

Community Pharmacy Activities and Perception of Success in a Value-Based Program

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Background

- As pharmacists transition to Pharmacist Patient Care Plan based practice, pharmacists are increasingly having a positive effect on medical outcomes.
- Continuous medication monitoring in a community pharmacy practice has been shown to decrease total health care costs while improving medication adherence.¹
- A large Midwestern-based insurer introduced a Value Based Pharmacy Program (VBPP) to pharmacies in Iowa and South Dakota in 2017.
- The objective of the insurer was to create a per capita bonus payment system for participating pharmacies who perform high quality patient healthcare processes and limit health care costs.
- The VBPP uses a set of 18 metrics to rate pharmacy performance on the domains of chronic disease management (e.g. asthma, diabetes) and cost and utilization (e.g. total cost of care).

Objectives

- The objectives of this study were to:
 - Describe pharmacist care activities that pharmacies are using to affect performance metrics in a Value-Based Pharmacy Program (VBPP).
 - Describe pharmacists' approach to providing enhanced pharmacy services in a Value-Based Pharmacy Program (VBPP), and
 - Describe pharmacists' challenges and suggestions for improvement in providing enhanced pharmacy services in a Value-Based Pharmacy Program (VBPP).

Methods

- A series of semi-structured interviews with pharmacists in 11 participating pharmacies resulted in a list of activities being performed to improve scores on the VBPP performance metrics
- A survey instrument was constructed that measured the frequency of performance of 30 activities on a Likert-type scale.
- Prioritization of activities for 7 areas of VBPP focus and pharmacists' time availability to provide patient care services were measured on a Likert-type scales.

Methods (cont.)

- Perception of level of success in the VBPP was measured on a continuous scale of 0 to 100.
- Respondents also provided qualitative information about patient care challenges and suggestions to increase performance and sustainability in the network.
- Surveys were mailed to a contact at each of the 73 participating pharmacies, with at least 2 reminders.
- Descriptive statistics were determined for the quantitative responses.
- Content analysis was performed for the qualitative responses.

Results

- 72.6% (53/73) of pharmacies responded.
 - 82.3% (47/57) of small chain/independents
 - 37.5% (6/16) of large chain pharmacies

Table 1- Activities Seen Most Frequently (1st Quartile)

Activity	Mean	Median
Counsel insurers patients to take their medications as directed to try to improve total cost of care	4.17 ± 0.83	4
Obtain a list of patients to target from corporate analyses of insurers' dashboard data	4.13 ± 0.98	4
Monitor medication adherence for insurers patients, and intervene if non-adherent	4.02 ± 0.80	4
Have difficulty targeting patients with depression reflected in insurers metrics	3.98 ± 0.95	4
A staff member examines our pharmacy's performance on insurers dashboard monthly	3.92 ± 1.18	4
Obtain insurer patient lab data directly from providers	3.92 ± 0.87	4
Document interventions for insurer patients	3.74 ± 0.96	4
Use medication synchronization as an opportunity to discuss medications with insurers patients	3.7 ± 1.09	4

• Scale: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always

Acknowledgments

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Table 2 - Activities Seen Least Frequently (4th Quartile)

Activity	Mean	Median
Educate insurers' patients about non-ER options for emergent health issues	3.04 ± 1.14	3
Lack of collaborative relationships with prescribers and physicians	2.96 ± 0.76	3
Utilize electronic medical records in managing insurer patients	2.64 ± 1.24	3
Pharmacy technicians triage insurer patients for attention by a pharmacist	2.43 ± 1.10	2
Work with insurers' patients to collect lab data directly from their patient chart	2.36 ± 1.06	2
Call insurers' patient starting a new anti-depressant 2-4 weeks after initial dispensing	2.28 ± 0.84	2
Are informed about hospital discharges of your insurers' patients at the time of discharge	2.15 ± 0.95	2
Utilize a central fill service	1.51 ± 1.07	1

• Scale: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always

Table 3 – Pharmacies Approach to Providing Services

Insurer Metric	Mean	Median
Adherence	1.98 ± 0.97	2
Diabetes	2.04 ± 0.83	2
Cardiovascular	2.36 ± 0.81	2
Overall program (composite)	2.51 ± 0.70	2
Asthma	2.79 ± 1.10	3
Total Costs	3.23 ± 1.05	3
Depression	3.60 ± 1.10	4

•Scale: 1 = Very High Priority, 2 = High Priority, 3 = Medium Priority, 4 = Low Priority, 5 = Very Low Priority

Self-rated pharmacists' availability of time to provide patient care services.

Mean = 2.81 ± 1.19
 Median = 3
 Scale = 1 "Poor" to 5 "Excellent"

References

¹ Doucette, W, McDonough, R, et al, Pharmacy performance while providing continuous medication monitoring. Journal of the American Pharmacists Association, Volume 57, Issue 6, 692 - 697.

Perception of pharmacy's success in the Value-Based Pharmacy Program over the past six months.

Mean = 53.06 ± 20.15
 Median = 55
 Scale = 0 "No success" to 100 "Highest possible level of success"

Table 4 Perceived Challenges to Success

Type of Challenge	% Reporting
Lack of Time/Staffing/Workflow/Task prioritization/Staff resistance	73.6 %
Lack of access to Patient Data, Depression Diagnosis /Data interoperability issues	39.6 %
Provider Resistance	24.5 %
Patients resistance to change/adherence	18.9 %
Collaboration/Communication Difficulties	18.9 %

Discussion

- On average, pharmacists feel that they are being moderately successful in the VBPP, although there was a wide range of perception of success in the program.
- While many pharmacists expressed concerns about time available to work on patient care services, overall they rated their patient care time availability as "Good".
- Many pharmacists reported issues with obtaining patient information, and this was reflected in the pharmacists reporting using some external patient data sources as "Sometimes".
- While about one fourth of pharmacists mentioned provider resistance as a barrier, pharmacists reported obtaining patient lab data from providers as an activity performed "Often".
- Pharmacists reported prioritizing adherence and diabetes care activities, which was reflected in the frequencies of performing those activities.
- Pharmacists also reported prioritizing activities related to total costs as medium priority, yet adherence activities intended to improve total cost of care were reported as the most frequent activity.
- Activities around depression care consistently were not prioritized nor were those activities performed as frequently

Limitations

- Lower response rate from large chain pharmacies
- Possibility for social desirability bias from self reporting