

10 reasons to include a pharmacy nurse in your workers' compensation program

By Tammy Bradly, Vice President of Clinical Product Development



A recent survey of public health experts predicted 650,000 people could die from opioid misuse within the next 10 years.¹ Public health spending is falling short, medication-assisted treatment is too rare, and the worst drug overdose epidemic in U.S. history is culling our labor force. Rising medical costs and the opioid epidemic aren't new trends to our industry, and while there are many beneficial tools being implemented to address these issues there is also one you may be less familiar with – a pharmacy nurse.

What is a pharmacy nurse?

Pharmacy nurses are specially trained case managers who focus on at-risk claims due to emerging and complex pharmacy utilization, and communicate with prescribing physicians, injured workers, and claims handlers to positively impact drug utilization. By using a wider lens to manage all aspects of the claim, these nurses:

- Ensure patient engagement, safety, and education
- Confirm pharmacy utilization is medically appropriate and supports a timely recovery
- Enable timely medical stability and return-to-work
- Consult with case managers when complex pharmacy issues are identified on open claims
- Provide consultation to claims handlers on pharmacy questions and issues
- Review monthly pharmacy trend reports
- Collaborate with clinical pharmacists on alternative medications
- Utilize drug utilization assessment (DUA) to assist in provider discussions

For the 18th consecutive year, nurses were rated the most ethical and honest profession according to a Gallup Poll²

Here are 10 reasons to include this powerful resource in any pharmacy program.

1. Proactive Patient Engagement

Engaging a pharmacy nurse as soon as potential risks are identified is the most proactive approach to patient education and safety. A pharmacy nurse can work quickly to identify concerning medications to reduce the likelihood of addiction. During early narcotic intervention, pharmacy nurses can call the prescriber to discuss alternative treatment plans to influence future prescribing habits and decrease narcotic utilization. From first opioid utilization through discontinuation, a pharmacy nurse can support patients at each step of therapy, advocating for the safe and effective discontinuation of opioids for injured workers.

For employers dealing with existing claims, pharmacy nurses can also step in and make significant impacts on older claims with sizeable pharmacy utilization. The nurse reviews the pharmacy history and collaborates with the pharmacy benefit manager (PBM), provider, and injured worker to identify opportunities to reduce overall drug utilization while improving patient safety. Partnering with the PBM, the pharmacy nurse can engage clinical pharmacists and use tools such as drug utilization assessments and peer-to-peer reviews to support discussions with providers. The pharmacy nurse can provide continued follow-up with the injured worker and provider if weaning is indicated.

From First Alert to Last Fill – A Pharmacy Nurse is Engaged



2. Full Medication Review

The role of a pharmacy nurse involves reviewing all medications being used along with available medication history to initiate a conversation with the provider and modify prescribing behavior where needed. A medication review may uncover opportunities for generic substitution or therapeutic intervention. In addition, therapeutic duplication, drug interactions, and polypharmacy can be addressed. An analysis of drug treatment and prescribing patterns, along with patient demographic information and categorized loss information can also determine the most appropriate candidates for pharmacy nurse intervention.

A pharmacy nurse review can take place prospectively (early and preventative), concurrently (during the course of treatment), and retrospectively (evaluation of prescription history) to provide recommendations to prescribers on a more efficient course of care. Pharmacy nurses ensure the right drug is being utilized, necessary pre-treatment or companion testing is completed, and assist with complex conditions requiring additional clinical management to positively impact injured worker use of medications.

3. Provider Outreach

A typical pharmacy nurse intervention involves contact with the prescriber, including discussions on the medication(s) in question, education regarding medication cost and potential dangers, and request for prescriber agreements with recommended changes. Upon completion, claims handlers are notified of intervention results, and appropriate edits are placed in the point-of-sale system to impact future transactions.

One Coventry client utilizing a pharmacy nurse saw an opioid cost per script reduction of 8.6% over the course of one year⁴

The pharmacy nurse also facilitates ongoing provider outreach including:

- Obtaining a plan of care that aligns with the recognized state or national guidelines
- Outlining a timeline for discontinuation or weaning of narcotics
- Ensuring urine drug testing is performed if indicated and following up on results
- Validating the medical necessity of any prescribed compound
- Confirming brand to generic conversion
- Considering alternative complimentary medicines
- Performing ongoing follow-up to ensure compliance

4. Educating Injured Workers

Educating the injured worker is a key role of the pharmacy nurse and includes ongoing patient engagement to provide educational materials, answer questions, and ensure compliance with an appropriate medication regimen. Pharmacy nurses provide patient education on safe and appropriate use of medications including co-morbid medications, contraindications, and benefits and risks. They also work with injured workers on medication reconciliation, to introduce complimentary alternative medicine, and identify non-medical risk factors.

5. Pharmacy Benefit Management Collaboration

While most employers and payers utilize PBMs, which offer an excellent line of defense in addressing workers' comp pharmacy challenges, PBMs can only manage the pharmacy related aspects of a claim. The inclusion of a pharmacy nurse can extend the reach of a PBM by combining it with the knowledge, care, and one-on-one delivery model used in case management. Pharmacy nurse involvement may be initiated by a variety of PBM triggers, including:

- Claim level alerts based on dosage, particularly Morphine Equivalent Dose (MED)
- Potentially dangerous combinations of medications
- Multiple prescribing physicians and overlapping drug therapies
- Costly medications with little medical efficacy with reasonably priced substitutes, such as compound kits, compound medications, and physician dispensed topical medications
- Refusal by a prescriber to participate in a peer-to-peer (P2P) conversation following a drug utilization assessment (DUA)
- A claims handler referral for intervention

Initial engagement can also occur on prior authorization requests where the PBM recommends denying a medication. Drug prior authorization messages can be routed directly to the pharmacy nurse allowing them to proactively review drugs falling outside of the formulary for appropriateness or complex pharmacy utilization, and to identify appropriate plans of action. A pharmacy nurse can also provide the PBM with a clinical resource to interact with the prescriber regarding medication-related substitutions of therapy and collaborate with PBM pharmacists to assist in pharmacy management throughout the life of the claim.



6. Partnering with Case Management

A pharmacy nurse can provide support to an assigned field or telephonic case manager. While the case manager generally manages the overall medical treatment a pharmacy nurse can assist when complex pharmacy issues are identified. This can be especially helpful to a case manager whose expertise isn't specific to pharmaceuticals or opioid utilization. Having a specialty nurse focusing on the pharmacy portion can be of significant help to the case manager. Additionally, while not all claims require ongoing case management, some may benefit from the attention of a pharmacy nurse when the remaining issues are solved.

7. High Dollar Medicare Set-Asides

A workers' comp Medicare Set-aside Allocation (MSA) estimates every possible future medical expense related to the injury, including prescriptions. This amount is put into a special MSA account, and all medical expenses for the designated injury that would normally be covered by Medicare are paid from that account. Pharmacy nurses can assist in assessing appropriateness and cost effectiveness of the pharmacy costs associated with an MSA, and claims handlers can refer cases for review of the medical necessity of the medication projection.

In addition, the Centers for Medicare & Medicaid Services (CMS) will consider changes in an injured worker's treatment and prescription regime even after an MSA has previously been submitted and reviewed by CMS. Pharmacy nurses can review high dollar MSAs to identify and negotiate an updated treatment plan.

The pharmacy nurse will communicate with the provider to discuss modifications to the medication regime, and if the provider agrees, will present the provider with the needed CMS requirements to consider a change in the MSA account. If the pharmacy nurse is not successful at direct negotiation, the nurse may recommend the use of a more detailed drug utilization assessment and peer-to-peer review.

8. Specialty Medications

Pharmacy nurses play an important role when specialty drugs are prescribed. These drugs represent high-cost medications such as biologics, biosimilars, and injectables used to treat complex, chronic conditions and often require special handling. In conjunction with specialty pharmacy services a pharmacy nurse can address specialty medication questions and urgent concerns. Pharmacy nurses can identify plans of action and collaborate with the PBM team, prescriber, and patient to ensure the right drug is being utilized for the patient's specific condition and availability of less costly alternatives are evaluated.

When beginning a new specialty treatment, a pharmacy nurse can ensure all necessary pre-treatment or companion testing has been completed, schedule consultations for the claimant to speak with specialty pharmacists and help coordinate the delivery of the specialty medication through mail order. Complex conditions may also require additional clinical management outside of the pharmacy that the pharmacy nurse can assist with. In addition, if a provider is dispensing and/or administering a specialty drug in their office or clinic, and that specialty medication can be dispensed through an in-network specialty pharmacy, the pharmacy nurse can attempt to shift those prescriptions to the in-network specialty pharmacy to achieve the greatest cost savings and enable utilization management tools to be applied.



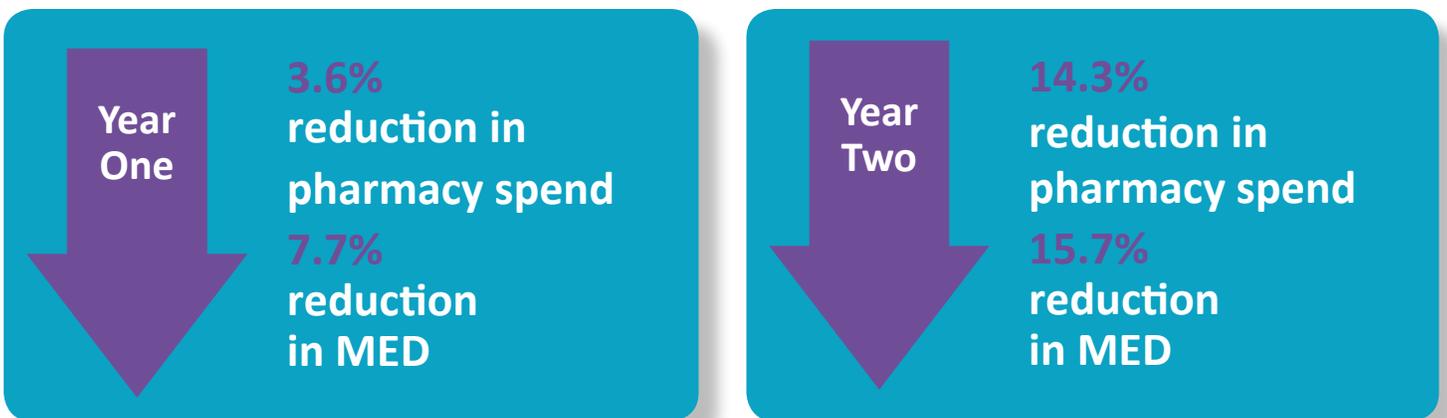
9. Provider Noncompliance

Pharmacy nurses are also able to assist with provider noncompliance issues including providers who are non-responsive, there has been no success with an agreement to change a treatment plan, or there is an agreement but there has been no follow-through. A pharmacy nurse can provide additional resources to claims handlers such as recommending a drug utilization assessment with peer-to-peer review, independent medical exam, utilization review, or a field case management task to assist in facilitating an agreement.

10. Savings

Workers' comp pharmacy costs represent approximately 18% of total medical spend. That translates to \$5 billion in pharmacy spend nationwide.³ Pharmacy nurses offer savings by reducing the number of high-cost medications, providing prescription review, addressing early opioid use, and negotiating MSA reductions. Savings on claims where a pharmacy nurse was used have been shown to surpass those claims without the same involvement year over year.⁴ Similarly, programs utilizing pharmacy nurse capabilities have experienced 10:1 return on investment and deliver an average savings of \$200k per MSA claim.

Employer Results Example*



*Actual results will vary by customer and program maturity

Clear Benefits For All Parties



Pharmacy nurses add value by managing the various components of an employee's care. Benefits include improved patient outcomes, patient education and safety, reduced disability durations, shorter recovery times, the promotion of return-to-work, reductions in potential addiction issues, lower claim costs, and reduced financial impacts of MSAs. If you haven't yet considered a pharmacy nurse to complement your pharmacy benefit management program, maybe this is a 2020 resolution to consider?

About the author

Tammy Bradly is the Vice President of Clinical Product Development for Coventry and has over 30 years of experience in the insurance industry. Her expertise includes medical case management, disability management, and the integration of health, disability, and workers' compensation. Tammy is responsible for strategic planning and product development for all clinical products including Coventry's 24/7 nurse line, care management, return to work, utilization review and physician advisor services. She holds several national certifications, including certified case manager (CCM), certified rehabilitation counselor (CRC), certified program disability manager (CPDM) and certified in critical incident stress management (CISM).

About Coventry

Coventry offers workers' compensation, auto, and disability care-management and cost-containment solutions for employers, insurance carriers, and third-party administrators. With roots in both clinical and network services, Coventry leverages more than 35 years of industry experience, knowledge, and data analytics. As a part of the specialty division of Aetna our mission is returning people to work, to play, and to life. And our care-management and cost-containment solutions do just that. Our networks, clinical solutions, specialty programs, and business tools will help you focus on total outcomes.

References:

1. Managed Care (June 28, 2017) Opioid Overdoses Could Claim 650,000 Lives in the Next Decade. See, <https://www.managedcaremag.com/dailynews/20170628/opioid-overdoses-could-claim-650000-lives-next-decade>
2. See, <https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx>
3. NCCI (2013) Workers Compensation Prescription Drug Study: 2013 Update. See, https://www.ncci.com/Articles/Documents/II_Prescription_Drug_Study-NCCI_AIS_2013.pdf
4. Recent results for one Coventry client over one year who utilized a pharmacy nurse indicate an opioid cost per script reduction of 8.6%, compared with a book of business reduction of 3.4%, and an average opioid cost per claim reduction of 20.6%, compared with a 17.2% reduction for the book of business. Source: Coventry (November 26, 2019) Pharmacy Nurse – When specialized attention is what's needed. See, <https://blogs.coventrywcs.com/2019/11/26/pharmacy-nurse-when-specialized-attention-is-whats-needed/>



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