiple Sclerosis to integrate guideline-directed clinical assessment and diagnosis, formulary and benefit information, and patient reported outcome surveys to ensure timely dispensing of the most effective therapeutic option resulting in reduction in cost of care and delayed disease progression.

Problem Statement:

MS patients have the fourth highest Per Member Per Month. We had a 44% annual growth rate in ER visits year over year. 24% Non-adherence with medication.

Discovery:

To find out why there was an increase in ER visits and the reason for the 24% non-adherence I started by interviewing nine neurologist and realized that there are major obstacles that resulted in delayed medication access for the patients. I discovered the average time of access to medication from diagnosis was 90 days. After interviewing thirteen patients, I found out that the patients were going to the ER due to relapse symptoms. I interviewed seven more neurologist and it was evident that the relapses and symptoms bringing the patients to the ER was due a delay in starting medications. I then developed a program to remove the barriers and get the patients on effective medications in a timely manner.



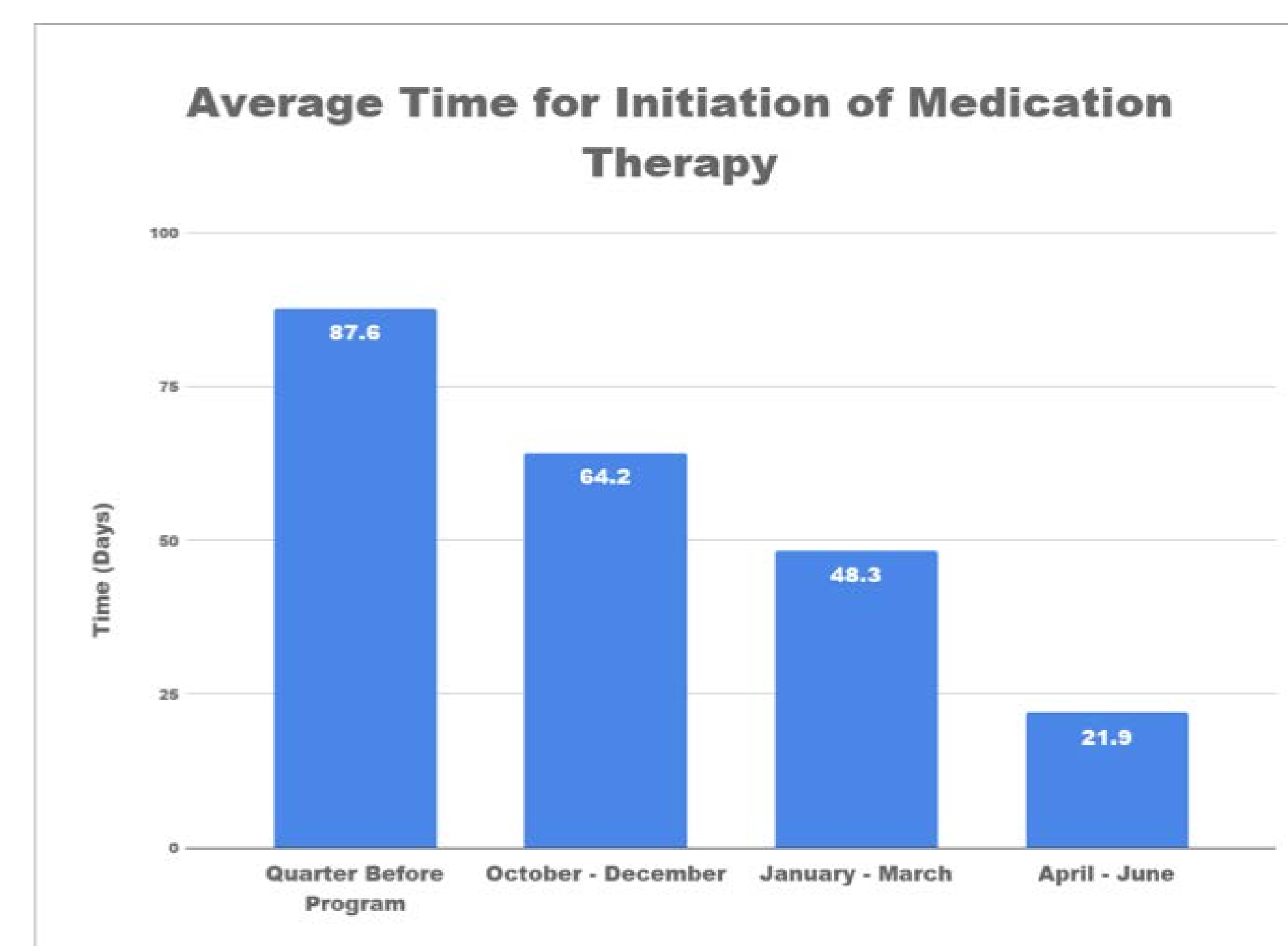
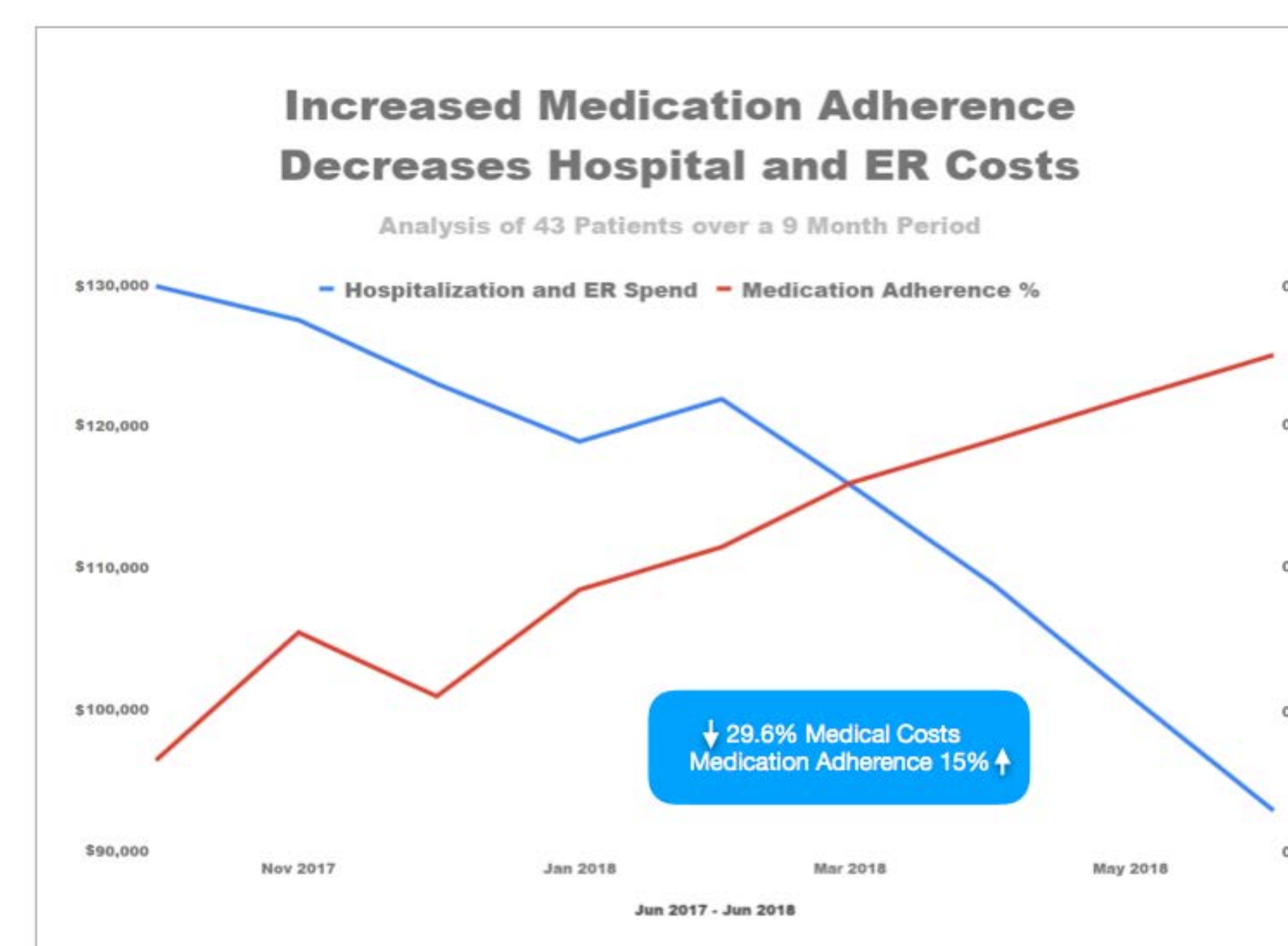
Goal:

Ensure that MS patients receive the most effective medication within a month of diagnosis to reduce relapses and disease progression leading to inpatient utilization.

Outcome-oriented Objective:

- Reduce annual MS ER and Hospitalization cost by 26% by July 2018 compared to the year before
- Increase adherence by 15% by July 2018 compared to the year before

Results



Lessons Learned

- The project needs a longer data collection period to be able to assess the primary end point of reducing relapse and MRI disease progression results.
- For the future projects I would recommend interviewing the people that will be affected by the initiative (patients) rather than the people who will implement it (physicians).
- I would also look into modalities that are currently out there that can be enhanced rather than do it from the beginning.
- This project enabled my organization to realize that we need to address the whole picture for the cost of care for chronic disease patients rather than look at the medication cost, inpatient utilization costs in silos. This way we were able to identify the root cause of the issues and rectify them.

Next Steps:

- Project will need to be embedded into a platform for utilization by neurologist at the time of prescribing.
- I will meet with Epic and Cerner to adopt this protocol into their system.
- Protocol should be developed for other chronic diseases with high cost medications such as Rheumatoid Arthritis, Psoriasis, and Ulcerative Colitis.

Mission Model Canvas

Key Partners <ul style="list-style-type: none">• Neurologist• MS patients	Key Activities <ul style="list-style-type: none">• Develop MS evidence-based protocols incorporating HP formularies and patient treatment preferences• Provide information to neurologist at the point of prescribing	Value Propositions <ul style="list-style-type: none">• Help Neurologist and MS patients find the most effective formulary medication resulting in 20% reduction in ER and hospitalization costs• Reduce MD frustration and time spent on PA by half• Ensure that patients receive more effective medication faster resulting in Reduction of relapse and MRI brain lesions	Buy-in & Support <ul style="list-style-type: none">• Neurologist- Education sessions and materials• Letters to patients about this program• Office staff education about patient surveys	Beneficiaries <ul style="list-style-type: none">• MS Patients• Neurologist• Payer
	Key Resources <ul style="list-style-type: none">• Neurologist specialized in MS• Pharmacists development of protocols and Patient reported outcome survey• MS Patients		Deployment <ul style="list-style-type: none">• Prior Auth portal• Journal of Neurology• American Academy of neurology• American Neurological Association• National MS Society	
Mission Budget/Cost <ul style="list-style-type: none">• Consultant Neurologist cost- \$20,000• Pharmacist cost- \$115,000			Mission Achievement/Impact Factors <ul style="list-style-type: none">• \$129,000 cost savings for ER and hospitalizations in 9 months for 43 Patients• %15 increase in medication adherence• Reduced average time of initiation of medication by 75% (4x faster)	