A prescription for practice health

Insights to enhance your practice's financial and operational performance so you can remain focused on providing exceptional patient care.
In just the past 10 years, medicine has seen remarkable change. From the Affordable Care Act (ACA) to the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) to biosimilars and pharmacy benefit managers (PBMs), your practice is experiencing pressures from multiple directions.

- **2008**: American College of Rheumatology publishes recommendations for using DMARDs and biologics
- **2010**: Affordable Care Act signed into law
- **2014**: Payer mandates and unfavorable contracting begin to lead to reduced reimbursement
- **2015**: MACRA signed into law and MIPS created
- **2016**: Total drug spending rose by 8.5% from 2015 to 2016
- **2016**: INFLECTRA® biosimilar to Remicade® launched
- **2017**: Pharmacy benefit managers play an increased role in prescription drug pricing
- **2017**: CMS puts brakes on Part B drug payment demo
- **2018**: 92% of physicians report negative impact on clinical outcomes due to prior authorization
Redefining innovation and change

THE TIME IS NOW
In today’s complex healthcare landscape, adaptability is essential to the continued health of your practice and patients.

Rethink and redefine innovation:

Innovation does not always mean:
- New and big ideas
- Go all in or go home
- A practice of one

Adaptability
- Small changes can equal big returns
- A community of many

Whether it’s cost savings through the Onmark® GPO or consulting and managed services, we’re here to meet you where your needs are. In this e-book, you’ll find examples of innovation from practices like yours and insights from our experts to inspire and challenge how you think about your business.

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With so many drug choices, how do you make sure you have the right therapies available for your patients at the best price?

Solve for today, look toward the future

Rheumatology continues to evolve with an expanding number of therapies being approved for autoimmune diseases. We’re here to make sure your practice is well informed and has the resources necessary to incorporate new therapies into your treatment options, regimens and pathways.

With these advances, there will be more options for each clinical diagnosis. When you add in new biosimilar dynamics, value-based care demands and other financial challenges in running a rheumatology practice, margins are likely to shrink while other pressures mount. Any distributor can offer discounts, but an ideal partner has the proven expertise and track record to help you understand the full economic picture and make informed decisions.

By combining the collective buying power of our rheumatology practice membership with our strategic industry relationships, the Onmark GPO has negotiated the leading drug contract portfolio for practices like yours. Our contracts offer savings on everything your practice needs for its day-to-day operations including drugs, technologies, medical/surgical supplies and office supplies.

Our goal is to provide your practice and patients with financial relief against the pressures you face every day:

- Increasing cost of care
- Financial uncertainty
- Competitive drug therapies
- Biosimilars

GPO continued
We’re driving significant drug cost savings for practices like yours:

30+ rheumatology drug contracts

$700M in savings delivered to Onmark rheumatology members to date

#1 GPO in rheumatology

1,200+ rheumatologist membership

200% year-over-year increase in savings delivered

The key to success: Member engagement leads to better contracts

Humble beginnings
- Started with two small drug contracts in 2011.
  Members asked for more contracts in new drug classes.

New drug classes
- Added contracts for Cimzia, IVIG and vaccine savings.
  Members then asked for an infliximab contract.

Partnered with Janssen
- Secured a pilot contract for Remicade and Simponi Aria, offering performance rebates to select members.

Members performed
- Working with Onmark, members maximized contract performance.
  Delivered $6M extra in savings and expanded contract access to more and more members.

Building on success
- New Orencia contract.
- Two new biosimilar Infliximab contracts.
- Membership has grown 600% since 2011.
Inventory management

How do you minimize costly drug inventory so you can grow your practice?

The high cost of rheumatology drugs means accurate inventory management can make or break your practice’s bottom line. Even more important, catching and correcting errors is imperative to patient care and accurate dosing.

Customer success: Asheville Arthritis

Optimizing inventory management to ensure clinical integrity and practice health

Like many rheumatology practices, with every patient treated, Asheville Arthritis is reminded of the high cost of infusion drugs and the importance of accurate reimbursement. To manage this challenge, the practice implemented a system of checks and balances, alongside Lynx®, an industry-leading inventory management solution, to ensure the number of vials removed from their inventory matches what is administered, billed and reimbursed. New improvements have also been identified through Lynx’s robust analytics, allowing the physicians to collaborate on patient care and better understand their treatment trends, revenue and cash flow opportunities.

With all this data at their fingertips, Asheville Arthritis is making significant strides to grow. They recently decided to open for a half day on Fridays after identifying an increase in patient demand.

Lynx is designed to help your rheumatology practice:

- Optimize inventory and increase cash flow
- Capture all treatment charges and drug waste
- Reduce duplicate data entry and maximize practice efficiencies
- Drive revenue and improve profitability
- Meet your unique workflow needs with multiple storage configurations and on-site training
Managed care contracting

When was the last time you received a fee schedule increase?

Negotiating with payers can be intimidating and many practices believe it can’t be done successfully. Before approaching a payer about more favorable reimbursement terms, ask yourself:

• **Do you have a compelling value proposition?** This identifies the areas of your practice that differentiate you from other rheumatologists in your market and provide value to a payer and its network.

• **Does the contract language protect your interests?** Clauses specific to how you practice rheumatology should be included to protect your business model, and the language should define the rights and responsibilities of each party.

• **Are you prepared to negotiate new reimbursement models and participate in value-based care?** Determine the ideal reimbursement model, such as fee-for-service, bonus tied to metrics or an alternative payment model (APM), based on your service mix and the greatest impact on revenue.

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**Customer success:**

**The Center for Rheumatology**

Engaging payers to maximize reimbursement and implementing quality improvement programs

The Center for Rheumatology has experienced tremendous growth since it opened in the 1970s, but the focus of the physicians and staff has remained the same—best-in-class care where patients are treated like family. The practice did not contract with a payer in their market, which left some patients seeking treatment elsewhere or paying for out-of-network care. With the help of McKesson’s practice business consulting team, the Center for Rheumatology negotiated a two-year agreement including protective and best efforts language, improved timely filing and medical record request timelines, as well as mutual assignment and physician protection. The agreement yielded a projected $1 million in new revenue as the practice could see new patients whose insurance they now accepted.

Another payer sent the practice a contract amendment containing a unilateral reduction in their fee schedule, a change that would create a $325,000 decrease in annual reimbursement. McKesson’s payer contract negotiation specialists minimized the overall loss with a successful counter offer and helped the practice formulate strategies to counter future fee schedule reductions.

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**Our experts can help your practice prepare for and manage payer negotiations:**

• Analytics and negotiation strategies

• Communications planning, including crafting your value proposition

• Guidance on how to avoid prolonged negotiations
Revenue cycle management

You’re an expert in the health of your patients, but what about your practice’s financial health?

As the rules of reimbursement continue to change, managing and measuring your practice’s revenue cycle becomes more complex every day.

From scheduling appointments to accounts receivable follow-up, each area plays a role in your practice’s operational and financial success.

Review these revenue cycle benchmarks and determine how your practice stacks up:

- **>95%** First time payment rate
- **<9%** Accounts receivable over 120 days compared to gross accounts receivable
- **<2 days** Service to bill
- **<1%** Bad debt as a % of total revenue
- **>99%** Of practice charges captured electronically
- **40** Average number of accounts statused by each A/R team member per day electronically and by phone
- **<20 days** Sales outstanding

If you’re falling behind on one or all of these metrics, now’s the time to implement best practices:

- Utilize analytic tools to establish a baseline and track improvements
- Monitor your payer mix to identify changes in the market and prepare for growth
- Mitigate audit risk through regular clinical documentation improvement sessions with providers
- Create a denial strategy with clear written processes
- Increase working capital by identifying delays in billing and creating written processes for improvement
- Track and communicate improvements: You can’t manage what you don’t measure

Revenue cycle management continued >
Revenue cycle management

Customer success: Arthritis Consultants of Tidewater

Engaging payers to maximize reimbursement and implement quality improvement programs

As a small practice with limited support staff and a high focus on patient care, Arthritis Consultants of Tidewater realized they were missing opportunities to improve workflow and increase reimbursement. The practice determined a front-to-back review would be the first step in fine-tuning their revenue cycle processes.

The McKesson team provided a customized tactical action plan, including a detailed list of 42 areas of improvement. With this tool and the support of the experts, Arthritis Consultants of Tidewater has moved most of its accounts receivable to less than 30 days outstanding, improved co-pays and collections to a 91% payment rate by implementing a financial clearance process, and created processes that allow patients to make payments electronically.

The biggest testament to the results experienced at Arthritis Consultants of Tidewater is the excitement around uncovering areas of improvement and a sense of teamwork to navigate the challenges ahead.

“\textit{The McKesson team evaluated the whole flow of the practice, which helped us tremendously. They looked at the front desk and redesigned the patient and administrative flow so it was more efficient. Then, we moved to the back and looked at what we could do in the business office to react more quickly to a denied claim.}”

— Brenda Condurso, Practice Administrator

We can help your practice maximize reimbursement and operate more efficiently:

- Improve payer and patient collections
- Establish financial counseling and patient assistance programs
- Measure and improve performance with benchmarking, analytics and reporting
- Increase productivity with best practices, standard operating procedures and job descriptions
- Optimize patient flow and scheduling processes
- Educate practice staff through customized training

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Clinical optimization

Why is bridging the clinical and business divide necessary?

Your practice is tasked with taking both patient care and practice financial stability into account on a day-to-day basis. Balancing the needs of your patients with the fiscal health of your practice requires a comprehensive understanding of the current landscape and emerging challenges or opportunities.

Our clinical experts can help you understand the full economics behind your therapy choices.
The benefits of bridging the divide: *Enhanced profitability*

We approach clinical optimization by integrating the medical decision-making process with the economic impact to the practice and patient. Our *clinical consultants* bring years of pharmacy management and operations experience and can provide insight to help your team have clinically sound discussions while measuring the overall financial impact of treatment decisions by factoring in both drug and non-drug costs.

In consultation with practice stakeholders, we identify opportunities for improvement. By bringing cost recovery into the conversation earlier, your practice can evaluate clinical and business needs and implement therapeutic interchange and biosimilars to enhance profitability, manage costs and maintain a high standard of patient care.

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**Customer success:**

**Paducah Rheumatology**

*Enhanced practice profitability and managed healthcare costs by embracing biosimilars*

With costs rising, Paducah Rheumatology knew they needed to better understand the full economic picture behind their therapy choices. Working with our clinical experts, they implemented a joint business-clinical model that allowed them to explore therapeutically interchangeable products, specifically *biosimilars*, for certain auto-immune conditions.

When they identified instances where a biosimilar drug provided the same medical benefit as its biologic counterpart, the practice's billing and coding department worked with payers to understand the correct documentation and submittal process to ensure prompt and accurate reimbursement.

Paducah Rheumatology also prioritized patient communication. A letter to all impacted patients outlined the reasons behind their provider's recommendation, emphasized the clinical equivalency, and noted that this advancement in treatment was available at no additional cost. Overwhelmingly, their patients have embraced these changes. In turn, the practice is making strides to increase their profitability in a time of financial uncertainty.

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**Our clinical specialist team can help your practice:**

- Reduce operating expense
- Mitigate financial risk
- Prepare for change
- Integrate clinical-business needs

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**Want to learn more about biosimilars?**

[Visit McKesson's Biosimilar Resource Hub for more information]
When it comes to value-based care programs, are you ready for the future of reimbursement or are you barely getting by?

The Merit-based Incentive Payment System (MIPS) is the predominant value-based care program impacting providers today and, for many, is the first step in the transition to value over volume. MIPS is designed to get harder over time, so demonstrating improvement year-over-year is critical to maximizing your payment adjustment. It should come as no surprise that private payers are expected to begin implementing their own value-based care programs in the coming years.

As you evaluate your practice strategy, ask yourself if your value-based care plan:

- Focuses on improved patient outcomes, cost reduction, and clinician and care team satisfaction?
- Is specific to your practice’s specialty and the way you practice medicine?
- Improves your MIPS Composite Score every year?
- Includes improvement initiatives that cross several MIPS categories?

We’re here to help you successfully navigate MIPS and value-based care:

- Quality Payment Program (QPP) support
  Experts with a deep understanding of MIPS are available to answer questions

- Tactical tools and resources
  Access a variety of self-serve tools and resources in our Customer Center

- Education and insights
  Live and on-demand webinar series designed to arm you with best practices and strategies for success

- Expert advisors
  Evaluate practice and technology readiness and enable transformation to value-based care

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Learn more about our comprehensive set of solutions for rheumatology practices

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