



**BlueCross BlueShield**  
of Montana

WHITE PAPER

# Health is **holistic**. So why aren't your health **care** **benefits**? It's time to remove **all** the silos.

**Connect pharmacy benefits  
for more connected care.**

# We're here with clear, concise, measurable advice

An integrated pharmacy approach coordinates care around employees' full journeys — their health, their work, their lives and how it all connects. This equips care management teams with a real-time, holistic picture of employees' current and emerging health needs. So, they can work together with employees to help them understand how to best use their benefits and make cost-effective health care decisions. This results in creating better member, client and broker experiences, and improved clinical outcomes — all while lowering medical spend.

## The integrated pharmacy model at Blue Cross and Blue Shield of Montana

### What it provides

- Real-time Rx data combined with deep clinical data
- 360-degree member profile for holistic member health management
- Care management solutions combining high-touch member advocacy and clinical innovation
- An unrivaled member experience

### What it creates

- Reduced medical costs
- Better clinical outcomes
- Improved member experiences — easier to navigate, one-stop shop for services
- Improved broker and client experiences — easier to administer

When you **carve** out, all sorts of challenges come in like higher costs, data loss **and** uninformed care. What can you **do**? How can you spend less while supporting **more**?

ASO groups who carved in pharmacy benefits saw:



Results of the 2021 HealthScape Advisors' study of BCBSMT's medical costs and key utilization and engagement metrics for ASO groups.

# Study findings

Care and cost are inextricably connected. So, when you approach care in a well-rounded, fully-integrated way, you see advantages like better overall cost and spend that are directly related to better care — such as better utilization and enhanced care management. Our study, led by HealthScape Advisors, reviewed inpatient utilization as one of the primary drivers of savings and revealed increased member engagement for integrated employer groups. This led to significant overall savings. We further examined more than 10 chronic conditions to better understand the impact that integrated pharmacy had on BCBSMT's ability to manage those conditions.

## Reduced inpatient utilization

By connecting pharmacy and medical data, we can minimize avoidable inpatient admissions and guide members to more convenient and lower cost sites of care. Reduced inpatient utilization for those members who have combined pharmacy benefits is likely a key driver of medical cost savings.

Additionally, when controlling for member-level risk, **expected readmission rates for members with integrated pharmacy were 4.5% lower than for members with medical-only benefits.** This decrease in utilization and subsequent decrease in readmission rates implies that with holistic member information at their fingertips, BCBSMT is able to anticipate and address member needs before hospitalization is required.

## Better care management engagement

One of the primary drivers of decreased cost and utilization can be attributed to enhanced care management engagement experienced by integrated plan members. HealthScape's recent study concluded that BCBSMT was able to **engage 29% more members with integrated pharmacy benefits than those with medical-only.**

## Lower cost of care for chronic conditions

The study also examined the impact that connected pharmacy had on specific conditions. Findings showed that, for chronic conditions, the impact of connected pharmacy benefits (i.e., medical cost spend and utilization) would be significant. **HealthScape's Integrated Pharmacy study examined the impact across more than 10 chronic conditions and discovered savings across all categories.** Notably, Asthma, Behavioral Health, Cardiac, Chronic Kidney Disease, Diabetes and Liver Disease all had significant lower medical cost findings.

Across all our markets, members with connected medical and pharmacy benefits experienced year over year improvement, with



**11% LOWER  
INPATIENT  
UTILIZATION**



**AND 28% LOWER  
AVOIDABLE INPATIENT  
UTILIZATION IN 2021  
SPECIFICALLY**

# Study findings continued



## Asthma

Across all markets, **members with asthma cost 7% less when they have connected pharmacy benefits.**



## Chronic Kidney Disease

Members diagnosed with CKD experienced **21% savings when they had integrated pharmacy benefits.**



## Behavioral Health

Behavioral Health includes a variety of conditions including depression. **Members with connected medical and pharmacy benefits cost employers 5% less than members with medical-only benefits.**



## Diabetes

In aggregate, members with diabetes diagnoses who had connected pharmacy benefits cost their employers **14% less, or an average of \$737 PMPY savings.**



## Cardiac

Cardiac conditions, including Hypertension, Cholesterol, and Congestive Heart Failure, among others, showed **14% savings or an average of \$887 PMPY in savings.**



## Liver Disease

Across the study population, groups that had connected benefits realized **36% savings, or \$3,161 PMPY, among members diagnosed with liver disease.**

Won't **lowering** benefits **costs** leave employees **without** the care they need? No. Carving in leads to **lowering** excess costs while elevating **quality** of care.



# A premier approach to member management

## Member health is priority #1

BCBSMT works hard to provide members with the most innovative, cost-efficient and helpful tools to manage their health. Meanwhile, our fully aligned operations, data and policies allow delivery of enhanced outcomes. Our whole-person approach to care and operating model allows BCBSMT partners to experience lower premiums and see more optimal medication utilization, avoiding costly medical services.

With drug spend representing **26%**<sup>2</sup>



**OF TOTAL HEALTH CARE COSTS**

and only **HALF OF PEOPLE** in the U.S. taking their drugs as prescribed, BCBSMT's connected approach includes programs that address these challenges head-on.



## Innovative programs include:

### Pharmaceutical Care Management Outreach

This program uses medical and pharmacy claims data to analyze members' prescription drug usage and overall treatment to support them in taking medications as prescribed, identifying possible harmful interactions, and leveraging evidence-based guidelines while aligning member regimen to the client's drug list where possible.

BCBSMT uses automated processes and tools to execute a proactive and streamlined approach to managing the inbound and outbound engagement between the member, provider and our care team.

Our clinical pharmacists identify causes of medication gaps and contact members to ensure their medications are safe, cost-effective and work well, while our Customer Advocates assist members across the care continuum including finding providers, making appointments, finding a pharmacy, understanding benefits, estimating costs, and connecting with clinicians or pharmacists on both medical and Rx benefits.

### Diabetes Drug Management

BCBSMT's collective offering aims to support the member journey from diagnosis to daily care management helping reduce care gaps and promoting long-lasting behavioral changes through tools, education, and support. Our outreach encourages proactive member and provider partnerships and use of BCBSMT provided tools for self-management.

The structure of our benefit designs is intended to improve adherence and reduce financial burden for those experiencing this disease.

**Better** care. Deeper  
insights. Healthier  
**outcomes**, for you  
and your employees.  
Where do you **start**?  
We're **here** to help.



For more information  
call your account  
representative today.

#### Study Summary

<sup>1</sup> The results of Integrated Pharmacy study are the product of a robust analytical exercise. The study was conducted across the five markets: Illinois, Montana, New Mexico, Oklahoma, and Texas. Over 2,500 hypotheses were tested across five markets and in aggregate with 545 findings identified as statistically significant and favorable for groups with connected benefits. The study population consisted of 1,530 groups with connected benefits and 514 groups with medical-only benefits, and 2.6M and 4.5M members within each population, respectively, in 2021. The methodology and results of this study have been reviewed and validated by Scott Allen, a credentialed health care actuary who is a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries.

Results may vary and performance may be driven by client-specific benefit design and program engagements.

<sup>2</sup> Source: 2020 National Health Expenditures study.