Boston Medical Center
HEALTH SYSTEM

Comments of David Twitchell, CPO, Boston Medical Center Health System
Health Policy Commission Listening Session on White Bagging and Brown Bagging
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Good morning. Thank you for the opportunity to share my perspective on this important issue. My name is David Twitchell and I am the Chief Pharmacy Officer for Boston Medical Center Health System. Our health system is comprised of Boston Medical Center, a 498-bed academic medical center, and Boston Medical Center HealthNet Plan, a 420,000 member health plan, insuring largely MassHealth and Connector members. Our system includes a specialty pharmacy serving BMC's patients, as well as 30 other provider groups and over 8,000 individuals across the Commonwealth. We are also proud to achieve some of the highest quality outcomes in the state for cancer, hepatitis C, HIV and other chronic and complex illnesses because of the successful integration of our pharmacists into patients' care teams. Our pharmacy has been recognized by the Massachusetts Society of Health System Pharmacists as the 2017 Health System Pharmacy of the Year. My position overseeing the high-quality provision of medications to the hospitals' patients, as well as for our plan's members gives me a somewhat unique perspective on the questions you are considering.

I am convinced that **"white bagging" can be done safely** and effectively throughout the Commonwealth. I know this **because**

- **Our pharmacy fills 800 white bagging prescriptions a month, 200 to patients at BMC and 600 to other providers.**
- Our pharmacy is sought after because we have extraordinary access to medications, thanks to our **high quality outcomes** and exemplary **safety history**.
- **We ensure patients' safety by having systems in place that ensure that safety,** like cold chain logistics, using overnight delivery or courier systems, establishing systems for reliable delivery within clinics (like an assigned lead and backup system) and co-

developing logistic and storage solutions for our partners, like refrigeration solutions, stock storage solutions and more.

These standards are a core part of specialty pharmacy practice and **could be required by** the Commonwealth through sensible, easy-to-implement **regulations**.

There are many benefits of "white bagging" for all stakeholders.

- First, and perhaps most importantly, **white bagging lowers the cost of health care.** The alternative to white bagging is for hospitals and providers to "buy and bill" the drug. For an illustrative example, Vivitrol (a long acting drug to treat substance use disorder) costs a payer ~$4,000+ per month when given via buy and bill, and only costs ~ $1,000 per month when given via white bagging. That's just for the drug itself. That's a difference of $36,000 per year, per patient on that drug. Sometimes the differences are even more dramatic.
- Another benefit is that for some drugs, **white bagging creates faster access to medications.** Navigating distribution channels and insurance formularies for drugs is often beyond the core expertise of the administration site. Specialty pharmacy providers are focused entities that navigate these challenges routinely, which can lower access time, if they are well interfaced with clinicians.
- White bagging can also lead to **better medication adherence through active care management.** Specialty pharmacy providers are held to high standards for ensuring medication adherence, and therefore routinely ensure that diagnostic criteria are met before therapies are initiated. Dedicated staff with care management software focused on high-cost therapies can help bring resources to clinicians where active care management is not available.
- There are also advantages **for providers**. One is **consolidated data reporting on drugs.** Many specialty pharmacy medications require reporting of data: utilization, accurate fill history, patient follow up, for example. Provider practices are often challenged to find resources to meet these requirements.
- Additionally, several drugs have time-intensive and variable REMS (risk evaluation and mitigation strategy) program requirements. **Specialty pharmacies are selected specifically for their expertise and reliability in REMS reporting**, and can relieve the burden of these responsibilities from provider groups.

Certainly, **there are operational challenges**. But, every operational challenge has an operational solution.

- For example, some of our patients must use a specialty pharmacy (instead of "buy and bill") for their Remicade prescriptions, a common immune modifying drug. In the case of the Remicade, the physician still enters the order into the electronic health record (the EHR) thus appropriate safeguards for interactions, dose limitations and other safety checks are accomplished the EHR. To ensure access to medications, we have liaisons dedicated to helping patients access to all medications who do a number of things to help with white bagging like
    - Ensure that prescriptions are sent to the appropriate specialty pharmacy
    - Works with the pharmacy to ensure the send the prescription in time for the patient's appointment.
    - Receives the drug (and ensures it arrived in acceptable condition)
    - Places drug in a monitored medication storage area (e.g. refrigerator, room temperature etc.)
    - Ensures clinic staff can access it when the patient is ready for administration.

In contrast to these safety protocols, the practice of "brown bagging" where patients fill prescriptions at pharmacies and bring them to their clinicians' offices is not safe. No legislation, regulation, guidance or standard can manage patient behavior adequately to ensure the safe delivery of sensitive medications. The temperature swings in New England alone are enough to compromise the efficacy of many specialty medications. I recommend that you advise the legislature to ban this practice, and that white bagging continue with existing safety protocols.