Speaker 1 (00:00):

Today's discussion objective somewhat like the last time we met is to provide some basic updates on how the COVID-19 situation is impacting the specialty pharmacy landscape. It's also to provide you with some actionable insights on operational changes that might be required for your operations. And then also today we're going to provide a real world experience dealing with COVID-19 on the front lines of a health system on specialty pharmacy. The intention is that this is a really casual sharing environment. Our insights are gathered from our guest speaker, um, our shields experts and partner health systems. And so we're going to be sharing those in there as up to date as we can possibly be effective. Yesterday, a $484 billion stimulus package was passed by the Senate, and it's expected to go forward, um, and it has about an $80 billion stimulus specifically for health systems and then over 25 million individuals to file for unemployment since March 15th.

Speaker 1 (00:56):

And, this will lead to a tenuous outlook on the insurance coverage this summer. But in good news, especially pharmacy has demonstrated significant resiliency to date. And so I'm sharing with you some information from our shields health solutions partners, but I find it very interesting and this trend has been reinforced from some other sites that we've looked at. So in general, our operating unit amongst our partner specialty pharmacies has been up significantly. In March, we saw a big bump of about 25% and April month, the day effective, yesterday it was up 10%. Our average day's supply dispense has been consistently up about 10%. And now when we met last time, we talked about, that was one of the tactics that's being employed, by many of the payers in many pharmacies to get patients those 60 and 90 day bills. Now, our average right now is hovering around 33 days.

Speaker 1 (01:53):

So while we're seeing certainly those longer bills, we're not seeing it to the extent that I think many of us predicted back in early March. total specialty employment appointments though in our health system, partners continue to decline. And this is including telehealth visits. So in March, the total specialty appointments declined by about 15%. And this month to date we're about 30% a destination. That being said, the new patient starts having dropped so much. So now there's a theory that patients are continuing to come in, but perhaps those new patients are coming in. New patients starts, were down less than 1% in March. We have seen a drop in about 10% this month to date. So in general, our ability to convert those new patients hasn't been tremendously effective. And we certainly are. I'm seeing revenue continue to be strong. But, um, this is where, some things that certainly watch them.

Speaker 1 (02:51):

We do feel the specialty pharmacy is a bit of a unicorn in this crisis though as it has remained fairly stable. In terms of the overall outlook of our specialty patients, so interesting things are emerging. When we look at COVID-19 urgent and emergent patient volumes, there've been several studies in the cardiology field, mostly because it's an easy indicator to look up. the number of cardiology interventions in a study in Spain before and after, the COVID-19 epidemics that approximately a 40% drop in both PCI and STEMI. And a study that was released yesterday by Northwestern showed a very similar drop here in the United States. There've been some other studies and anecdotes demonstrating significant drops in non COVID-19 urgent and emergent emissions, specifically in stroke and other things that we're used to seeing come through the ed. Um, we're seeing fewer patients initiating on therapy, um, in new key specialty therapeutic areas.

Speaker 1 (03:48):

And then medically administered therapies as it seem drops from about five to 33% across brands compared to 2019. From an elective procedure perspective. So non urgent and emergent. Um, you know, we are seeing that most health systems are exploring the path to reopening AFCs and elective procedures. But the revenue loss from elective volumes is expected to significantly impact our health system partners. And they're even at the end of the year, it is not expected that the volume from COVID or really anything else that we can do at this point is going to change that dynamic for the end of the year. So again, what we want to maintain is patient care first. So our chronic and specialty patients require uninterrupted care, although there certainly seems to be a fear of coming into the clinic and the health system. So we do recommend proactive outreach and fills. And as we said, you know, people are, many of the payers are behaving and allowing this to be allowing this to happen.

Speaker 1 (04:47):

So we are recommending that all of our partners and health systems across the country do reach out to their patients for early refills and if applicable, 60 to 90 day bills. Now obviously that doesn't make a lot of sense for some of our disease States that we work with. But for those patients where it does make sense, certainly something to consider. And again, across our partnership we've seen about a 10% increase in days of therapy. Generally speaking, use that submission code is 13. Although we have some very detailed information about payer rules and restrictions that we're happy to share with anyone on this call, just drop us a note and make sure that you're contacting those providers, for any prescriptions that are going to expire prior to June 1st we've seen most providers are very flexible and extending refills. Even if the patient is unable to come in.

Speaker 1 (05:36):

Now, clinical pharmacist outreach should continue to include lots of COVID-19 education. There is a lot of misinformation out there and it seems to be getting stronger. Um, especially with some of the outlast or controversy this week with people. Um, protesting some of the stay at home orders. It seems that a lot of misinformation that continues to emerge. So YouTube is actually taking a tougher stance effective yesterday on some of these false claims videos. But the clinical pharmacists within the specialty pharmacy can certainly be a face of truth and continue to provide real life information. As we know patients are more likely to be home and more likely to be interested in discussing this specialty prescriptions once you get them on the phone. The thing that we're seeing again is that this does impact some productivity. People aren't able to have those long conversations or I'm sorry, they are able to have long conversations.

Speaker 1 (06:27):

You may be the only person that they're talking to today and so they want to talk to you for a long time. Now with them being home, we saw a lot of increase in patient availability in March, so people were really picking up the phone and available. We noticed a slight decrease this month. Um, and we think it's because there are so many telemarketers who are now taking an advantage of the fact that patients are at home. So patients are just less likely to answer their phone as they go through from the pharmacy side. I drive that drug efficacy. So I guess the first thing to note to all of this, all of the pharmacist and the group is do not inject Lysol. But also, unfortunately what we found is many of the drug therapies, including Rendez, Advair I explored to date have demonstrated little to no efficacy in patient care outcomes.

Speaker 1 (07:12):

Obviously that is to date, um, on the positive, although we all want something to work very soon, this will help alleviate some of the concern for patients chronically using medications such as hydroxy chloroquine and Tocilizumab. from a drug availability perspective. Um, while there is some severe, shortages being seen on the inpatient side, especially in the paralytics and in critical care medications, this especially supply chain remains mostly uninterrupted. Many of the manufacturers, obviously manufacturer employees are considered essential and most of them have released statements, but they do not anticipate any shortages with the most popular specialty medications that we've seen now in the pipeline. It's been pretty interesting to watch so many new clinical trials that haven't yet started have been halted, especially in the neurology and gene therapy realms. Um, and some in progress trials have been suspended. Those that are continuing have allowed for some significant protocol deviations because they have to because patients are at home.

Speaker 1 (08:15):

And so it will be really interesting to see what happens once we're getting to end points. And you know how that's going to go with the FDA. Now, that being said, the FDA continues to be moving items along. Um, and there are some new approvals, although we have seen some new launch products being delayed. So while they're giving approved, not necessarily being launched as expected, a trial results are going to continue. And virtual conferences are now the norm. We do expect actually in the next month some very big conferences to be out there, um, from a virtual perspective. But it is, unclear what the long-term impact of some of these issues will be on collective pipeline. farm was a very powerful entity in general. Likely they'll be able to make some modifications based on, um, you know, lobbying or governmental influence, but we're not quite sure how this is all going play out

Speaker 1 (09:11):

then in herself. So HERSA has put out some statements in the last two weeks that has been much more clear than some previous statements being made. One of the biggest things that's been announced was announced on April 10th was that they are allowing some and upon request to review, so immediately enrolled in 340 B program. So it's our understanding that this requires a specific outreach by the entity and then you fill out a secondary form that justifies the request and why it's important for the health system to, have this, either child site or primary entity be covered immediately and each Friday the Medicaid exclusion file will be updated with those new entities, um, that are going to be included. The other thing they've done is clarified some of the information associated with the, health records, tele-health and audit. So from a health record perspective, um, certainly again, everyone is trying to manage and there are a lot of things that are different than usual.

Speaker 1 (10:18):

There are some, professionals, providers who are not necessarily always affiliated with the organizations, doing work on behalf of patients. Um, and certainly there's a lot of, kind of medicine being practiced in the hallways in some of our organizations because they have to. So HERSA is taking a stance that, um, this is going to happen and it is okay as long as you are truly trying to document and make sure that you have that information listed. Additionally, tele-health has been accepted as you know, just another, way to communicate with patients as long as it's within the clinics that are listed as child sites. And so the one thing that we want to make sure our partners in our health systems across the countries understand is, you know, tele-health is probably going to become the norm seemingly as accepted right now. And it certainly is, I'm falling under the HERSA guidance, but make sure that those

mental health visits align with your slither and location biologic. It's complicated enough to keep track of the telehealth visits. We'll talk a little bit about that, but just make sure that you've got that set up. And finally, audits. So based on the current pandemic versus moving towards, um, virtual audit, um, remotely. and so, you know, we'll talk a little bit about, accreditation visits being virtual, um, versus taking the same stance. And there'll be doing some virtual audits, which I'm sure will be a very interesting experience for those covered entities.

Speaker 2 (11:48):

Thanks, Aaron. Um, want to provide some operational updates, that have come out since our last, last time we got together. So one of the updates is that, the CDC is actually now released, to guidelines for pharmacies. they updated their original one, that was released about two weeks ago last week. Um, and the updates that they made, it was about three of them. one of them was around masks basically saying that, everybody in the pharmacy should be wearing a mask regardless if they have symptoms or not. Um, and that all pharmacists and tax should be, wearing a face mask while in the pharmacy. they also recommended any kind of preventative services, really looking at vaccinations, should be postponed and should be rescheduled until after the pandemic is over. Um, and then also especially important for some of our friends out there who have pharmacies better co-located within clinics.

Speaker 2 (12:45):

You know, right outside the, oncology clinic or some of our higher volume, clinics is that making sure there's signs posted at the door of the clinic, to make sure that anybody with symptoms returns to their vehicles and calls in, um, making sure that everybody who's coming in should be wearing a face mask. Um, and that you should be, have, you could have those at your facility, provide those to patients that are coming into the clinic. Um, and then also if, depending on the geography and the structure of your site, making sure that there's a separate entrance, for the clinic patients versus patients who are just there to use the pharmacy. Um, and make sure that some sort of barrier and that there's a minimal cross contamination if you will, and people who are coming to clinic, um, versus those who are coming to the pharmacy.

Speaker 2 (13:32):

Some other updates, that we have, in regards to workforce. The last time we talked about how, all the testing sites were closed, nobody could get a pharmacist or a tech license. That's actually changed, where Pearson has opened up some testing sites for very limited number of hours, um, that are only open for essential services and pharmacy, or pharmacists are included in those essential services. So, um, those who are graduating or moving can sit for, their, MPG or a Napa flex. Um, in the coming months, NADP has also started something called the nav Pat NADP passport and there's about 18 or 20 States that are utilizing NADP to set up temporary licensures. So rather than having to email or call the state board of pharmacy, um, and get a temporary license so you can do it through NADP and that list is on the interview website.

Speaker 2 (14:28):

Um, and then the other thing for those of you who are involved in residents and residency training, um, there hasn't been an official statement from ACHP as far as a changes. Um, their current statement is that Corona is not going to affect the residency year for 2020 or shouldn't, start the, residency or any different for 2020 to 2021. Um, places shouldn't graduate residence early. There shouldn't really be any changes in any kind of requirements. Um, and that's the last I saw from, from ASHP on that. Some other

state specific a guidance a lot more has come out in terms of ordering restrictions. And as Aaron mentioned, a lot of these drugs, even though, proving not effective, there's a lot of States that have ordering restrictions. Um, some have issued guidance on compounding hand sanitizer, either saying to refer to the CDC or for to a USP. Um, some are allowing more therapeutic interchange, in regards to, combating shortages and allowing the pharmacist to do more interchange. Um, and others are also, redefining what they're allowing for telehealth and remote order verification because that changes so frequently and, there's a lot of them and there's a lot of differences and overlap. I'd refer anybody to the, NSPA website, and which is continually updated with all of those different States specific, guidance, from the, state, lawmakers.

Speaker 3 (15:58):

Thanks, Chris. Regarding cold chain challenges, thankfully most of our hospitals and specialty pharmacies have not experienced many shortages and cold chain materials. There have been a few reports that some cold chain distributors request that letters to show that the cold chain materials were actually being purchased for essential services. Ultimately that has not impacted pharmacy since we are an essential service. Some specialty pharmacies that previously had cooler take back programs have discontinued them due to policy changes and also to ensure that they are minimizing the risk of infection due to this pandemic. There are also have not been many reports of cold chain shortages, but even though that's the case, specialty pharmacies just they'll continue to monitor your existence supplies due to shipping from early fields, 90 day prescriptions and a UW utilization of additional packaging supplies. In regards to clinic changes, we've had a few reports earlier.

Speaker 3 (17:01):

Independent AMIC where their volume clinic volume drops between 10 to 50%, however, they increase utilization of telehealth about providers have significantly helped with the minimization of face to face appointments. As Aaron mentioned earlier, HERSA acknowledges on its COVID-19 website that telemedicine is merely a mode by which health care services delivered. So hospitals should address in their P and P's how to actually utilize and tell the hell, um, and how to actually serve in new or existing patients doing the COVID-19 pandemic hospitals should also address how they're responsible for the care of those patients seen through those modalities for the three 40 B purposes. Hospitals should also make sure that their telemedicine visits meet the steps around access to the medical record and the relationship with the health professional providing that actual service. As a result of telehealth. There have been site specific modifications that specialty pharmacy leaders have made to their clinic workflows.

Speaker 3 (18:09):

Some of the modify modifications include having limited staff on site to assist with those functions that are difficult to conduct remotely. Most of the clinics staff have been transitioned from the clinic to their homes. Teams that are working remotely have also noted that they've had several team conferences throughout the work day. Um, as we've, we're all struggling with this, employees have also had to learn how to work remotely and how to manage challenges, challenges such as limited childcare options, a secure workspaces and home and other distractions that routinely occur. In regards to accreditation updates. We do have a few that are listed specifically for your rec and ACHC. They have these following statements listed on their websites a for Jaret through May 15, 2020. You're right, we'll suspend all accreditation and certification of home site activities. They will also transition schedule validation reviews to virtual where possible.

Speaker 3 (19:13):

they will relax requirements for employment background screening and drug testing, um, screening from prior to hire to complete it within 68 days of the date of hire. They will also evaluate requests expansion of applications that mission without penalty and they will also evaluate the need to expand accreditation and certification expiration dates without filling to the ACHC. On the other hand, also list on their website that they are temporarily change in certain accreditation policies and procedures in accordance with the latest directors from CMS. There they have postponed surveys and States that were identified by the CDC as having more than 500 reported cases of COVID-19, um, as well as areas where residents will order to shelter in place by authorities. I will now turn it over to a meet to discuss his experience at NYU.

Speaker 4 (20:12):

Thanks Stephen. So, um, I, I think a lot of the information that you guys just shared parallels our experience over at NYU almost to a T. As a quick background, so the NYU Langone and health system, we're located in New York. We have six free standing or six inpatient locations and over 300 outpatient locations as well. And we are in the epicenter of this COVID-19 outbreak here in New York. Um, and I think our patient or COVID positive patient headcounts have reflected that, um, over the last month or so. I think the goal of our specialty pharmacy program has been to support our patients and providers in any way that we can as a specialty pharmacy program that provides hands-on, personalized care for our patients. I think we were actually in a good position to be able to offer our services to really help everyone get through this pandemic.

Speaker 4 (21:11):

And by that I mean, you know, we are a decentralized program. We have, um, about 35 liaisons embedded in the field. Um, and we also have one dispensing pharmacy location. And in addition to that, we also have field based clinical pharmacists that also support our patients. So looking at all the, the richness of resources that we have available to us, we've been able to, I think, extend our services beyond what we typically would be able to offer to really help close the gap and to help ensure that NYU could really help provide the full continuum of care for our patients. Understanding that our patients have been going through some, you know, very difficult times. I think for us, my, our primary responsibility was to ensure that access to specialty medications was one thing that our patients didn't have to worry about. So what we've done is, you know, working with our clinics and our liaisons, we are completing all the prior authorizations for all the specialty medications.

Speaker 4 (22:20):

In many instances, our clinics are short staffed. So we are also providing prior authorizations for medications that typically wouldn't fall under the specialty bucket. And something as simple as that really goes a very long way in helping us to provide care for our patients simply because lots of times you have, nurses, nurse practitioners, physicians assistants working on administrative paperwork, prior authorizations when they could actually be practicing at the top of their license and providing clinical care. So by taking on those responsibilities, we've been able to increase the capacity of, of the work that our providers are able to offer to our patients. Additionally, we are also using our clinical pharmacists to check in with all of our patients. As mentioned earlier, as pharmacists, I think it's our responsibility to ensure we're, we're part of the care team and by maintaining communication with our patients, I think that there are also a, a little more reassured in that there is someone watching over them and their care isn't being neglected.

Speaker 4 (23:29):

And our clinical pharmacists are, completely integrated. They have access to the EMR while going through routine assessments with the patients. If they're finding that any clinical concerns come up, they're able to really address that triage and act on it in real by flagging something for the provider, a really anyone else that needs to get involved and really acting as a central point of contact and ensuring that patients are getting the care that they need. So w what, what exactly is the impact that we've seen here at NYU? And we can probably go on for a while, but to, to keep things concise, we've, we've kind of narrowed it down to a couple of, bullet points. So prescription volume, as mentioned earlier, we have actually not seen any significant changes in prescription volume to date. Um, in the month, month of March, we actually saw a spike in prescription fills through the pharmacy and I, and I think that that was really helpful because as patients are thinking through the next couple of months of their therapy, um, you know, they wanted to ensure that they had their medication on hand.

Speaker 4 (24:38):

So we did fill every prescription that we could. Additionally, we filled for 60 and 90 days supplies whenever possible. And a lot of this is due to the success that we've been seeing with telehealth. We've seen triple digit increases in telehealth visits and that's been helpful in ensuring that, you know, our patients are able to adjust and alter their medication regimens and speak directly with their providers and obviously the pharmacies, acting upon, you know, the, those, those visits in terms of inventory. Um, as mentioned earlier in the presentation, we haven't come across any significant drug shortage issues specifically within this specialty pharmacy universe and our wholesalers have been doing a good job in terms of communicating any potential issues that they see downstream for now. I think the most interesting thing that we've found is most of the wholesalers now are allocating drug so that all their, you know, customers are able to access medications as needed.

Speaker 4 (25:45):

But aside from that, we haven't run into any major obstacles thus far. Another point that I wanted to make around inventory is about how the specialty pharmacy can further support the health system. And by that I mean we have a lot of different purchasing accounts. As a specialty pharmacy, we obviously have our primary wholesaler accounts. But in addition to that, we have a number of direct contracts with a more niche, generic distributors, a direct contract with manufacturers and deep relationships with pharma in general. And we've actually been able to leverage that to bring in non-specialty medications into the health system when, you know, when the health system is trying to order medications. We have a lot of our typical accounts. But having these extra accounts just provides more options for us. And that's actually been very helpful specifically with the MBAs and, other agents that are being studied for a COVID-19 in terms of the operations of the pharmacy, I think most of the attendees on this call are, are practicing, you know, safe practices. So all of our team at this point is now wearing PPE, went into pharmacy. And I think that that's really important both for the safety of your customers, but also we have to think about the safety of our, our team members within the specialty pharmacy. So at a minimum, all team members are wearing surgical masks when they're in the pharmacy. I think this helps protect our team, from potential exposure.

Speaker 4 (27:31):

Other impacts on operations, um, are, are things even as small as the patient's signature requirements. We're aware that a lot of our patients are hypersensitive right now. Many of our patients are immunocompromised because of the medications we're actually providing them with. So there is some

reluctancy to, to, to open the door to, to greet a courier or um, you know, whoever's delivering the medication and to sign for that. Fortunately, many of our, our PBMs refining our easing, rules around signature requirements and in place of the patient signature. We're able to write COVID-19 on there. And if there was to be an audit, we would able, we'd be able to show that this was a patient who did receive their medication. We have the tracking information and the only difference would be instead of the signature, it would say COVID-19. In regards to cold chain shipping.

Speaker 4 (28:27):

As mentioned earlier, what we had done previously is recycle our coolers, meaning we would take back coolers that were provided to patients in previous months. We'd clean them, sanitize them, and bring them back out for future deliveries. I'm understanding that that creates incremental risk. That's something that we've temporarily suspended. So how, how can the specialty pharmacy program support your providers? And, and I think earlier I did mention some of those, right? So prior authorization is a great place to start, but there's other things that we can do as well, such as patient assistance programs. Um, right now financial instability is a serious concern almost as concerning as their physical health. So what we've been able to do is take a look at all the medications that our patients are on and we're proactively enrolling them in patient assistance programs. And the amount of funding that we've been able to secure for our patients is very significant.

Speaker 4 (29:26):

And that's one less thing that our patients need to worry about. Last point is just around care coordination. Again, as a specialty pharmacy embedded within a health system, we're uniquely positioned. We have access to a lot of information and we have ability to provide remote services, um, whether it's MTM or, or just to check in on our high risk patients to ensure that they are okay and to you know, triage the concerns that they have. Finally in regards to business development, um, going back to costs, a lot of our self-insured employers within New York city have, have recently been interested in, in or, or maybe more interested I would say is the, is the proper verbiage in, in figuring out ways to help cut their costs. And as a lot of these self insured employers are seeing a lot of their expenses go up, they're looking to partners like NYU that might be able to come in and step up to the plate by not only providing medical services, but by also acting as a partner that can provide specialty pharmacy care. And we can work with them to create cost effective strategies that can hopefully help them save money while also ensuring that their members receive a best in class care both in clinic and within the pharmacy. So for those of you who have your own health system owned specialty pharmacies, this might be a good opportunity to take a look at the payers in your area and if available or possible to reach out to them to see whether you know they're, they have any renewed interest in, in, in contracting with your hospital for care.

Speaker 4 (31:09):

I think at a high level that really summarizes, you know, our experience to date and um, you know, I'm sure that the landscape is going to be evolving over the next several months, possibly year or longer. And I think the specialty pharmacy is, is in the position where we could hopefully evolve as the time changes and B be something that our health systems, patients and providers can rely on, um, to, to help improve the quality of care we can offer to our patients.

Speaker 5 (31:39):

Thank you.

Speaker 3 (31:41):

Perfect. Well, I would like to thank our guest speaker, Amit and our additional speakers, Erin and Chris. But our insight today, um, as Aaron mentioned earlier, this webinar will be recorded and a transcript will be sent to all participants. Thanks. And stay safe everyone.