

Value of Cummins on-site pharmacist

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An Evernorth Company

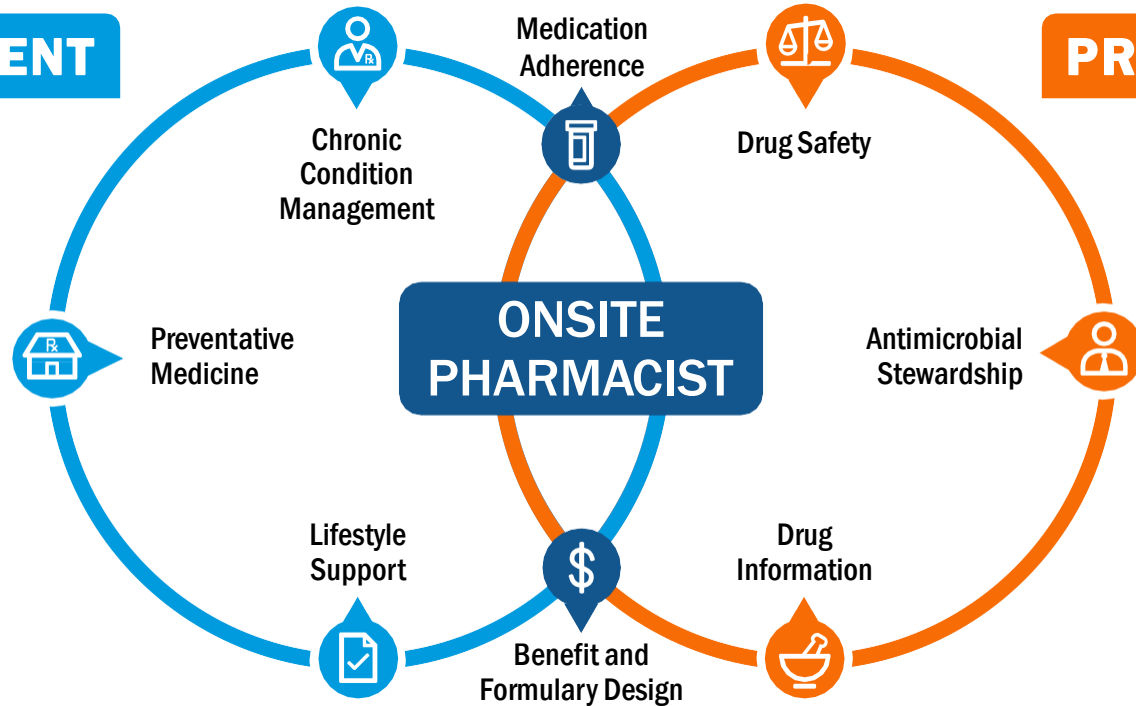


- Self-insured global employer
 - Corporate Headquarters Columbus, IN
 - ~23K covered employees in US
 - ~54K covered lives in US (includes dependents)
 - ~22K covered lives in Southeastern Indiana
- Cummins opened LiveWell Center June 2016
- Pharmacy benefits have been administered by Express Scripts since 2010
 - Diabetes is second highest therapy class by cost, so focused on heightened patient care
 - First onsite pharmacist began May 2013 in Columbus, Indiana
 - Second onsite pharmacist was hired May 2019 and started onsite Dec 2019 in North Carolina facility

Onsite pharmacist roles and responsibilities

PATIENT

PROVIDER



Onsite pharmacist patient care volume

Patient care visits/consults	1st quarter 2020	2nd quarter 2020	3rd quarter 2020	4th quarter 2020
Scheduled pharmacy care visits/consults	315	286	273	264
Unscheduled pharmacy care visits	249	284	381	154
Total patient care visits/consults	564	570	654	418



What is A1C?

- A1c is a blood test measuring a 2-3 month average blood glucose level, and is used to monitor diabetes control.
- A1c goal for most diabetics is <7%, which reduces risk for complications (i.e. heart attack, stroke, blindness, foot ulcers)

T2 DM: Type 2 Diabetes Mellitus
CGM: Continuous Glucose Meter

Listening to patient concerns

- 56 year-old female patient with uncontrolled T2 DM
 - A1C of 12.5% in January
 - Patient sent to endocrinologist for care
- Pharmacist met with patient in August
 - Patient non-adherence due to side effect
 - Recommendation to change insulin to reduce chance of side effect (and to use CGM)
- Patient A1C reduced to 7.9% in two months on new insulin
- GMI = 6.8% in early November

Clinical Impact: 2020 A1C outcomes

Percentage of patients with A1C < 8%

Patient care visits/consults	1st quarter 2020	2nd quarter 2020	3rd quarter 2020	4th quarter 2020
Clinical pharmacist PCP attributed metrics	94%	95%	96%	96%

**27.8%¹ OF ADULT DIABETICS IN US HAD
A1C ≥ 8% IN 2020, ACCORDING THE CDC**

1. National Diabetes Statistics Report 2020. Estimates of diabetes and its burden in the United States. (cdc.gov). Referenced on 4/15/21

**ONSITE PHARMACIST
COST SAVINGS WITH
A1C IMPROVEMENT
FOR 87 PATIENTS
WITH INITIAL A1C > 8%
ESTIMATED AT
\$281,880–\$963,090
PER YEAR**





What is LDL?

- LDL (low-density lipoprotein) is a measure of “bad” cholesterol in the body
- High LDL can cause a heart attack or stroke
- Depending on risk factors, the goal LDL can be <100

T2 DM: Type 2 Diabetes Mellitus

Problem solving for better care

- 51 year-old female patient with high cholesterol and T2 DM
 - LDL of 223 in January
- Pharmacist met with patient in February
 - Patient resistant to swallowing tablets
 - Recommended liquid, oral rosuvastatin
 - LDL down to 83 by May
 - Pleased with results, patient asked to be switched to tablet formulation
 - Ongoing adherence discussions
 - Convinced patient to get COVID-19 vaccine
- LDL down to 74 by November

High-cost claim intervention

- Client cost for all metformin claims was \$753,123 per year
 - 4% of the claims accounted for 99.3% of the cost
 - Average patient copay was \$5 with the highest copay being \$20
 - Southeastern Indiana accounted for approximately 56.6% of the cost
- Following provider outreach in southeastern Indiana, metformin costs were reduced to \$330,996 per year



\$422,127

**CLIENT SAVINGS
IN ONE YEAR FROM
MOVING HIGH-COST
METFORMIN
PRESCRIPTIONS
TO LESS EXPENSIVE
FORMULATIONS**



Next Steps

- What's on the horizon for Cummins?
 - Continue to leverage clinical pharmacist to educate patient and prescriber communities on emerging therapy trends
 - Expand clinical pharmacist and medical services in Rocky Mt, NC. Evaluate additional services/education (i.e. mental health)
- What should other employers consider?
 - Clinical pharmacist can be an integral part of the patient care team to improve clinical outcomes and healthcare savings
 - Clinical pharmacist provides more proactive intervention and education *before* the patient picks up their prescription from the pharmacy
 - Clinical pharmacist supports both individual patients, but also has a larger impact on the prescriber community through ongoing education
 - Clinical pharmacist can be provided by the PBM (onsite or virtual), and funding can be negotiated into the PBM contract

Supplemental Information

Clinical pharmacist services



Dr. Denise Fields

To request an appointment, please contact the Cummins LiveWell Center at (812) 748-3412

-You may also schedule via the My Premise Health app

You can also reach Denise directly by phone at (812) 799-3287 or by email at

denise.fields@cumminsilivewell.com

ONE ON ONE VISITS

A personal consultation with a patient allows the pharmacist to supplement the education and information provided by a Physician or other Provider

DESIGNED TO MEET YOUR NEEDS

Extended time in a one on one consultation with a Clinical Pharmacist allows for more question and answer opportunities

WITH YOUR CONVENIENCE IN MIND

The appointment may take place over the phone or via video visit, reducing time and travel obstacles. You can also meet in person with Denise at the Cummins LiveWell Center.

Reasons to schedule a Pharmacist visit

Multiple Medications

Multiple Chronic Conditions

Multiple Providers

Desire to Reduce Personal Medication Costs

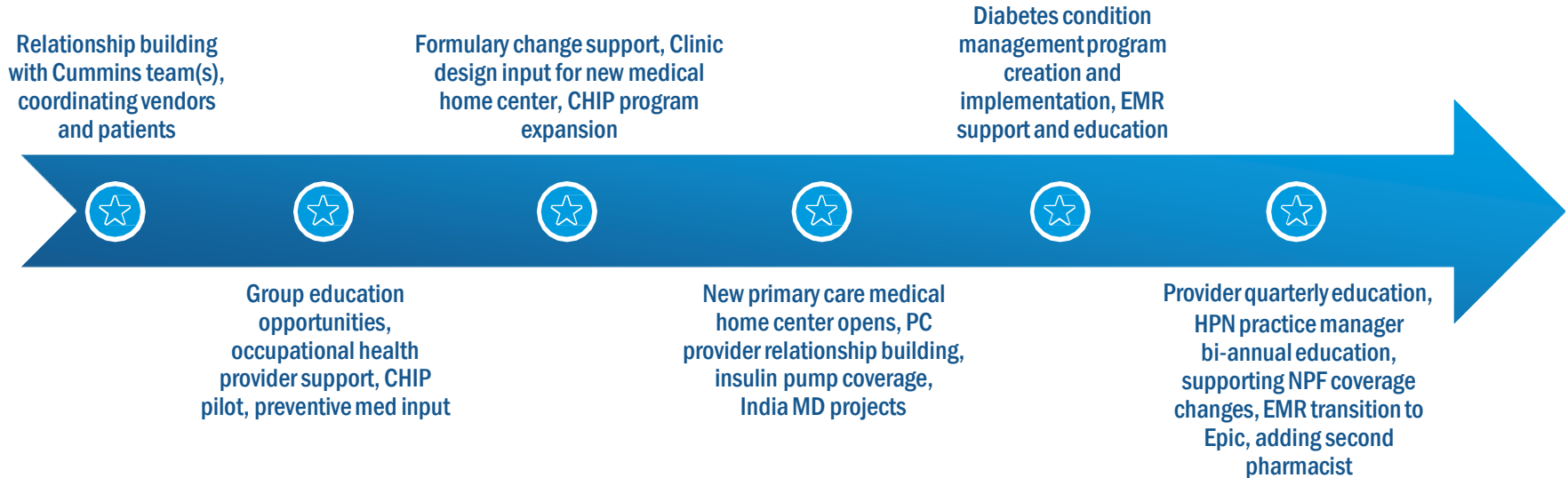
Medication Concerns
(side effects, allergies, complex regimen)

Recent medication change or hospitalization



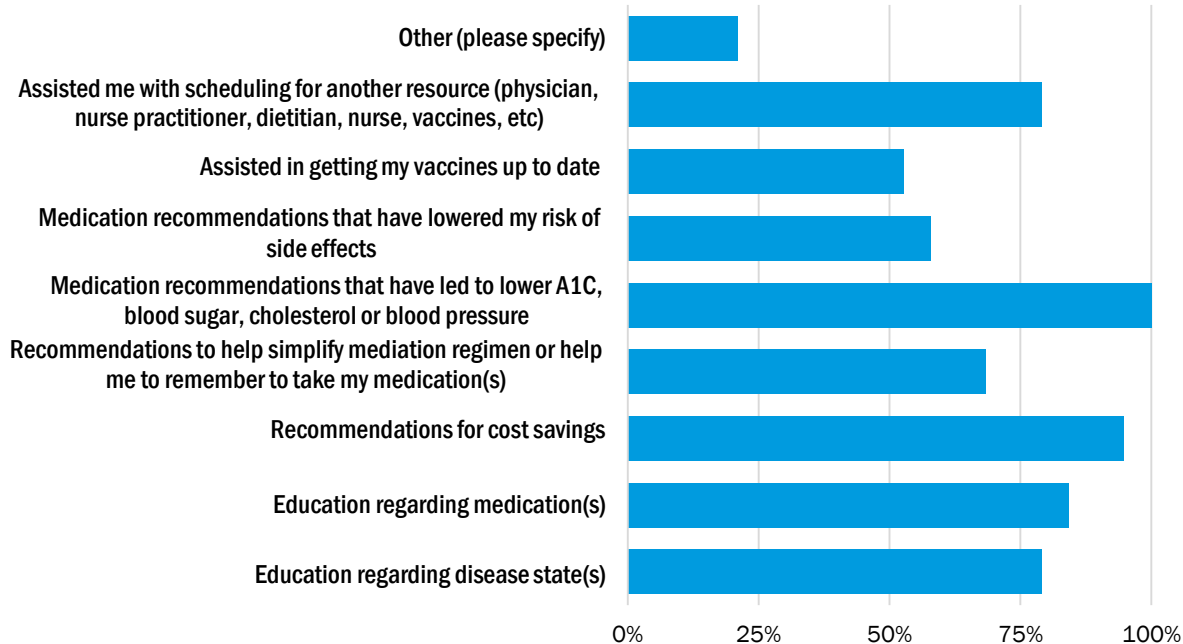
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Highlights from the past eight years

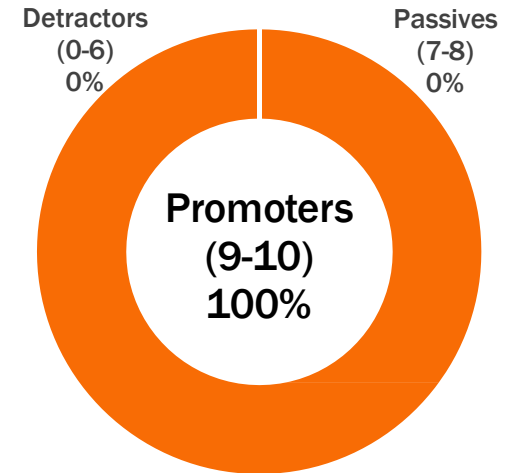


Patient satisfaction survey

Types of pharmacist support



Net promoter score



Patient survey responses

“

Denise has helped me find ways to better monitor my blood sugar levels which have led to a drastic decrease in my A1C. Denise has literally been a lifesaver!”

“

She knows her job and always makes you feel like you matter and listens to concerns and is able to put you at ease. I know I can depend on her getting me the best care and make sure that I have the right meds that will help me take care of my health. She also encourages healthy living. Great smile and makes you feel at ease.”

“

Pharmacist has been key to managing my type 2 [diabetes], coordinating with other team members in completing my goal. The master link in a chain...”

“

I feel more comfortable speaking with Denise. She is easily accessible and is familiar already with my medical history. Very comforting to not have to ‘go through the history’ with a new person each time! “

“

I don’t want to think about how hard it would have been to keep my type 2 diabetes on track without Denise.”

Physician survey comments



Denise helps with monitoring patient medication lists for drug interactions, cost saving alternatives and reducing polypharmacy”



She is always willing to go above and beyond if I have any question. Her knowledge on medications and types of medications has made me a better medical assistant.”



I have never worked with a pharmacist in this role. I value this role tremendously. Denise is awesome!”



Need another one of her! Invaluable”



Our pharmacist is engaged to help us with diabetes, including blood sugar evaluation, lifestyle, immunization, lab review, etc”

Impact on drug adherence

Therapy Class	Cummins' SE Indiana actives overall adherent %*	All Cummins' commercial members overall adherent %*	Peer comparison adherent %*
Diabetes	76.1%	75.5%	73.6%
Hypertension	82.0%	79.2%	79.7%
Cholesterol/Lipids	79.5%	76.7%	77.2%

*Adherent = PDC ≥ 80% (PDC is Proportion of Days Covered; standard calculation for adherence)



Reducing complexity

- 34 year-old female patient with uncontrolled T2 DM
 - A1C of 12.4% in July
- Pharmacist met with patient in September
 - Single mom with 2 jobs
 - Inconsistency with meals, medications and monitoring
 - Recommended medication change and CGM
 - Transitioned to telephone follow-up calls
- Patient A1C reduced to 7.9% in two months
- GMI = 6.8% in early November

T2 DM: Type 2 Diabetes Mellitus

CGM: Continuous Glucose Meter

GMI: Glucose Management Indicator (estimated A1c)



T2 DM: Type 2 Diabetes Mellitus

Empowering the patient and family

- Husband and wife in mid-late 50s with uncontrolled T2 DM
 - A1C of 12.4% for wife and 9.0% for husband in May
 - Wife received twice daily infusion for six weeks at hospital for bone infection
- Shared appointment with pharmacist
- Created a plan that allowed them to help one another improve adherence
- Patient A1C reduced to 6.1% for wife and 6.2% for husband
- Updated vaccinations, including COVID19



**CHAMPIONS
FOR
BETTERSM**