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Features

Do you have a Rare Disease and Drug Strategy?

While orphan drugs represent <7% of the total prescription volume in the U.S., these important medications represent approximately 25% of the total prescription drug spend. A proactive strategy is necessary for effective care and financial management of patients taking orphan drugs. You can [read more here](#) about the importance of a Rare Disease and Drug Strategy.

HRSA Medicaid Exclusion File – How well do you know it?

The HRSA Medicaid Exclusion File is an important 340B compliance element, and yet we find that many covered entities struggle to understand how it works, its importance, and how it applies to covered entities. With the annual Recertification Period now open, it's important to better understand the MEF and we have an overview [available for you here](#).

Calculating the VALUE of health system

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specialty pharmacies and why PBMS and payors should look more closely

"Value" is a buzzword in today's healthcare system. New forms of reimbursement and cost management are being developed and tested to establish and compensate for value across sites of care and treatment options. Hospital-based specialty pharmacies are uniquely positioned to benefit patients and healthcare cost risk holders over the long-term, making them an important consideration for PBMs and payors. Tony Zappa and Jim Jorgenson wrote about this recently in an article published by PBMI. [You can read it here.](#)

340B Compliance – Do you know what you don't know?

After years of HRSA audits and published findings, the requirements of 340B program compliance are pretty clear. All covered entities should have good audit controls and procedures, and they should actively manage their 340B-related vendors. Comprehensive oversight and governance policies are key, and an *independent* auditor should be in place to help find and fill gaps. So why do covered entities still fail audits? We have a list of some risk areas to keep in mind, and a simple solution to shoring up compliance in your organization. [Read about it here.](#)

Drug Diversion Blog Series: Challenge the status quo when it comes to staff monitoring and testing

Addiction is an equal opportunity disease, and the alarming rate of prescription opiate use and abuse is reflected inside the walls of the healthcare organization. Today's conditions require a fresh look at diversion prevention and detection, including how hospitals and health systems monitor and test staff throughout the organization. Is your program comprehensive or myopic? [Read more here.](#)

MedRec slashes readmission rates

We know the value of a comprehensive ambulatory pharmacy program and the importance of a high-level strategy which includes a robust Meds to Beds program integrated with the medication reconciliation process. (You can [read about it here in an HFM article](#) we wrote last year.) Our strategy has now been supported by another [recently published article](#) that shows "hospital-based medication



COME SEE US

National Association of Drug Diversion Investigators – Greg Burger and Maureen Burger will present "Drug Diversion: Not IF, but WHEN" at NADDI's regional training in St. Joseph and the national meeting in Louisville. We will also have an exhibit at the national meeting where we will be on hand to meet with participants. [Email Greg here to set up a time to meet.](#)

Regional training meeting: Aug. 30 – St. Joseph, MO, Lakeland Hospital.

National meeting: Oct. 10-14, Hyatt Regency, Louisville.

Health Care Compliance Association Regional Conferences, Sept.16 – Minneapolis, Minneapolis Airport Marriott

Health Care Compliance Association Regional Conferences, Sept. 30 – Indianapolis, Embassy Suites Indianapolis Downtown

PUBLICATIONS

"Challenges with the Introduction of Biosimilars in the U.S," by James Stevenson, PharmD, FASHP, published in the *American Journal of Pharmacy Benefits*, June, 2016.

David Kvancz, MS, RPh, FASHP, provided expert input into a recent NDPDP white paper titled, "[Recommendations for Dose Accumulation in the Inpatient Setting: Acetaminophen Case Model.](#)" The new white paper identifies sources of unintentional acetaminophen overdoses and opportunities to improve its safe use in the hospital setting. Read more [here.](#)

reconciliation programs ... slash readmissions in half," according to a [study](#) published in Health Affairs. However, their program provides an outsourced solution minimizing financial gains but the organizational risk still lives within the hospital. We firmly believe an effective medication reconciliation program should be done in-house and be part of a more comprehensive medication management program which also includes Meds-to-Beds and a retail strategy. Let us know if you would like to learn more about how to take your program to the next level. Simply [send us an email](#) and we'll get in touch.

"Value-Based Specialty Pharmacy Programs: Why PBMs and Payors Should Consider Adding Health System Specialty Pharmacies," by Anthony Zappa, PharmD MBA and James Jorgenson, MS, RPh, FASHP, published by Pharmacy Benefit Management Institute's PBMI Perspectives, July 2016, Volume 16, Number 6.

PRESENTATIONS

Kristin Fox-Smith, MPA, will present "The Many Adventures of Prescription Drug Benefits" at the Transplant Financial Coordinators Association (TFCA) meeting in Lake Buena Vista, FL. The meeting runs from September 12-14.



A vision for *moving healthcare forward*



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