

# Health Care Cabinet



## **EDUCATION WORKGROUP**

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# Charter



- This Education Committee will develop for recommendation to the Health Care Cabinet, a proposal for the exploration of education for the consumer, provider, payer, prevention and health promotion efforts and role of pharmacists regarding effective use and cost of medications

# DRAFT Recommendations for Consideration and Discussion



1. No recommendation for Legislation should be made by any of the other three working groups created by the Health Care Cabinet to explore distinct elements of the impact of pharmaceutical costs on Connecticut's healthcare system, without the inclusion of a comprehensive education requirement incorporating the elements developed by the Healthcare Education Work Group.

# Sustainability



- 2. It is recommended that there be one ownership entity having oversight for the recommendation set forth by the Healthcare Cabinet Education Workgroup and in concert with the other Healthcare Cabinet Workgroups. This includes, among other tasks, implementation of the area of scope set forth by the Healthcare Cabinet Education work group including the target audience, scope, methodology, transparency and quality measures and sustainability.

# The WHO



- 3. The recommendation for the target audience includes, but is not limited to:
  - Consumers
  - Prescribing Providers
  - Payers
  - Patients/Caregivers
  - Regulators
  - Pharmacists
  - Manufacturers
  - Non-prescribing Providers
  - Employers which sponsor Health Care (Insurance)
  - Community Health Workers

# The WHAT



- 4. The recommendation for the Scope of the education component includes:
- Rights and Empowerment Transparency
- Education on Cost and Treatment Options
- Impact of Direct Consumer Advertising and Coupons
- Principles of Communication

# The HOW



- 5. Methodology Recommendations:
- Educate Connecticut prescribers on the importance of discussing
  1. Medication costs and barriers with patients
  2. Alternative treatments or medications with those who cannot afford the first choice
  3. Referrals to programs for assistance
  4. What problem or symptom each medication targets, if it is cure to the problem, symptom relief and/or for health maintenance/prevention

# The HOW



- 5. Methodology Recommendations:
- Educate Connecticut prescribers on the importance of discussing
  1. **Help patients living with scarce resources thoughtfully set priorities in filling prescriptions**
  2. **Discuss tradeoffs, warning signs, discomfort, and other consequences of forgoing prescriptions or limiting doses**



# The HOW



Include prescribers' communications with patients about their ability to pay for medications, effectiveness, priority setting and consequences of skipping medications or doses into meaningful value-based performance measures for payment

- Align payers on best treatment guidelines and integrate into academic detailing

# The How



- Require that direct-to-consumer and provider advertising in Connecticut include the retail price of the medication and the expected/average improvement in symptoms and/or cure rate (number needed to treat) and the probability of improvement
- Create an independent academic detailing program to give providers balanced information on the costs and comparative effectiveness of medications

# The HOW



- Diversity and Social Determinants of Health
- It is essential to recognize and address the need to customize communications for each audience (the Who) on the impact of disparities, social determinants of health and cultural competence when designing and utilizing any educational modalities.

# Transparency



- 6. The recommendation regarding total transparency is inclusive of all aspects of academics by and for every one of the individuals outlined in the interests groups.

# QUALITY



- 7. Methods of Measuring and Monitoring

## Items for Consideration

Hold all sources accountable for consistency and continuity of the message

All stakeholders must participate in an independent review process that safeguards consistency and continuity of the message

Policies and decisions from the review process must be in writing and publicly available

The process must include public input

# Quality



- Integration of all treatment options, including non-pharmacy options are included in communications
- Communications with consumers and prescribers must balance use of lifestyle change and wellness interventions with pharmaceutical use
- Promote patient-centered engagement and shared decision making in communications about treatment options.

# Questions utilized to formulate recommendations



- 1. Should we be the group to design standards of two-way communication between consumers and the health system regarding effective use of medication and medication devices.
- 2. How do we make recommendation comprehensive, meaningful, and measurable and promote quality?
- 3. How do we insure flexibility and appropriateness of diversity in population education?

# Questions



- 4. How do the education efforts become integrated into public health promotion best practices for wellness and lifestyle change?
- 5. What are the avenues available to connect community resources and educational efforts?
- 6. What is the interface between prescribing physicians/providers and pharmacists, consumers, and payers?
- 7. Where/who and what are the safeguards for the consistency and continuity of the message?





- 8. Should we consider the impact of Direct to Consumer Advertising and utilization of coupons?
- Complete answers to all questions have been posted at:

<http://portal.ct.gov/Office-of-the-Lt-Governor/Healthcare-Cabinet/Healthcare-Cabinet/Consumer-Healthcare-Education-Work-Group>