



Checklist for Sites of Care

Use this checklist to help you identify the questions you need to review to determine if a site of care strategy is beneficial for your company. It will also help you gather information and begin a dialogue with the appropriate vendors.

1. Know your demographics:

- Total number of active employees
- Total number of retirees (pre- and post-65)
- Total number of active covered lives
- Locations of largest sites based on employee populations, such as headquarters (city/state and number of employees)

2. Determine if your organization would consider a strategy offering lower member cost share or incentives, such as reduced or waived co-pays, to help drive patients to lower-cost sites of care. If so:

- What types of incentives would be offered?
- How quickly can the incentive design change be implemented?
- What other stakeholders would need to be part of this decision?

3. What health plan(s) and PBM(s) is your company currently using?

4. Do you use a data aggregator that can provide the paid claims from all sources or do internally?

Yes

No

5. Can prices for certain specialty drug therapies be negotiated independent of other traditional drug classes?

Yes

No

6. Have your PBMs or medical carriers conducted an audit to:

Identify geo access availability of lower-cost sites (e.g. independent infusion suites, retail clinics and home infusion services) that could be used by all utilizers of the higher cost sites?

Determine current utilization of high-cost sites for specialty drug use, such as hospital outpatient centers, physician clinics, etc. that could be avoided?

7. Determine where you receive paid claims reports from and the frequency of these reports:

Medical

Pharmacy

Onsite clinic activities

Other

8. Identify the patients in your population, based on disease state and specialty drug use, who are clinically appropriate for site of care changes.

9. Have each vendor conduct an audit and/or provide a listing of potential lower-cost sites of care in your population's geography to:
- Determine utilization of all sites of care, especially low-cost sites (e.g. independent infusion suites, retail clinics and home-based services)
 - Determine the use of high-cost sites for use/billing for specialty drugs (e.g. hospital outpatient/clinics, physician practices* that are owned by hospitals) that could be avoided.

[If possible, determine if any doctors have a financial interest in any of the sites of care currently used by your population.]*

10. Ask your vendors what programs they have in place to manage provider-administered injectable/infused drugs paid through the medical benefit.
11. Identify if there are health system contractual obligations to consider (e.g. hospital or ACO contracts and other integrated networks influencing site-of-care decisions).
12. Determine the impact on medical providers who have an interest in a site of care that you may choose to incent or not to incent.
13. Determine a consumer friendly communication plan to educate members on the personal financial impacts of utilizing higher cost sites of care and availability of lower cost high quality sites of care.
14. Determine if your vendor has an automatic process for assessment of prescribed site of care to assure intervention at the point of sale to promote cost effective utilization of sites of care.
15. Identify ways to alert members if special arrangements apply (i.e. a special number on the back of the I.D. card). Do not assume your health care provider knows.