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AMCP 2021

Call for Continuing Pharmacy Education Session Proposals

AMCP invites proposals for continuing pharmacy education (CPE) sessions to be presented at AMCP 2021**,** which is currently scheduled for April 13-16, 2021 at the Moscone West Convention Center in San Francisco, California.

ABOUT AMCP 2021

AMCP 2021 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 2021** are scheduled to be 1.25 hours long (75 minutes). To accommodate introductions, housekeeping information, and some question and answer time, actual content should be 60 minutes.

Topics are divided into six different tracks:

- General Managed Care Pharmacy/Formulary Management
- Legislative and Regulatory Trends
- Business Trends/Value-Based Contracting
- Specialty Pharmacy
- Managed Care Research
- Biosimilars

Proposed content should be appropriate for the specified education track above. In addition, CPE session proposals MUST focus on one of the topics listed in **Appendix A**. Accompanying each topic are questions to provide more context on what your proposed session should cover.

Preference will be given to proposals that highlight real-world examples of innovations in managed care, share outcomes data, and/or provide diverse professional perspectives.

Please note that session proposals that have already received commercial support or submitted by a marketing representative or company will be disqualified from the call for session proposals. Please consider submitting this type of proposal for a satellite symposia, science and innovation theater, industry workshop, or partner session.

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 2021** 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 (i.e., facilitator plus two panelists). AMCP reserves the right to limit the number of faculty in a session and/or the type and amount of remuneration provided. AMCP also reserves the right to conditionally accept proposals for which AMCP 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:

A. Confirmed Faculty

Please provide a list of confirmed faculty for the session. These faculty members agree to speak at AMCP 2021 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.

B. Proposal Title

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

C. 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.

D. Session Description

Create a brief (no more than 150 words) session description suitable for inclusion in the final AMCP2021 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.

E. Detailed Program Agenda

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

F. 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.*

G. 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 an interactive platform 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?

H. 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 Sunday, October 18, 2020**.

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 **Tuesday, December 15, 2020.**

QUESTIONS?

Please direct questions related to education@amcp.org.

APPENDIX A: LIST OF TRACKS AND TOPICS FOR **AMCP 2021**

I. Track: General Managed Care Pharmacy/Formulary Management

#	Topic	Questions to be Discussed/Answered in Proposed Session
1	Digital Therapeutics and Coverage Design	• How are health plans evaluating digital therapeutics for coverage decisions? • How do digital therapeutics demonstrate return on investment (ROI)? • How do health plans manage digital treatment software upgrades? • Pharmacy vs. Medical benefit? • How is reimbursement done? Discuss how coverage works for "new starts" and/or as adjunctive therapy in patients who have failed to fully benefit from standard therapy? • Discuss any approval limitations.
2	Digital Therapeutics Formulary Management	• What are the rebate opportunities/value-based contracting design examples? • Provide case examples of health plans and/or PBMs already implementing digital therapeutics. • How are management programs designed? • What outcomes is your organization seeing with the use of digital therapeutics? Discuss any reductions in prescription use. • What is the member coinsurance/copay setup?
3	Digital Therapeutics Pipeline	• What is the pipeline for technological and digital products? • What impact will this pipeline have on payers and patient outcomes?
4	Designing an affordable formulary	• How are payers creating new affordable formularies, such as $4-dollar drug lists? • Discuss measures-- are payers taking to decrease the cost burden of prescription drugs for patients?
5	Oncology Formulary Management Strategies	• What is the spending trend for oncology drugs? • What strategies are there to help lower costs while improving the quality of care? • How are different types of payers designing their oncology formularies?
6	Oncology Care Model	• Provide examples with outcomes of programs already implemented by health plan/PBM and discuss the ROI. • What are collaboration examples with other healthcare systems?

		• What have we learned so far? Where did things go wrong/what opportunities are there for improvement? What are the next steps (Oncology Care First Model)? • Can the model be applied to other therapeutic areas in the future (once improved)?
7	Healthcare Market Disruptors	• Provide an overview of current disruptors to the health care system and to payers specifically. ○ Why are these disruptors and what is the impact on current payers? • Discuss newer payer models, how they work, and what we can expect from them in the next 3-5 years.
8	Alternative Payment Models: Physician and/or Pharmacy Risk Sharing Arrangements	• What is the risk share models with independent pharmacies specifically? • What are the integrated tools/services used to track quality of care between independent pharmacies and health plans? And between physician and health plans?
9	Performance Guarantees & Value Based Contracting (VBC)	• Evaluate the current performance guarantees offered when contracting. • Provide real world examples of how outcomes are measured in value-based contracts. ○ What is the impact/effectiveness on patient outcomes?
10	Copay Accumulator vs. Copay Maximizer Programs	• Define and discuss how the landscape of copay accumulator/maximizer programs are changing. • Provide real world examples of third-party companies offering front end copay maximizer services. • How can payers prevent barriers to care for the patient with utilization of these programs?
11	Innovations in Medical Benefit Management (MBM)	• How are pharmacy benefits teams getting more involved in MBM? • How have pharmacy benefits teams impacted MBM? • What are trends and projections in MBM? • What are some strategies to balance cost and access? • What will the impact of biosimilars be on MBM?
12	COVID-19: Impact on formulary management and other managed care tools	• What impact has the pandemic had on formulary management and drug spend? • What long-term impact will the pandemic have on managed care pharmacy tools? • What changes will continue after the pandemic resolves?
13	Prior Authorization	• Discuss the continued role of prior authorization and methods to improve prior authorization processes. • What is the impact of ePA on patient care, drug spend and patient outcomes?

14	COVID-19 pipeline	• Discuss the vaccine pipeline and any special considerations with vaccine supply and delivery. • Indicate other pipeline agents for COVID-19. • Identify the role of the pharmacist in vaccine delivery.

II. Track: Legislative and Regulatory Trends

#	Topic	Scope of Session- Include Proposed Questions to Consider

1	Digital Therapeutics Regulatory Updates	• What are the current regulations around digital therapeutics?
		  ○ What are the top regulatory issues that health plans need to know about?
		  ○ What are health plans doing to address regulatory concerns?
		• How will data be obtained/shared: from the plan, from the patient, and/or from the manufacturer?

2	Rising costs of drugs	• What are the main reasons for rising drug costs including generics?
		• How is data used to help manage drug costs? What trends have been observed?
		• Are there certain therapies that have had greater price increases than others?
		  ○ What are the causes behind these increases?
		  ○ What strategies/best practices are there for managing these increases?
		• How will legislation change what we are currently experiencing in terms of high costs?
		• Are there any changes to the rebate requirements?
		• What is the current regulatory landscape/overview related to price transparency, i.e. executive orders recently put in place, state regulations related to pricing transparency, trends in 340B reimbursements?

3	Telemedicine	• Provide an overview of the use of telemedicine: past, present, future.
		• What are the regulatory issues surrounding telemedicine?
		• What are the usability and accessibility issues with telemedicine platform?
		  ○ What are health plans doing to ensure the platforms are accessible? The law requires that telemedicine services be accessible. Are health plans prepared?
		  ○ Should health plans provide coverage for internet access as part of their services to increase the accessibility to telehealth?
		• How can pharmacists utilize this technology?
		• Indicate the use in chronic disease management

		• How can telepharmacy be incorporated into the MTM model?
4	Medicare Part B management	• Provide implementation examples of step therapy programs and hurdles for health plan in implementation. Are plans implementing Part D to Part B or Part B to Part D step therapies? • What are the CMS regulations on step therapy? Are they implementing step therapy on a new drug added during the year?

5	Price transparency	• Provide examples and outcomes of plans passing through rebates directly to members.
		  ○ Is there visibility of cost share between the plan and member?
		  ○ Have pass through rebates impacted patient care and/or satisfaction?
		• What are the rules on plans preferring brand over generic products?

6	Opioid management	• What is the current landscape and new types of state or federal regulations in combating opioid addiction? • What Medicaid/Medicare strategies are being implemented to help with opioid addition (i.e., strategies preventing opioid/benzo combinations)?
7	Mental health – impact of COVID	• Indicate the current trends in mental health, including claims and telemedicine. • How has the current pandemic impacted mental health benefits? • Changes to access for behavioral health specialists due to the pandemic?
8	Pharmacist Provider Status	• Adoption • State guidance, laws • What does it mean for the pharmacy profession? Where do we go from here?
9	A Review of Anti-Kickback Statute & Recent Cases	• Review anti-kickback statute. • Identify cases for beneficiary inducement review and fraud and abuse review
10	Any willing provider laws	• What is the impact on mail order utilization and narrow networks?
11	Medicaid	• Fee for service vs. managed care model – within the state of CA, governor has authorized switch to fee for service model.
12	CBD oils	• Discuss CBD and the evidence available for use • How are these products being reimbursed?

III. Track: Business Trends/Value-Based Contracting

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	Medical- and pharmacy benefit integration	• What are health plans doing to align medical and pharmacy benefits? • What are the benefits and risks of integrating medical and pharmacy benefits? • What are the implementation strategies in covering physician administered drugs on pharmacy benefit, and when is choosing this appropriate? • Indicate things to consider when shifting benefits for drugs, i.e., rebates, member impact
2	Integrating pharmacy benefit with other services	• What opportunities are there for health plans to leverage other services to help bring down pharmacy spending? • What are some examples with outcomes of value-based services that health plans are offering to improve the quality and affordability of care?
3	Medical/Pharmacy tourism/importing drugs from Canada	• What are the regulatory and financial considerations of sending patients to other countries for medical services and prescription drugs? • What are the logistics for patient care initiated in another country? (e.g., when member needs to see doctor for refills, how does that work?)
4	Value-based contracting (VBC) implementation	• Indicate post implementation examples of improvement in outcomes. Who are the winners and losers of VBC? • Identify the concerns around data sharing w/ big pharma, barriers to doing VBC vs. traditional contracting.
5	Accountable care organizations (ACO)	• What are the strategies in place between health plans and health systems within ACO settings? • What type of coordination is required for this type of integration? Payment models implementing ACOs?
6	Other Payment Models	• Indicate new innovative payment models in high cost areas, such as gene therapy/oncology/specialty/orphan diseases.
7	MTM: Past, Present & Future	• What is the current status of MTM programs? • Discuss how MTM has evolved and innovative programs to manage MTM, with outcomes.
8	Health Information Technology for the	• How can we leverage technology to bill for pharmacist services?

	Managed Care Pharmacy / Pharmacist	• How can we standardized and simplify documentation codes for encounters? (i.e., to streamline data collection for VBCs)

IV. Track: Specialty Pharmacy

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	Specialty pharmacy	• How can health plans partner with different types of specialty pharmacy providers to achieve cost-effective care? • Through case studies, describe strong collaboration between a payer and specialty pharmacy and what outcomes were achieved

2	Gene therapy	• Indicate the current landscape of gene therapy and what is in the pipeline
		  ○ Are the patient populations only for rare diseases or are therapies being developed for somewhat common diseases?
		  ○ Are there any curative treatments in the pipeline for diseases in which no cure has ever been available (i.e., first time curative therapy)?
		• Indicate coverage review and billing concerns
		• What has been amount spent on the therapy, supplemental care (additional medical costs for management), and potential re-treatments?
		  ○ How much has been spent vs saved (predicted savings over course of anticipated benefit from treatment)?

3	Gene therapy: payment models	• Indicate how to track patients on gene therapy and how best to measure outcomes for specific therapies/conditions.
		• What are the value-based reimbursement strategies related to gene therapy?
		  ○ Projected costs for a potential cure vs. traditional therapy (if available)
		  ○ How are health plans managing and budgeting for gene therapy products? What are the different ways to determine value for these high cost medications?

4	Precision Medicine	• Are there other areas in focus, besides oncology, in precision medicine? How are they being reviewed? What are the available outcomes from use? • What is the ROI in pharmacogenomic focus on a health plan level?

		• Does precision medicine have a role in tailoring specialty drugs to patients in a way that leads to better outcomes and lower cost of care?
5	Specialty Generics	• What are the pipeline updates as it relates to legal hurdles, pricing issues and copay and out-of-pocket barriers for patients?
6	Rare Disease Updates	• What is the impact of orphan drugs on utilization and cost? • Indicate the rare disease drug pipeline. • Discuss the impact of new therapies for patient's lives. • Explain the impact on a Managed Care budget for newer therapies.
7	Access to Limited Distribution Drugs (LDD)	• Strategies for specialty pharmacy contracting for improving patient care
8	Predictive Analytics	• Does predictive analytics have a role in optimizing specialty drug spend management? • Provide case studies of how this is done and the impact of having such data on outcomes
9	Clinical review, cost effectiveness modeling of oncology drugs	• Are there differences in this process for Medicaid, Medicare, and commercial lines of business? • Has there been pushback on the decisions made because of this review process (i.e., because of the sensitivities around denying therapy for cancer treatment)? • What is the difference between this review process vs. non-cancer drugs? • Oncology pathways – how often are they successfully implemented? Of those that have implemented, are the outcomes comparable to non-adopters?

V. Track: Managed Care Research

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	Data: implementing Big Data	• Provide ROI examples of utilizing big data for cost saving strategies at a health plan level. • What teams/resources are required for implementation? • Indicate the areas of focus for big data analytics in a health plan setting. • Indicate the role in managed care pharmacy - what does an ideal use of big data in UM and other managed care decisions look like? What percent is at that optimized stage? What are the barriers? • How have plans or PBMs used this for management strategies? • What are the sources of the data (pharma, health plans, etc.)? Are there limitations to the data sources or potential problems that arise from using big data?
2	Data: predictive analytics	• Are there methods in place to predict the impact and cost of new drugs prior to launch? • What programs/methods to determine non pharmacy healthcare expenditures to weigh the pros and cons of new drug therapies? • How are predictive analytics used to predict patient disease progression?
3	Data: outcomes measurement	• Coordination of data with value-based contracting • What are the main areas to focus on when measuring outcomes? How to choose which outcomes to measure in a health plan setting?
4	Behavioral economics	• How do payers use behavior economics to develop their formulary management tools? • How does behavior economics relate to social determinants of health?
5	ICER Reports and Other Published Reviews: How to Navigate these Tools	• Provide a review of the available tools for drug review regarding cost and effectiveness and the impact on the managed care market.
6	The Opioid Crisis in the United States: Managed Care Pharmacy Perspectives	• Provide a review of the numbers; what has changed or is changing regarding this issue? • What role has managed care pharmacy/pharmacists played to help these patients? • Provide examples of programs that are successful/unsuccessful. • What new products are in the pipeline?

		• Assess the coverage and review of claims data. Adherence rates, review of pharmacy vs. medical/pharmacy claims for comorbidities (e.g., depression), inpatient facility stays, outcomes • What impact has COVID had on the opioid crisis? (i.e., trends, reduced access to care, disrupted routines, loss of jobs, etc.)
7	Outcomes: Medicaid quality programs	• How are these applicable outside of Medicaid? • How can they be generalizable across state lines? • What are the major differences in requirements based on the different state programs?
8	Social Determinants of Health (SDoH)	• What is the pharmacist's role in addressing SDoH, especially as we transition towards value-based care? • Are there any policy implications/opportunities? • What are examples of managed care programs impacting SDoH? What are the outcomes and challenges associated with these programs? Are there emerging best practices?

VI. Track: Biosimilars

#	Topic	**Scope of Session- Include Proposed Questions to Consider**
1	Biosimilars	• Provide implementation examples of having a preferred biosimilars strategy ○ Indicate exemption policies/process to allow an original product over biosimilars • What does market share for biosimilars look like today? • Are trends in biosimilar use indication specific? • Provide implementation examples of having a preferred biosimilars strategy • Indicate exemption policies/process to allow an original product over biosimilars • What does market share for biosimilars look like today? • Are trends in biosimilar use indication specific?
2	Biosimilar: Pipeline	• Discuss biosimilars that have been recently approved. • Discuss biosimilar agents that are currently in clinical trials or pending approval.
3	Biosimilar: State laws and regulations	• Which states have rules for/against biosimilar shifts or preferred implementation? • What states having pending legislation related to biosimilars?

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