

# Community Pharmacy Strategies for Success under a Value-Based Pharmacy Program (VBPP)

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## KEY FINDINGS

- Pharmacies approached the VBPP through familiar activities, such as addressing medication adherence and attention to medications for cardiovascular conditions/risks
- Some pharmacies are more advanced in transforming their practice to free up pharmacists to deliver needed services
- Better provider acceptance could help fulfill the pharmacists' roles in optimizing medication therapy

## OBJECTIVES

- 1. To identify strategies that pharmacies used to perform well in a Value-Based Pharmacy Program (VBPP) and 2. Compare performance on a selected set of performance metrics

## BACKGROUND

- Evidence shows that community pharmacies' adherence-related and medication management services can increase patient adherence and enhance health outcomes
- A large Midwestern-based insurer introduced their VBPP in Iowa to create a bonus payment system (per capita) for participating pharmacies that perform high quality patient healthcare and limit health care costs. The VBPP uses a set of 18 metrics to rate pharmacy performance on two main domains: chronic disease management and cost & utilization

## METHODS

- A multi-case design was used for eleven pharmacies participating in the VBPP
- A pharmacist from each pharmacy was interviewed about their approach to ten VBPP performance metrics
- A semi-structured interview guide was developed, phone interviews were audiotaped and transcribed
- The interview transcripts were coded by two coders, analyzed, and a brief case report was written for each pharmacy
- Performance data from the insurer were analyzed

## RESULTS

- Six of these pharmacies were units of regional chains, while the remainder were independently-owned pharmacies.
- Select metrics were compared for the 73 participating pharmacies vs all others in insurer network (N~870)

**Table 1. Condition Specific Metrics 07/01/18 – 6/30/19**

VBPP Pharmacy	Asthma		Cardiovascular		Diabetes		Depression		
	Med Ratio <sup>2</sup>	Control PDC	Statin PDC <sup>1</sup>	Moderate Intensity Statin	High Intensity Statin	ACEI ARB PDC	Non-Insulin PDC	Acute PDC	Continue PDC
Y	76.4	58.6	80.8	67.3	51.8	83.4	80.7	84.6	71.8
N	75.9	61.4	78.9	63.7	49.7	82.5	78.8	83.8	71.4
Percentage Point Difference	0.5	-2.8%	1.8	3.6	2.1	0.9	1.9	0.8	0.4
Compared to Earlier Period	↔	↑	↑	↑	↑	↑	↑	↑	↑

<sup>1</sup> PDC: proportion of days covered

<sup>2</sup> Ratio: asthma controller medication fills / all asthma medication fills

**Table 2. Uncommon Practices by Pharmacists**

- Coaching patients on appropriate use of the emergency department (ED), through written materials with oral advice
- Obtaining a link to hospital EMRs to monitor for patient discharge for timely medication reconciliation by the community pharmacist
- Sorting patients for different intensities of services – Sorting/targeting is becoming more common
- Creating time to deliver enhanced services by freeing up pharmacists from distributional tasks or having pharmacist staffing overlap
- Following a population health management model where patient complexity information in the VBPP dashboard is used to sort the patients to receive different service intensities.

## RESULTS

**Table 3. Common Practices**

- Practices that involved medication adherence, like Medication Synchronization, using Proportion of days covered (PDC).
- Utilizing the insurers' VBPP dashboard
- Collecting lab results and clinical data to better monitor patient therapy
- Intervention documentation for target patients

## DISCUSSION & CONCLUSIONS

- Practice transformation and performing new care activities were helpful for practicing under the VBPP
- To support pharmacy performance the pharmacies requested more active promotion to providers by the insurer to increase collaboration effectiveness

**Limitations:** Small sample size and time gap between dashboard data and current performance were limitations

**Conclusions:** Pharmacists were adapting their practices to be successful under value-based payment program

Future Studies are needed to build on these results

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