

Class in session: University uses its own pharmacists to counsel employees on prescription benefit changes

BY KATHLEEN KOSTER

Any change in benefits can be confusing and sometimes troubling for employees. That's why when the University of Kentucky made a drastic switch in their copay system, its benefits staff enlisted two professionals from the school's College of Pharmacy to address and assuage employees' concerns. UK used the copay counseling program to further encourage the use of generic drugs over brand names in hopes of lowering costs for patients and the plan. Since implementing the copay counseling program in 2003, the university has increased its generic fill rate from 42% to 74%, saving \$7.4 million each year.

Transitioning from a flat dollar copay system to coinsurance presented a challenge for UK. By bringing in two pharmacists to aid employees with the change, benefits pros also saw an opportunity to transform their employees into keen consumers.

"The goals for the copay counseling program were to help employees understand the medication that they're taking, to have a resource for people to ask questions, and to help people make informed and cost-effective decisions in the purchase of prescription drugs," says Joey Payne, director of benefits and self-funded plans at the University of Kentucky.

The one-on-one copay counseling educates employees about the different options available to them, such as the 90-day supply, or a generic or therapeutic alternative to their brand-name medication. Pharmacists are also there to monitor drug interactions and will even call the patient's doctor to determine if alternative brand

or generic medications can be prescribed, if requested by the patient.

"We're the first point of entry to getting help. In addition to taking care of their immediate need, [such as an unexpected copay], we can look at the whole patient," says one of the pharmacists on staff, Lucy B. Wells, RPh, UK's prescription benefit manager.

'Always trying to find a better solution'

Mostly, the pharmacists receive calls from employees who were unpleasantly surprised by the price of a copay when they picked up their prescription drugs. The pharmacists also focus attention on helping new employees understand their prescription benefits and making outreach calls to employees and retirees, offering ways they can save them money. Not only do patients have direct access to the pharmacists via telephone, they can also stop by the HR department to ask questions in person.

"I think people like that they can pick up the phone and talk to someone who is their ally. They would prefer to work through us [instead of the customer service line of their PBM], someone they can come see if they like. That personal touch is our greatest success," says Wells.

"Employees feel very comfortable in talking with [the pharmacists] because they know they're health care providers," says Payne.

Not only that, both professionals are members of the same health plan as the employee, a shared interest that helps get their foot in the door so that the employee trusts their education and cost-saving recommendations, says Matt McMahan, Pharm.D., a clinical pharmacist at UK.

After establishing their trustworthiness and expertise, Wells and McMahan aid employees, retirees and dependents with their immediate concerns, as well as educate them for the future.

"The more the patient knows, the more [readily] they can recognize when they need to ask questions of their doctor and which questions to ask. A lot of patient education goes into prepping the patient [for conversations with their doctor or pharmacist] and making them a better consumer," says McMahan.

Jeannie Caldwell, UK advance coordinator in the university's training and development department, seconds this observation, emphasizing how the program has helped her look more critically at her prescription options.

"They're always trying to find a better solution for employees here. I think their service is very valuable, especially for people on maintenance drugs," she says. By switching several brand-name drugs to generics and obtaining them through a three-months supply, she estimates that she saves \$168 each year for just one of the four maintenance medications she currently takes.

Off-campus options

Employers who don't necessarily have a college full of pharmacists at their disposal can work with their pharmacy benefit manager or health plan to provide employees and retirees access to resources to help them save money and become better consumers, suggests Payne.

Another option employers may consider would be forming a contract with a College of Pharmacy to provide services similar to the UK copay counseling program, Payne adds.

Overall, he recommends that small employers especially "take a look at their plan design and make sure that the health plan participants are engaged in the purchase of prescription medication and that they become consumers of healthcare. Having a coinsurance program is one way of doing that because when it's a flat amount it makes it easy for people, but they don't ask questions," explains Payne.

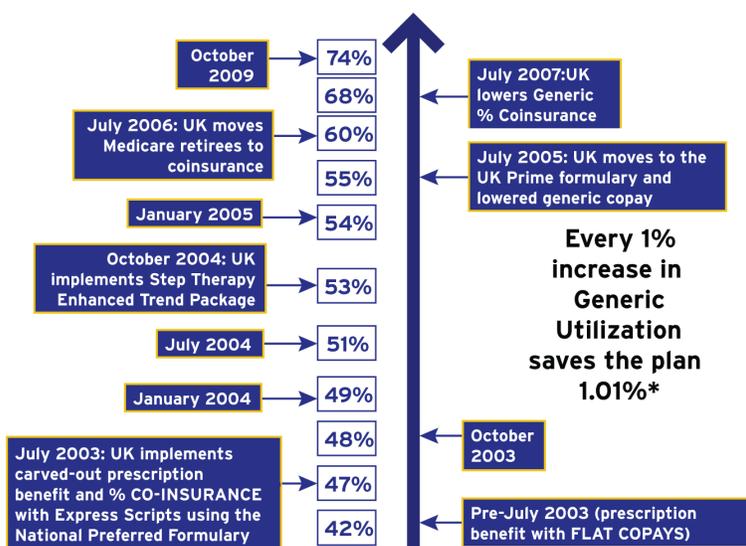
However, if an employer decides to make the switch, they should ensure that the necessary resources and education are in place and that there is somewhere employees can turn for answers to their many questions and concerns.

Ultimately, a program like the University of Kentucky's copay counseling program "is about making the patient aware of their options and educating them to be a better consumer," says McMahan. And, bottom line: "Whenever you save patients money, you save the plan money."

— K.K.



University of Kentucky Generic Fill Rates



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