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## *Controlling Care in the Face of White Bagging*

*Angela Rosenblatt, MS, PharmD, BCPS, BCNSP, APh*

*Aaron Ginsberg, PharmD*

*Rina Patrawala, PharmD, BCOP*

## | Disclosures

- The presenters have no real or perceived conflicts of interest related to this presentation

Note: This program may contain the mention of suppliers, brands, products, services or drugs presented in a case study or comparative format using evidence-based research. Such examples are intended for educational and informational purposes and should not be perceived as an endorsement of any particular supplier, brand, product, service or drug.

## | Learning Objectives

*At the end of this session, participants should be able to:*

1. Recall new payor requirements mandating that medications be acquired by outside pharmacies
2. Recognize tools created electronically to support a transparent process for third party medications
3. Identify strategies to minimize patient and organizational financial risk related to third party medications



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## What Is White Bagging?

*Angela Rosenblatt, MS, PharmD, BCPS, BCNSP, APh  
Corporate Director of Pharmacy, Ambulatory and M.D. Anderson  
Oncology Services  
Scripps Health*

*2022 HealthTrust University Conference Education Sessions*

## Consider this Patient...



- *Stage IIIB colon cancer*
  - *not a surgical candidate until palliative urgent chemotherapy received*
- *Insurer required his entire 5 drug chemotherapy regimen be obtained through an external vendor pharmacy*
- *Both the Authorization team and the oncologist repeatedly pled the case to the payor to authorize the first cycle to be given as “buy-and-bill:*
- *Handwritten prescriptions with doses for the 5 different chemotherapy drugs were sent to the external vendor pharmacy with no response for a week despite repeated calls by the Oncology nurse.*
- *External Specialty Pharmacist unfamiliar with mg/m<sup>2</sup> dosing and common injectable vial dispensation*

## | Consider this Patient, continued...



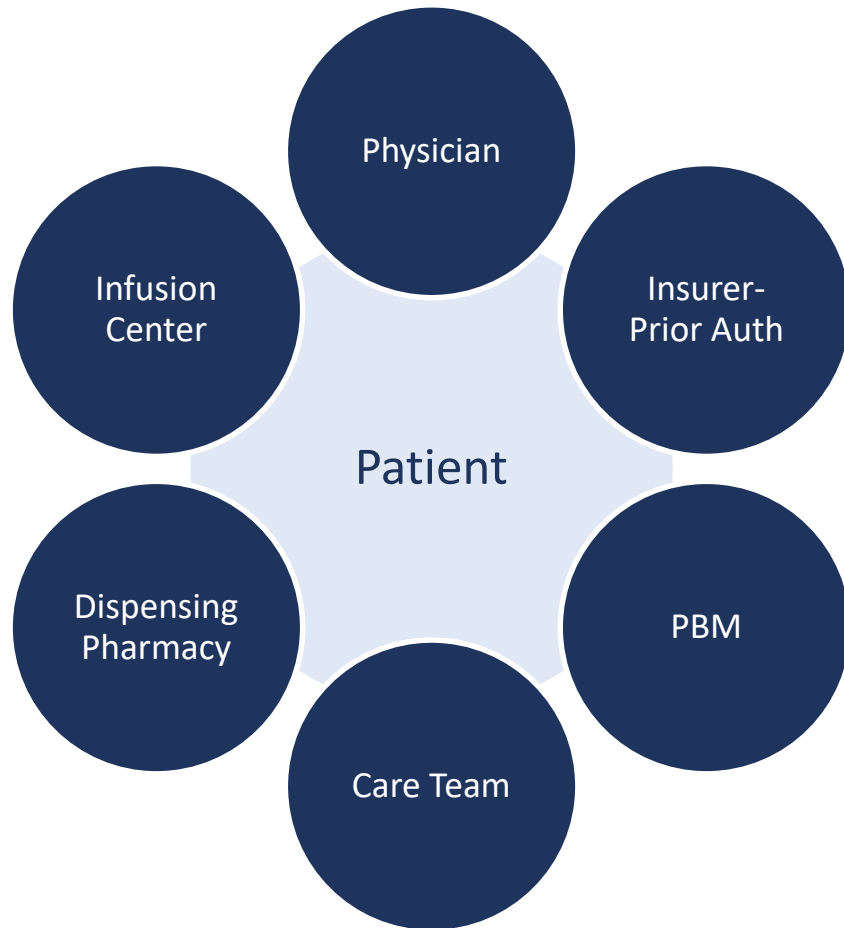
- Another week passed....
  - External Specialty Pharmacist stated it would take an additional week for drug delivery
  - We re-engaged with the payor and again requested authorization treat this patient as “buy-and-bill” due to the large delay in treatment
  - The payor ultimately authorized 2 cycles as “buy-and-bill”
  - Patient was eventually able to start treatment approximately **3 weeks later** than required
  - The patient’s subsequent doses were also delayed between cycles
- **Unfortunately, this patient was not able to undergo surgery due to a sub-optimal response to chemotherapy.**

## | What Is White Bagging?

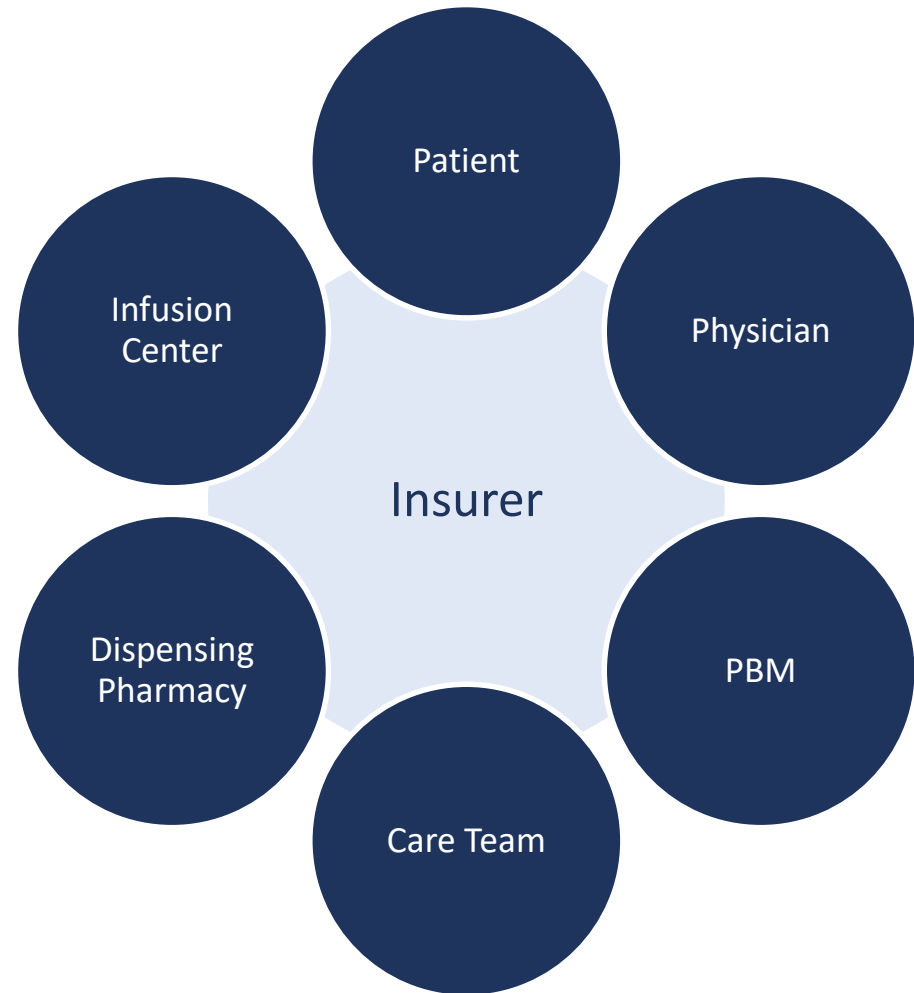
- Imagine...
  - A restaurant that is full of reservations for dinner
  - Each reservation has raw ingredients shipped directly to the restaurant
  - The restaurant must keep all of the ingredients separated by reservation from their regular stock of food, prepare each reservation's meal using the food sent to them
- The National Association of Board of Pharmacy (NABP) defines white bagging as “the distribution of patient-specific medication from a pharmacy, typically a specialty pharmacy, to the physician's office, hospital or clinic for administration.”
- These are often prevalent in oncology care, specifically supportive agents, but can also be found in therapeutic drugs

# | Patients *Should* be the Center of the Process – But are they?

Patient-centered



Reality? – Insurer dictating care





# Let's Get Vertical: Insurer + PBM + Specialty Pharmacy + Provider

Insurer



PBM



Specialty Pharmacy



Provider Services



## | What are some of the problems with white bagging?

- Does not follow provisions of the Drug Supply Chain Security Act
- The American Hospital Association (AHA) issued a white paper in which they stated that white bagging is “upending the traditional system, potentially sacrificing patient safety and quality of care to benefit their (the health insurers) profit margins.”
- These medications belong to the patient and the insurer, not the health system – Why is this a problem?
- Takes tremendous amount of work and rework to ensure the patient is scheduled and receives the appropriate medication

### Sources:

The Future of White Bagging and Brown Bagging in Oncology Pharmacy. [www.accc-cancer.org](http://www.accc-cancer.org). Accessed June 16, 2022

White Bagging a Growing Concern for Health Systems. [www.ashp.org](http://www.ashp.org). Accessed Jun 16, 2022.

## | Other Patient Examples...

- IVIG patient with mandatory white bag, only able to dispense/ship from specialty hub in Central Florida. Patient awaiting treatment in Southern California.
- Granulocyte stimulating factor needed for neutropenic patient, mandatory white bag, existing orders but not written for ambulatory so led to a delay in therapy.
- Mandatory white bag medication in which the filling specialty pharmacy was to bill under medical benefit. But their computer system had not been updated for access to that payer.
- Patient on Limited Distribution Drugs (LDD) medications where the contractual in-network pharmacy does not have access to the LDD. Scripps' pharmacist located two specialty pharmacies that do have access but was told they cannot fill since these are non-contracted.

## Financial Toxicity

### Patient Financial Toxicity

Patients at risk for expensive medications, large co-pays



### Health System Financial Toxicity

For the past 3 years, Scripps has lost revenue of \$4M per year due to white bagging processes

Stock image: Microsoft PowerPoint



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## White Bagging at Scripps

*Aaron Ginsberg, PharmD*

*Director of Centralized Pharmacy Services  
Scripps Health*

*2022 HealthTrust University Conference Education Sessions*

## | White Bagging at Scripps

- “A rose by any other name would smell as sweet.”  
– *William Shakespeare*
- “A sock by any other name would smell of feet.”  
– *Aaron Ginsberg*
  
- At our institution white bag = third-party medication (3PM) = patient’s own medication (POM)
- Different buy-and-bill (BnB) approach where clinic owns the medication

## Increased Prevalence of Mandatory White Bagging

- Often dictated by the third-party payer
  - Where, when, and how to fill
- Managed care/capitation model care can shift high costs out of the medical “bucket”
- Vertical integration: insurer, pharmacy benefit management (PBM) and specialty pharmacy are all part of the same parent company:
  - Cost savings through negotiated acquisition/dispensing rates
  - Volume rebates and strict supply chain controls
- MC estimates one-fourth of oncology therapies distributed to practices by retail/mail/specialty Rx.
- Especially impacted are outpatient site-of-care that are under a hospital license (hospital TID).

### Sources:

White and Brown Bagging Emerging Practices, Emerging Regulation. The National Association of Boards of Pharmacy (NABP). April 2018

ASHP Hospital and Health System Self-Assessment: Impact of Payer Mandated White Bagging Policies. [https://www.ashp.org/-](https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/practice-management/ASHP-Hospital-and-Health-System-Self-Assessment-White-Bagging.ashx)

[/media/assets/pharmacy-practice/resource-centers/practice-management/ASHP-Hospital-and-Health-System-Self-Assessment-White-Bagging.ashx](https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/practice-management/ASHP-Hospital-and-Health-System-Self-Assessment-White-Bagging.ashx).

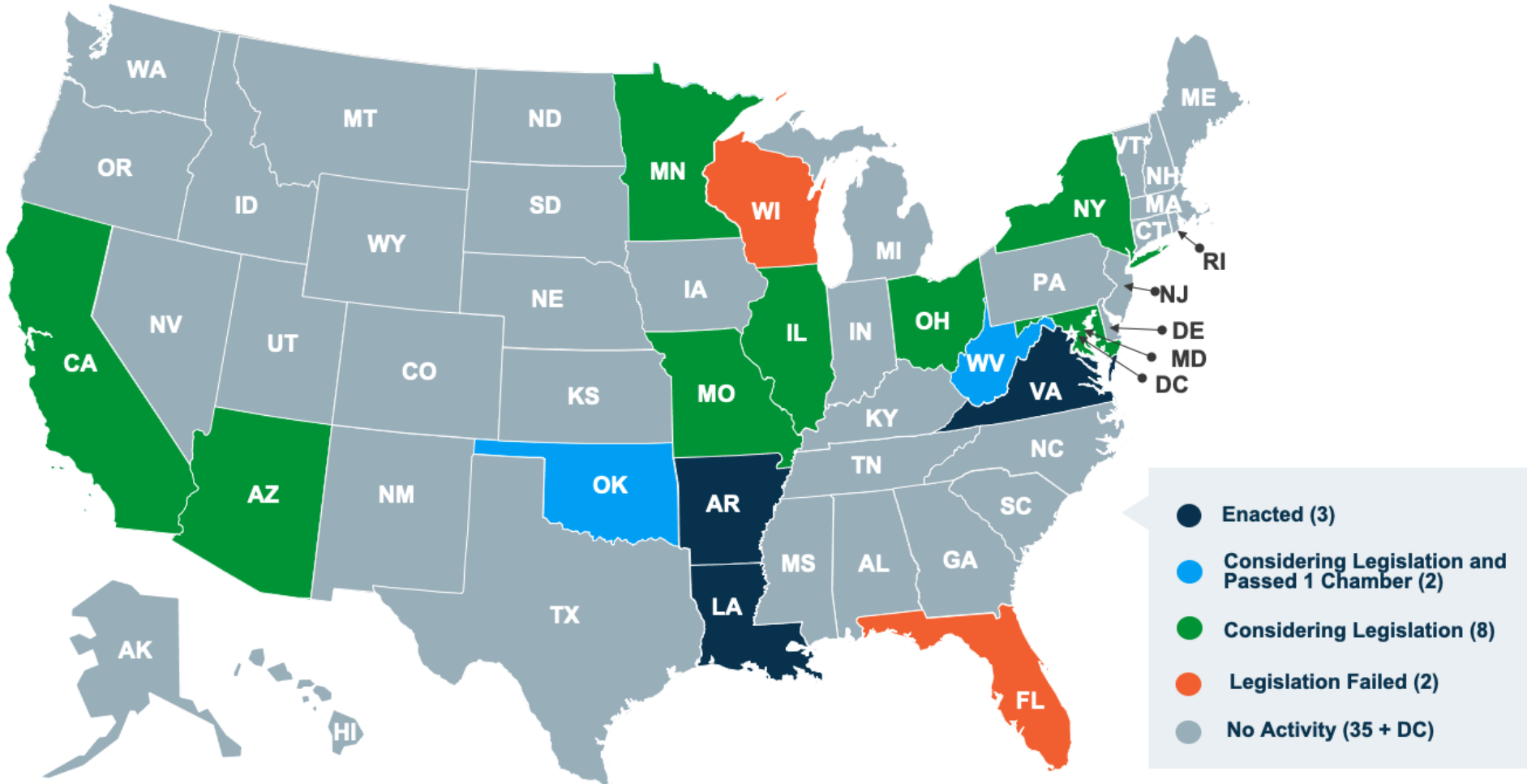
# | Left Holding the Bag?

## Pushback Against 3PM!

- American Society of Health-System Pharmacists (ASHP) – strongly opposes white bagging because it bypasses health system formularies, safety checks, and care planning processes.
- American Hospital Association (AHA) – health insurers that implement white bagging “are upending the traditional system, potentially sacrificing patient safety and quality care to benefit their profit margins.”
- California Hospital Association (CHA) – sponsored Senate Bill (SB) 958 preventing health plans from mandating the use of third-party vendors for specialty drugs.
- Advocate, connect with your state BoP, legislators, & professional organizations.
- Let’s look at the National Forecast on the big map...



# States Considering Legislation Banning White Bagging



*In most states, who decides if an oncology medication can be reimbursed as buy-and-bill?*

- a. The healthcare organization who is treating the oncology patient
- b. The prescribing oncologist or equivalent licensed clinician
- c. The patient
- d. A third-party payer (insurance company)

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## | Impacts & Challenges

- 3PM are patient specific and are patient property, but storage/coordination logistics burden falls on the clinic/office.
- Added 3PM expenses: security, storage such as refrigeration, inventory.
- High share of cost (co-pay, co-insurance) for patients out of pocket
  - Sticker shock --> explain to me again what a neutrophil is and why I need it?
  - What if patient can't pay?
- Difficult to respond when a dosage change or a formulation change is needed → wasted medication.
- Delays, delays, delays!



# Wasted Medications 3PM Dose and Regimen Changes



## | Impacts & Challenges

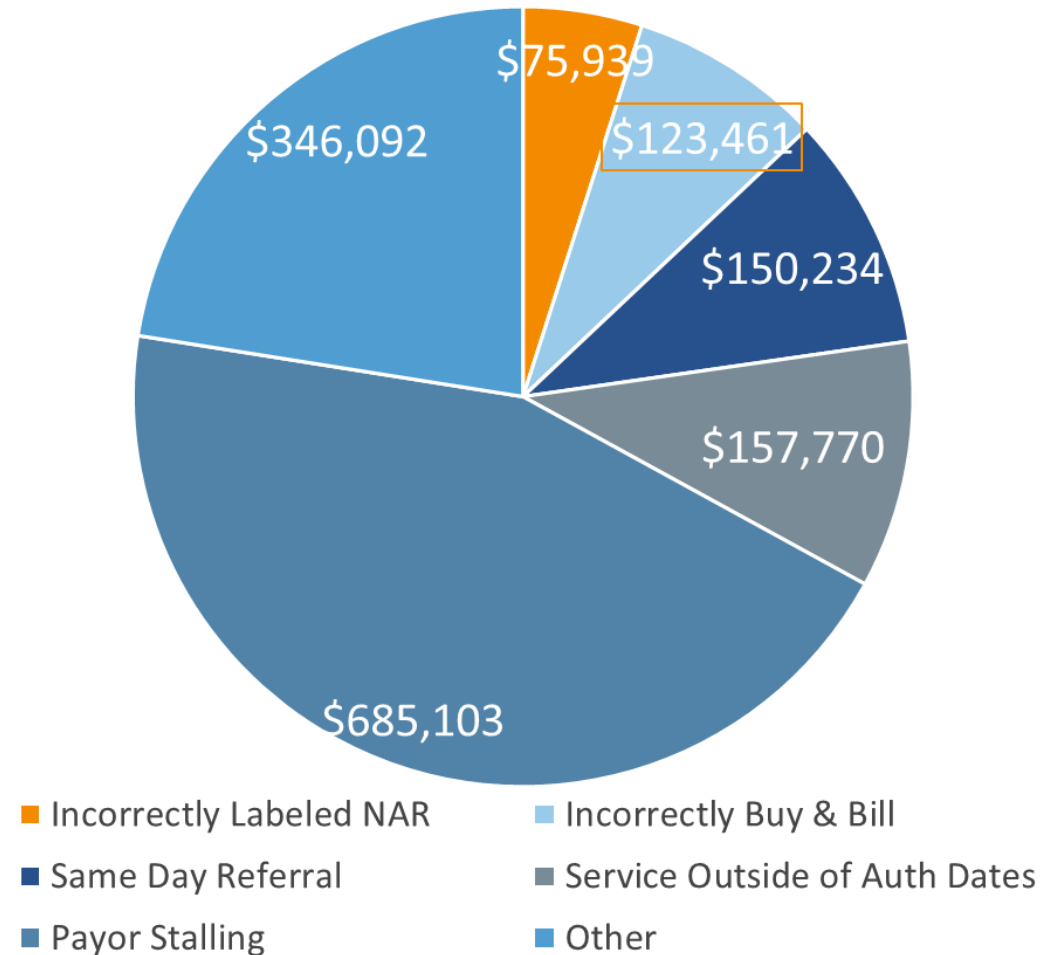
- Denial \$ from mandatory 3PM that were given and submitted as BnB.
- No hard stop in the EMR to prevent premature scheduling 3PM patients.
- Differentiating in EMR approvals under medical vs. pharmacy benefit.
- Reliable system to prevent duplicate billing under medical and pharmacy.
- E-prescribing needed for outside pharmacy to fill the medication.
- Coordination between authorization team, schedulers, nursing, pharmacy, providers, and other clinic staff.

# Scripps Health

## White Bagging Impact – FY2021-22

- FY21 injection medications denied under medical BnB accounted for an average of \$123,461 per month or **\$1.48 million per year**.
- FY22 had been trending up prior to 3PM pilot launch: \$184,161.
- Approximate 80 PSL modified medication doses per month, nearly 1,000 doses per year that were documented as white bag.

CAM Denial Root Causes FY21





## Communication Nightmare

- Patients have no visibility into the status of their medication
- Clinic staff cannot tell when a medication has been authorized
- Patients scheduled before 3PM medication received → financial toxicity for the patient and/or the health system
- Inventory tracking across multiple sites

# Who's on First?







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## White Bagging at Scripps

*Rina Patrawala, PharmD, BCOP*  
*Manager, MD Anderson Pharmacy Services*  
*Scripps Health*

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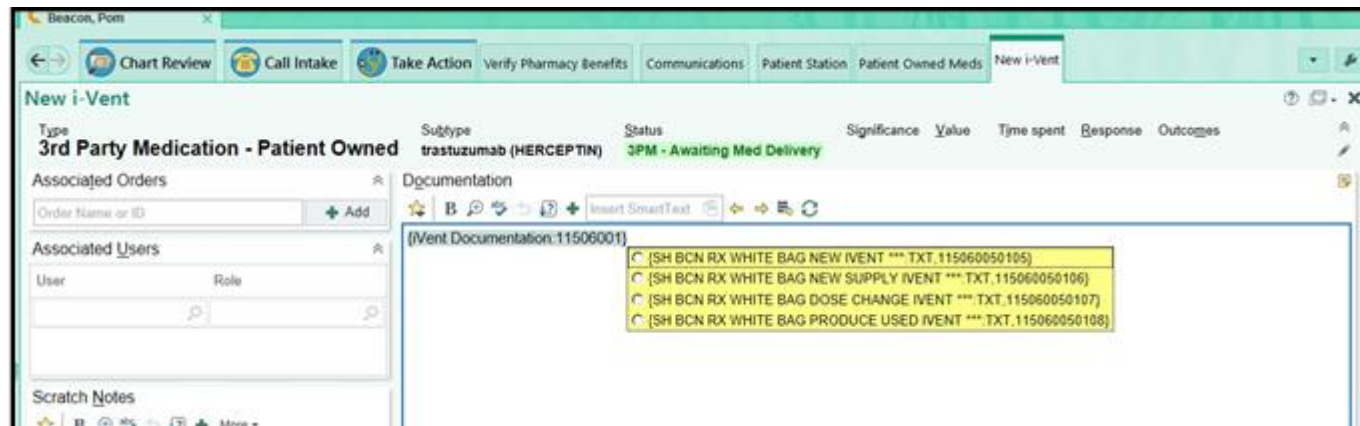
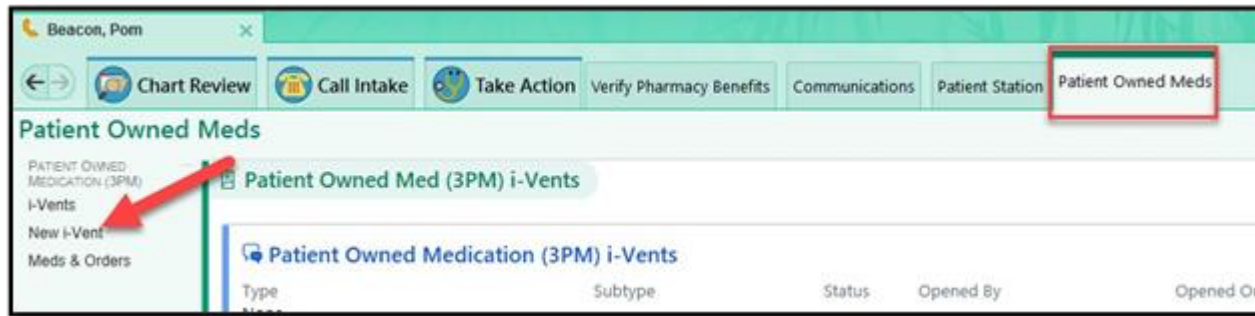
# EMR Enhancement & Workflow Redesign

## Goals

- Initiate system tracking of patients requiring white bagged medications
- Improve visibility of patients who are mandated to use an outside pharmacy to acquire medications
- Improve visibility of white bagged medication inventory status
- Centralize white bagged medication inventory
- Initiate white bag medication wastage tracking due to treatment changes or death

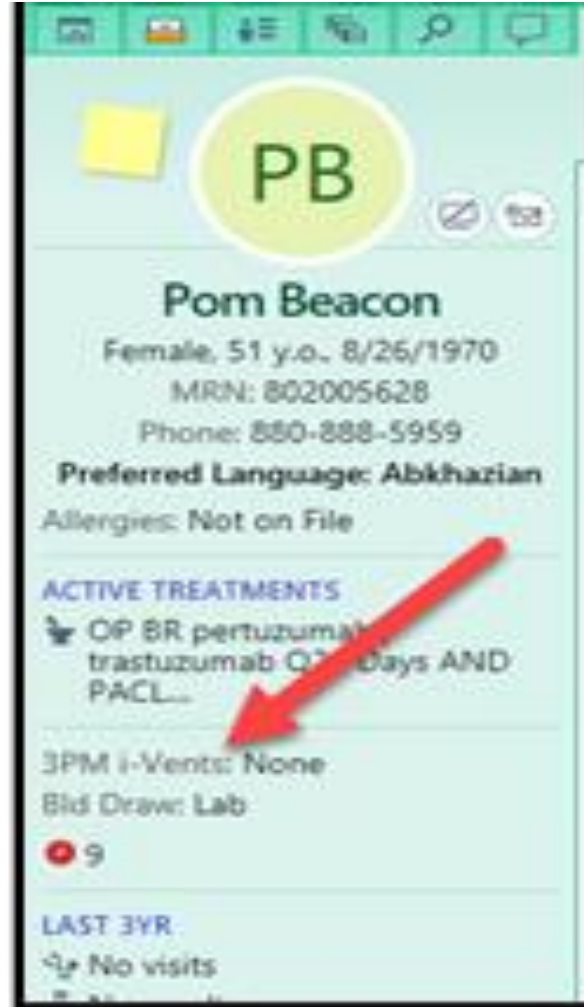
# Patient Tracking

3PM i-Vent type created with white-bagged medication subtype and status of medication acquisition and inventory



## Visibility in the EMR

- White-bagged medication i-Vent placed alongside pertinent patient information
- Visible when scheduling staff are creating appointments
- Visible when oncologists are placing orders and reviewing notes
- Visible when oncology nurses are assisting with care navigation
- Visible when pharmacists are verifying orders



# Resolving Scheduling Discordance

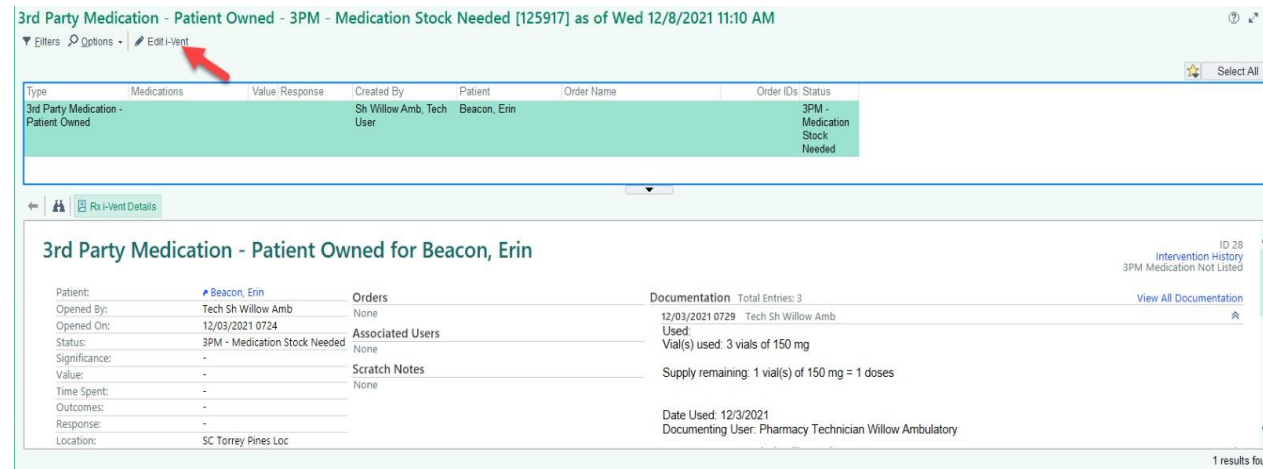
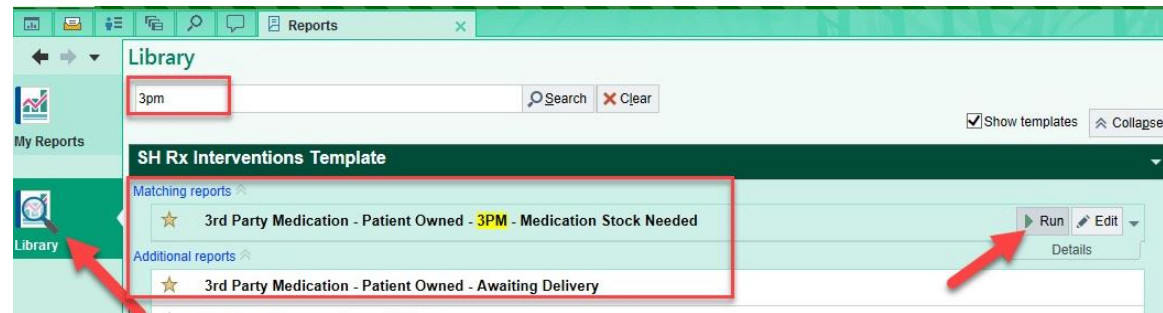
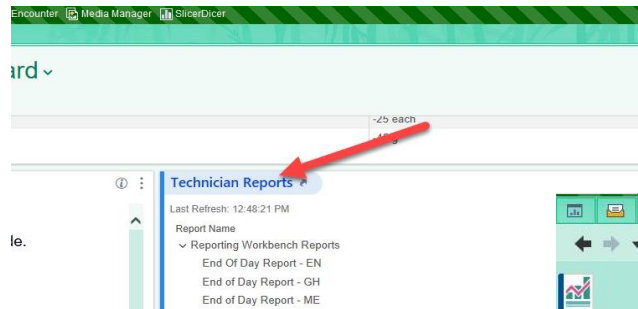
- Patients scheduled for appointments without regard for white bagged medication acquisition turnaround time
- Multiple treatment delays and service failures due to medication unavailability
- i-Vents labeled and made accessible from the multi provider schedule

The screenshot displays a scheduling interface for the Sctp Infusion Center. On the left, a calendar for November 2021 shows the 22nd highlighted. The main area shows a list of appointments for 'SCTP INFUSION CENTER Department (All Providers)'. A red arrow points to a specific appointment row for 'trastuzumab (HERCEPTIN)' on 11/22/2021 at 11:00 AM.

Time	Patient	Age/Gender	Notes	Plan Provider	Next	A
9:15 AM	Biosim, Therapy M	10 y.o. / M	biosim test			
11:00 AM	Beacon, Pom	11 y.o. / F	POM testing	Physician S...	11/2...	✓
1:00 PM	Beacon, Angela	19 y.o. / F	testing	Physician S...	11/1...	⌘

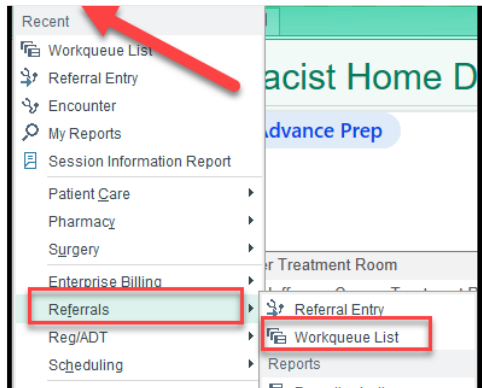
# White Bagged Medication Inventory

Created reports based on i-Vent status updates



# Streamline White Bagging Prescription Communication

- Mandatory white bagging of medications = turn institutional “orders” into “prescriptions” QUICKLY
- Oncology care team inundated by multiple modes of communication
- Referral based communication developed



Workqueue List - Referral/Authorization - Showing All Workqueues

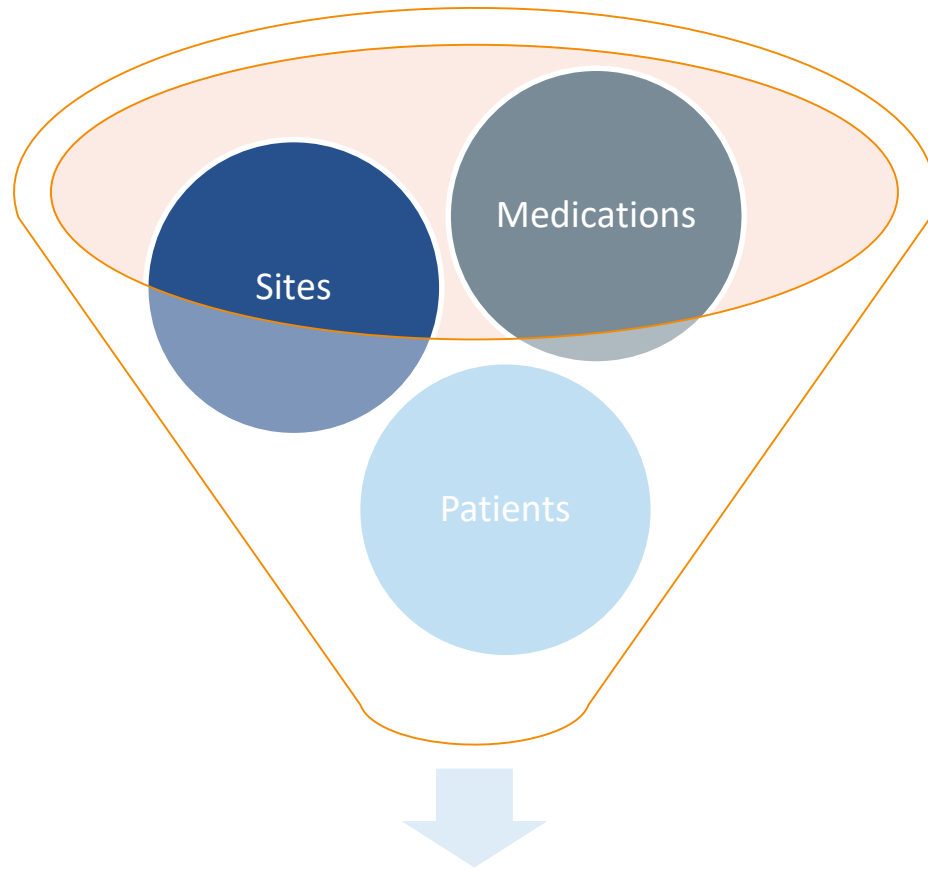
Refresh Open Report Export Show All New Filter Stars

Account Appt Requests Charge Review Patient Referral/Authorization

ID	Name	Service Area	Active Count	Active	WQ Status	WQ Status Reason	WQ Status Comment	Supervisor	Owning Area	Description
26982	CC SD CARMEL VALLEY INTERNAL MEDICI...	CC SD CARMEL VALLE...	0	Yes				[J] ALDEN, LAUREN	Community Connect	Unauthoriz
27007	CO.ORGYN INCOMPLETE REFERRAL WQ	SCRIPPS HEALTH	0	Yes					Scrapps Coastal	
27112	ONC Third PM Pending Orders Referral WQ	SCRIPPS HEALTH	1	Yes				[J] GINSBERG, AARON M		
27124	SCIF OCCUP THERAPY READY TO SCHED	SCRIPPS HEALTH	1	Yes				[J] DANIEL S. MFI ISSA	Scrapps Clinic	



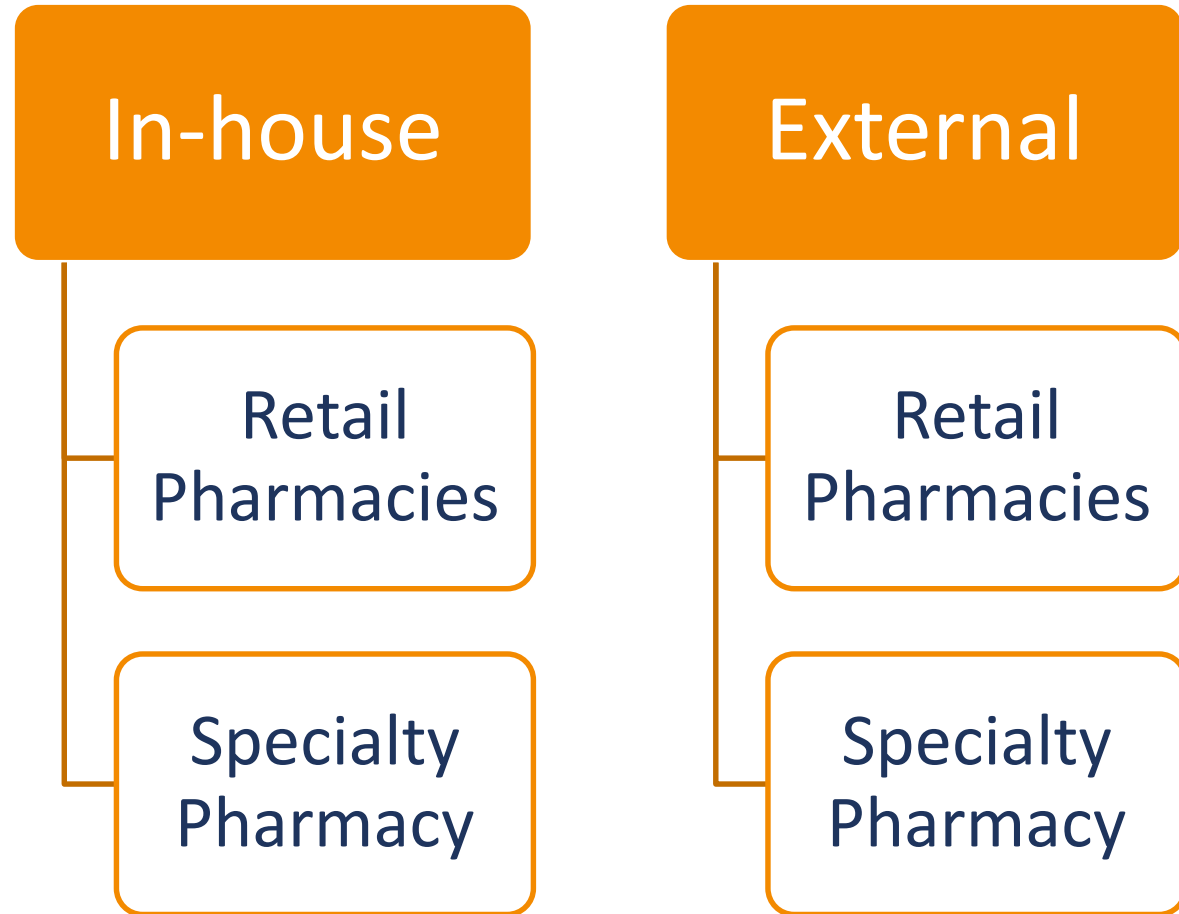
# White Bagged Medication Inventory



Centralized Delivery & Storage



# | The “When” & “How” of Wastage



## | Challenges & Future Directions

- Challenges:
  - Difficult to cutover patients with prior 3PM
  - Several instances considered out of scope of pilot, resulting in several workflows during pilot stage
- Future Directions:
  - Expand scope to cover other disciplines than just oncology
  - Encompass manufacturer-supplied medications

*What electronic tools were implemented by Scripps to mitigate mandatory 3PM impact?*

- a. Made changes within the EMR to simplify identification and tracking of 3PM patients
- b. Created new tools to electronically support a transparent process for 3PM
- c. Created tip sheets in EPIC to train all staff on new processes
- d. All of the above

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*What are some ways to reduce patient risk and organizational risk associated with 3PM:*

- a. Centralized and segregated inventory for 3PM
- b. Create an EMR checkpoint to not schedule patients before receipt of medication
- c. Ensure that all internal parties have visibility to the status of the referral and medication receipt
- d. All of the above

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## References

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- Miller, A. White Bagging: Insurer Shift on Drugs. Medscape. April 15, 2021. Anthem payor contracts
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- White Bagging a Growing Concern for Health Systems. [www.ashp.org](http://www.ashp.org). Accessed Jun 16, 2022.
- Fein, Adam. Vertical Integration: Strategies to Align Care. [Drug Channels: Vertical Integration: Strategies to Align Care](#). Accessed June 16, 2022.
- White and Brown Bagging Emerging Practices, Emerging Regulation. The National Association of Boards of Pharmacy (NABP). April 2018
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- [Use Abbott And Costello Postage Stamp Stock Photo - Download Image Now - iStock \(istockphoto.com\)](#)

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# Thank you...

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