

Case Study

Supermarket Pharmacy Uses Medication Adherence and Clinical Performance Solutions to Improve Patient Experience, Quality Ratings

Critical Issues

- Address a need in pharmacies for clinical programs to help improve medication adherence through counseling, targeted interventions and patient outreach.
- Maximize patient interaction with pharmacy staff by quickly accessing detailed patient information and capturing real-time events in workflow.
- Find a flexible solution that enables use of self-directed or vendor-based programs to track data and create actionable steps to improve overall care.
- Easy identification, tracking and analysis of interactions and improvements to allow pharmacy staff to monitor patient and pharmacy performance adherence levels and record results.

Goal-Driven Results

- Utilizing McKesson technology has helped the pharmacy focus on adherence and introduce CMS Five- Star Quality Ratings into their clinical programs, improving patient outcomes.



Using Medication Adherence to Enhance Outcomes.

A large supermarket chain has long been an advocate for health and nutrition in their store based pharmacies. The company is known for innovative customer services such as free home delivery, management of prescriptions online, specialty pharmacy and auto-refills, in addition to their commitment to wellness.

The organization was an early adopter of Medication Therapy Management (MTM) and adherence programs to improve awareness about blood pressure, cardiovascular health and diabetic conditions for employees. Educational campaigns and health screenings provide alerts to employees that are borderline or have already been diagnosed so that they can participate in programs to improve chronic conditions. These initiatives are managed through divisional teams consisting of a pharmacist directing all clinical activities and a wellness coordinator who works with store wellness champions to drive the programs.

Seeing the impact that these programs had on employees, the pharmacy was determined to enhance their patients' entire pharmacy experience by bringing counseling and medication adherence clinical services into the stores. This would be no simple endeavor as their pharmacies are considered to be some of the busiest in the nation on a per store basis. Finding a way to improve customer care while also reducing medication costs became a top priority for the company.

“Little things come up as technology changes. As pharmacy rules change, there are always new things to be concerned about. EnterpriseRx is so adaptive to our needs.”

“This was a game changer for us. APS allowed us to identify those patients with a specific third-party code that are not adherent to their meds and using CPS, the stores were able to create a guided conversation for smart, efficient and targeted interventions.”

Preserve Revenues by Improving Performance Scores

With Medicare Part D set to assign quality-based ratings in 2016 and DIR fees cutting into the bottom line, the pharmacy brought together a team to try to determine what pharmacy could do to ensure reimbursement rates were maintained. “We started looking at reimbursement rates from insurance providers, which are directly related to quality measures and easily conveyed through our clinical programs,” explained the Pharmacy’s Systems Analyst. “How high-risk medications are used can now affect performance scores and what we are reimbursed. The better we do on quality measures, the more we impact our plan’s Star Ratings and therefore our reimbursement rates.”



Medication adherence was emphasized in these measures, notably with the addition of comprehensive medication review (CMR) completion rate as a Star Rating measure. “With more than half of patients in many disease states being non-adherent to their medication therapies, this is a huge and expensive problem that affects us all. We knew that doing patient interventions and MTM aren’t necessarily revenue-generating events but with the addition of CMR as a Star Rating, we saw an opportunity to use these tools to improve adherence and in doing so, our standings with the plans.”

By helping patients optimize medication use, CMR and pharmacist-provided MTM programs have been shown to:

- Lower medical costs
- Manage chronic conditions
- Improve health outcomes

However, patient-driven enhancements such as medication synchronization and 90-day fills have decreased the number of pharmacy visits, giving pharmacists fewer chances for a face-to-face conversation. They were committed to utilizing CMR and MTM tools to improve adherence and recognized that their key to success lay in the ability of pharmacy staff to quickly access a patient’s medication information and history to make the most of every interaction. “We saw how much value was being unrealized and decided to take this vision and use it to improve patient outcomes and reimbursement rates.”

Automating Manual Processes Eliminates Inefficiencies

In the fall of 2015, the company undertook an initiative to begin targeting top borderline non-adherent patients in three major disease states (diabetes, hypertension and cholesterol) with the goal of improving Star Ratings with patients in Medicare Part D plans. Initially, they utilized a paper-based, labor-intensive process that identified 50 borderline non-adherent patients in each disease state. These reports were not plan specific, difficult to deliver to specific stores and lacked an efficient way

to capture notes or comments on patients.

Finding the process cumbersome and inefficient, they sought an automated solution to identify, track and analyze patient medication histories and adherence behaviors in order to address them through clinical programs. Having had previous success with other McKesson platform solutions, including the EnterpriseRx™ Pharmacy Management System, they chose the McKesson medication adherence and clinical performance technology solutions when they became available.

The Clinical Programs Solution™ (CPS) offers the ability to create, and capture in workflow, extensive filters which can be applied for third-party plan codes and biometric values, as well as clinical events, to quickly alert pharmacists of medication regimen opportunities. As information is collected, CPS provides a place to track and record any steps taken toward making improvements in the patients’ therapy. When coupled with EnterpriseRx, patient and medication profiles are stored in a centralized database for every patient in the system. CPS offers pharmacies the choice of using self-directed programs to create their own filters, alerts, and reports, or vendor-based programs that rely on third-party clinical service providers to capture a very specific group of patient opportunities.

The Adherence Performance Solution (APS) provides comprehensive, valuable data to help pharmacies understand and act on patient medication adherence behaviors. A complete, real-time view of each patient’s fill history is presented on an online dashboard that can be accessed through the pharmacy management system. With that actionable information at their fingertips, pharmacists can monitor adherence levels and create clinical programs to address individual patients’ medication needs and conditions.

Used in combination, the solutions provide pharmacists the ability to customize their programs and solutions to best fit their organizational goals, needs and resources.



The company opted for the self-directed approach initially and appreciated the flexibility of CPS and its' ability to craft the programs in whatever way that you want. Whether they chose to implement individual programs slowly or roll out multiple programs simultaneously, it's entirely customizable.

Preventing Non-Adherence Before it Begins

After several months of testing, they were no longer satisfied with simply collecting information and was ready to begin utilizing the data to improve adherence ratings. In January 2016, the organization implemented a ten-month test pilot initiative focusing on DIR fees and quality measures. The goal was to identify non-adherent patients and then focus on a specific sub-group whose adherence could quickly be improved by counseling and intervening before non-adherence becomes a significant problem.

Adherence ratings for a sampling of patients with a less than ideal PDC (Proportion of Days Covered) score over the previous six months were identified and then tracked on a monthly basis. "With APS we had the ability to access patient

data for a store at the plan level, offering an overview of 6 and 12-month PDC scores by disease state." "We could log into a specific store, export all of that patient data, filter out a plan code and determine who is most likely to be non-adherent based on their scores. Then, using self-directed programs in CPS, we could craft a questionnaire with smart, efficient and targeted interventions built in."

In order to make the target patients easily accessible, a pre-alert filter was created directly in the workflow that served as a trigger.

A blinking message, visible from all workflow steps in a store's task queue, prompts staff to initiate conversations about adherence and clinical services.

Each month store users conduct a guided conversation about the patients' adherence barriers, asking questions to determine if they are adherent or not. If they were adherent, why are they being flagged? If non-adherence was identified, what were the questions to ask to determine why and what action steps should be taken to improve adherence? Non-adherence reasons were identified and stores began to work on clear action steps to improve

adherence scores and incorporate them into the questionnaire.

Detailed Information Directs Patient Conversations

Each month the results of the survey are automatically routed to the data warehouse and used to track PDC scores and develop recommendations to improve results. Patterns began to emerge that helped direct the conversations and actions taken. For example, 77% of the patients identified as non-adherent were simply forgetful so system users could choose to contact these forgetful patients with a text, email, or phone call; or not at all, depending on the content of the running comments captured in the CPS application. For those showing adherence, CPS survey data proved that many patients were taking their medicine but PDC scores were not reflecting it. Diving deeper, analysts discovered a lag time in the scores and added an action step into the system that would identify those as being recently adherent and determine when to stop calling them to risk annoyance.

APS and CPS automated the process of pooling information, generating reporting behind the scenes that enabled pharmacists to quickly analyze, categorize and track different aspects of a given customer's care. Not only could the pharmacy determine how many patients were simply forgetting to take their medication, stores were able to analyze whether a patient was filling prescriptions from another source; how many were experiencing adherence barriers such as excessive cost or transportation issues; or how many did not perceive any value in their medication regimen.

With extensive detailed patient information at their fingertips, the pharmacy could easily differentiate between those who were not very adherent but not yet non-adherent (less than 80% PDC), coming up with recommendations and tactics to guide them in the right direction by conducting an intervention, or increasing counseling and customer contact.

Targeted Interventions Impacting Change

When they started analyzing their adherence data, they found that many patients moved from a rating below the 83 percent threshold for an acceptable adherence score to above the 83 percent mark during the ten-month pilot. This data showed that certain stores were able to implement simple changes on a given prescriptions to move patients into the 83 percent PDC adherence-rankings for a given month.

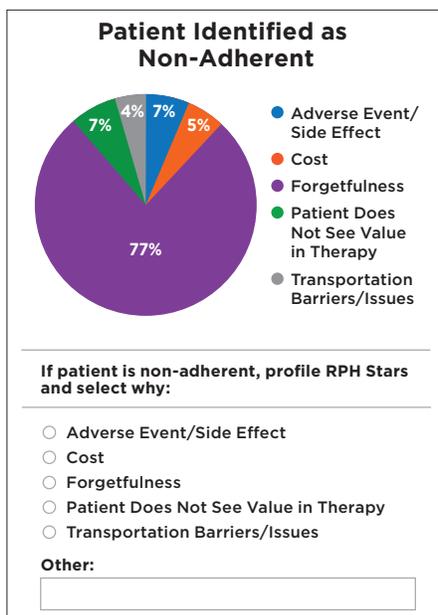
While not every patient in the pilot group experienced consistent improvement over the pilot period, the extensive detailed patient adherence information that APS and CPS provided allowed stores to continue to improve the actionable paths within their workflow. Staff became quite proactive, and stores would actually come to management and say, "I'm hearing a lot of patients say this about why they are non-adherent, so can we add this suggestion as a potential endpoint?"

McKesson Pharmacy Systems

30881 Schoolcraft Road
Livonia, MI 48150

www.mckesson.com/mps
(866) 682-8942

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Having this level of detail easily available to pharmacy staff allowed them to significantly improve patient care in a variety of ways. Stores could focus on those who truly needed additional counseling, a change in delivery methods, or a change in therapy--instead of repeatedly contacting customers who are temporarily non-adherent because they changed

pharmacies when they spent the winter months elsewhere. In addition, pharmacists could focus on interactions that were likely to succeed rather than spend resources counseling patients who weren't likely to discuss a change in therapy due to apathy or skepticism about the effectiveness of certain drugs.

Early Stages, Long-term Benefits

The test pilot period has concluded and while it is too early to determine how the adherence program has affected their reimbursement rates, the initiative has definitely improved patient care and pharmacy satisfaction.

Patients now have more consistent contact with a medication expert who knows their medication and medical history. Because clinical activities are already organized and specific data about a patient's particular situation is readily available, pharmacists can utilize a single interaction to improve outcomes. "You can take advantage of the CMR opportunity to prevent a drug interaction, remind them they need a vaccination or have a conversation about non-adherence."

Instead of a workflow focused on answering phone calls, contacting physicians and filling prescription orders, pharmacists are now utilizing their top of license skills to perform regular comprehensive medication reviews, provide MTM services or consult with the patient team about their medications. Improved efficiencies mean that pharmacies now have the ability to incorporate high-touch patient services such as behavioral coaching, medication reconciliation and medication synchronization. And in their continuous strive to advance their effectiveness in the clinical setting; the company plans to combine self-directed and vendor-based programs into one comprehensive consultation, in order to maximize every patient-pharmacist consultation.



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