Specialty Pharmacy: A Key to Organizational Success in Population Health Management

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Director of Pharmacy, University of Wisconsin Health

The speakers have no actual or potential Conflict of Interest in relation to this presentation.
The Big Picture

- Patients spend 99% of their time in the community.
- Medications are a cornerstone of population health management.
- Medication access & affordability is complex.
- Pharmacists interact with patients every month.
Overview

• What is specialty pharmacy and why is it relevant to population health?

• UW Health’s specialty pharmacy program

• Cleveland Clinic’s “secret sauce”

• Proof of concept: improved quality, lower cost
What are we talking about when we say “Population Health”?

- The health outcomes of a group of individuals, including the distribution of such outcomes within the group - 2003

http://healthaffairs.org/blog/2015/04/06/what-are-we-talking-about-when-we-talk-about-population-health/
What are we talking about when we say “Specialty Pharmacy”?
Specialty Pharmaceuticals
What are they?

• Very expensive: average prescription cost\(^1\) = $3,500

• Number of patients growing quickly
  \(\rightarrow\) 2% currently, expected to hit 5-6% by 2018

• Initiated by a specialist & often require special handling

• Increasingly transitioning to therapies that can be self-administered in the home

• Require significant clinician accountability to work

\[\text{\$130B marketplace, forecast to hit \$400B by 2020}\]

1. Based on the 2013 average ingredient cost for commercially insured members of Prime Therapeutics LLC
Complex Drugs for Complex Illnesses

Source: UnitedHealth Group, 2014
Notes: Includes spending under the pharmacy and medical benefit; IBD = inflammatory bowel disease, ESRD = end-stage renal disease, IVIG = intravenous immunoglobulin
Increase in Drug Costs

Specialty drugs now cost more than the median household income

By Carolyn Y. Johnson

Most Read

1. Dow and DuPont, two of America's oldest giants, to merge in jaw-dropping megadeal
2. DraftKings, FanDuel lose big, ordered to shut down in New York
3. There's a crisis at Chipotle
4. I asked psychologists to analyze Trump supporters. This is what I learned.
5. Why do doctors choose a $2,000 cure when a $50 one is just as good?

Source: AARP Public Policy Institute
WAPO.ST/WONKBLOG

National Drug Spend
Traditional vs. Specialty Growth

Fig. 17 Pharmacy Benefit Spend, by Drug Type (projected)

Source: Prime Therapeutics 2012 Drug Trend Insights Report
## Complex Management: Traditional vs. Specialty Pharmacy

### Operations
- Claims adjudication
- Accounts receivable
- Billing and collection
- Prescription dispensing & delivery
- Cold chain shipping systems*

### Patient Support
- Adherence packaging
- 24/7 pharmacist access*
- Benefits investigation*
- Prior authorization*
- Financial Assistance*

### Patient Care Management
- Call center, patient education*
- Complex disease state management*
- Compliance management*
- Training patients on therapy complexity*
- Data reporting*

* Indicates “specialty” differentiated services
What’s coming?

• 771 compounds in trials for **Oncology**
• >100 for **Rheumatology**
• 82 medications for **Alzheimer’s**
• 44 medications and vaccines for **HIV**
• 38 medications for **Multiple Sclerosis**
• 27 medications for **Parkinson’s**
• 14 compounds in late-stage trials for **Hepatitis C**

Specialty **cholesterol, hypertension, and diabetes** medications are now entering the pipeline
2014 Drug Dispensing Trend: Traditional vs. Specialty Drugs, by PBM

Source: Pembroke Consulting analysis of company drug trend reports. CVS Health and Catamaran figures represent each PBM’s overall book of business. Express Scripts figures represent commercially insured beneficiaries only.
Pharmacy Industry Revenues: Traditional vs. Specialty Drugs, 2010-2020

Specialty as % of Pharmacy Industry Revenues

<table>
<thead>
<tr>
<th>Year</th>
<th>Specialty</th>
<th>Traditional</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$41</td>
<td>$233</td>
<td>$274</td>
</tr>
<tr>
<td>2015</td>
<td>$98</td>
<td>$266</td>
<td>$364</td>
</tr>
<tr>
<td>2020</td>
<td>$212</td>
<td>$270</td>
<td>$483</td>
</tr>
</tbody>
</table>

Source: Pembroke Consulting estimates

Figures in billions

Specialty Pharmaceuticals

Summary

**Background**

- $130 billion national market (20% annual growth)
- Treat chronic, high-cost diseases
- Require dedicated clinical & administrative resources for complex “high touch” therapies
- Require special access to (1) specific drugs and (2) insurance contracts/reimbursement
- For many complex patients with chronic disease, deriving value from specialty drugs is key to overall health management

**Goals**

- Enhance continuum of care
- Capture incremental revenue & margin
- Leverage integrated delivery network (IDN)
- Improve physician office satisfaction & efficiency
- Improve patient experience & outcomes
What are we talking about when we say “Specialty Pharmacy”?  

• An immediate revenue opportunity  
• Long-term patient health care outcomes strategy
About the Health-System

• Multi-hospital, regional referral health-system

• Serves > 600,000 patients per year in the Upper Midwest

• Six Cancer Centers

• Regional outreach clinics in approximately 65 locations
Percentage of Total Drug Spend: Specialty Pharmaceuticals

- **SPECIALTY**: 74% ($201 M)
- **NON-SPECIALTY**: 26%

Total budgeted drug spend FY17: $274 million
UW Health Specialty Pharmacy Services
Current Personnel

- 8 FTE Prior Authorization Coordinators
- 8 FTE Pharmacy Technicians
- 6 FTE Pharmacist
- 3 FTE Fiscal/Accounts Payable
- 1 FTE Medication Assistance Program
- 1 FTE Manager

27 FTE Total support for Specialty Pharmacy operations
UW Health Specialty Pharmacy Services
5 Year Return on Investment

Revenue

Contribution Margin on Drug Expense

FY09 to FY17
Positive Growth Driven by Specialty & Supply Chain

Revenue (in $ millions)

CM% on Direct Expense

Gross Revenue

Net Revenue

FY09 FY10 FY11 FY12 FY13 FY14 FY15 FY16 FY17

Margin (in $ millions)

-3.0% 0.9% 5.7% 8.7% 9.6% 7.2% 8.0% 7.9% 7.6%

CM on Direct Expense  Gross Revenue  Net Revenue
### UW Health Specialty Pharmacy

**Program Adherence Snapshot**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Medication Days Dispensed</th>
<th>Aggregate MPR</th>
<th>Literature Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>54,750</td>
<td>96.9%</td>
<td>90-95%</td>
</tr>
<tr>
<td>HIV</td>
<td>6,176</td>
<td>92.4%</td>
<td>none</td>
</tr>
<tr>
<td>Oral Oncology</td>
<td>24,836</td>
<td>93.6% (target &gt;90%)</td>
<td>80%</td>
</tr>
<tr>
<td>Inflammatory Conditions</td>
<td>82,652</td>
<td>89.2% (target &gt;80%)</td>
<td>80%</td>
</tr>
</tbody>
</table>

- Literature metric: 90% - 95%
March 2016 Patient Satisfaction Scores

• **99.3%** of patients reported that pharmacy services **met or exceeded** expectations

• **90.3%** of patients reported that they’d either **recommend or strongly recommend** a family member to use UW Health Pharmacy Services
Literature reported specialty pharmaceutical (Hep C) discontinuation rates:

- Specialty Pharmacy: 5.9-8.5%
- Retail Pharmacy: 8.8%

UW Health adherence and health outcomes:

- Courses of Hepatitis C treatment initiated: 20
- Sustained virologic response (SVR): 93% → 100%
- Therapy completion: 100%

_The true benefit of driving utilization to specialty pharmacies can be seen from the better clinical outcomes that a specialized pharmacy can provide._

1. CVS Health Research Institute
The value of retail and specialty pharmacy to a health system goes way beyond the ROI of the pharmacy business. It includes success of the organization in a value-based payment world.

Our Health System Reality

• 5% of our patients comprise 50% of our total medical expense
• Disproportionately specialized patient population
• Population health expectations continue to mount
• Increasingly accountable for outcomes
• Comprehensive patient management will be necessary
• Specialty pharmacy is no longer niche
• Most to all risk will eventually be carved in
About the Health-System

• Nine regional hospitals
• 6.62 million patient visits per year
• $7.2 billion operating revenue
• 1440-bed main campus
2016 CC Pharmaceutical Purchase Overview

- Inpatient: $199 (33%)
- HOP/Clinic: $211 (34%)
- Ambulatory: $93 (15%)
- Specialty: $47 (8%)
- Other: $59 (10%)

Total: $750 M

Source: Pharmacy Purchasing Datawarehouse YTD through Q2 2015 (Annualized)
Why We Entered the Market

• $153B marketplace by 2018
  - 50% of new drugs are specialty
  - PhRMA investment in pipeline
• 20% annual growth
• Population health management
  - $ Drugs > $ Medical
• Service line integration
Disrupting the Market

• Concierge patient care
• EMR integration
  - Fully documented in Epic
• Improve health system efficiency
  - Pre authorizations
  - Workflow simplification
• Clinical program integration
• Proof of concept / data warehouse
Cleveland Clinic Timeline

- 2013 Funding Approval
- 12/13 Senior Director Named
- 03/14 Final Design Approved
- 04/14 Construction Underway
- 09/14 Pharmacy Opens!
Specialty Revenue Monthly Trending (millions $)

<table>
<thead>
<tr>
<th>Month</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td></td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>Feb</td>
<td></td>
<td>2</td>
<td>9.4</td>
</tr>
<tr>
<td>Mar</td>
<td></td>
<td>2</td>
<td>10.8</td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td>2</td>
<td>10.5</td>
</tr>
<tr>
<td>May</td>
<td></td>
<td>2</td>
<td>10.9</td>
</tr>
<tr>
<td>Jun</td>
<td></td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Jul</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
Prescription Volume Monthly Trend (# Rx)
CERTIFICATE OF Full Accreditation

is awarded to

The Cleveland Clinic Foundation
9500 Euclid Avenue / AC5b-137
Cleveland, Ohio 44195

for compliance with

Specialty Pharmacy Accreditation Program

pursuant to the

Specialty Pharmacy, 2.1

Effective from the 08/01/2016 through the 08/01/2019

Kylene Green
President & Chief Executive Officer

URAC accreditation is assigned to the organization and address named in this certificate and is not transferable to subsidiaries or other affiliated entities not accredited by URAC.

URAC accreditation is subject to the representations contained in the organization's application for accreditation. URAC must be advised of any changes made after the granting of accreditation. Failure to report changes can affect accreditation status.

This certificate is the property of URAC and shall be returned upon request.
Patient Advantages

• Concierge onboarding
• Coordination of insurance benefits
• Facilitate grant / foundation access
• Proactive refill management
• Adherence monitoring
Provider Advantage

• Electronic Health Record (EHR) documentation
  - Onboarding
  - Ongoing

• Prior authorization management

• Ease of access
  - Shared electronic medical record
  - E-prescribing
  - Electronic prior authorizations
Multiple Sclerosis (MS): Coordination of Care

• MS Turn-Around Time (TAT)
  - Patients receive medication within 3 business days after receipt of prescription
  - TAT includes prior authorization processing

• MS Patients on Tecfidera Therapy
  - 90% of CCF Specialty Pharmacy patients initiated on Tecfidera remain on therapy due to aggressive side-effect management protocols
Hepatitis C
Coordination of Care

• After PA is approved, patients receive their antivirals within 1-2 business days

• Upon discontinuation of therapy, all HCV patients are referred back to their providers for follow-up appointments
### Contact Information

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Provider</th>
<th>Department</th>
<th>Encounter #</th>
<th>Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/6/2015 12:19 PM</td>
<td>LUCIA VESCERA, PHARMACIST</td>
<td>Pharm Specialty</td>
<td>310254479</td>
<td>None</td>
</tr>
</tbody>
</table>

### Patient Info

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Sex</th>
<th>DOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varga, Terry D (33216149)</td>
<td>Male</td>
<td>10/25/1954</td>
</tr>
</tbody>
</table>

### MC Sensitive Note

**LUCIA VESCERA, PHARMACIST 1/6/2015 12:34 PM Signed**

Cleveland Clinic Specialty Pharmacy received an rx for Harvoni on 12/17/14. Benefits investigation was completed and indicated a prior authorization was needed. PA was approved 01/29/14, through 3/23/14. Patients co-pay was $3,685.54. Being that he is medicare he qualifies for patient assistance through Patient Assess Network Foundation (PAN-F). I submitted the essential financial information relative to the patient and received a $10,000 grant to cover the remaining of his co-pays. The patient is aware and delivery will be made for 01/07/15. I introduced the patient and his wife to the medication. We reviewed side effects, adherence, and storage. He will follow up with the office to confirm start date.

Thank you,

Lucia Vescera, PharmD RPH
Cleveland Clinic Specialty Pharmacy
P: 216-448-7732

### Allergies as of 01/06/2015

No Known Allergies

Date Verified: 12/17/2014

### Reason for Visit

**Patient Update**

**Outpatient Encounter Meds: End of Enc. 1/6/2015**

<table>
<thead>
<tr>
<th>Medication Description</th>
<th>Dosage</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ledipasvir-sofosbuvir (HARVONI) 90.400 mg tab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg per tablet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRIMA(R) 1 mg capsule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPRAZOLAM (XANAX) 0.5 mg tablet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OxyCODONE HCI 15 mg immediate release tablet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testosterone 25 mg/2.5 g (1%) TRANSDERM. GIPk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxycodone 60 mg ORAL Tbl2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acyclovir 400 mg ORAL tablet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amlodipine besylate(NORVASC 2.5 MG TAB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CENTRUM SILVER TAB</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Med Comments as of 1/12/2010**

Celisept changed to 1gm BID
Heart Transplant Patient

Reason for Call
Patient Update

Call Documentation
LUCIA VESCERA, PHARMACIST 11/11/2014 4:43 PM Signed
Spoke with patient today 11/11/14 in regards to her refill request. She is having weight fluctuations, difficulty breathing, and swelling/retaining fluid. She says she is taking two doses of her furosemide daily with no relief. I am concerned that she is taking a higher dose of lasix than I see on her epic mar with minimal relief. She has an appointment this Thursday (11/13/14). I encouraged her to share these concerns at her visit.

Thank you,
Lucia Vescera, PharmD
Pharmacist, Specialty Pharmacy

Medications
Outpatient Encounter Mode: End of Enc. 11/11/2014

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose/Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ranitidine (ZANTAC 75) 75 mg tablet</td>
<td>Take 1 tablet by mouth once daily.</td>
</tr>
<tr>
<td>tacrolimus (HECORIA) 1 mg capsule</td>
<td>Take 6 capsules by mouth twice daily.</td>
</tr>
<tr>
<td>tra/Done (DESTREL) 50 mg tablet</td>
<td>Take 1.5 tablets by mouth daily at bedtime.</td>
</tr>
<tr>
<td>calcium-cholocalciferol, D3, (OSCAL-250) 250-125 mg-unit per tablet</td>
<td>Take 1 tablet by mouth twice daily.</td>
</tr>
<tr>
<td>amlODipine (NORVASC) 5 mg tablet</td>
<td>Take 1 tablet by mouth once daily.</td>
</tr>
<tr>
<td>predniSONE (DELTASONE) 5 mg tablet</td>
<td>Take 3 tablets by mouth daily with breakfast.</td>
</tr>
<tr>
<td>Ferrous Sulfate 325 mg (65 mg iron) tablet</td>
<td>Take 1 tablet by mouth once daily.</td>
</tr>
<tr>
<td>potassium chloride SR (K.JUR, KLOR) 20 mEq tablet</td>
<td>Take 1 tablet by mouth once daily.</td>
</tr>
<tr>
<td>tacrolimus (HECORIA, PROGRAF) 0.5 mg capsule</td>
<td>Take 1 capsule by mouth every morning. V42.1 heart transplant</td>
</tr>
<tr>
<td>furosemide (LASIX) 20 mg tablet</td>
<td>Take 1 tablet by mouth once daily.</td>
</tr>
<tr>
<td>warfarin (COUMADIN) 1 mg tablet</td>
<td>Take as directed by Coumadin clinic. Currently taking one 1mg tab and one 5mg tab for total of 6mg.</td>
</tr>
<tr>
<td>insulin glargine (LANTUS SOLOSTAR) 100 unit/ml (3 ml) impn</td>
<td>24 units SQ DAILY AT 8AM</td>
</tr>
<tr>
<td>Insulin Lispro, Human, (HUMalog/RWPEI) 100 unit/mL impn</td>
<td>Inject 10 U with breakfast, 12 U with dinner.</td>
</tr>
<tr>
<td>rosuvastatin (CRESTOR) 10 mg tablet</td>
<td>Take 1 tablet by mouth daily.</td>
</tr>
<tr>
<td>Insulin Needles, Disposable, (NANO PEN NEEDLE) 32 x 5/32 &quot; ndle</td>
<td>QAD/HS and pnd.</td>
</tr>
<tr>
<td>Lancets (FREESTYLE LANCETS) lancets</td>
<td>For testing 4 times daily.</td>
</tr>
<tr>
<td>blood sugar diagnostic (FREESTYLE LITE STRIPS) test strip</td>
<td>Use as instructed before meals and at bedtime. Ds steroid-induced DM (4 x Daily)</td>
</tr>
<tr>
<td>lisinopril 20 mg tablet</td>
<td>Take 1 tablet by mouth once daily.</td>
</tr>
<tr>
<td>warfarin 5 mg tablet</td>
<td>Take 1 capsule by mouth once daily.</td>
</tr>
<tr>
<td>esomeprazole 40 mg capsule</td>
<td>Take 1 capsule by mouth once daily.</td>
</tr>
<tr>
<td>traMAlob 50 mg tablet</td>
<td>Take 1 tablet by mouth once daily.</td>
</tr>
<tr>
<td>magnesium oxide 400 mg tablet</td>
<td>Take 2 tablets by mouth twice daily.</td>
</tr>
<tr>
<td>sulfamethoxazole-trimethoprim 10/160 mg per tablet</td>
<td>Take 1 tablet by mouth every Monday, Wednesday, Friday.</td>
</tr>
<tr>
<td>ergocalciferol, vitamin D2, 50,000 unit capsule</td>
<td>Take 1 capsule by mouth MON and THU.</td>
</tr>
<tr>
<td>enoxaparin 80 mg/0.8 mL syng</td>
<td>Inject 0.7 mL subcutaneously q 12 HR. DO NOT TAKE THE NIGHT BEFORE OR THE MORNING OF YOUR BIOPSIES.</td>
</tr>
<tr>
<td>mycophenolate mofetil 250 mg capsule</td>
<td>Take 4 capsules by mouth every 12 hours.</td>
</tr>
</tbody>
</table>
Oncology Patient

Visit Report

Patient called and has questions with regards to his medication. Please call before 1:00pm or after 3:00pm. Thank you

ANNIE TRAN, PHARMACIST 12/10/2014 4:45 PM Signed
Specialty technician Camarin worked diligently to overturn the denial by Johnson & Johnson, and her appeal was approved! Pt has been approved for Zytiga for one year, and will not have any out-of-pocket costs for this medication. Pt is thrilled, and extremely grateful.

Pt actually chose to come by tomorrow afternoon 12/11 to our pharmacy at the CCAC in Beachwood to pick up his medication. I will counsel him on Zytiga at that time, and ensure that he has his prednisone from Costco. Dr. , when did you want him to start his medication?

Annie Tran, PharmD
Clinical Pharmacist, Oncology, Growth Hormone
Cleveland Clinic Specialty Pharmacy
P: (216) 448-7732, F: (216) 448-5601
Ext 8-5421

ANNIE TRAN, PHARMACIST 12/10/2014 1:10 PM Signed
We attempted to apply patient for free Zytiga through Johnson & Johnson, and due to his income, pt is not eligible for their program. J&J has income limits of $62,920 for a household of two, and while they exceed that by less than $3,000, they are not willing to adjust for out-of-pocket medical expenses. Pt is very concerned about this situation, and cannot afford this medication on his own, especially given his wife's declining health. We are in process of appealing this decision with J&J, given that the pt is retired and fully uninsured.

Pt asked if there are other options that could be considered by Dr. while we are waiting for the appeal, and we stated we would look into it for him. From a financial standpoint, it does look like he would qualify for Xtandi (which has a $100K income limit on their free drug program). I do not know if pt would be a candidate for Xtandi, but it may be something to consider, especially if J&J declines our appeal.

Annie Tran, PharmD
Clinical Pharmacist, Oncology, Growth Hormone
Cleveland Clinic Specialty Pharmacy
P: (216) 448-7732, F: (216) 448-5601
Ext 8-5421

ANNIE TRAN, PHARMACIST 12/10/2014 12:52 PM Addendum
Cleveland Clinic Specialty Pharmacy received a prescription for Zytiga on 12/03/14 from Dr. . Benefits investigation revealed that pt has no prescription coverage at all. We have been working diligently on getting free drug through Patient Assistance for him. Will continue to keep the clinic posted on status.
Outcomes: Focused on ED Use

• Population: CCF Multiple sclerosis patients
• Metric: ED utilization pre and post enrollment
• Result: Reduction in post enrollment ED utilization
  ➔ 13% to 8%
Outcomes

• Population: Ohio Medicaid
  - ED utilization compared to outside SRx
  - Measured over a 4 month period
    ➔ CCF SRx: 25%
    ➔ Outside SRx: 50%
Outcomes

• CCF Employee Health Plan
  - Compare ED utilization vs outside SRx
  - Measured over a 4 month period
    ➔ CCF SRx 12.9%
    ➔ Outside SRx 17.2%
Where does specialty pharmacy fit on the quality spectrum?

A strong internal specialty pharmacy program provides value to health systems no matter the payment model(s)

Source: PricewaterhouseCoopers
## Eight Reasons to Invest in an Internal Specialty Pharmacy Program

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Supply Chain Efficiency</th>
<th>Improved Patient Health Outcomes</th>
<th>Patient and Provider Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACO/Capitation</td>
<td>Internal Retail Pharmacy Growth</td>
<td>Continuity of Care</td>
<td>Leverage</td>
</tr>
<tr>
<td>Risk Avoidance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key Takeaways

1. Accountability for improved health outcomes is the long-term financial opportunity
2. Management of the entire patient, rather than a few services, is our next reality
3. Pharmacy understands cost drivers of specialty populations and is a key partner
4. Involvement of pharmacy in value-based contracting should be a priority from the beginning
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