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A Team-Based Approach to Maintaining a Successful 340B Program

Julie F. Lanza CPhT CSPT, Parth Patel BSN RN, Shawn Wood CPhT 340B ACE, Denise Young CPhT, May Adra PharmD

Introduction/Problem

- The 340B Drug Discount Program is a US federal government program created in 1992 that requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices.
- BIDMC is a Disproportionate Share Hospital (DSH) that participates in the 340B program. DSH serve a significantly disproportionate number of low income patients.
- Compliance and Integrity is crucial given the complexity of the 340B program. 340B Drug Pricing Program covered entities must ensure program integrity and maintain accurate records documenting compliance with all 340B Program requirements. Covered entities are subject to audit by manufacturers or the federal government. Covered entities will be audited for all 340B program requirements. Covered entities are subject to audit by the manufacturer or the federal government.
- The three major arms of the 340B program are Contract Pharmacy, Compliance & Split Billing.

Aim/Goal

- Our aim is to create an internal 340B eligibility process while working with key stakeholders to audit outpatient prescriptions and a percentage of mixed-use dispensations to maintain compliance with the 340B program.
- The goal was to create a process by which all three arms of the 340B program work cohesively as a team in collaboration with a multidisciplinary group of leadership from across the medical center.

The Team

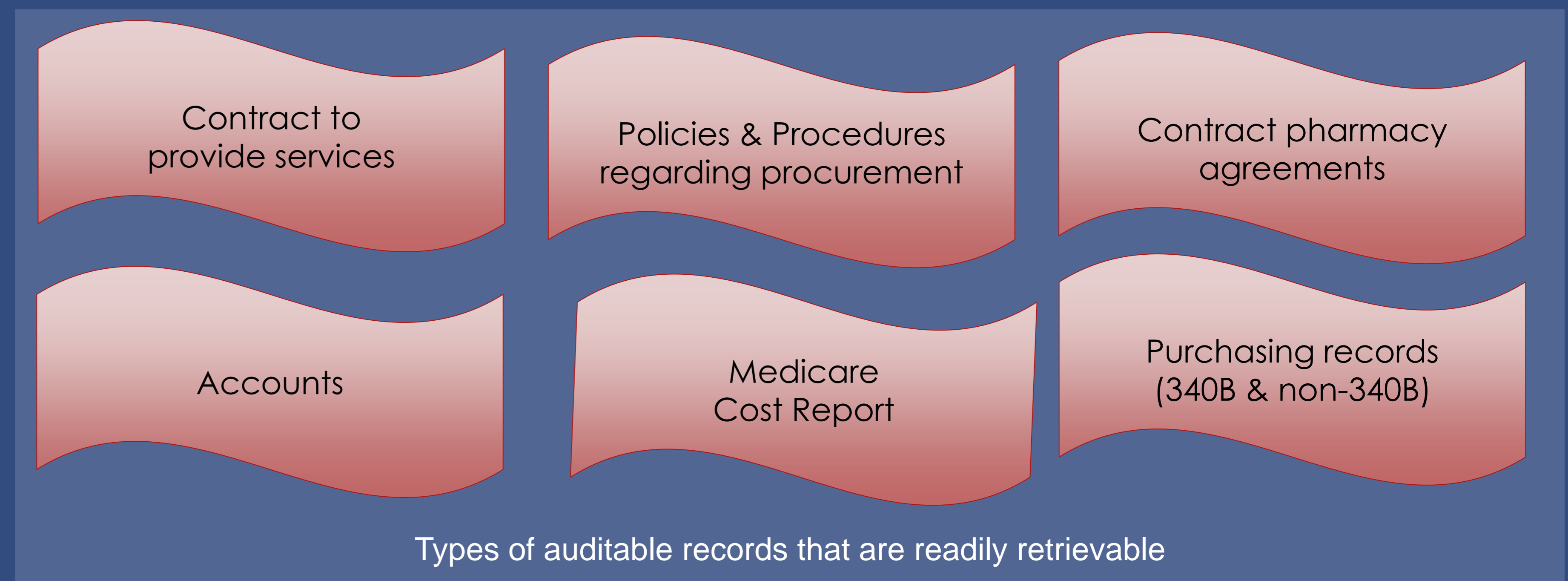
- 340B Executive Steering Committee – Mike Cullen, Tom Siepka, Chirag Desai, George Ogin, Jamie Katz, Sam Skura, May Adra
- 340B Contract Pharmacy Team - Nary Heng, Sonia Najdzien, Chirag Patel, Erika Perry, Juan Rivera, Denise Young
- 340B Split Billing Team – Shawn Wood, Jonathan Dacey
- 340B Data Analytics – Parth Patel
- Pharmacy Compliance - Julie Lanza

The Interventions

- Create internal application to audit prescriptions for 340B eligibility.
- Develop a workflow with everyday processes to share and maintain auditable records for any/all audits that may occur.
- Created workflow processes to review 100% prescriptions for 340B eligibility on the contract pharmacy side and a percentage of all dispensations from the split billing group.
- A Third Party Administrator (TPA) is contracted to determine eligibility based on a set of rules provided. BIDMC developed an algorithm to electronically screen above and beyond what the TPA was able to do, therefore adding a layer of adherence.
- Develop a communication process for the team for day-to-day operations as well as audit preparedness.

Results/Progress to Date

- Created a restricted auditable records folder accessible only to members of the 340B team.
- Any documentation related to eligibility, registration and drug purchases of/by the, Covered entity, Child sites or contract pharmacies must be maintained for auditing purposes.

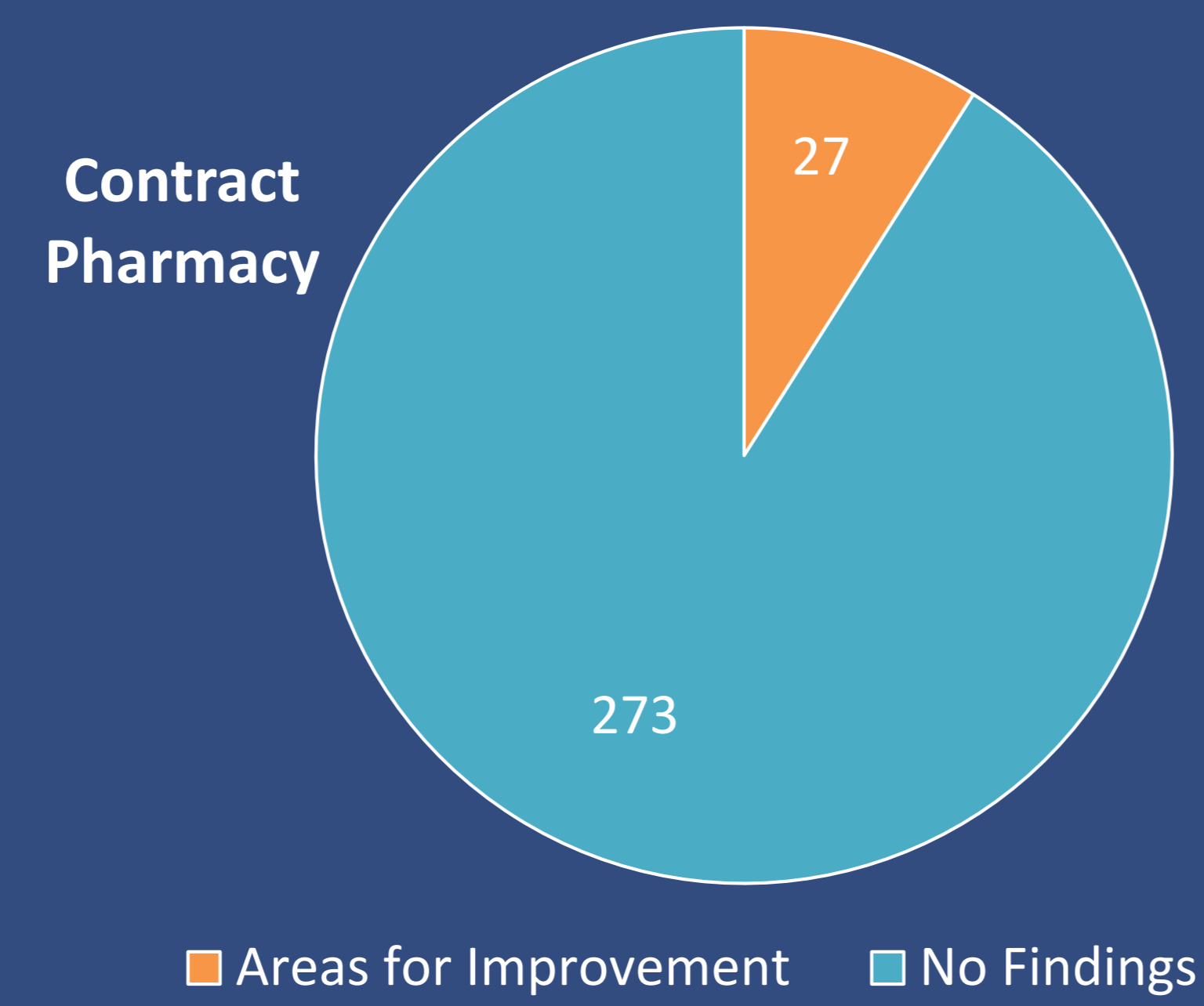
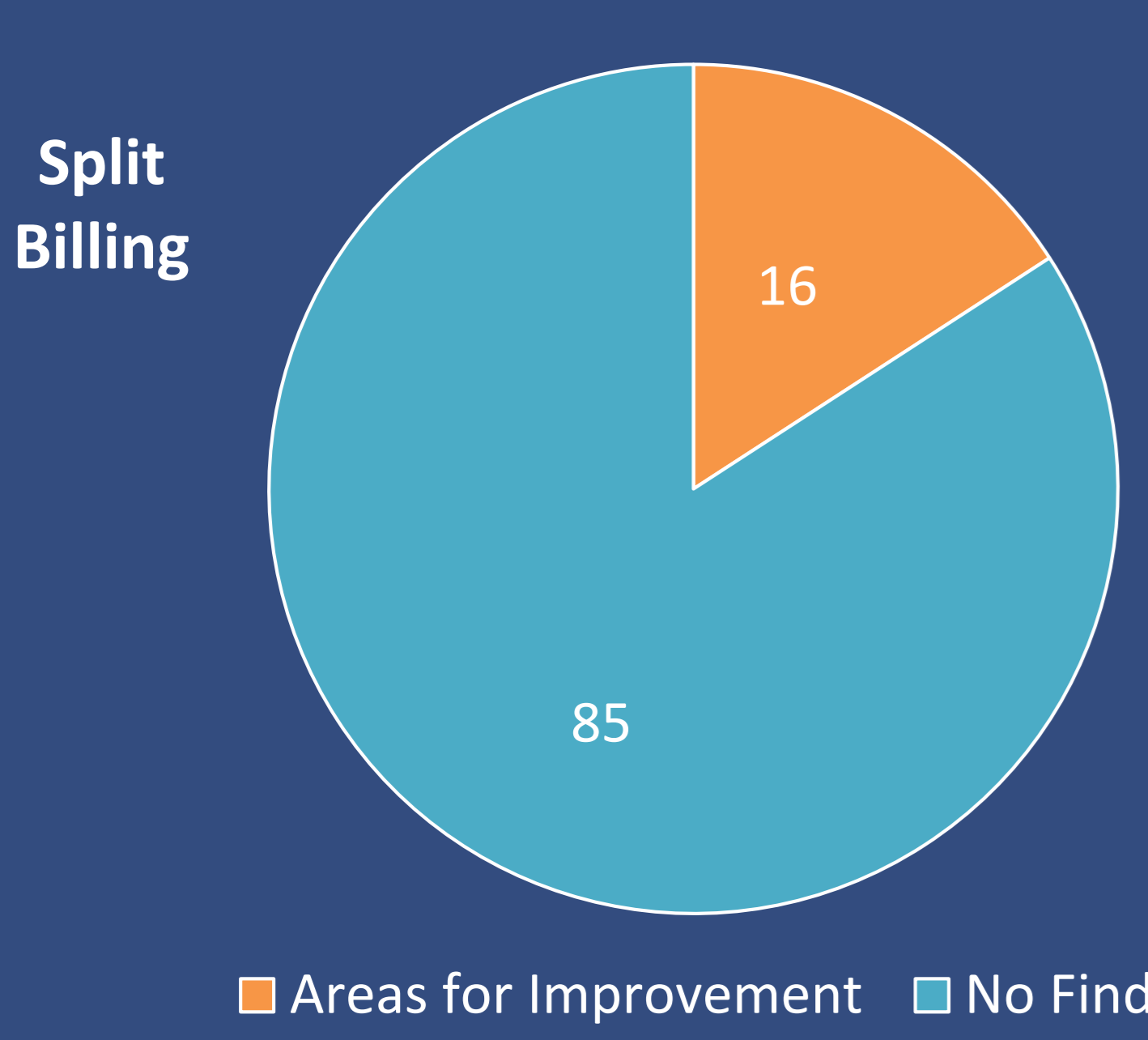
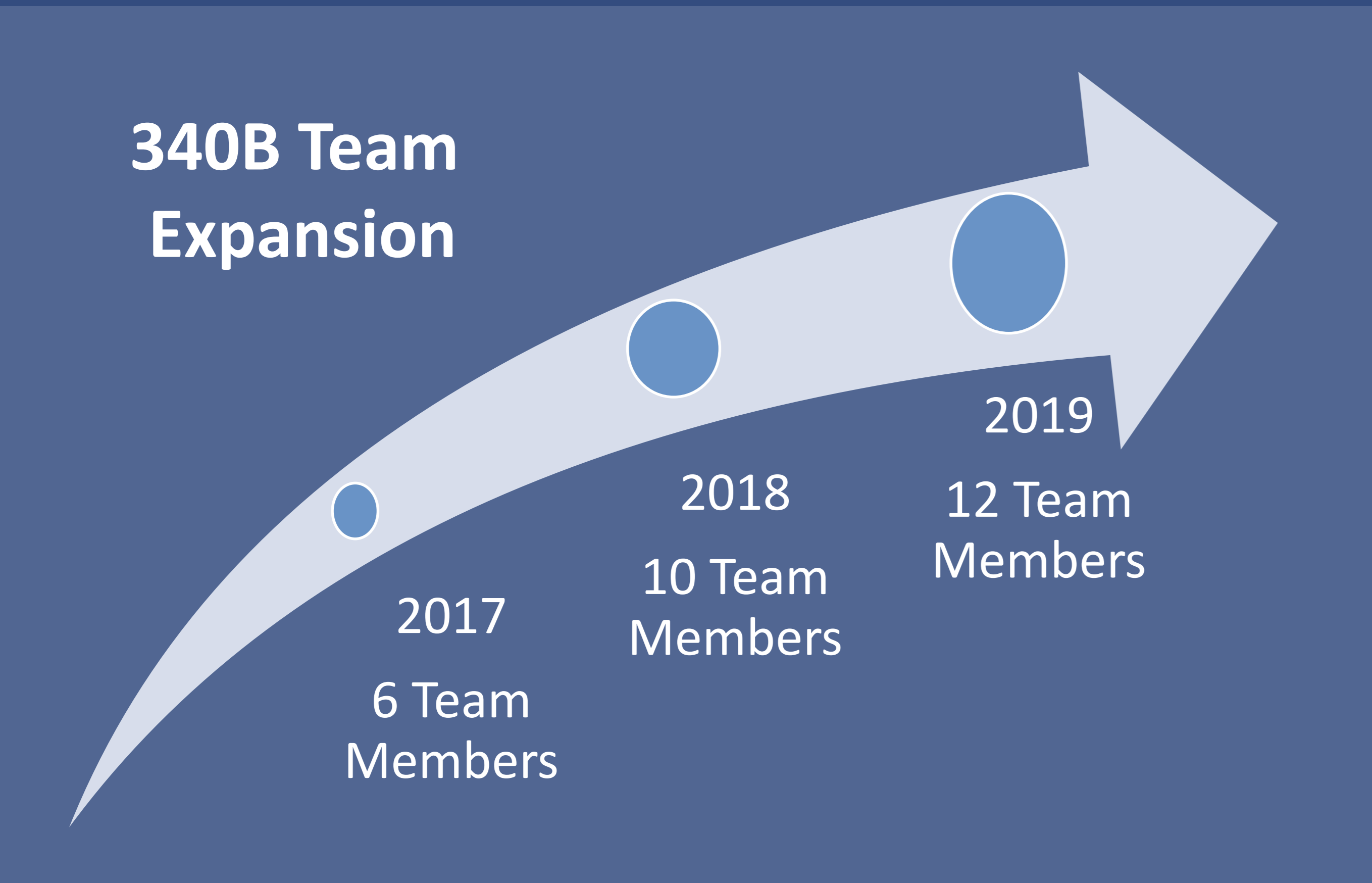


For more information, contact:
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More Results/Progress to Date



Legend: ■ Areas for Improvement ■ No Findings

Results from most recent external 340b Program Audit

Lessons Learned

Communication is imperative in maintaining a successful program. With the development of Quarterly Executive Steering Committee meetings, monthly 340B Operations meeting & weekly calls with each group, we have learned to implement changes based on team member feedback.

Awareness of future expansion business expansion plans is important for planning.

Next Steps

- Develop a Medical Center wide education plan as all involved in patient care on a direct or indirect level are an integral part of compliance. Keeping every member of the patient care team educated about the 340B program is crucial in maintaining compliance.
- Expand the 340B team in alignment with the expansion of pharmacy services and Beth Israel Lahey Health

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