



PROVIDER NEWS

Excellence, therefore, is not an act but a habit. Aristotle



Welcome to this publication

This is the first NHF provider newsletter for 2017, a warm welcome to you. Hope the year has started well for you and we look forward to all we have to accomplish as a team for the remainder of the year. We are happy to report that there is continuous improvements being made in our JADEP programme which will see benefits for all parties concerned. It is our pledge also to increase the number of visits we make to you, our providers, in an effort to foster a better relationship. Also note worthy, is our recent initiative – Public Sector Pharmacy Partner Programme, which although in its pilot stage, is aimed at improving the delivery of pharmacy services particularly to public patients. We look forward to our continued partnership as we take care of our beneficiaries.

Salt: The Forgotten Killer



This year's theme for Salt Awareness Week 2017 was **Salt: The Forgotten Killer.**

The theme reinforces a common truth, that a high level of salt intake will eventually cause ill-health.

Be it a stroke, heart disease, kidney disease or even stomach cancer. The daily recommended consumption of salt is 6g. This is a challenge especially for persons who eat on the go and have little to no control over the amount of salt they consume daily.

Despite this, consuming the required amount of salt per day is possible with consistency. Consistency in food choices, consistency in reading labels, consistency in preparing your own meals and consistency in health seeking behaviour.

MEDICATION ADHERENCE

It is estimated that at least three out of four persons do not take their medication as directed. Taking medication correctly may seem simple, but non-adherence (not taking medication as directed) is a common problem that negatively impacts disease outcomes, causing severe complications leading to mortality and increased financial burden to the individual and the health sector. Poor blood pressure control can cause heart disease, stroke and kidney failure. Patients often do not realize these negative consequences of non-adherence.

Reasons for non-adherence:

- Uncertainty about the medication's effectiveness.
- Fear of the side effects.
- Difficulty in administering medication (especially with injections or inhalers).
- Cost of prescription medications
- Memory lapse
- Patient may have multiple conditions requiring many medications to treat each condition
- Increased frequency of dosage regimen
- Illiteracy

Pharmacist's Intervention:

Pharmacists as medication specialists have direct contact with patients, and should take the opportunity to:

- Educate patients of the correct use of prescription and over the counter medication. When persons have a clear understanding of the importance of the medication, there is a likelihood of increased adherence.
- Monitor the frequency with which prescriptions are filled, and provide reminders or have a discussion with the patient when irregularities arise.
- Educate patients about side effects where necessary, and advise them of what to do if they occur.



- Demonstrate to asthmatic patients, especially first time users, how to administer an inhaler.
- Recommend patients to enrol on the NHF and /or JADEP Programme and for current beneficiaries, advise them to complete and submit a Change Form to the NHF in instances where beneficiaries have recently been diagnosed with a new illness.

SUBSIDY

A policy of the NHF Programme requires the beneficiary to make a copayment arising from a claim transaction. Where the cost of the drug at the pharmacy is lower than the NHF's subsidy, the actual subsidy paid is 95% of the submitted price and the beneficiary's copayment is 5%.

To prevent claims issues and transaction reversals, kindly ensure where possible that NDCs are assigned to the correct drugs.

N.B: All claims transactions will result in the beneficiary making a copayment of at least 5% of the submitted price

CONTINUAL IMPROVEMENTS

1. JADEP

We pledge to work closely with our JADEP Providers to ensure that JADEP beneficiaries can have their scripts filled at a single location to minimise inconvenience as well as provide a service to you our providers. Consequently, the NHF is introducing a number of initiatives to improve our service, some of which are as follows:

Effective **February 1, 2017** NHF has committed to pay JADEP Providers a fee of three hundred dollars (**\$300 per prescription**). Beneficiaries will continue to pay a service fee of \$40 per prescription item and a maximum of **\$240** for six or more items. This will result in JADEP fees ranging from **\$340** to a maximum **\$540**.

Measures being taken to address pharmaceutical stock outs for JADEP items

- Order Processing Department will engage providers in more dialogue with regards to drug orders
- Revision of the JADEP Drug List in 2017
- Improvements to JADEP Order Processing Form

2. Increased Provider Visits - Connecting with Providers through visits with an aim to foster relationship and partnership and implementing measures for provider satisfaction.

3. Introducing innovation and technology to enhance service delivery

4. Public Sector Pharmacy Partner Programme- This is an arrangement with selected private pharmacies to fill prescriptions for public patients. The aim of this programme is to improve the delivery of pharmacy services to public patients and provide more options to access their medications. Currently, a pilot is being conducted Cross Roads, May Pen and Montego Bay, at the end of which will be reviewed and decisions taken regarding future direction.

NEW ACTIVE PHARMACEUTICAL INGREDIENTS ADDED SINCE NOVEMBER 2016

ILLNESS	ACTIVE PHARMACEUTICAL INGREDIENT
Arthritis	Tocilizumab
Hypertension	S (-) Amlodipine + Hydrochlorothiazide
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Major Depression	Duloxetine
Diabetes	Pioglitazone + Metformin
Arthritis	Golimumab



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