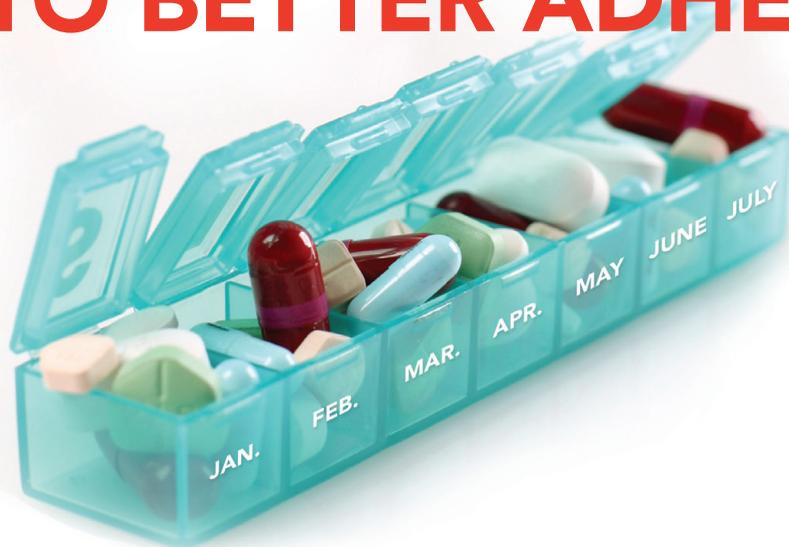


A SIMPLE APPROACH TO BETTER ADHERENCE



U.S. PROGRAM PROVES GOOD FOR PATIENTS AND BUSINESS

by Rosalind Stefanac

If you could coordinate all of a patient's prescription refills on a single day every month or so, just think of the benefits to your inventory management, staffing schedules and ultimately the patient's medication adherence.

It's a simple concept, and one that the National Community Pharmacists Association (NCPA) has taken to independent pharmacies across America with a program called Simplify My Meds.

Launched in 2011, the program is being used by 550 NCPA members and more than 10,000 patients in the U.S. to date. "And we know of several chains and several hundred pharmacies who have also adopted their own version," says Jennifer Bruckart, director of program outreach and special projects at NCPA, adding that a Canadian pharmacist has recently signed up as well.

Improving patient medication adherence has been on NCPA's agenda for several years now in an effort to tackle the \$290 billion wasted annually in the U.S. on improper medication use. (In Canada that number is estimated to be about \$10 billion a year.) In 2010, the association launched a five-year plan called Pharmacists Advancing Medication Adherence (PAMA) of which Simplify My Meds is a key initiative.

"We're not laying claim to the model. The concept of refill synchronization has been in the marketplace with independents for a while," says Bruckart, referring to one pharmacist who has been using a similar synchronization system since 1997. "From a business efficacy standpoint, it really turned his entire pharmacy

operation into a more proactive environment where he could anticipate refill and inventory needs."

The key difference between Simplify My Meds and other auto-refill programs is what the association dubs a personalized "mini medication reconciliation" process that happens when the technician (or pharmacist) calls the patient with a few key questions a week before medication pickup. They'll ask if patients have been to the hospital or seen their physicians recently, and if there are any changes or concerns with their current medications. "We know a lot of first fills never make it to the pharmacy," says Bruckart.

GIVES PHARMACY MORE CONTROL OF WORKFLOW

In fact, she says, data compiled from members using the model shows a 30% increase in prescription volume and a 50% decrease in labour costs. "You're able to do the dispensing and the out-bound calls to prescribers at particular times when it works best for you," says Bruckart.

Pharmacist Steve Burney, who is using the program at his Medicap Pharmacy in North Carolina, says it takes the pressure off staff when multiple and complex prescriptions can be dealt with when it suits the pharmacy's schedule rather than the patient's. "The 60 or so patients signed up include most of the people who would otherwise complicate our day with a list of medications they want filled right away," he says. "Plus we don't have to order medications in advance and anticipate. Because we're calling patients, we're only getting the medication they need."



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Burney says he also appreciates the fact that the NCPA has “already worked the bugs out” and provided the forms, training manual, marketing kit and a 10-minute tutorial to get pharmacist/owners acquainted with the process.

“We know that our pharmacists are phenomenal clinicians and savvy business owners, but having to market this would be one more thing for them to do and we’ve taken that burden off their shoulders,” says Bruckart.

But that’s not to say there aren’t other kinks in the process still left to sort out. She says some of the third-party payers don’t make it easy to do the initial synchronization because they don’t want to incur extra dispensing fees with short fills of medication. “But adherence is a huge quality measure among plans and Medicare,” says Bruckart. “One of the reasons we’ve developed this program is that it is one of those rare win/wins all around—patients win by being more adherent, payers win because they’re getting healthier patients, and from a business standpoint, the pharmacy wins too.”

BETTER COMPLIANCE GOOD FOR BUSINESS

One Canadian pharmacist/owner says he can see the appeal of adopting a similar process this side of the border. “I haven’t heard of anything like this, but I would absolutely use this if it was available to me,” says Bob Mehr, who has 15 Pure Integrative Pharmacy locations throughout Vancouver and B.C. If the provincial associations took it upon themselves to provide the tools and templates and market a program like this, he expects it could have a positive effect across the board. “In Canada, with all the drug reforms, if the provincial associations could show the benefit to government, we’d be one step ahead,” he says. “And anything that increases compliance at the end of the day would help the business aspect of pharmacy.”

Mehr says there are few modifications he’d make to the NCPA program, including a national consumer campaign to ensure customers are well aware of the service before it’s implemented and the stipulation that a pharmacist make the calls to patients rather than a technician. “People are getting so many calls these days from so many companies and they need to know to take this one seriously,” he says. “If you get a phone call from your doctor you take it seriously. And this is another way to raise the visibility of the pharmacist.”

Training is important too, adds Mehr, so that pharmacists and pharmacy owners see the benefit to patients and to workflow. “At the beginning there are sure to be challenges; we may have to cover dispensing fees rather than making patients pay twice in one month to synchronize their meds,” he says. “But if I look at the big picture as a business owner, I would take that loss to get more consistent refills down the road.”

Pharmacist Esmail Merani, owner of three pharmacies in the Ottawa area and an NCPA member himself, anticipates other barriers in adopting an adherence model like this in Canada. Given the three-month medication supply schedule standard across most provinces (excluding Quebec which operates on a 30-day supply), he says third-party payers—and even some patients—wouldn’t be

keen. “Some patients, especially in rural areas, don’t like to come to the pharmacy every month and third-party payers wouldn’t like to go back to a 30-day supply as it would be horribly expensive.”

In the meantime, he says he’s already doing informal adherence initiatives across his three Ottawa-based pharmacies. “You can use technology to implement these things. You can program your computer to let you know when to fill the prescriptions and we do a lot of repackaging for our customers on multiple medications, which we deliver to them in four-week supplies,” he says. “And when I do MedsChecks, I find five out of 10 patients aren’t adherent—it’s a good process because you have the time to make a real difference.”

But aside from the health benefits to patients in being more compliant, Simplify My Meds affords undeniable business advantages, says Jason Turner, a pharmacist/owner who started the program at his pharmacy in Worthington, MN, earlier this year (2012). “It’s very feasible to do it for 90-day [prescription] supplies and in fact, we have 30% of the people in the program on a three-month supply,” he says. “Yes, it has helped the number of prescriptions we’re getting, but more than anything it has helped with inventory and staffing. It allows you time to schedule phone calls to physicians if needed and fill a customer’s 10 prescriptions when it suits you rather than when they’re standing at the counter waiting for you.”

CONSUMERS BECOMING AWARE OF SERVICE

Turner says the fact that the NCPA was pushing the program out to members was a further incentive to get on board. “There was a little bit of peer pressure because I was hearing other pharmacists saying they were doing it and seeing advantages,” he says. “And with a number of independents advertising the service, there was some name recognition of the program among our customers.”

Still, he stresses that it’s a program that the pharmacy owner and staff have to ultimately drive. “[NCPA] gives you the forms and brochures, but you still need to create your own system that will work in your pharmacy,” he says, adding that so far it’s been well worth the effort. “Now we have up to 10% of our customers on the program, but if we put more focus on it, I can see doubling or tripling that number within the next six months. We have even transferred a number of prescriptions into our pharmacy for this very program.”

Bruckart says next steps for NCPA will be to formally measure the clinical impact on adherence for patients in the program, and to look at technology options to better facilitate the process in pharmacies across the country. “Beyond that, we’ll also be looking at value added services that are complementary to this program, such as compliance packaging,” she says. “That’s additional revenue potential for pharmacists and still another tool to help patients be adherent.”

The association has also launched www.stick2thescrypt.org, an online resource for pharmacists and other healthcare providers that features tools, programs and materials to use with patients to help with medication adherence. □

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