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Medical Oncology Association Of Southern California, Inc.

SPAC

Sargas Pharmaceutical Adherence and Compliance International

Together we ensure access to quality and affordable care for cancer patients

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No matter what the circumstances, we will help you take your prescribed drugs on time

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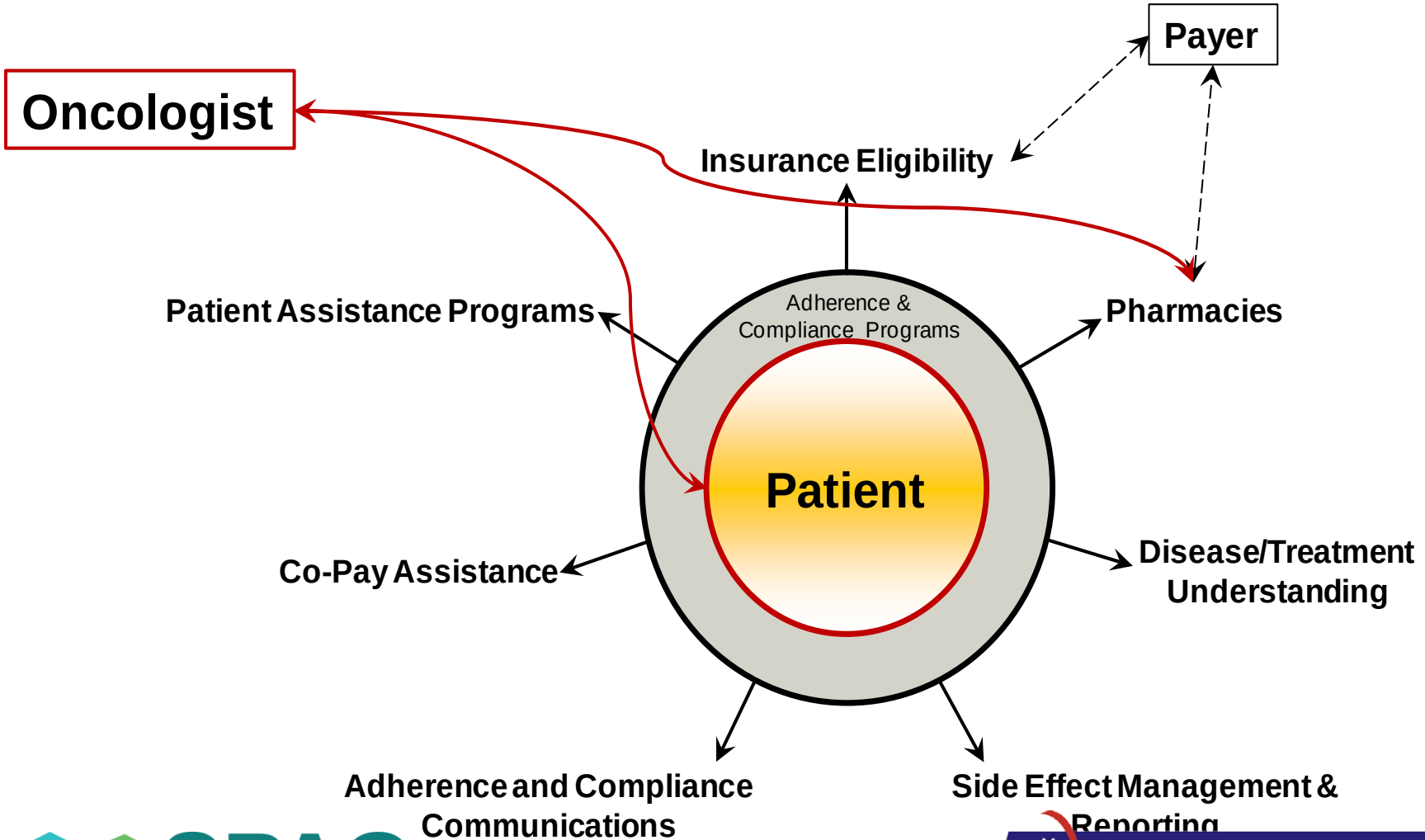
Automation delivers Chronic Care Management

Current Model



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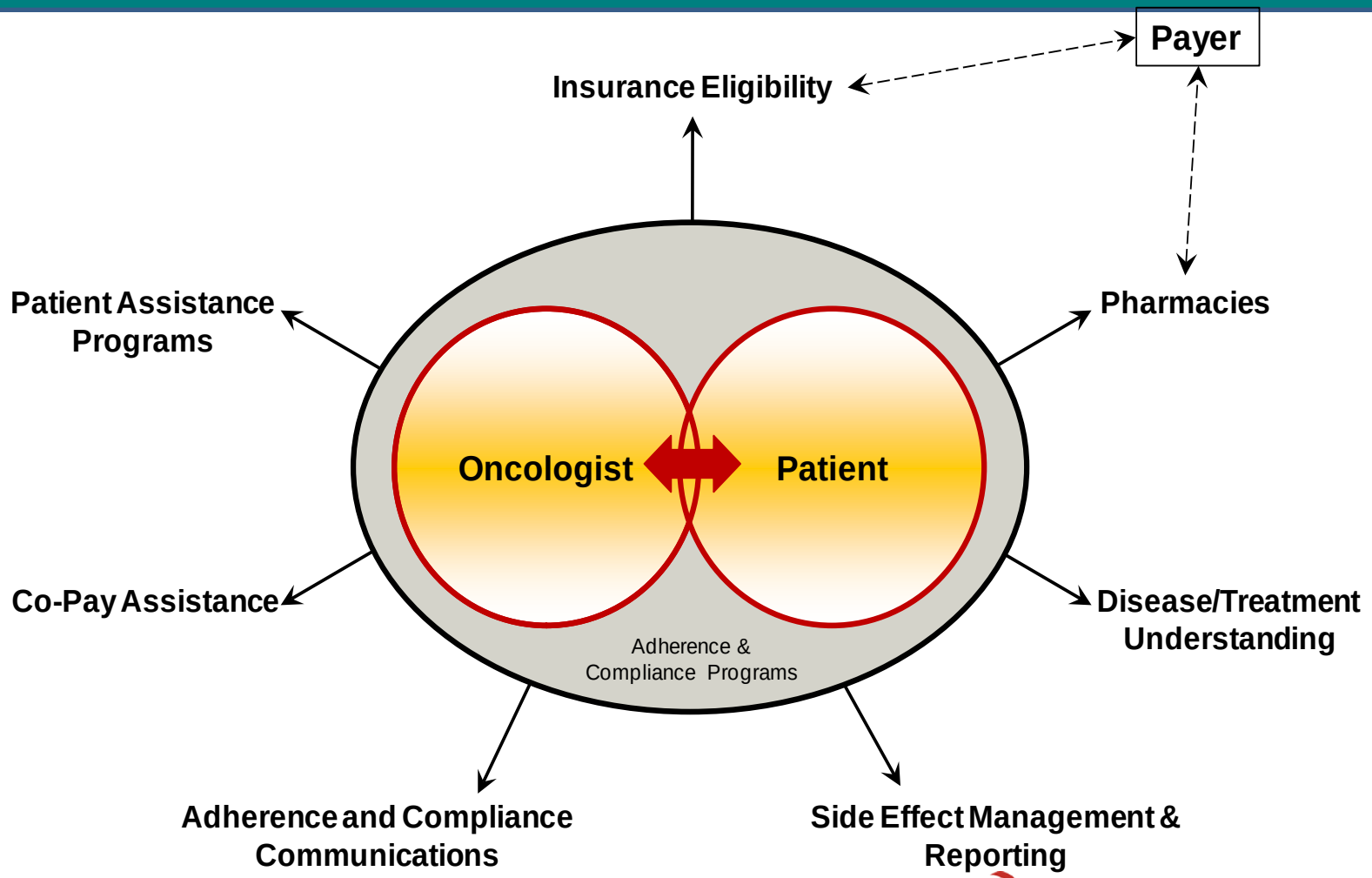
Automation delivers Chronic Care Management

SPAC Model



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Automation delivers Chronic Care Management

SPAC Model

WHY SPAC?

- **Sargas provides the compliance, adherence, chronic care management and 24/7 medication monitoring by hand holding the patients.**

- **Sargas captures revenue, visits, scripts and provides better patient care.**

- **Sargas delivers better outcomes and survival**

- **Sargas keeps the physicians informed through the entire treatment cycle in real time.**

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Automation delivers Chronic Care Management

SPAC Model

WHY SPAC?

•SPAC program activates in the exam room when the script is written and then it tracks the delivery of that entire treatment.

• SPAC is a conduit that connects patients, physicians, insurance companies, co pay programs, authorization programs and other patient services.

• SPAC's vision is to provide the patient with the drug in the most efficient manner by working with the providers.

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Automation delivers Chronic Care Management
SPAC Model

WHY SPAC?

- **Sargas provides administrative support via a personal phone contact or mobile applications like Apple or Android**
- **Sargas helps schedule the follow up and captures patient reluctance (e.g. mouth sores, fatigue) to treatment in real time.**
- **Sargas cloud application works with patient, primary care, oncologists, other specialists, and pharmacies and infusion site**
- **Sargas follows up on the patient on a daily, weekly and monthly basis**

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Partnership with the Physicians

- mHealth applications that engage the patient with their physicians.

- Immediate feedback on patient symptoms and performance status.

- Patient health information exchange portal for the multispecialty.

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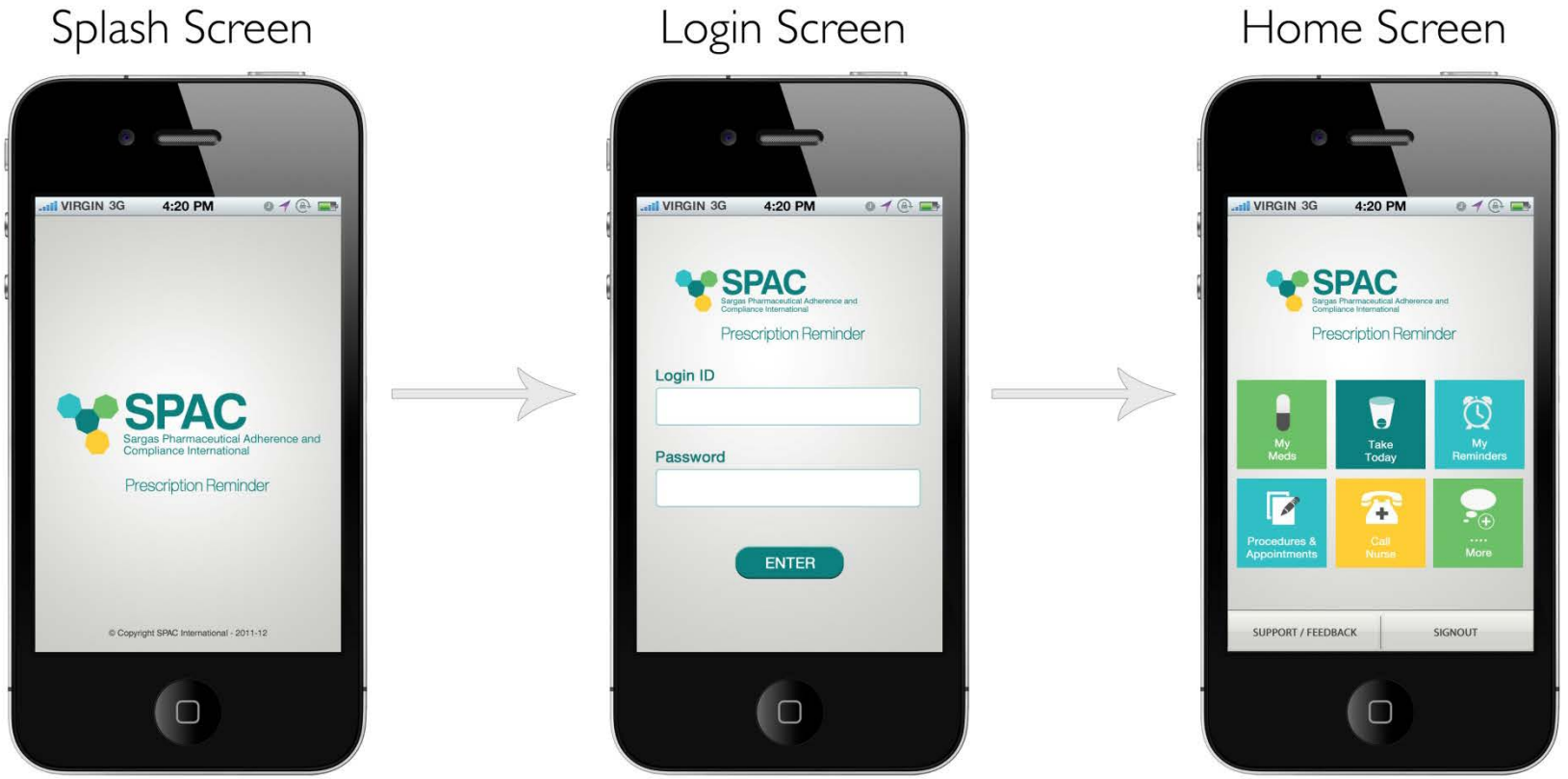
Adherence and Compliance Approach

SPAC I phone Flow Diagram



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Adherence and Compliance Approach

SPAC Iphone Flow Diagram

My Meds

Open from "Medi" Button Home Screen

Take Today

Open from "Take Today" Button Home Screen

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Automation delivers Chronic Care Management

SPAC Model

Providing any patient services that do not begin with their physician leads to confusion for the patient and all other service providers.

Sargas has developed its patient centered solutions with the oncologist and their staff such that they are aware and have control over their patient's experiences

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A day in the life of a Cancer Patient.

Lab Tests

Infusion Transfusions

Biopsy

Financial Stress

Imaging studies

Radiation

Holistic therapy

Chemo

Clinical Trials

Psychological stress

Family Stress

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Partnership with Patients

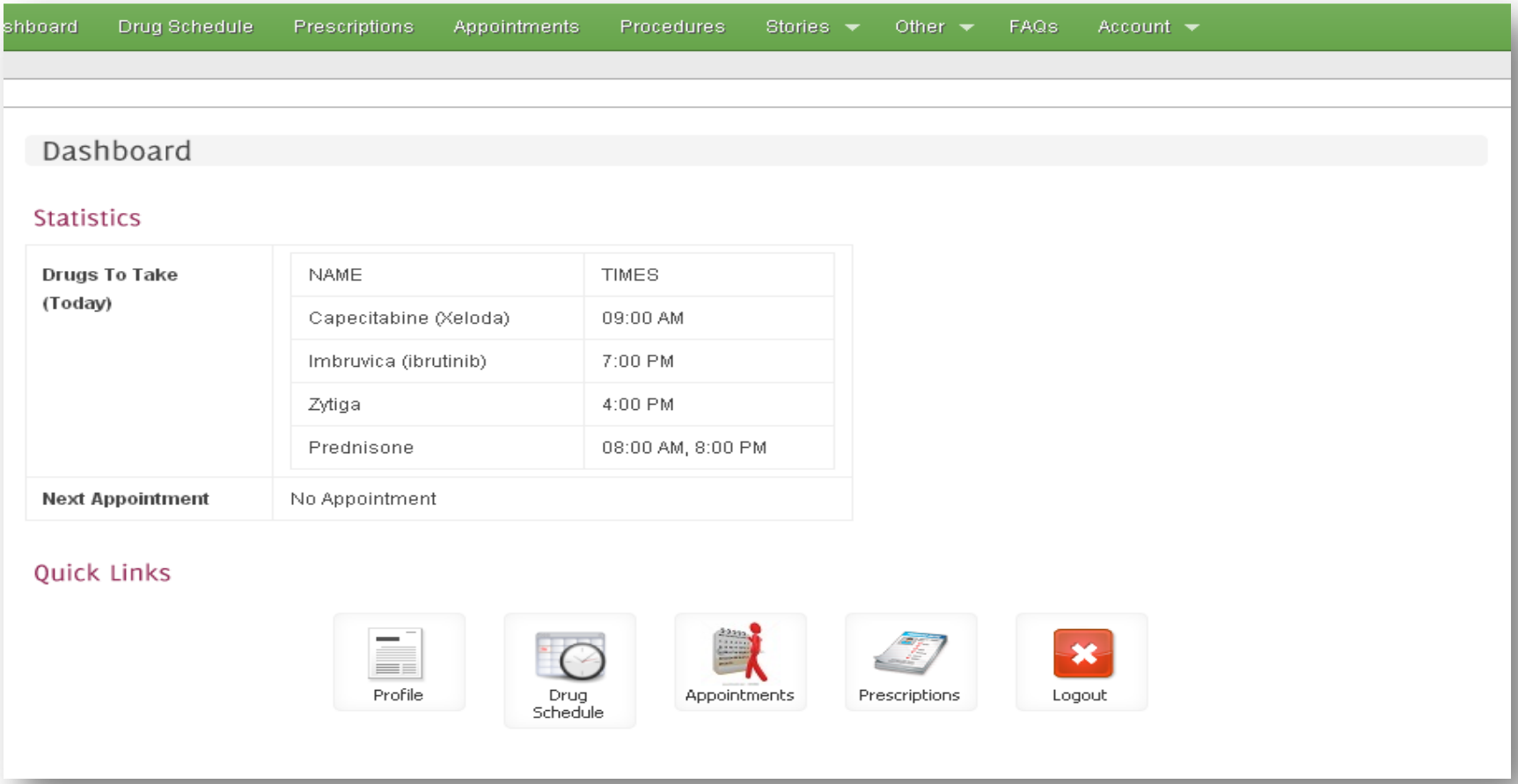
- **Minimizing the barriers that prevent patients from quickly accessing their treatments.**

- **Utilizing all possible means including mHealth to communicate with patients and their caregivers or family members in the way that works best for them. Text messages, phone follow-up and email messages regarding treatment compliance.**

- **Care teams comprising of nurses and certified health professionals to assist the patients 24/7 with their treatment needs.**

Automation delivers Chronic Care Management
Patient Module

Patient Module- Dashboard



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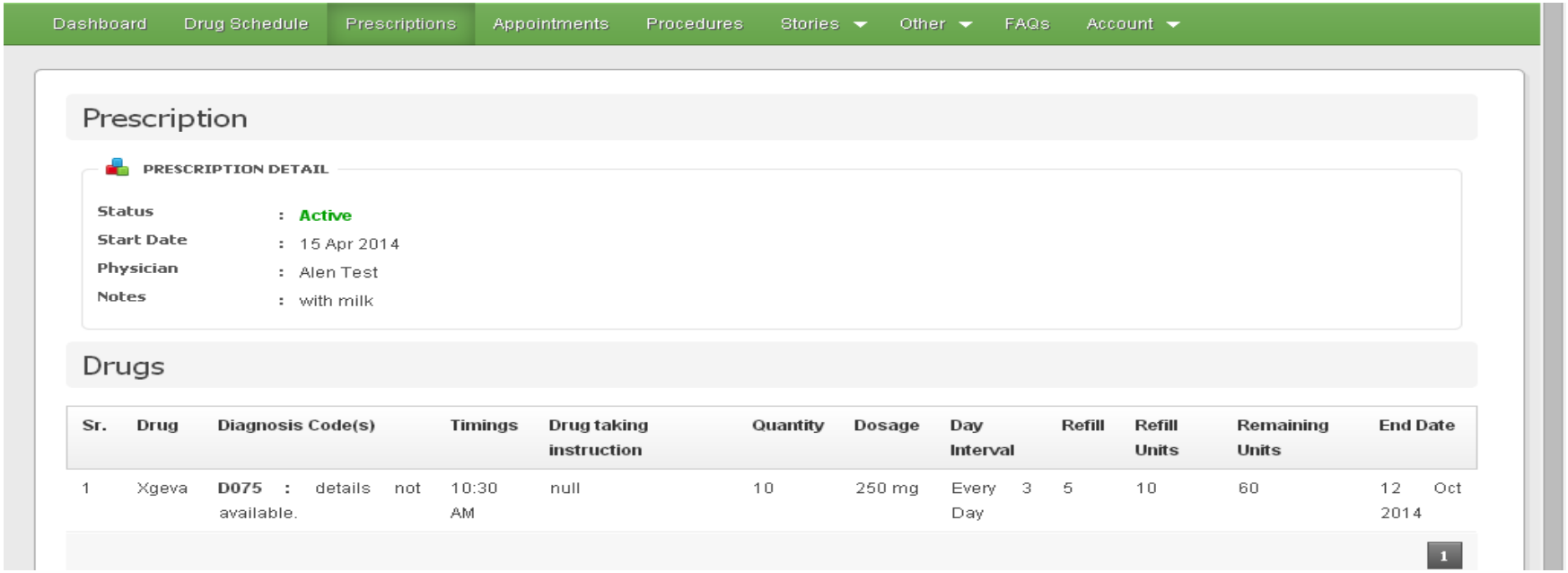
Automation delivers Chronic Care Management

Patient Module



Patient can view prescription detail with dosage information, timings to take and notes.

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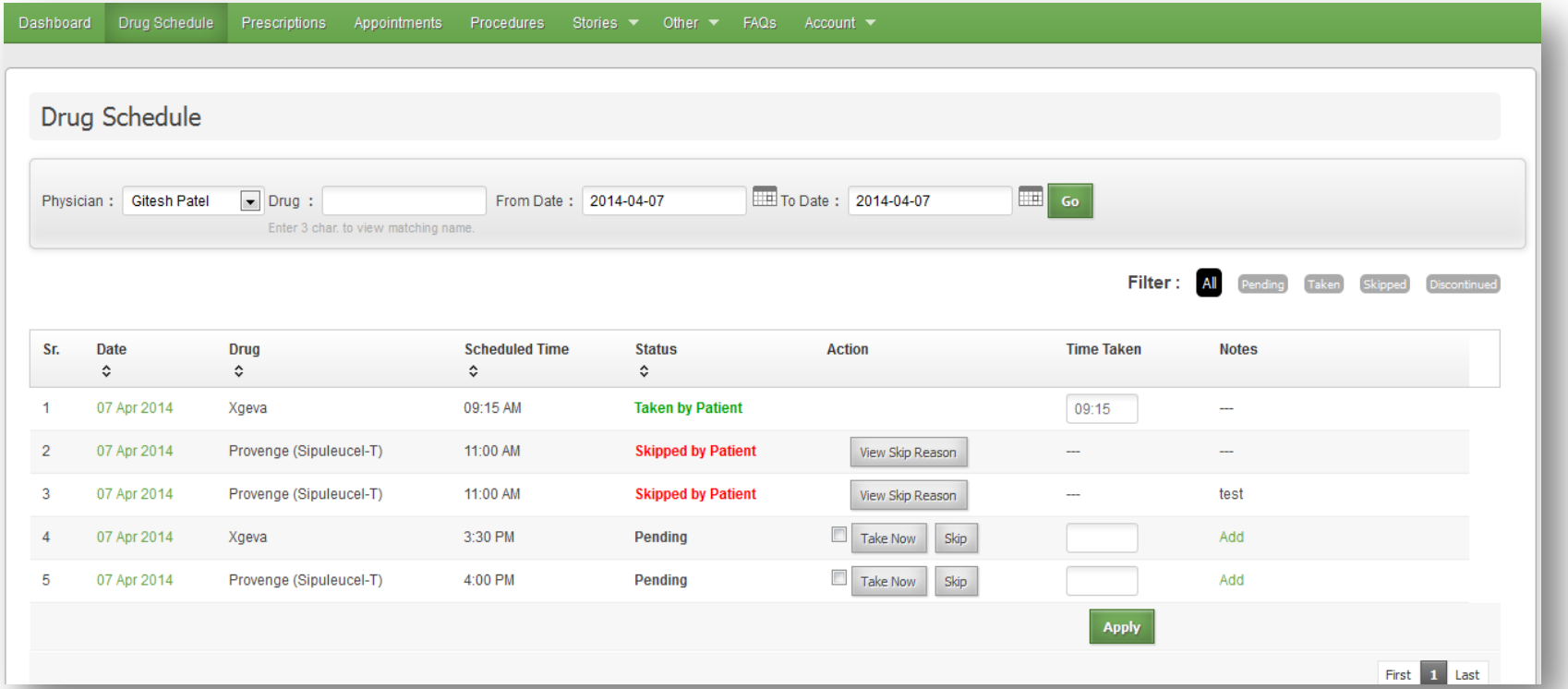
Patient Module



Patient can view scheduled drug information for today as well as for past and future by changing date range. Patient's action for scheduled drug will be captured here. He can either take the scheduled drug or skip by selecting relevant reason from the drop down list.

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Automation delivers Chronic Care Management

SPAC Model

Physicians would bill Medicare for chronic-care management using a new G code. It would apply to at least 20 minutes of management services over 30 days for a patient whose multiple chronic conditions are expected to last at least 12 months, or until death, and that represent a significant risk for death, functional decline, or acute exacerbation or decomposition. Chronic-care services must be available on a 24/7 basis, but a clinical staff member can provide them at the midnight hour on an "incident-to" billing basis without direct supervision.

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Our chronic care management (CCM) services includes:

- **Regularly updated comprehensive patient centered plan of care (to be provided by the physician) (Patient specific plan of treatment or Regimen or prescriptions)**

- **Continuity of care through access to established care team (Patient specific doctors) for successive routine appointments (Our system provides access to patient information to the physicians that share the same patient)**

- **Scheduled preventive service and medication monitoring by our trained staff with custom mobile health applications for patients.**

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Our chronic care management (CCM) services includes:

- 24/7 Patient access to a care team. After business hours, our staff of nurses and care team is available for the patient to address acute chronic care needs.

- 24/7 Patient care team access(all the physicians will have access to each patient's medical information via our cloud physician portal and pharmacy portal)

- There is an opportunity for patients to communicate with our care team by telephone, secure messaging and other communication modalities like email, and live support for 24/7

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Our chronic care management (CCM) services includes:

- We help in the management of care transitions facilitated by electronic exchange of health information via our HIPPA compliant cloud portals

- 24/7 access to medical information for care coordination for the patient's medical team and to support each patient's psychosocial needs and functional deficits.

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Our chronic care management (CCM) services includes:

Medicare will pay for only patients with two chronic diseases. Physicians will have to bill and collect on their own for these services. Patients will have to pay 20% co-payment for these services.

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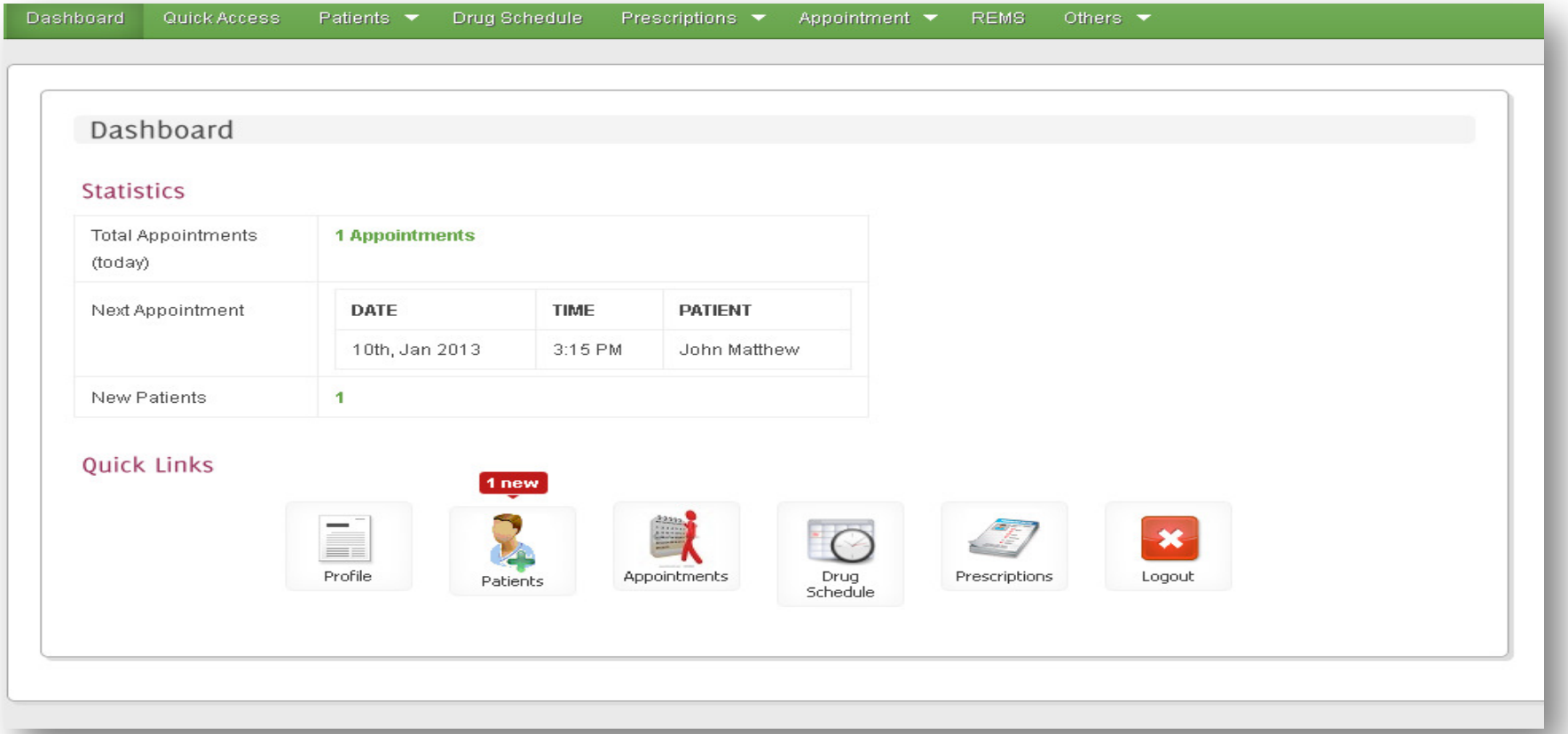
Automation delivers Chronic Care Management
Physician Module

Physician Module- Dashboard



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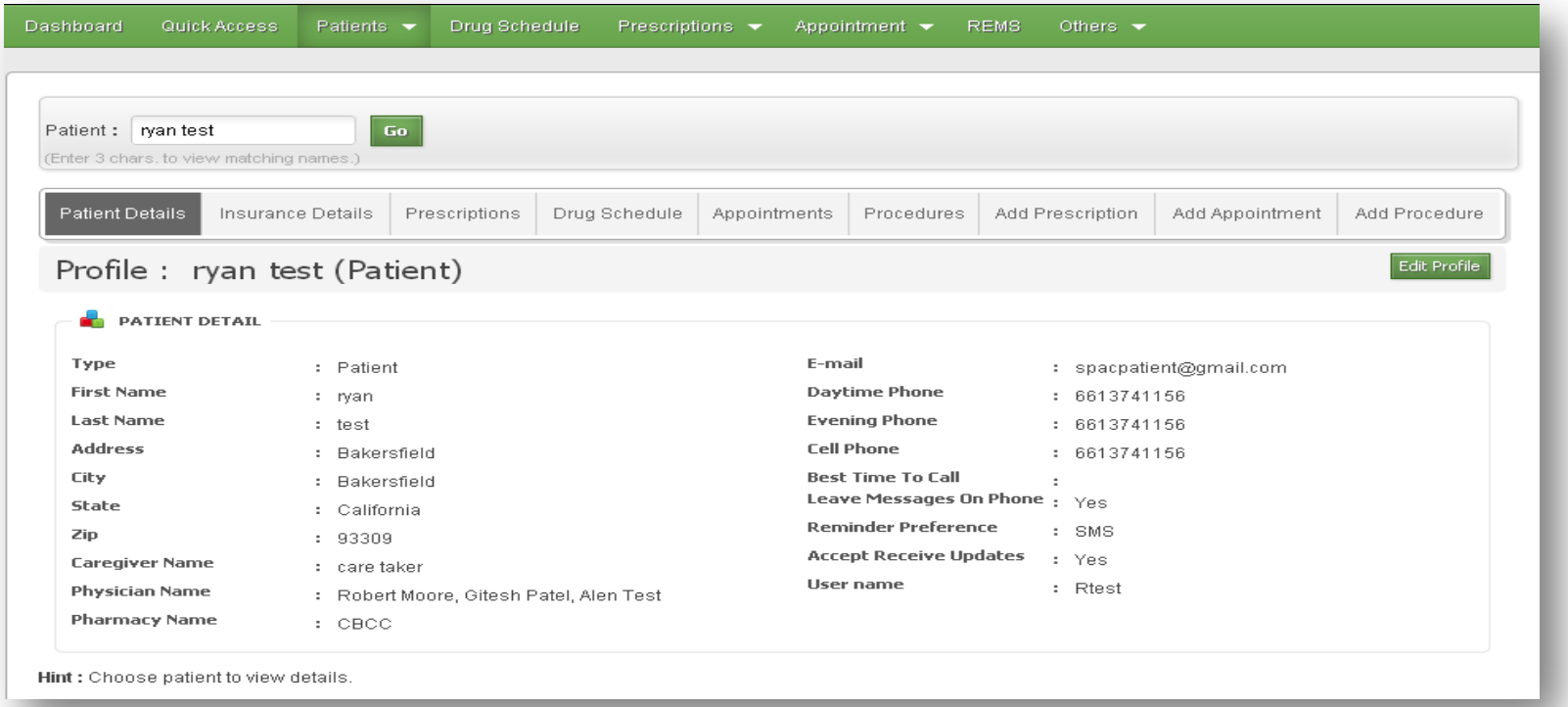
Automation delivers Chronic Care Management
Physician Module



This is how screen will show patient's detailed profile and have option to add prescription, appointment and procedure. Patient's current insurance detail, prescription and drug schedule can be viewed from here too.

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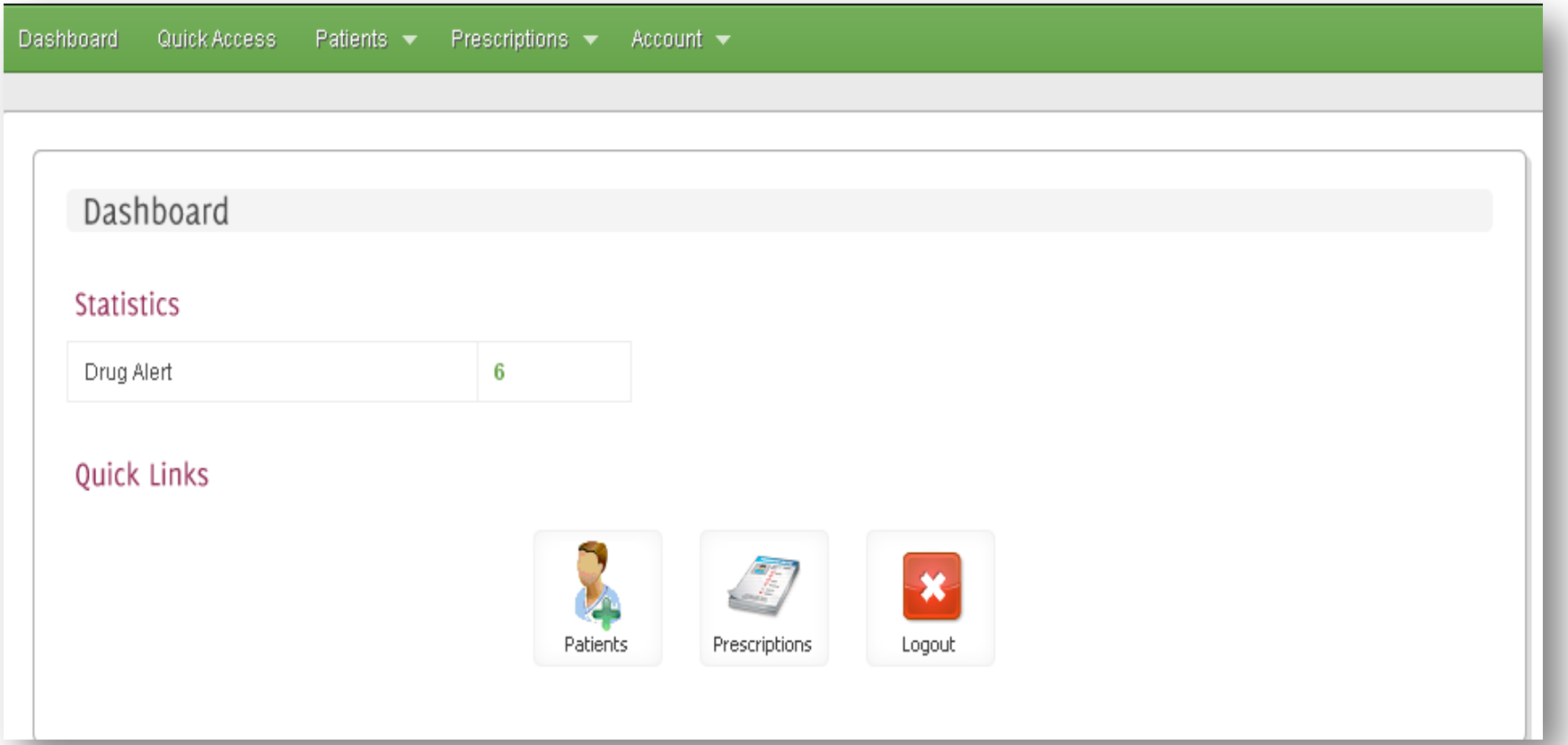
Automation delivers Chronic Care Management
Pharmacy Module

Pharmacy Module- Dashboard



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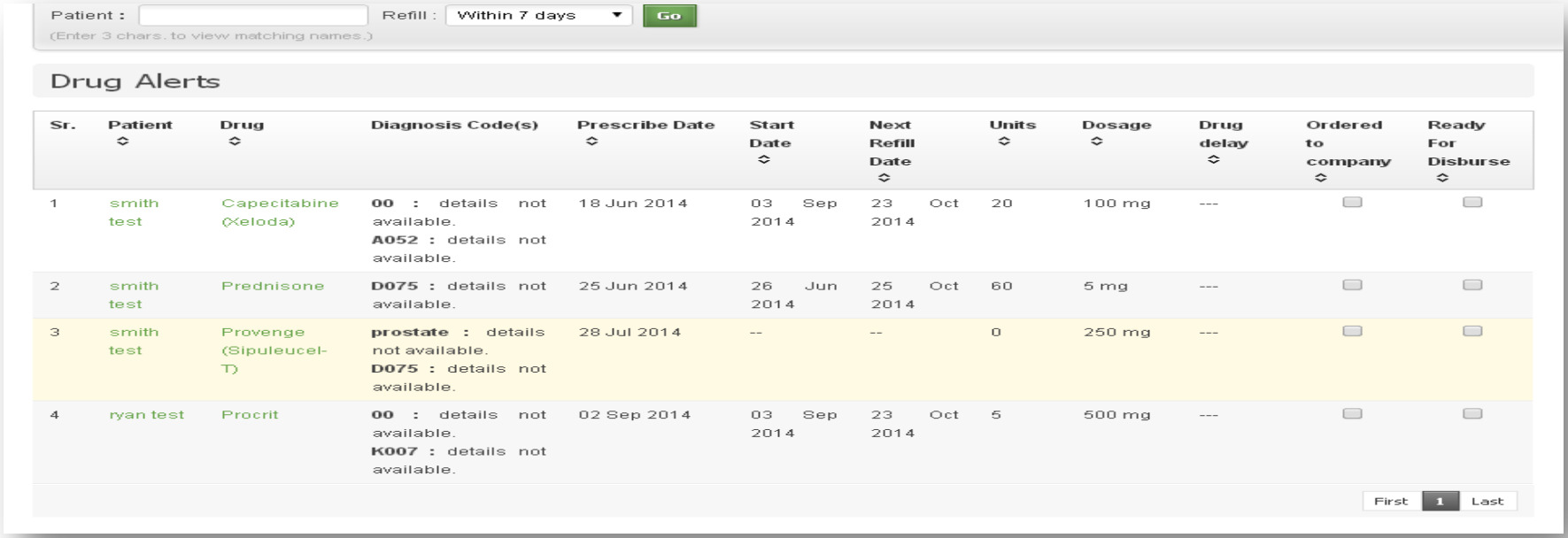
Automation delivers Chronic Care Management

Pharmacy Module



Drug alert will have list of all pending refills for new and ongoing prescription. This is how screen will show up when pharmacy will check drug alert. Here pharmacy can check stock and order drug to manufacturing company if required and once its made available can select option to dispense the same. An alert will be sent to admin to pick up drug.

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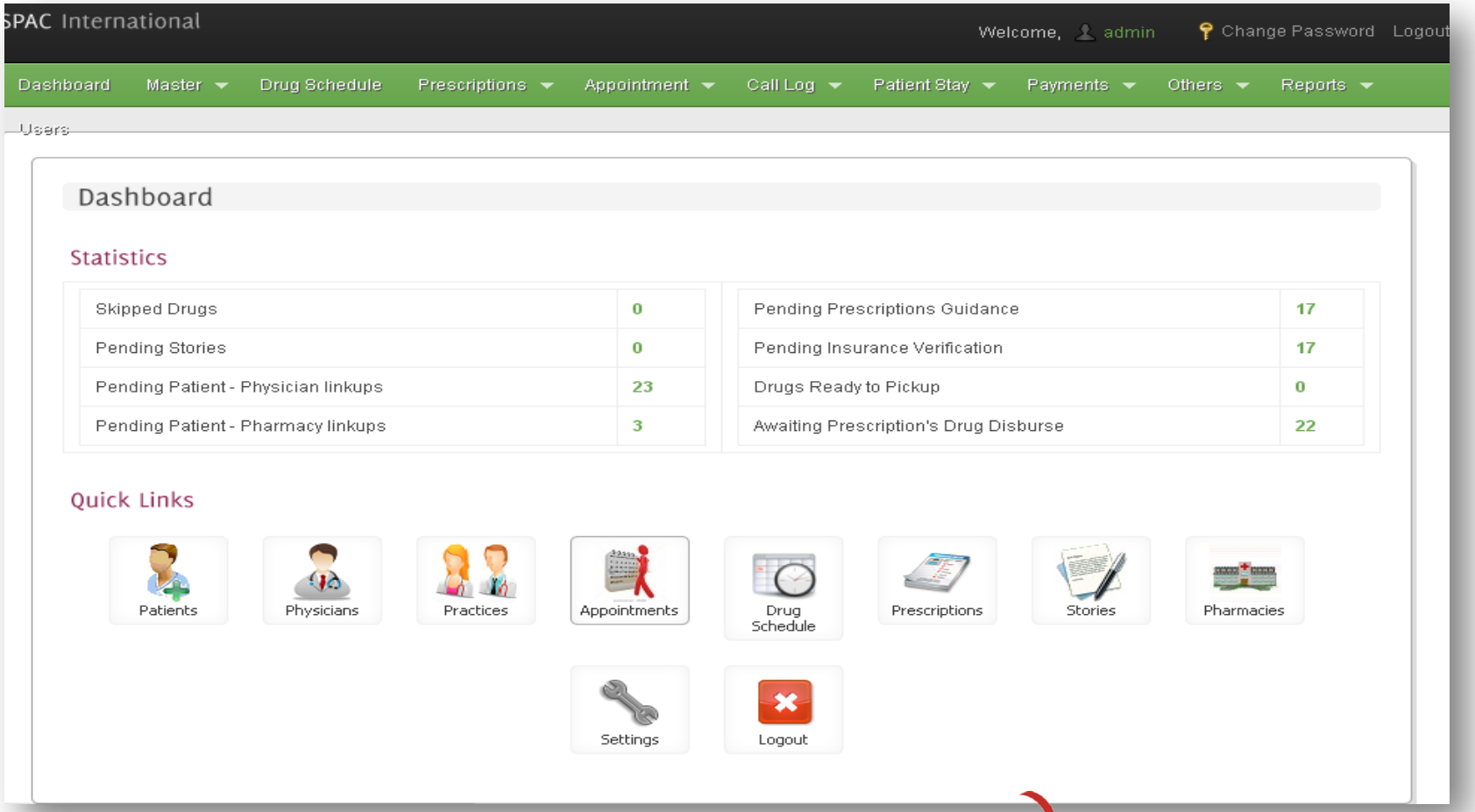
Automation delivers Chronic Care Management
Admin Module

Admin Module- Dashboard



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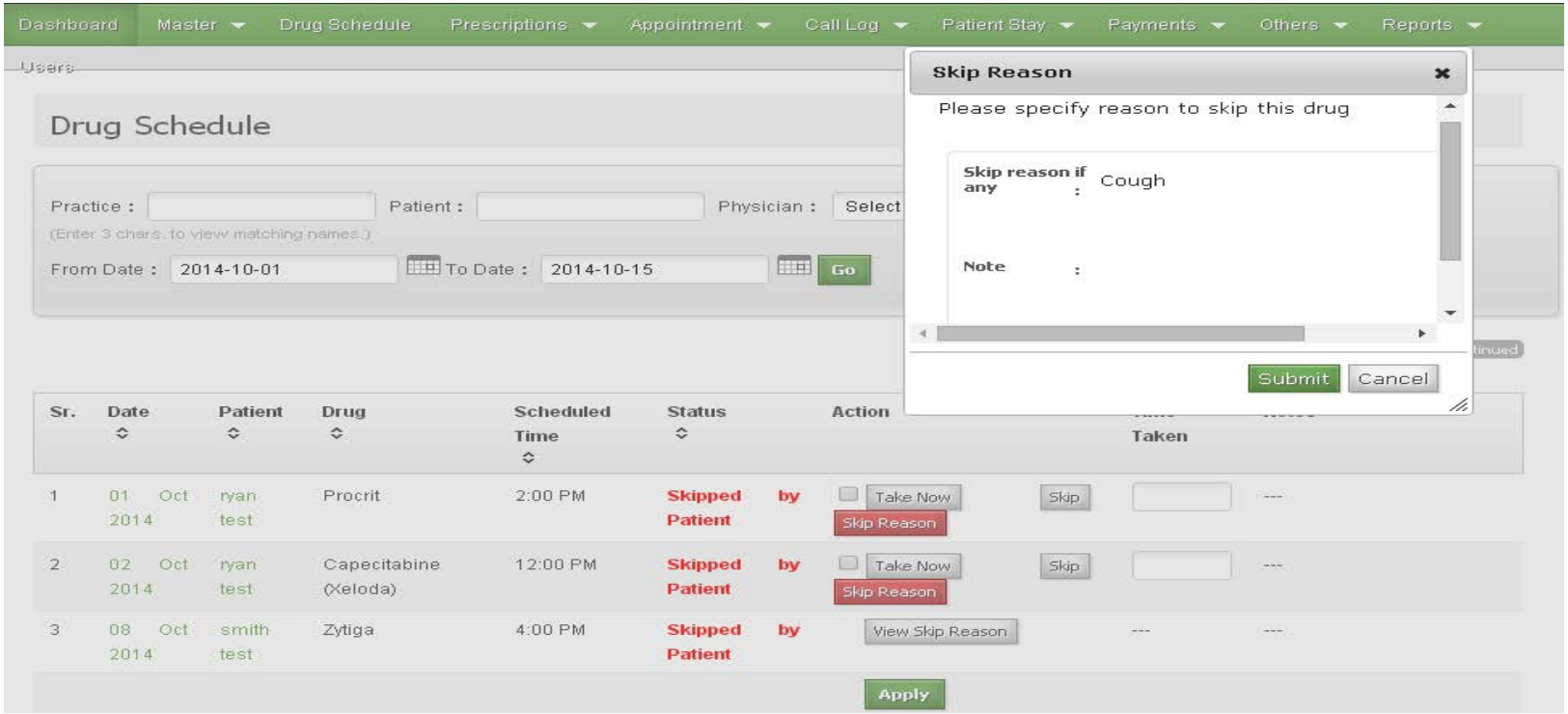
Admin Module



Skip drug status will show up as above screen shot. Admin and Physician both the modules will have same screen to view list of skipped drugs with date, time , skipped by status and skip reason.

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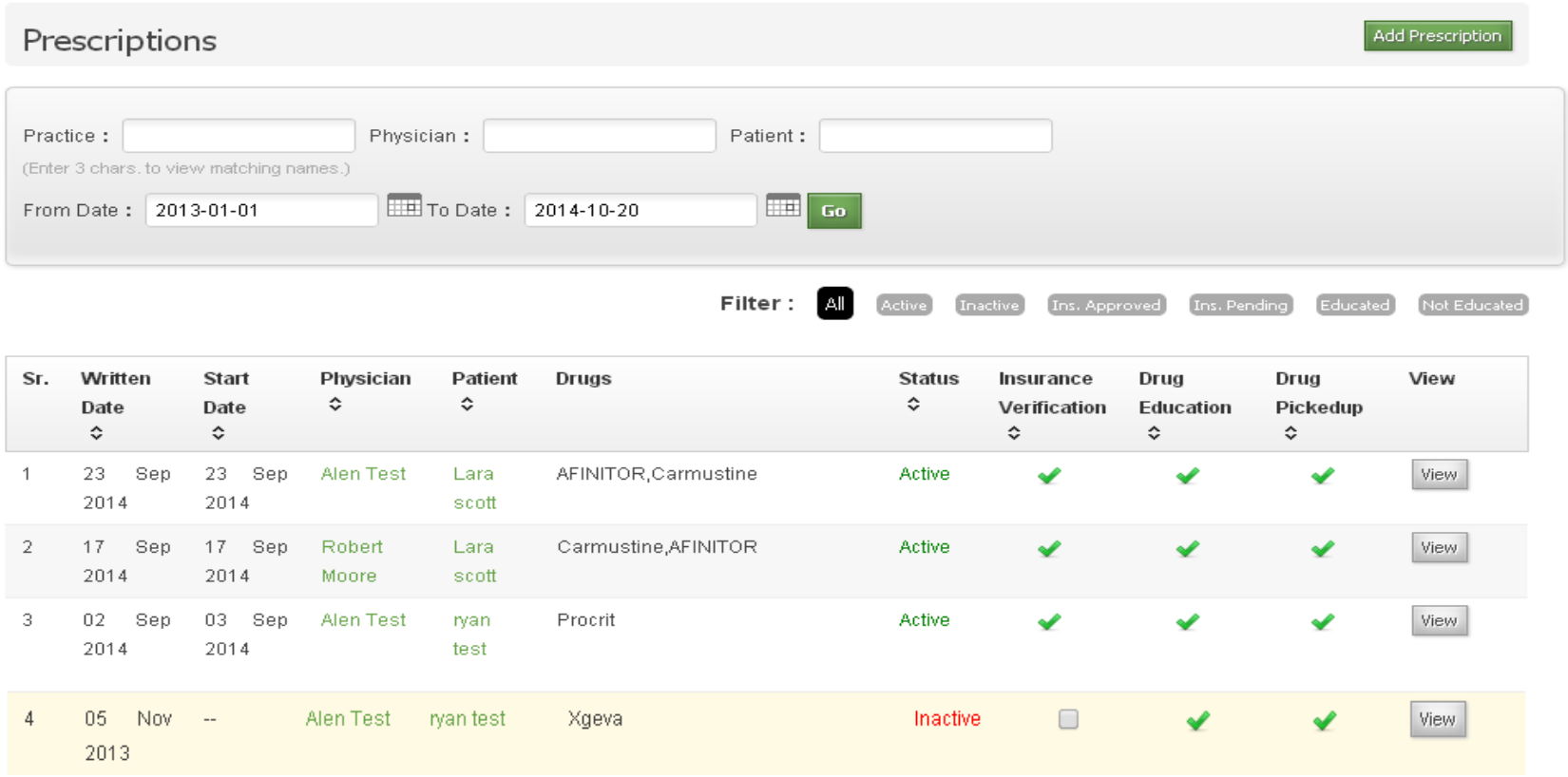
Admin Module



Sr.	Written Date	Start Date	Physician	Patient	Drugs	Status	Insurance Verification	Drug Education	Drug Pickedup	View
1	23 Sep 2014	23 Sep 2014	Alen Test	Lara scott	AFINITOR,Carmustine	Active	✔	✔	✔	View
2	17 Sep 2014	17 Sep 2014	Robert Moore	Lara scott	Carmustine,AFINITOR	Active	✔	✔	✔	View
3	02 Sep 2014	03 Sep 2014	Alen Test	ryan test	Procrit	Active	✔	✔	✔	View
4	05 Nov 2013	--	Alen Test	ryan test	Xgeva	Inactive	☐	✔	✔	View

Prescription status will show up like this. When all activities linked with prescription activation is completed, it will show ‘active’ and if one or multiple activities are pending, it will show ‘inactive’.

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Adherence and Compliance Approach
SPAC Model

Over 300 members

- Cancer Center of Kansas
- The Center for Cancer & Blood Disorders, Fort worth
- Comprehensive Blood & Cancer Centers, Bakersfield
- Marin Specialty Care, Marin Cancer Company, Marin
- Epic Care

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Our chronic care management (CCM) services includes:

- Sargas assists with monitoring patient Symptoms in real time via it software
- We will proactively manage the patient via our reminders and phone follow up.
- Our dashboard assists in identifying patient that need a visit scheduled
- While hand holding the patient on your behalf and we keep you informed

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Our chronic care management (CCM) services includes:

- 24/7 patient access to their health care provider to address the beneficiaries' acute chronic care needs;
- continuity of care with a designated practitioner;
- care management for chronic conditions, including systematic assessment of the patient's medical, functional and psychosocial needs;
- medication reconciliation;
- oversight of patient self-management of medications;
- patient-centered care plans;
- management of care transitions;
- coordination with home and community based clinical service providers; and
- enhanced opportunities for communication between patient and caregivers, e.g., via internet, phone, or secure messaging.

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Special offer for MOASC members valid till December 31’2014

- **Annual subscription fee waived**

- **First 25 patients enrolled will be free ($12,600 value based on Medicare payment of about $42 per patient per month).**

- **Additional patients are at $8.95 per patient per month.**

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Adherence and Compliance Approach
Oral Case Study

- 5 products
- 260 patients
- Issues with adherence, education and symptom management was reviewed
- Days on therapy for prostate cancer drugs was reviewed

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Adherence and Compliance Approach
Oral Case Study

- Follow up education increases drug tolerance

- 30 day follow up visits increased adherence and delivered better outcomes.

- Number of unnecessary patient visits reduced

- Symptom management increased compliance and reduced over all healthcare costs by reducing hospital and nursing home stays.

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Adherence and Compliance Approach
Oral Case Study

- **Issues with copay's, authorization, education and symptoms were found to be the main reasons of stopping therapy**

- **Patients were able to be titrated better with real time interventions and live support**

- **Patients were more engaged with their treatment and were happy to have someone call them and be on their side to provide care.**

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Adherence and Compliance Approach

Oral Case Study

- **Prostate cancer patients were found to be on therapy for 7.9 months and 5.7 months**

- **Patients skip their days to reduce cost**

- **Second and third fills had gaps and were found to be 3rd to 5th month for second refill and 4th to 7th month for 3rd fill**

- **Bad symptom management resulted in stopping therapy**

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Adherence and Compliance Approach

Oral Case Study

- **First fill times in case of prostate cancer patients was within 4 to 8 weeks.**

- **In some cases patients follow up status was never communicated to the physicians**

- **Sargas is the only program that can align the treatments with clinical trials to deliver better outcomes**

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Adherence and Compliance Approach

Injectable Case Study

- 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.

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Adherence and Compliance Approach

Injectable Case Study

- 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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Adherence and Compliance Approach
injectable Case Study

Issues with the Sixty patients

- 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.

Adherence and Compliance Approach
Potential SPAC benefits

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.

Adherence and Compliance Approach
Potential SPAC benefits

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

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