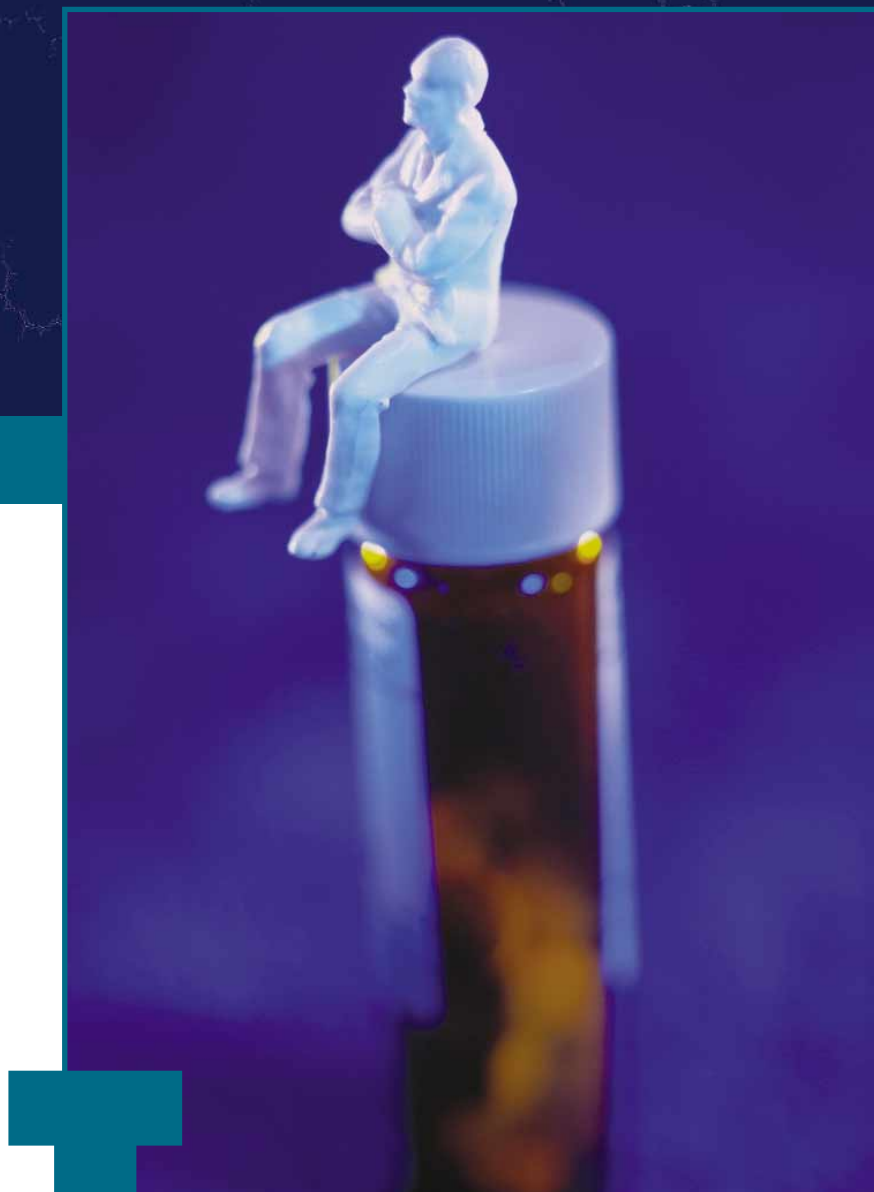


Case Management and Pharmaceutical Companies

Why Should We Cooperate?

by Eric Mensh and
Maura Lessard, RN, BSN, CRRN, CCM



The question has merit. We have some common ground, but traditionally, a divide has existed between case managers and pharmaceutical makers. When managed care began to eclipse indemnity as the most popular form of health care benefit, the landscape changed. Because of its nature, managed care ended up on one side, and providers and industry were on the other.

Coincidentally, about the same time managed care was becoming more popular, technology moved into the passing lane, moving more quickly than anyone had the capacity to manage. Direct-to-consumer campaigns created situations in which patients often had more current information than their providers or health plans. All these factors created tension and widened the divide when what we really needed was a bridge.

Managed care and the pharmaceuticals are two of the most universally vilified and disliked industries by the general public. They seem to think we wake up every morning contemplating new and creative ways to profit from the ever-shrinking health care dollar. Both industries feel victimized by political rhetoric and media coverage. Case managers and workers in the pharmaceutical area both have experienced the dynamics of a working environment that is regularly confused by mergers and acquisitions. What better reasons could there be for endeavoring to create a partnership based on our common goals?

Just what are our common goals? They fall into two general categories. First, we both have a responsibility to the recipients of the products we make and sell—patients. Second, we both survive on our ability to communicate and develop relationships with other members of the health care delivery team.



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So how do we view ourselves? Case managers, responsible for promoting the well-being of the patients they serve, are the necessary link between good clinical outcomes and fiscal responsibility. They have been given the responsibility by employers and, by extension, employees to keep health care premiums from becoming unaffordable. Case managers are patient advocates for quality care and hold providers accountable for their decisions.

Likewise, pharmaceutical companies have a responsibility to patients. We see ourselves as the scientists, manufacturers, and purveyors of products that eradicate disease and transform people's lives. We endure a great deal of risk when developing products for commercial application and are held to ethical standards unheard of in other industries.

So what do we have to offer each other? How about the opportunity to change the public's perceptions about our industries? Together, case managers and the pharmaceutical industry can reshape the way our businesses are viewed. Let's look a little bit more carefully at how we can do this.

We in the pharmaceutical industry may not have considered a couple of things. Case managers can guide access to the use of some of our drugs. They can offer access to medical directors. They can help physicians more efficiently navigate the managed care system. They can advocate for patients they think will have improved outcomes by using a drug. They can help find resources to get patients what they need if it is not covered by their plan and will have a meaningful impact on the course of their illness. Case managers have input into the development of medical policy. In short, they affect just about everything pharmaceutical companies care about relative to managed care.

Case managers, as part of the managed care industry, may want to consider a couple of things as well. Drug-makers dedicate significant resources to help educate physicians and patients about disease processes and treatment alternatives. Many pharmaceutical companies have the advantage of a small number of physicians per representative. This concentration can be used to promote better physician understanding of what case managers do and how they can help navigate the system. And we, too, want to facilitate the appropriate use of our drugs.

Now that we have identified areas where we can be helpful to each other, let's be creative and find ways to improve the lives of the patients we serve. This improvement already is happening in certain places.

Many pharmaceutical and medical equipment and device companies partner with case managers in such areas as disease management and patient education. Companies routinely conduct case management (CM) advisory panels to help better understand CM perspectives and needs. As a result of information from these advisory panels, our company has implemented a CM liaison program to help physician providers and case managers get to better know, understand, and work with one another. Pharmaceutical companies have brokered meetings between physician providers, medical directors, and case managers to help establish relationships and create partnerships in the development of policies and procedures. Educational grants

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have been made available to fund the development of programs to teach patients and create tools for case managers, as well as to study the financial impact products may have on the cost of managing disease processes.

We can help each other in countless ways, and they all rest on a common platform: creating and providing access to medicine that, used appropriately, may improve the lives of patients while responsibly managing our impact on health care spending.

These reasons are some of the many why it makes sense for case managers and pharmaceuticals to work together, but maybe we are looking at this partnership through rose-colored glasses. Doesn't the possibility exist that these efforts are exercised simply to gain preferential treatment? Of course they are, but that fact doesn't make them wrong. What are contracting and advertising? What are tradeshow exhibit halls and educational programs? They all are efforts to gain some type of preferential treatment. If pharmaceutical and medical companies didn't have access to health plans, health plans and case managers would not have the information to make current, informed, real-time decisions about what they make available to patients.

If concerns about the propriety of these two entities working in partnership still arise, consider this. Checks and balances have been built into the system to keep out unfair influence. This is why the Food and Drug Administration creates package inserts and reviews all marketing materials for compliance. It is why health plans have medical policies and pharmacy and therapeutic committees and why salespeople cannot discuss off-label or future indications without an unsolicited request. Are these systems perfect? Probably not, but they allow us to provide the best health care delivery in the world.

Many case managers teach the value of establishing relationships with pharmaceutical and medical companies and that there are rules and regulations in place to protect everyone from unfair influence being exerted on important decisions. They also teach this lesson back to their health plans. They help their coworkers understand that much of the knowledge about these products comes from the companies that produce them, and the fastest and most complete pipeline to this knowledge is the through the manufacturer. These case managers understand the necessity of industry support to their local and national trade organizations. They work closely with all members of the health care team to bring meaningful educational programs to their communities. They know that no relationship with industry will cause them to make a bad decision about the care for a patient. They know, in fact, that many times a rapport will help them make a better one. □

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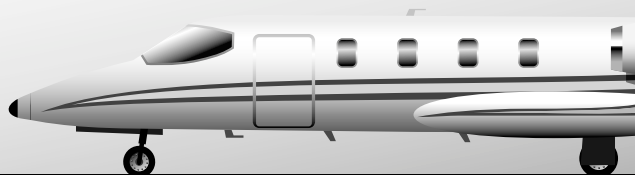
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