

Implementation of targeted medication adherence interventions within a community chain pharmacy practice: The Pennsylvania Project

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Abstract

Objective: To identify facilitators and barriers to implementing targeted medication adherence interventions in community chain pharmacies, and describe adaptations of the targeted intervention and organizational structure within each individual pharmacy practice.

Design: Qualitative study.

Setting: Central and western Pennsylvania from February to April 2012.

Participants: Rite Aid pharmacists staffed at the 118 Pennsylvania Project intervention sites.

Main outcome measures: Qualitative analysis of pharmacists' perceptions of facilitators and barriers experienced, targeted intervention and organizational structure adaptations implemented, and training and preparation prior to implementation.

Results: A total of 15 key informant interviews were conducted from February to April 2012. Ten pharmacists from "early adopter" practices and five pharmacists from "traditionalist" practices were interviewed. Five themes emerged regarding the implementation of targeted interventions, including all pharmacists' need to understand the relationship of patient care programs to their corporation's vision; providing individualized, continual support and mentoring to pharmacists; anticipating barriers before implementation of patient care programs; encouraging active patient engagement; and establishing best practices regarding implementation of patient care services.

Conclusion: This qualitative analysis revealed that there are a series of key steps that can be taken before the execution of targeted interventions that may promote successful implementation of medication therapy management in community chain pharmacies.

Keywords: Medicare Star Ratings, Pennsylvania Project, community pharmacy, targeted interventions, medication adherence, medication therapy management.

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Appropriate medication use is an important factor in improving health care quality and reducing unnecessary health care costs.^{1,2} Quality measures have been implemented to improve the quality of medication utilization.¹ Although many health-related organizations have publically acknowledged the pharmacists' role in improving health care quality, pharmacists are often an underutilized resource.³⁻⁶ A significant limitation is the question of how pharmacists can effectively implement patient care services within the workflow of the traditional community pharmacy.

The financial implications of the Star Rating system's adherence measures implemented by The Center for Medicare & Medicaid Services (CMS) have caused community pharmacy organizations to strive to understand how patient care services can be effectively incorporated into workflow.^{7,8} The most heavily weighted Star measures include adherence to long-term medications, which community pharmacists are in an ideal position to influence.⁹

The implementation of the Star Rating system to rate and reimburse Medicare Part D prescription drug plans (PDPs) and Advantage plans (MA-PDs) on specified quality measures has created a way to incentivize Medicare plans to improve health quality. The higher a

Medicare plan's Star Rating, the higher the quality bonus payment (QBP) it receives from CMS.¹⁰ This payment structure may have multiple implications for community pharmacy.⁷ PDPs and MA-PDs may reward the pharmacies that contribute to their Star Ratings by demonstration of improvement of certain quality measures. QBPs can be used to incentivize pharmacies through a pay-for-performance (P4P) model.^{7,11}

Previous research has demonstrated pharmacists' ability to positively affect medication-related outcomes targeted interventions.¹²⁻¹⁴ The "Discussion on Taking Medications Diabetes Pilot Program" (DOT_xMED) conducted by APhA demonstrated that pharmacist-led targeted adherence interventions can improve medication adherence.¹² Yet, many implementation barriers arise when implementing such services. Barriers widely cited in the literature include lack of time, trained personnel, and reimbursement.¹⁵⁻¹⁸ The profession still lacks a model for implementing community pharmacy-based interventions effectively and efficiently. Establishing a model would allow community pharmacies to continually adjust their services in responses to the adapting health care system.

In this study, we focus on identifying implementation facilitators, barriers, and strategies to guide the implementation of similar innovations aimed to improve patient medication-related outcomes within the dispensing workflow.

At a Glance

Synopsis: This qualitative study—the result of a partnership among a community pharmacy chain, a school of pharmacy, a managed care organization, and a quality improvement technology company—identifies a series of key steps that can lead to more successful implementation of medication therapy management services. Participating pharmacies were grouped as either “early adopters” (defined as meeting all five medication adherence metrics) or “traditionalists” (defined as meeting two or fewer medication adherence metrics). Key informant interviews identified five themes regarding the implementation of targeted interventions: all pharmacists' need to understand the relationship of patient care programs to their corporation's vision; providing individualized, continual support and mentoring to pharmacists; anticipating barriers before implementation of patient care programs; encouraging active patient engagement; and establishing best practices regarding implementation of patient care services.

Analysis: Community pharmacists are physically isolated from other pharmacists because of the distance between pharmacy locations. Creating a learning community could allow them to solve common challenges as a group. These key factors have also been identified as critical when integrating pharmacists into health care settings other than community pharmacies.

Background

The Pharmacy Quality Alliance (PQA) is a membership-based alliance with the goal of improving medication use through the establishment of performance measures.^{19,20} PQA supported the launch of five demonstration projects with the goal of testing various data sources as a means of measuring pharmacy performance in 2008.²¹

The Pennsylvania Project began in 2008 as a partnership among PQA, Highmark Blue Cross Blue Shield, CECity, and Rite Aid Corporation as one of the PQA-funded demonstration projects.²¹ The goal of Phase I of the Pennsylvania Project was to provide pharmacists working in Rite Aid pharmacies in central and western Pennsylvania with an electronic platform, ASPIRE (Pharmacy Quality Solutions, Washington, DC) to view a pharmacy performance report.²¹ The report showed composite patient adherence scores for each pharmacy. The PQA-endorsed portion of days covered (PDC) measure was the adherence metric used, which was calculated using claims data provided by Highmark.²¹ The composite patient adherence metric reflected the percentage of Highmark patients who were at or above a specified PDC threshold for each therapeutic class evaluated. Composite adherence scores were reported for five targeted therapeutic classes: angiotensin converting enzyme inhibitors (ACEIs) and/or angiotensin

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