

Expanding Your Pharmacist Team

Improving Medication Adherence and Beyond

August 2017



TABLE OF CONTENTS

Introduction and Purpose	1
The CQC Approach to Addressing Adherence	2
Medicare Stars and Pay for Performance	3
30-Day to 90-Day Conversions	4
Defining the Program Structure	4
Program Activities	5
Patient Engagement	6
Provider Engagement	6
Adding Capacity	7
Business Case	7
Pharmacists and Care Management	8
Appendix: Implementation Tools	9
Program Design Roadmap	9
Implementation Checklist	10
Sponsors	11



Introduction and Purpose

The resources assembled in this toolkit are meant to support provider organizations (POs) in addressing medication adherence. The California Quality Collaborative (CQC) started with the goal of identifying activities that would improve medication adherence as a means of both improving patient outcomes and performance in Medicare Stars.

As research was conducted, it became clear that the primary vehicle used by POs to improve adherence was to convert patients on certain classes of medications from a 30-day prescription to a 90-day prescription. These conversions were performed by a clinical pharmacist, and activities were often supported by a pharmacy technician.

This toolkit focuses on the design and implementation of tactical approaches to facilitate conversions. It also offers brief insights into the broader use of pharmacists as part of the patient care team, which were also identified as part of the research.

CQC Approach to Addressing Adherence

The CQC undertook a number of activities to learn more about PO approaches to adherence. The team first reviewed the literature to identify research on promising practices, including interventions that improved adherence and outcomes. The CQC also conducted interviews with organizations involved in medication adherence, including the following:

- Medical groups and Independent Practice Associations (IPAs) with demonstrated success in improving medication adherence
- Health plans that supported these efforts by providing adherence data to POs
- Pharmaceutical manufacturers with tools and resources to improve adherence

The interviews identified key commonalities in addressing adherence, particularly the use of PO pharmacists to convert certain patients from 30-day prescriptions to 90-day prescriptions. Typically, patients targeted for conversion to a 90-day prescription were identified by a health plan and shared with the PO on a periodic basis (e.g., weekly, monthly). In most cases, the PO was incentivized to make the conversions through health plan incentives for improving or maintaining a Medicare Star rating.

As part of the interviews, several POs identified using pharmacists more broadly — for example, to support care management activities, such as medication reconciliation.

Pharmaceutical manufacturers also described their tools and resources to support adherence. Some resources were focused on supporting adherence to a specific medication therapy. Other manufacturers developed broader tools that could be used regardless of medication regimen. For example, Merck developed an [Adherence Estimator](#) which consists of three questions designed to identify a patient's likelihood of adhering to a newly prescribed oral medication.

Medicare Stars and Pay for Performance

The Centers for Medicare and Medicaid Services uses a “Star Rating System” to evaluate the performance of Medicare Advantage and Medicare prescription drug plans. Ratings range from one star to five stars, and measures address five areas: staying healthy (e.g., screenings, tests, vaccines), managing chronic conditions, health plan responsiveness, member complaints, and health plan customer service.

Measures in Medicare Part D (the prescription drug benefit) directly relate to medication adherence. They include: Medication Adherence for Diabetes Medications, Medication Adherence for Hypertension (Renin Antiotensin System or RAS antagonists), and Medication Adherence for Cholesterol (statins). These measures are triple-weighted and therefore significantly impact a plan’s overall score.

There are also several Medicare Part C (Medicare Advantage plan) measures that relate to adherence. For example, measures related to blood sugar and blood pressure control are impacted by a patient’s adherence to related medication regimens.

In addition to Medicare Stars, there could be incentives associated with California’s Value-Based Pay for Performance (VBP4P) program administered by the Integrated Healthcare Association (IHA). The program has [four key components](#): a common set of measures and benchmarks, health plan incentive payments to physician organizations, public reporting of physician organization results, and public recognition awards. Adoption of VBP4P performance measures and benchmarks by health plans and POs helps to drive improvements in patient care. Because of the incentives associated with VBP4P, POs may wish to expand the 30-day to 90-day conversions to their commercial health maintenance organization and point of service populations.

The measures that could be directly impacted by the conversions include:

Cardiovascular:

- Proportion of days covered by medications: Renin Antiotensin System (RAS) antagonists
- Proportion of days covered by medications: statins

Diabetes

- Proportion of days covered by medications: oral diabetes medications

In addition to these three measures, increasing medication adherence should positively impact patients’ blood pressure and diabetes control. More information on the VBP4P measure set is available on the [IHA website](#).

Medicare Stars + VBP4P Measures Impacted by Conversions:

Medicare Stars Part D (triple-weighted):

- Adherence for diabetes medications
- Adherence for hypertension
- Adherence to statins

Medicare Stars Part C:

- Diabetes care: blood sugar control
- Blood pressure control

VBP4P

Cardiovascular:

- Proportion of days covered by medications: RAS antagonists
- Proportion of days covered by medications: statins

Diabetes:

- Proportion of days covered by medications: oral diabetes medications

30-Day to 90-Day Conversions

Defining the Program Structure

To begin, a PO should define its purpose in expanding the pharmacy team to conduct conversions. A narrowly defined program might have a goal to improve performance on Medicare Stars, and by extension, improve outcomes. In establishing the program's overall design, consider how it will address the following:



Accuracy and Timeliness of Data

Identify available internal data that can be used for conversions, what data can be supplied by health plan partners, the frequency of the data, and the accuracy of the data.



Health Plan Partners

Determine if there are win-win scenarios for the health plan and for the PO that could serve as the catalyst to implement this expansion. Consider how to identify opportunities to leverage health plan data and resources and to negotiate incentives-based performance.



Care Management

Define whether the conversion process can augment care management services (i.e., as a good first step to experiment with adding a pharmacist to the multidisciplinary care team). Identify whether the PO can gauge the impact of improved medication adherence for the management and outcomes of patients with multiple chronic conditions.



Medication Classes

Develop a process to determine which classes of medications will be included and how long a patient should have taken the medication to be eligible to convert from 30 days to 90 days. Identify who within the organization needs to participate in this decision-making process and develop a list of options for which classes of medications can be included. Start small and then consider expanding once the program is underway.



Patient-Provider Communication

Explore options to engage patients in education and decision-making using motivational interviewing or other modalities. Also identify existing resources or create new resources for patient outreach (e.g., script for phone calls, pamphlet, etc.).



Senior Leadership Support

Gauge the degree of senior leadership support for the addition of resources for the conversions. Ensure alignment between the number of conversions you propose and the resources you expect to be allocated.

30-Day to 90-Day Conversions

Program Activities

The program implementation includes defining the target population, establishing parameters for the conversions (i.e., which medications and under what conditions), and defining key activities.

Target Population: For conversions, the target population will include the patients whose prescriptions will be converted from 30 days to 90 days. To establish the target, consider the data that are available internally as well as from contracted health plans (i.e., identifying which contracted health plans would readily provide targeted patient lists). Also determine the frequency that data can be provided (e.g., weekly, monthly, quarterly). Once the availability of health plan data is determined, then consider which patient populations will be included — all patients from all plans or a subset. To get a more comprehensive understanding of the patient, also consider whether PO data can enhance health plan data and whether/how patients are risk stratified.

Sharp Rees Stealy Medical Group uses care gap reports to identify patients on certain medication classes (RAS antagonists, statins, etc.).

Parameters: To establish parameters for the conversions, define the classes of medications to be included. The classes could include only the three classes in Medicare Stars Part D (e.g., diabetes, RAS antagonists, statins). Alternatively, medication classes that impact Part C measures could also be included (e.g., medications for kidney disease, hypertension, etc.). Conversion protocols should also include guidelines for when an eligible class of medications can be converted. The first step is to identify the specific duration that a patient has taken a given medication and the threshold to determine that titrating to the optimal dose has been achieved. For example, a PO could decide that a prescription is eligible for conversion if there has been at least one previous refill and the patient has been on the same dosage for at least 60 days.

Scripps Health uses patients lists provided by SCAN health plan on a weekly basis. From this list, Scripps targets members who are at highest risk and trending to become non-adherent. Medications classes include: oral diabetic agents (excluding insulin), RNA antagonists and statins.

Prescription conversions can also impact a PO's care management activities. For example, data on conversions could be added to a patient's care management data. This would enable a care manager to have a more comprehensive view of the patient's record. Similarly, having a record of pharmacist calls with the patient would enable the care manager to understand how a patient's care may have changed over time.

Key Activities: Conversions typically include the following activities or workflows: receiving and analyzing patient lists, conducting outreach to patients (i.e., to request approval for conversion, to follow-up with patient post-conversion), communication with the pharmacy to make the conversion, and follow-up with a patient's provider to document conversion.

As workflows are designed, consider how they can be adapted to best meet the needs of a PO's different IPA practices. Also consider the supporting documents that will be needed, such as business associate agreements and protocols.

Typically, a pharmacist will conduct the conversions. A pharmacy technician can also conduct the conversion, with oversight of the process by a medical director, registered nurse, or pharmacist.

AppleCare conducts its conversions on patients enrolled in plans that could provide timely data. As a result of the conversions, 90-day rates for adherence medications increased by 14.3 percent.

30-Day to 90-Day Conversions

Patient Engagement

Motivational interviewing is a useful tool in conducting outreach to patients to educate them on the value of converting their prescription to 90 days. As patient engagement strategies are being explored, determine whether there is sufficient training and capacity among providers and staff to use motivational interviewing. Keep in mind that motivational interviewing training will improve patient engagement and activation beyond just conversions.

As part of the outreach process, consider developing a basic script for conversations with patients. Policies should also define how many times a patient is contacted, time intervals between interactions, and any other relevant patient communication issues.

Sample Pharmacist Workflow

- » Obtain/review targeted patient list
- » Contact patient and discuss advantages of converting from 30-day supply to 90-day supply
- » Upon receiving patient's approval, contact pharmacy and convert prescription
- » Contact patient to inform that prescription is ready for pick up
- » Inform provider office that prescription has been converted to 90-day supply
- » Follow-up with pharmacy to determine if patient picked up prescription
- » If the prescription has not been picked up, follow up with patient to determine why

AppleCare works with its physicians by creating 90-day prescriptions. The prescriptions are shared with providers who can sign and return them.

Provider Engagement

Engaging providers is crucial to increasing the number of 90-day conversions. There are several reasons for this. First, educating providers about the initiative and its importance may increase the likelihood that a provider will write a 90-day prescription for qualifying medications. Also, if a provider is not aware of the rationale for the conversion, there may be resistance to these efforts. Understanding the value to the patient and to the PO is important.

Approaches to provider outreach and education should include the following:

- Assessing whether providers and office staff are engaged in the initiative and whether they understand the program
- The level of buy-in from practice sites and their leadership
- Communications strategies and materials for providers and staff
- Identification of clinical champions to work with providers on engagement
- Methods to provide feedback to participating providers
- Opportunities to incentivize participation (e.g., "friendly competition")
- Whether 30-day to 90-day conversion rates are reported to physicians and the process for reporting

30-Day to 90-Day Conversions

Adding Capacity

There is a range of decision making with regard to adding pharmacy capacity to the care team, including the full-time equivalency (FTE) of pharmacist and pharmacy technician time and also whether the FTW will be an employee or contractor. In making the decision about how to expand capacity, consider these factors:

- The target goal for the number of conversions for the initial phase of the program (e.g., number of patients in target population, target number of conversions per week or per month)
- Whether there is sufficient capacity for all patients in the targeted lists to receive calls with the FTE you intend to add
- Method to prioritize patients on the target list
- Options and timeline to expand the program to include more patients and the anticipated timeline for doing so

Business Case

Defining the business case for conversions is important to engaging all stakeholders in the design and implementation of the conversion process. Considerations in the business case should address all potential funding increases, including those directly impacted by the conversions (e.g., Medicare Stars Part D measures, Value-Based P4P measures) and those indirectly impacted by conversions (e.g., Medicare Stars improved blood pressure control, reduced emergency department utilization).

In developing the business case, include the following elements:

- Number of health plans targeted
- Number of lives covered under health plan contracts
- Percentage of patients targeted
- FTE estimates for pharmacy staff and associated costs
- PO capitation rate increases¹
- Bonuses for high overall Medicare Stars scores
- Return on investment for improving measures related to medication adherence, such diabetes outcome measures
- Return on investment for reducing avoidable inpatient admissions, as a result of improved management of chronic conditions

1. The PO's capitation rate can increase if the health plan achieves greater than or equal to four stars. This increase is determined based on the health plan's OVERALL score. If the overall increase is not achieved the capitation rate remains the same.

Pharmacists and Care Management

As part its work to explore improvements to medication adherence, the CQC also discovered that a number of POs have used pharmacists for broader activities related to care management. This includes support for discharge planning, comprehensive care management, home visits, leadership in medication reconciliation, and other activities. There is an increasing awareness of the contribution of clinical pharmacists to chronic disease management (e.g., congestive heart failure, chronic obstructive pulmonary disease, diabetes).

Pharmacists can support medication reconciliation as part of managing care transitions, through referrals from a medical group's care management program, or for patients with multiple chronic conditions who may not be enrolled in care management.

The basic process a pharmacist will undertake will be similar, including examining the medication list to determine if there are any concerns or discrepancies, working to resolve those discrepancies, educating the patient on the new medication list, and documenting the changes in the patient's record.

Pharmacists must consider a number of factors in undertaking medication reconciliation. For example, if the pharmacist finds a discrepancy, they must determine which list is current and correct. The pharmacist must also determine which provider needs to be notified and the best method for notification (e.g., call, email). This can be complicated if the patient is under the care of multiple providers. There is often not one provider who is in charge of the medication regime, and providers typically take accountability only for the medications they prescribe.

Desert Oasis offers pharmacist-managed clinics that were established under collaborative practice agreements. They actively manage more than 5,500 patients at any given time. A total of 22 FTE pharmacists support a broad range of activities.

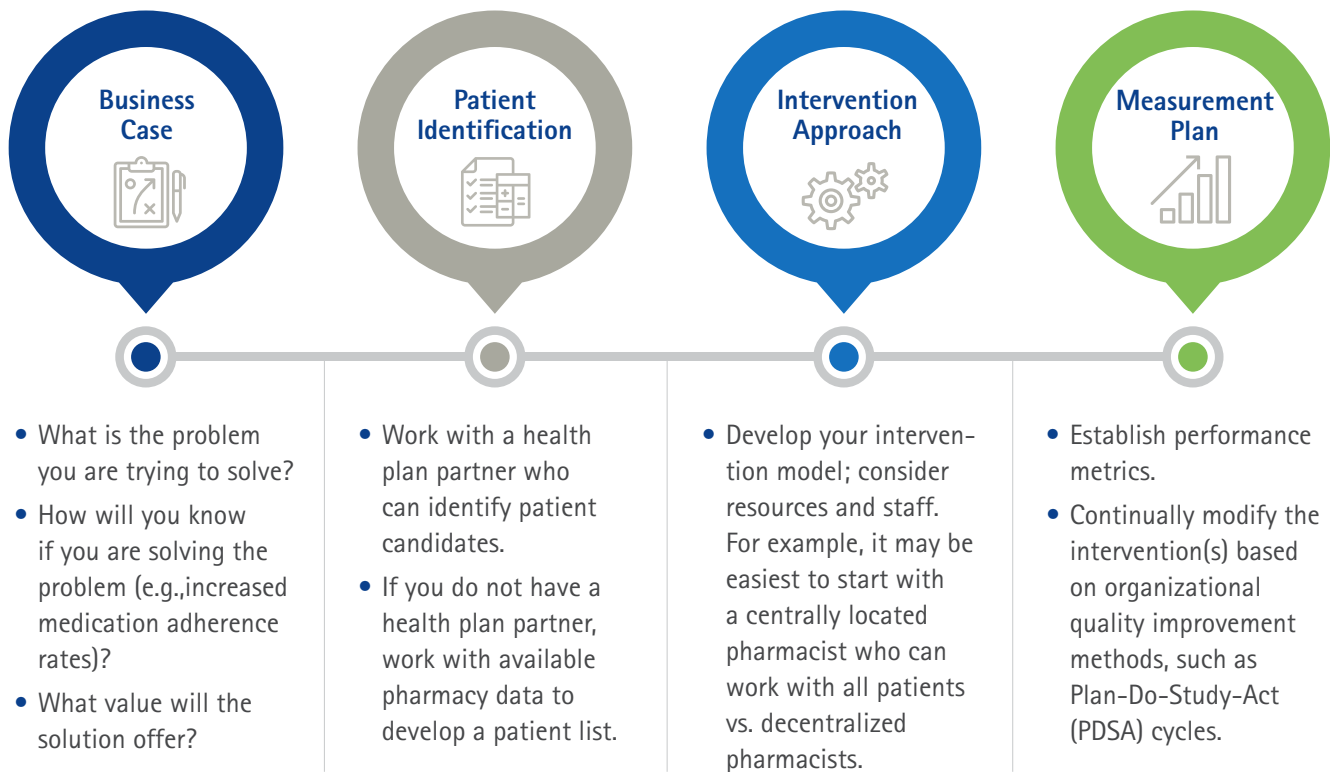
Sansum Clinic implemented a Prescription Navigator Program that targets 5,000 patients. The program includes 30-day to 90-day conversions, medication reconciliation, medication synchronization, and support for care transitions. The program is led by a part-time pharmacist and is supported by pharmacy technicians.

Once the list has been reconciled, the pharmacist will also work with the patient to ensure the patient understands the new medication regime. There should also be a protocol in place for the pharmacist to note inconsistencies in the electronic health record.

For care transitions, patients being discharged from the hospital often have new medication regimens that differ from what they were taking prior to the admission. Medication reconciliation can be conducted at the time of discharge or between the patient's discharge and the patient's scheduled follow-up visit with their primary care provider or specialist. If the pharmacist is involved, this is also a great opportunity to check if the patient has a follow-up appointment (and with whom). For example, a patient may have a scheduled follow-up appointment with their surgeon but not with their primary care provider. If the patient does not have an appointment scheduled, perhaps the pharmacist can bridge the gap. Many primary care physicians don't know that the patient was admitted because a hospitalist manages the inpatient population.

Appendix – Implementation Tools

Program Design Roadmap



Appendix – Implementation Tools

Implementation Checklist

Steps to Implement Program	<ul style="list-style-type: none">• Determine location of pharmacist (e.g., centralized, de-centralized)• Establish method of communication (e.g., telephonic, web-based)• Establish pilot period (e.g., 6 months)• Develop, review, and approve policies and procedures• Identify optimal methods of communication with provider offices about interventions and changes to prescriptions• Obtain necessary written agreements to be HIPAA compliant if pharmacist will access provider electronic medical records• Conducts in-service training for provider office staff who will be the primary contacts• Document pharmacist workflow• Develop tracking for provider organization and care team (i.e., integrate with care management system)• Develop job description or scope of work for pharmacist to be recruited as employee or contractor
Workflow	<ul style="list-style-type: none">• Develop target patient list• Contact patient• Contact retail pharmacy• Contact patient and provide update on prescription status• Inform/document changes with provider office• Track status of prescription to make sure patient picked up prescription• Modify procedure to meet needs of environment
Patient Engagement	<ul style="list-style-type: none">• As pharmacist completes transaction with patient, use motivational interviewing to improve patient adherence and patient self-management

CQC Thanks our Sponsors

blue  of california

Anthem  

 **MOLINA**
HEALTHCARE

 **Health Net**[®]



L.A. Care
HEALTH PLAN[®]

 **UnitedHealthcare**

 **scan**
HEALTH PLAN[®]

 **PBGH**
PACIFIC BUSINESS
GROUP ON HEALTH

GAAPG
The Voice of Accountable Physician Groups

 **Boehringer
Ingelheim**

 **NestléHealthScience**
Where Nutrition Becomes Therapy

 **Bristol-Myers Squibb**

Genentech 
IN BUSINESS FOR LIFE