Section 4.9 Implement

Pharmacist Outreach

This tool assists a community-based care coordination (CCC) program establish a pharmacist outreach program to support the care coordinator (CC) with medication management and coordination in the home setting.

Time needed: 2 hours

Suggested other tools: Approaches to Patient Communications; Supportive Communications; Medication Reconciliation Template

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How to Use

1. **Review** information about medication adherence issues that supports the need for pharmacist outreach.
2. **Review** the role a pharmacist can play in supporting medication adherence and how such pharmacist outreach can be supported in a community-based care coordination (CCC) program.
3. **Identify** ways to incorporate pharmacist outreach within the CCC program.

Medication Adherence Issues

It is well-known that medication nonadherence is common. Estimates suggest medication nonadherence rates range from 30% to 60%. The purpose of the medication can have an impact upon adherence, with 77% of patients compliant with medications designed to cure a disease; 63% when aimed at prevention; and only 50% when medication must be taken over a long period of time.

- **Two primary forms of medication nonadherence are**: *discontinuing medication* before being instructed to do so (20% to 60%); and *errors in medication administration* (45% on average). Errors include: forgetting to take the medication; creatively altering medications; engaging in unendorsed polypharmacy; mixing medications; and taking medications in combinations that may have dire synergistic interaction effects (such as dizziness and confusion).

- There are many **reasons for nonadherence** in addition to the purpose of the medication. These include: characteristics of the underlying disease; medication side effects; duration of treatment; frequency of expected intake; complexity of treatment; and severity of disease. Despite a patient's education level and what they may say to their providers, patients tend to remember what they are told first, what they consider most important, and what will have the least impact on their daily lives. ***Anxiety*** is also a factor in remembering instructions. Many patients can become anxious when faced with a new diagnosis or new treatment regimen. Helping to reduce anxiety can help by providing written instructions, or having the patient write down instructions in their Patient Action Plan.

- **Other factors relating to medication adherence** may be more difficult to overcome, including gender, personality and cultural norms. Providing instructions in an authoritarian manner can alienate some patients. Some patients are in denial about their health conditions and the medication can be an unwelcome reminder. In both of these situations, practicing ***supportive communications*** can help patients with correct use of their prescribed medication.

- **Patient satisfaction factors** can also impact medication adherence where long wait times or inconveniences may preclude patients from ever acquiring the medications to begin with. For patients who are of different race or ethnicity from their providers, a lack of appreciation for cultural norms and practices can interfere with adherence, where a clinician or even understanding family member/caregiver who is a member of that community can help.[1]

- Finally, **cost of drugs** can be a major factor in nonadherence whether it is the co-pay, deductible or other out-of-pocket expense, or even the fear of reaching the Medicare "donut hole."

- The **impact of medication nonadherence** is poor or suboptimum health outcomes, as well as economic loss, estimated to be approximately $100 billion a year, due primarily to medication-related hospital admissions.[2]

Medication Adherence Solutions

There are numerous electronic medication devices and telehealth functions that can be implemented to help with medication adherence, especially for those with chronic disease. (See *Remote Patient Monitoring*.) Such devices and tools can help a patient's CC and other care team

members monitor adherence. They can support patient education on use of medications and provide behavioral and motivational intervention that aid self-management of disease and treatment, management of side effects, and memory aids and reminders.

Medication adherence is also associated with therapy-related and socioeconomic-related factors, neither of which can be aided by electronic medication devices or telehealth. These factors can be most aided by having a pharmacist as a member of the patient care team. A pharmacist can also contribute to setting up and assuring appropriate instruction in medication administration, supported by other tools.

Pharmacist Outreach in CCC—An Example

Community Care of North Carolina is a public-private partnership sponsored by the NC Department of Health and Human Services and NC Division of Medical Assistance. Its goal is to improve the delivery of healthcare services to the state's most vulnerable individuals by creating 14 regional networks of providers and community services organizations. Included in the project is a toolkit that includes a module on establishing a network pharmacist program. The following information is drawn from this module, available at: http://commonwealth.communitycarenc.org/toolkit/9/default.aspx

Role of the Pharmacist in CCC

In a CCC program, a pharmacist can:

1. **Coordinate drug-use initiatives.** Drug use refers to information about whether patients have filled their prescription, obtained applicable refills, are planning for prescription renewal and obtaining information directly from patients as to their adherence. Studies have shown that obtaining information on drug use is more reliable when pharmacists interview patients and/or their family/caregivers. Pharmacists can also suggest the need to acquire biochemical evidence from urine or blood samples to determine medication adherence, especially when a patient claims to have taken a medication but it does not have the effects it should.

   Other pharmacist drug-use initiatives include:

   a. Helping to break down barriers across providers by improving collection and transfer of drug-use knowledge
   b. Building patient-centered, goal-oriented and continually reinforced drug-use plans that are accessible to all members of the care team
   c. Maintaining or helping to establish a centralized drug-use information database accessible to providers and patients
   d. Streamlining workflows to reduce pharmacy-related administrative tasks in order to enhance patient-provider interaction
   e. Ensuring medication reconciliation occurs at each transition of care

2. **Coordinate and manage education on ways to overcome socioeconomic-related factors** by:

   a. Providing family preparedness training to providers and CCs who can help their patients plan ahead for the medication expenses
   b. Reviewing patient health insurance programs and offering options, as well as educating providers on Community Care and Medicaid pharmacy initiatives

and drug policies in order to achieve a sustainable financing program for the patient

c. Coordinating between in-person and mail order pharmacy purchase of medications to ensure an uninterrupted but cost-effective supply of medications, and monitoring drug supply in order to ensure reliable sourcing

d. Reviewing treatment regimens to help providers select the most affordable and efficacious medications for their patients

e. Determining if there are ways to simplify medication regimens, such as monotherapy with simple dosing schedules

3. **Foster continual learning, innovation, and quality improvement** through:
    a. Providing regular feedback to encourage new approaches to medication therapy management (MTM)
    b. Studying MTM trends and research to provide feedback to providers on a regular basis and on demand
    c. Evaluating the impact of new MTM processes in the community and reporting on progress, issues, and potential solutions

Pharmacist Outreach Placement and Support

Community Care of North Carolina recommends that communities have both a network pharmacist and a clinical pharmacist: a **network pharmacist** to serve as an administrator, oversee clinical pharmacists (and other professionals working directly with patients) and to foster continual learning in the community; and a **clinical pharmacist** to coordinate pharmacy activities directly one-on-one with individual providers and patients/families. CC of NC recognizes however, that for smaller communities, two dedicated pharmacists may not be feasible and suggests that a pharmacist be sought who can fill both roles.

The pharmacist for the CCC program may reside in:

- The **central CCC program** to ensure coverage for all components of the CCC program. The challenge with this model is to ensure ongoing engagement with providers and local pharmacists.
- A **provider setting** (e.g., hospital, large clinic), where the pharmacist has good contact with providers and patients at the point a medication is prescribed. The challenge with this model is to ensure coordination with other providers, especially those who are in a small healthcare setting and/or a distance from the primary setting.
- A **hybrid placement** may achieve the best of both placement options and overcome their respective challenges. However, splitting time requires transition among them which can reduce the overall time available to perform work.

Consideration must also be given as to how the pharmacist will be financially supported. Options include:

- **Full-time employment in the respective residence**. This can result in an undue burden to the residence, considering that the CCC program pharmacist is not performing work for any given organization full-time. It does, however, afford a full-time focus on the CCC program allowing all of its needs to be addressed.

- **Partial support or a contractual arrangement** may be more applicable for smaller CCC programs. Close attention must be paid to how much time is needed and how time is actually spent. The part-time pharmacist may be not be able to focus on all desired functions, acting more as a consultant than as a provider integrated into the fabric of the community. Alternatively, if the contractual arrangement is full-time to the CCC program this may achieve the best possible results, especially if that pharmacist can be included in any shared savings.
- Partner placement entails utilization of a **team of pharmacists** in the community. In this model, there is no fiduciary relationship or payment for the pharmacists, but they serve the community in order to best serve their constituents. Although the loosest model in terms of assuring adequate coverage, the opportunity for multiple pharmacists who may be closer to various constituents can help overcome engagement issues.

Pharmacist Knowledge and Skills

The pharmacist who engages with a CCC program should be one who not only is well-versed in MTM, supply chain, and financing options, but should:

- Have strong communication skills, speaking the language of the providers, CCs, *and* patients
- Be reasonably savvy with technology in order to assist providers in optimal use of e-prescribing systems, and CCs and patients with electronic devices
- Have the ability to adjust to needs of various settings across the continuum of care
- Be supportive of CCC program goals and its triple aims of quality, cost, and patient satisfaction; in other words, the CCC program pharmacist should not be solely a "bench" pharmacist
- Have skills that support innovation, be analytical, be mindful of workflow improvement opportunities, and attuned to research needs and protocols

Technology Aids for Pharmacist Outreach

The retail pharmacy industry has widely adopted electronic prescribing (e-Rx), including:

1. **Providers writing prescriptions aided by:**
    - Medication history for patients
    - Drug knowledge embedded in clinical decision support
    - Formulary information from pharmacy benefits managers
    - Notification that a prior authorization is required (plans are being instituted to support electronic prior authorization on provider side)
    - Direct submission of prescription to retail pharmacy and/or mail order pharmacy of the patient's choosing
    - Ability to communicate change and cancel requests with retail pharmacies
    - Refill and renewal processing
2. **Pharmacists fulfilling prescription aided by:**
    - Legible prescriptions

- Medication history for patients
- Drug knowledge reminders and alerts
- Clinical decision support and formulary checks at the provider side reducing routine calls with providers and enhancing time available for more in-depth MTM discussions
- Full suite of financial and administrative transactions associated with determining patient eligibility for drug benefits, Medicaid subrogation, prior authorization, processing claims, and others

In addition to the availability of medication history for patients, an e-Rx standard exists for fill status notification. This process would notify either or both the provider and pharmacist of prescriptions received electronically but not filled after a designated period of time.

There is growing interest by both providers and pharmacists to have information about whether a patient has filled a prescription. In a CCC program, such information can aid the CC in communicating with the patient about unfilled prescriptions and working with both the provider and pharmacist to determine the most appropriate strategies for helping patients with their MTM.

References

[1] Data from Gottlieb, H. (2000). Medication Nonadherence: Finding Solutions to a Costly Medical Problem, *Cliggott Publishing*, Division of CMP Healthcare media. Available at: http://www.medscape.com/viewarticle/409940

[2] Figge, HL (April 20, 2011). Electronic Tools to Measure and Enhance Medication Adherence, *U.S. Pharmacist*, A Jobson Publication. Available at: http://www.uspharmacist.com/content/s/162/c/27847

For support using the toolkit

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