

WHAT IS PRxN? By Bill Millar

The Mashantucket Pequot Tribal Nation (MPTN) operates 7 wholly owned entities from its Connecticut based reservation that was formed in 1667, including the Pequot Pharmaceutical Network.

The Pequot Pharmaceutical Network (PRxN®) administers medical, dental, vision and pharmaceutical benefits for Indian Tribes, self-funded employers and affinity groups that have a special relationship with Elders and Seniors. PRxN also operates a mail service pharmacy that complements its pharmaceutical benefit product along with an integrated network of 56,000 pharmacies.

The three divisions of PRxN, Third Party Administration (TPA), Pharmacy Benefit Management (PBM) and Remote Distribution (Mail Service) are a direct by product of two grants from the Indian Health Service (IHS). The IHS Tribal Management Grants were obtained to develop creative alternative managed health care delivery models and were completed in the early 1990's. The text "Promises to keep...Public Health Policy for American Indian and Alaska Natives in the 21st century", identifies PRxN as the only Tribally owned managed care system to date.

The Tribal membership voted in November 1990 to establish PRxN and eight months later PRxN began Third Party Administration (TPA) of the Tribe's employee medical benefit plan. October 1992 saw PRxN open its Pharmacy to provide pharmaceuticals for MPTN's elderly Tribal Members. In subsequent years, PRxN extended this service to Tribal employees, and more recently to external commercial clients. A Board of Directors, on which Tribal Members hold the majority and Chair, has always led PRxN management. PRxN has two elements one non-profit programs for Tribes and a commercial side to serve other clients. Seven factors have guided PRxN in the development of all programs and products. They are Quality, Access, Freedom of Choice, Affordability, Safety, Convenience and Cultural Sensitivity.

Pharmacy Benefit Management (PBM)

PRxN PBM's mission is to ensure the appropriate use of medications with the objective of improving our members' health status by developing clinical, educational and financial programs. The PBM seeks to minimize clients' pharmacy benefits cost, but not at the expense of the member's health.

PRxN's PBM accomplishes this by; Establishing pharmacy networks with negotiated discounts; Developing preferred selected drugs lists and Setting policies that determine when generic drugs may be substituted for brand name drugs with safety and efficacy being the first order of Business.

PRxN's PBM offers a broad range of services designed to ensure the appropriate therapeutic outcome to the member and assist the customer in reducing unnecessary expenses.

PRxN develops policies and procedures that help the customer manage their chosen Pharmacy Program. A PRxN-developed policy may: (1) implement certain generic incentives; (2) use a drug formulary; (3) implement a retail network of pharmacies; (4) disseminate data about the plan to the customer, (5) notify a physician about a patient or prescribing habit, (6) inform a member about an issue that may need to be discussed with the prescribing physician, and (7) educate a pharmacy about its dispensing practices.

MPTN currently offers an open formulary to its employees and Tribal Members. A pharmacy and therapeutics (P & T) committee usually assists in the drug therapy decision. Many of the new breakthrough drugs and biotechnology products are clinically valuable and expensive and can profoundly affect patient health. Because PRxN is not owned or in any way controlled by a pharmaceutical company all therapy recommendations are made without manufacturer bias.

Drug Utilization Review (DUR) /Medication Utilization Evaluation (MUE):

Drug utilization review is an authorized, structured, ongoing review of physician prescribing, pharmacist dispensing, and patient use of medication. It involves a comprehensive review of patient's medication data before, during and after dispensing to ensure appropriate medication decision making and positive patient outcomes.

Drug utilization review is classified in three categories: Prospective: evaluation of drug therapy before a medication is dispensed. Concurrent: ongoing monitoring of drug therapy during the course of treatment and Retrospective: review of drug therapy after medication receipt.

PRxN uses a two tiered point-of-sale DUR/MUE review when the pharmacy dispenses the medication. All prescription filled at any of our 56,000 retail pharmacies, Mail Service Pharmacy, Automated Drug Distribution System (ADDS) Units or contracted Tribal Health Clinics are stored in a central data base to provide for the most comprehensive DUR/MUE. Retrospective DUR occurs after the pharmacy dispenses the medication and possibly after patient utilization. This type of DUR reviews physician prescribing habits and patient refill patterns.

PRxN's PBM Pharmacists have expertise in the area of pharmaceutical care, and their input is significant. Pharmacists use DUR to identify prescribing trends within patient disease-state groups such as asthma, diabetes, and high blood pressure. Then, pharmacists can collaborate with physicians and other members of the healthcare team to improve drug therapy for patients individually and collectively.

Disease/Health management encompasses the entire spectrum of health care; it includes disease/health prevention efforts as well as patient management. Health/Disease Management Programs can improve patient outcomes. True health/disease management can be achieved *only* with the complete commitment of the health care team. As the trained medication management specialist, PRxN's PBM Pharmacists play a leadership role in the collaborative development, implementation and improvement of health/disease management programs.

Disease management programs often can lead to increased pharmaceutical spending. The drugs keep the member healthier. Theoretically, the medical costs of supporting the member overall should decrease as the disease state is being managed pharmaceutically. This should result in less hospitalization, improved quality of life, less workplace absenteeism, and other benefits.

Remote Distribution or Mail Service Pharmacy

The Mail Service Pharmacy of PRxN was initially designed to provide a prescription service from one remote Indian reservation to another. The Mail service pharmacy is another means by which PRxN can lower costs its clients and improved service to its members. Mail service is typically targeted toward chronic conditions and maintenance medications. PRxN Mail service facility has a highly sophisticated inventory management system that can distinguish between federal and managed care priced products. This allows PRxN to use volume purchasing power and special contracting authorities to more deeply discount pharmaceutical products than retail pharmacies. Prescriptions that are filled for 90 days incur fewer and lower cost dispensing fees than those paid to a retail pharmacy. This reduces client cost without impacting quality or safety.

Through lower co-payments, the member has incentive to use mail service instead of the retail pharmacy network. The mail service pharmacy can also be much more convenient for many members.

PRxN on reservation Pharmacy has highly advanced computerization, automation and robotics for patient safety and efficiency. Pictures of some of these appear below. In addition PRxN in concert with a Telepharmacy Solutions, Inc has developed a prescription-dispensing unit specifically for Indian clinics that are too small to support a full time pharmacist. The unit, called Automated Drug Distribution Systems or ADDS, provides a computerized, telephone and video link between the prescriber at the small clinic and a overseeing pharmacist at PRxN. All DUR problems are handled by a PRxN pharmacist thereby providing the patient with they same safe guards found in fully staffed clinics. The ADDS units are designed to take care of acute and first fill maintenance drugs with the mail service filling prescriptions for patients who have been regulated on long term medications.

TPA

As a Native American TPA, PRxN works with the several Native American Tribes that are more and more pursuing Self-Determination and Self-Governance from Indian Health Services. PRxN also provides claim administration services to small, self-funded employers in the commercial market. In Native American arena, there are two distinct opportunities for PRxN.

- 1) PRxN provides full benefit plan administration service to those Tribes that want to manage their healthcare dollars more effectively.
- 2) PRxN offers consulting and management services to those Tribes that want to provide this service for them.

Network Management

The network determines the providers that plan participants can use for medical, dental and vision services without incurring additional cost-sharing fees. PRxN's network service provider has negotiated discounted fees with its healthcare providers in an effort to reduce the cost of providing services to plan members. PRxN is adding a national network to cover its clients living outside of the local area. This will reduce cost to the self-funded plans, while increasing service for plan members.

Utilization Review

PRxN's TPA provides utilization and case management review. PRxN is negotiating with national providers that will increase service at a lower cost. These national firms review mental health cases in addition to medical services

The Board of Directors for PRxN is developing a strategy to work with other Tribes to bring resource back into their native communities.