- 3 years (June 2010 to June 2013)
- · 200 patients
- 50 patients were put on 2013
- 150 patients were on drug prior to 2013
- no primary care doctors
- Infusion Services provided by practice.



- Ninety Patients received their six month follow up doses
- Sixty patients missed the follow up out of the 150 patients
- 40% of the patients in this case have missed their follow ups
- Adherence is key to better outcomes and drug efficacy
 - Substantial revenue loss both for the practice and the pharmaceutical company
- We did a follow up and researched in the EMR
- We were able to capture information for all the remaining sixty



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Issues the Sixty patients

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- 2 moved to a Nursing home out of his or her town
- 5 called and cancelled did not want a follow up call
- 34 were having co pay, authorization and transportation issues.
- 8 were not scheduled and did not give a reason (Could be a referring doctor issue)
- 6 were rescheduled for a later date.
- 5 insurance changed.



In this case forty out of 150 patients were able to recapture their treatments

- That is 26.67% of the patients.
- If drug sales are about 100m then this is about 26m

Recapture of 20% and not full 26.67% than about 20m more in revenue per year with SPAC Program

Let's say for agument sake with SPAC we are able to capture 50% of the 20m; that is 10m more in revenue.



Conclusion:

Patients could have been followed up after script initiation

Physician could have helped us because now they are engaged and informed via interfaces, fax and text messaging so that they can proactively treat the patients

Patient's tolerance and resistance to treatment is now better managed

Pharmacy gets refills on time and no skipped months of dosage.



Conclusion:

Patients could have been followed up at the nursing home and dose could have been recovered

Primary care physician could have helped us get the dose to the patient

SPAC would have hand held the patient to see that authorization, co-pay and transportation issues were resolved on time.

Patient s could have been rescheduled if we contacted the Primary care physician who referred the patient

Patients could have been helped if we had contacted the new insurance

