CONTENTS

AMCP 2020

Call for Continuing Pharmacy Education Session Proposals

AMCP invites proposals for continuing pharmacy education (CPE) sessions to be presented at AMCP 2020**,** which will be held April 21-24, 2020, at the George R. Brown Convention Center in Houston.

ABOUT AMCP 2020

AMCP 2020 is expected to attract approximately 4,000 managed care pharmacists and other health care professionals seeking to increase their knowledge of the management and coordination of clinical, pharmacy benefit, and pharmacy care programs. These managed care professionals are interested in health care information and issues viewed from a population perspective, rather than at the patient–practitioner level.

CPE SESSION SPECIFICS

CPE sessions at AMCP 2020 will be 1.25 hours long (75 minutes). To accommodate introductions, housekeeping information, and some question and answer time, **actual content should be 60 minutes**.

CPE session proposals MUST focus on one of the topics listed below and proposed content should be appropriate for the specified education track. Topics are divided into five different tracks. Accompanying each topic are questions you may want to consider when developing your proposal. Please see Appendix A for complete list of topics.

Proposals submitted outside of these topic areas will not be considered for inclusion. Preference will be given to proposals that highlight real-world examples of innovations in managed care, share outcomes data, and/or include information of interest to pharmacists, physicians, and nurses.

PROPOSAL SUBMISSION REQUIREMENTS

CPE SESSION REQUIREMENTS

All CPE sessions are expected to adhere to the enclosed *Guidelines for Continuing Pharmacy Education Sessions* and incorporate all the elements discussed in that document. All presentations must:

- Incorporate at least one active learning activity for each learning objective.
- Have a PowerPoint Presentation on AMCP's template with content that achieves all learning objectives.
- Have an associated handout (consisting minimally of copies of PowerPoint slides).
- Be based on and reference the best available evidence.
- Give a balanced view of therapeutic options and/or programs and services.

FACULTY REMUNERATION

Faculty associated with accepted CPE session proposals will receive:

- One complimentary AMCP 2020 registration.
- Reimbursement of reasonable speaking-related travel expenses at the discretion of AMCP (i.e., round-trip coach airfare, ground transportation, and one-night hotel stay).

Typically, a 1.25-hour continuing pharmacy education session should have no more than two faculty. Sessions conducted primarily as short presentations plus panel discussion should have no more than three faculty total (facilitator plus two panelists). AMCP reserves the right to limit the number of faculty in a session or the type and amount of remuneration provided. AMCP also reserves the right to conditionally accept proposals and can recommend certain modifications to content and faculty.

HOW TO SUBMIT A PROPOSAL

Proposals must include ***ALL*** the requested elements found within the online form. Submissions MUST indicate the specific topic that the session will cover based on the list provided by AMCP.

Fields included on the online form are the following:

Confirmed Faculty

Please provide a list of confirmed faculty for the session. These faculty members agree to speak at AMCP 2020 and are available during the conference dates. AMCP will not review or accept proposals where faculty have been invited, but not confirmed.

If the proposed session has multiple faculty, one person should be designated as the session coordinator. If the proposal is accepted, this person will serve as the main liaison with AMCP and will be responsible for ensuring that all requested information is submitted in a timely manner.

Proposal Title

A proposal must have a short, specific presentation title (containing no abbreviations) that indicates the nature of the presentation

Needs Assessment/Knowledge Gap Information

Provide a description (at least 300 words) of why the topic addressed in the proposed session is important to managed care pharmacists, as well as the "knowledge gap" that the session will fill: what is happening now versus what is needed and desired in practice? What problems are caused by the current status/behaviors/practices? What benefits would result from the desired status/behaviors/practices?

Include a minimum of three citations to published information or evidence, preferably national guidelines, peer-reviewed health care literature, regulatory requirements, or similar expert/authoritative sources.

Session Description

Create a brief (no more than 150 words) session description suitable for inclusion in the final AMCP 2020 program. The description should reflect the session content accurately and be worded in a way that entices the audience to attend.

***Example**: Biosimilars: Regulatory Considerations and Controversies — Although the first biosimilar product is not expected to hit the U.S. market before 2017, federal and state governments already are moving ahead with guidance and regulations. The naming debate is in full swing. There are many questions about the approval process for biosimilars in Europe and how it might influence an approval pathway in the United States. The FDA has floated the idea of an "Orange Book" for biosimilars. Which version of the future seems most likely? This session will provide perspective on the activity and speculation regarding regulation of biosimilars.*

Detailed Program Agenda

Indicate what information will be covered by each faculty presenter, and for how long.

Learning Objectives

Provide at least three measurable, specific learning objectives that define what pharmacists should be able to do at the completion of the proposed session. The objectives should address the identified needs and knowledge gap. They also should elicit or describe observable or measurable behaviors on the part of participants.

Learning objectives should begin with a verb and complete the sentence, "At the completion of this activity, participants should be able to …." The verbs should be appropriate for the proposed session activity type (knowledge-based or application-based), as indicated in Appendix B.

For example, for a knowledge-based activity for the session description above, the following objectives are appropriate:

At the completion of this activity, participants should be able to:

1. *Explain the differences between FDA regulation of biosimilars and the European Union approach.*
2. *Discuss how key state trends associated with biosimilar substitution are likely to affect pharmacists.*
3. *Summarize the controversies surrounding the naming of biosimilar products.*

Level of Interactivity

Current Accreditation Council for Pharmacy Education (ACPE) Standards require all CPE programs to include "learning activities to foster active participation." In the past, AMCP has required the use of the audience response system to comply with this requirement. As AMCP encourages active participation and interactivity with the attendees, we are looking for different types of interaction. If AMCP wanted a more engaged session, what could you do? How would you engage the audience?

Disclosure of Financial Support

Provide disclosure of any financial support from a commercial interest (e.g., pharmaceutical industry) for any original research or data proposed.

DEADLINE

Proposals must be submitted **no later than 11:59pm PT on Thursday, Nov. 7, 2019**.

EVALUATION OF PROPOSALS

CPE proposals will be evaluated by the AMCP education staff and Educational Affairs Committee. Criteria for review include but are not limited to topic relevancy to the managed care professional, risk of promotional bias, and expertise of faculty listed.

Notifications of acceptance and rejection will be sent no later than Friday, Jan. 10, 2020.

QUESTIONS?

Please direct questions related to content to Brittany Henry, assistant director, educational programs, at (703) 684-2617 or via email to bhenry@amcp.org. Questions related to submission issues should be directed to Michelle Perkins, coordinator, education program, at (703) 684-2612 or via email to mperkins@amcp.org.

APPENDIX A: LIST OF TRACKS AND TOPICS FOR AMCP 2020

Track: General Managed Care Pharmacy/Formulary Management

	Topic	Proposed Questions to Consider
1.	Patient Reported Outcomes (PROs)	• How are health plans using PROs in terms of collecting the data? What data is being collected? • What are health plans using collected data for? Is it for value-based contracting, care management or formulary management? • How are PROs changing care or outcomes?
2.	Digital Health/Technology	• What digital technology exists? What does the digital landscape look like? What types of products are likely to be widely used by patients and providers? What are the recent developments in digital health technologies and regulatory processes? • What is the payers' role in providing access to digital health products? How are health plans evaluating and covering these products? What goes into the formulary-decision process? • How do digital health products play a role in patient health outcomes? • How does the development and use of artificial intelligence and machine learning impact the field of medicine and research? • How can payers prepare for the digital health and precision medicine era (strategic planning/forecasting)? How can pharmacists prepare for the digital health era? • How are digital health technologies intersecting with specialty therapeutics?
3.	Indication-based Formulary Design	• What is an indication-based formulary design? • What are the benefits to using indication-based formularies? What are potential downsides and risks? • What happens to utilization management (UM) parameters (does criteria loosen)? • What is a good example of results from implementing an indication-based formulary? Have results shown increase in utilization of requested agents or have the average costs decreased?
4.	Formulary and Prior Authorization (PA) in an Electronic Health Record (EHR) World	• What is the current e-prescribing (eRx) flow? • What are the key trends in removing barriers to medication access (e.g. improving formulary timing, availability and completeness of data to support electronic prior authorization, or ePA)? • Are real-time pharmacy benefit inquiries (RTPBI) used today? How are they being used? What are the benefits and limitations of RTPBI? What does the future of RTPBI look like?
5.	Proactive Strategies to Reduce Waste in a Drug Formulary	• What are best practices and data-driven approaches plan sponsors can implement to mitigate waste (i.e., non-essential drug list)?
6.	Not Covered/ Formulary Exclusions	• What criteria is used to determine the exclusion of a drug from a formulary? What role does patient impact play in these criteria? • Is there specific criteria for exceptions? What are these criteria?

7.	Manufacture Level Exclusions	• How can manufacturers, whose line of products are exponentially more expensive than its comparators, be managed? • Do venture capital owners lead to exorbitant price increases? • Do the differences in strength warrant the increased costs?
8.	Medication Adherence	• How meaningful are the CMS adherence metrics? • What are the best strategies to improve adherence? Does it lead to improved outcomes?
9.	Quality Measures	• What are NCQA's proposed changes to the Healthcare Effectiveness Data and Information Set (HEDIS) 2020? • How will this impact health plans? • How are health plans preparing for a potential change in quality measures? What are they currently doing and what do they plan to do?

Track: Legislative and Regulatory

	Topic	Proposed Questions to Consider
1.	Medicare for All and Other Health Care Reform Ideas	• With the 2020 election approaching, what ideas are being discussed for health care coverage? • What does the future look like for Medicare for All?
2.	State Regulatory Issues	• What common themes are seen in legislative/regulatory affairs at the state levels? Can these help prepare for what could be coming in particular states? • What does the future look like for legislation in different states?
3.	States Carving Medicaid to Fee for Service	• What is the financial impact of shifting Medicaid pharmacy benefit from managed care plans to fee for service? • What strategies can be used to manage the impact to stakeholders? Is there a best practice? • What are different states' legislations for pharmacy benefit carve-out? How will they operationalize this change?
4.	Drug Importation	• What are the limitations and advantages of drug importation? • Are there tracking requirements? If so, how are these tracking requirements implemented? How can technology be used to "track and trace?" • What is the cost of importation? What is the economic impact? • What are the implications to health plans and PBMs?
5.	Opioid Laws / Opioid Federal Support Act	• How are opioid laws being incorporated? What are the new opioid laws? • What is New York State's New Opioid Excise Tax? What is the applicability to other states? • What are ramifications for pharmacy benefit managers (PBMs), distributors, and patients? • How are plans managing opioids + benzo antipsychotics? What options are available to interview with this type of prescribing?
6.	Government Required Reports	• What are the costs associated with managed care organizations' (MCOs) government required reports? What are the benefits to the government and/or members as a result? • Is there a way to reduce the reporting requirements?

Track: Business Trends/Value-based Care

	Topic	Proposed Questions to Consider
1.	Risk Sharing Arrangements with Physicians	• What types of arrangements with physicians exist? • How is reporting done? • How engaged are the practices? • What is the patient impact?
2.	Network Management Strategies	• What does a successful pay for performance (P4P) programs with retail pharmacies, or other innovative programs with retail pharmacies look like? • What outcomes are being seen from these types of arrangements?
3.	Value-based Care and Digital Health in Specialty Therapeutics	• How does a value-based care model pertain to treatment decisions and financial outcomes for payers, providers, and patients? • What clinical programs/initiatives exist under value-based care model? Is there a good example? • How do digital health technologies assume a value-based role in generating sufficient clinical, real-world evidence demonstrating improved patient care, and quality of life and satisfaction while reducing healthcare costs?
4.	Impact of Health Care Mergers and Acquisitions	• What will be the impact on patients, providers and the overall health care industry with pending mergers and acquisitions? • What challenges will manufacturers and non-payer-owned specialty pharmacies face? • Do companies like Amazon, Berkshire Hathaway and J.P. Morgan plan to collaborate on a new health care company? • What is an innovative and disruptive approach to health care that would help manage specialty drug spending? • How can key stakeholders adapt with change as a result of mergers and acquisitions in the health care system?
5.	New FDA-Approved Alternate Dosage Forms versus Compounds	• Should compounds still be covered if there are similarly available new liquid preparations? • What are the price comparisons of newly approved FDA products and compounds? • What is the advantage/disadvantage of new FDA-approved dosage forms versus compounds?
6.	Alternative Payment Models (APM)	• How can we move retail pharmacy spend to a shared risk-based model versus performance-based model? • How do we incorporate more pharmacy money into population-based models or shared risk/savings models?
7.	Value-based Care and the Pharmacist	• What is the MCO pharmacist role in value-based care? What about other disciplines of pharmacy? What are the roles of hospital or retail pharmacists?
8.	High Cost Drugs/ Total Cost of Care	• What strategies are payers implementing to help manage high cost drugs and total cost of care?

Track: Specialty Pharmacy

	Topic	Proposed Questions to Consider
1.	New Rare Disease Treatments	• What are the most prevalent pipeline drugs and disease categories? • What diseases have new drugs that previously have not had many treatments available (e.g. Nonalcoholic steatohepatitis, sickle cell, acute hepatic porphyria)? • What is the natural history of the disease(s) and what are the current treatments?
2.	Oncology Trends	• What are the oncology utilization and cost trends related to PD-1 utilization? • What new oncology management strategies are being incorporated? What is the specialty pharmacy perspective? • What regulations are there regarding treatments? Are there preferred oncology pathways? How are step therapy or exclusions being used? What incentives exist for providers?
4.	Medical Benefit Drug Management	• What strategies are used to manage oncology drugs on the medical benefit platform? • What methods are being used to determine the clinical benefit of high cost oncology drugs?
5.	Copay Accumulators	• What are the accumulator adjustment bans? • What is the status of the CMS issued Notice of Benefit and Payment Parameters (NBPP) final rule (to be issued beginning of 1/1/20)? What is the impact on key stakeholders (e.g. payers, patients)? • How do copay accumulators impact adherence?
6.	Multiple Sclerosis	• What place in therapy do the new dimethyl fumarate comparator drugs have in the treatment of multiple sclerosis? • What pipeline therapy options exist? • What are new treatments available for highly active disease? Is step therapy an option for these treatments? • How do you manage dual pharmacy and medical benefit switching?
7.	Migraine/Cluster Headaches	• How do biologic calcitonin gene-related peptides (CGRPs) fit in the treatment of migraines/cluster headaches? • What pipeline agents will be available in the next couple years? • How will pipeline agents impact the current standard of care?
8.	Gene Therapy (e.g. hemophilia)	• How can gene therapy be used to cure hemophilia? Is it a cure? • What are the risks associated with gene therapy? • How will cost and utilization be impacted? • What best practices being used for management strategies?
10.	Specialty Pharmacy Reporting	• How are benchmarking reporting and pharmacy incentives utilized? • How does reporting incorporate patient-reported outcomes? (e.g. value-based agreements, impact care provided)

11.	NASH	• How far along are the drug approvals and pipeline drugs? What have been some failed approvals and why? • What impact do these drugs have on cost? On lifestyle modifications?
12.	Biosimilar Pipeline	• What biosimilars are likely to be approved in the next 12 months? • What is the likely effect of new biosimilars on the managed care market? • What barriers exist for the uptake of these biosimilars?
13.	State of Biosimilars in 2020	• Overview of current state/market • Will the United States catch up to Europe? • What is the status of cancer biosimilars? Will they take center stage? • What is the uptake of biosimilars? How will transparency be communicated? • How will biosimilars deliver on cost-savings expectations? • What is the interchangeability of biosimilars? • How can the understanding of biosimilars be strengthened and increase the acceptance in patients and providers?
14.	Oncology Biosimilars	• What is the impact of therapeutic oncology biosimilars? • How are biosimilars incorporated into oncology practice? • How are the key stakeholders(e.g. payer, provider, patient) impacted? What is their perspective?

Track: Managed Care Research

	Topic	Proposed Questions to Consider
1.	Cannabidiol (CBD) and Medical Marijuana	• How are health plans tracking the use of CBD or medical marijuana? How is this data being used? • What evidence supports the use of CBD and marijuana? • What other health-related costs are associated with marijuana use? • What real-world evidence exists on the use of CBD and marijuana?
2.	Value Proposition/ Economic Analyses for Rare Diseases	• What are common economic models used in rare diseases? • What are different approaches to make clinical assumptions relating to diseases and costs? • How do payers use economic analyses?
3.	Virtual Health Technologies — Health Economics Research (HER) and Emergent Technologies	• What are the stats of virtual health/telemedicine (e.g., few enjoy going to the doctor, which causes some people to wait until a condition worsens before seeking care; this drives up costs, emergency department visits/hospitalization)? Has anyone implemented technology that allows virtual visits with patients? • How is telehealth becoming a common feature in commercial health plans? What are the results? • What progress is being made in the realm of artificial intelligence, robotics and cognitive technologies? • What benefits exist from these products? How can data from a patient's HER be used to managed chronic illnesses without the patient having to meet with a clinician?
4.	Population Health/ Social Determinants of Health	• What factors influence our health (e.g. less to do with health care)? • How do we measure ROI of these efforts?
5.	Predictive Analytics	• How can predictive analytics be used to optimize and make clinical decisions more efficient?
6.	Oncology	• What guidelines or recommendations are being used in the treatment of various cancers, going beyond the National Comprehensive Cancer Network (NCCN)? • What new research strategies are being using in the advancement of oncology? • How does real-world evidence impact oncology treatment?
7.	Clinical Trials in Benefit Design	• What are the impact and possible benefits and risks of clinical trials? • How are payers enabling or limiting clinical trial enrollment? • What implications are associated with "Understand Right to Try?"
8.	System Operability	• How are integrative reviews done without system interoperability? • What is the impact on total drug review and management?

		• How does the system interoperability improve provider and patient experiences? What are the best practices?

APPENDIX B: MEASURABLE ACTION VERBS FOR CONTINUING PHARMACY EDUCATION ACTIVITIES

Measurable Action Verbs for Continuing Pharmacy Education Activities

Note: This is a list of suggested active verbs and is not intended to be all-inclusive. Knowledge-based activities should only use verbs classified as knowledge-based. Application-based activities may use a mix of verbs classified as knowledge-based and application-based; however, the majority should be application-based.

Knowledge-Based

Arrange	Identify	Relate
Classify	Indicate	Restate
Define	List	Review
Describe	Outline	Select
Discuss	Recall	Summarize
Explain	Recognize	Translate

Application-Based

Analyze	Create	Illustrate
Apply	Demonstrate	Implement
Arrange	Describe	Interpret
Assemble	Design	Organize
Assess	Develop	Predict
Calculate	Differentiate	Prepare
Categorize	Distinguish	Rate
Collect	Estimate	Research
Compare	Examine	Select
Compose	Evaluate	Solve
Contrast	Identify	Teach