



## Implementation of a reimbursed medication review program: Corporate and pharmacy level strategies



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### ABSTRACT

**Background:** In 2006, the Ontario drug plan greatly reduced community pharmacy reimbursement for generic drugs. In exchange, a fee-for-service medication review program was introduced to help patients better understand their medication therapy and ensure that medications were taken as prescribed. A qualitative study of community pharmacy implementation strategies was undertaken to inform a mixed methods evaluation of the program.

**Purpose:** To describe strategies used by community pharmacies to implement a government-funded medication review service.

**Methods:** Key informant interviews were conducted with pharmacy corporate executives and managers, as well as independent pharmacy owners. All pharmacy corporations in the province were approached; owners were purposively sampled from the registry of the pharmacist licensing body to obtain diversity in pharmacy attributes; and pharmacy managers were identified through a mix of snowball and registry sampling. Thematic qualitative coding and analysis were applied to interview transcripts.

**Results:** 42 key informants, including 14 executives, 15 managers/franchisees, and 11 owners, participated. The most common implementation strategy was software adaptation to flag eligible patients and to document the service. Human resource management (task shifting to technicians and increasing the technician complement), staff training, and patient identification and recruitment processes were widely mentioned. Motivational strategies including service targets and financial incentives were less frequent but controversial. Strategies typically unfolded over time, and became multifaceted. Apart from the use of targets in chain pharmacies only, strategies were similar across pharmacy ownership types.

**Discussion:** Ontario community pharmacies appeared to have done little preplanning of implementation strategies. Strategies focused on service efficiency and quantity, rather than quality. Unlike other jurisdictions, many managers supported the use of targets as motivators, and very few reported feeling pressured. This detailed account of a range of implementation strategies may be of practical value to community pharmacy decision makers.

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## 1. Introduction

Community pharmacists have frequent interactions with individuals taking chronic prescription medications, as well as the drug therapy knowledge and clinical skills to identify and address

growing concerns with medication-related issues in society.<sup>1</sup> Moreover, there is a growing body of evidence that pharmacists' medication therapy management (MTM) services<sup>c</sup> in the community setting can positively impact clinical outcomes,<sup>3,4</sup> and widespread support for such services amongst professional associations.<sup>5–8</sup> In spite of the above, the provision of MTM services

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<sup>c</sup> Defined as a distinct service or group of services that optimize therapeutic outcomes for individual patients that are independent of, but can occur in conjunction with, the provision of a drug product.<sup>2</sup>

in this setting has remained limited.<sup>9</sup> A common reason is lack of reimbursement. This paper reports on findings from a qualitative study of implementation of a reimbursed MTM service in community pharmacies in the province of Ontario, Canada.

### 1.1. Implementation research in community pharmacy

Implementation research in community pharmacy has focused largely on identifying barriers and facilitators related to provision of MTM services.<sup>10–16</sup> Studies of implementation interventions (strategies) to enhance the introduction and integration of community pharmacists' cognitive services (MTM services) have been fewer: a 2014 systematic review identified 21 studies published up to 2010.<sup>9</sup> Nearly half addressed asthma management or smoking cessation; none studied a medication review service. Almost all ( $n = 19$ ) examined pharmacist training interventions (strategies); in 16 of those 19 studies other interventions were employed as well, i.e., interventions were multimodal. After training, the next most common strategy (9 of 21) was provision of tips and tools such as guidelines, manuals, documentation templates and patient handouts; the review authors noted that organizational and reimbursement characteristics tended to be ignored. The majority of those studies in which pharmacists' behavior was a primary endpoint found a positive impact; however a noted limitation of these studies was that interventions/strategies were insufficiently described to be replicated.

One of the most common barriers historically cited to provision of MTM services in community pharmacies has been lack of reimbursement.<sup>12,17–19</sup> Since the present study examines implementation of a reimbursed MTM service, a literature search was performed to identify studies of organization-level implementation strategies for MTM services in community pharmacies once the reimbursement barrier had been removed. Three studies were found: two set in Australia and one in the USA.<sup>15,20,21</sup> All were retrospective naturalistic enquiries that interviewed both frontline pharmacists and pharmacy decision makers (owners, managers, corporate or pharmacy organization executives). However, the identification of implementation strategies was not a primary objective or aim of 2 of the studies,<sup>20,21</sup> resulting in very brief overviews of all strategies rather than descriptions; and the third study<sup>15</sup> seemed to conflate strategies with other influences on the implementation process. Furthermore, only one study focused on a specific MTM service (home medicines reviews) rather than MTM services in general<sup>20</sup>; and the extent to which the participating pharmacies covered the jurisdiction was either not reported<sup>20</sup> or limited.<sup>15,21</sup> Finally, none of the 3 studies compared strategy use across types of pharmacy ownership.

The current qualitative study addresses the above gaps in the implementation strategy literature pertaining to reimbursed MTM services in community pharmacy: it is the first such study in Canada, it focuses on a single reimbursed MTM service that any pharmacist working in any community pharmacy is eligible to provide, and its key informants represented all regions and community pharmacy ownership types in the reimbursement jurisdiction.

### 1.2. Ontario's medication review program

In 2007 the government of Ontario, Canada's largest province, implemented fee-for-service payment for a medication review service (called MedsCheck). This was the first medication review service to be reimbursed by a publicly funded drug plan in Canada; at that time, such programs existed in only a few other countries, the UK<sup>22</sup> and Australia<sup>20</sup> being notable examples. It was also, with the exception of reimbursement for refusal to fill a prescription and pharmaceutical opinions in Quebec, the first publicly funded MTM

service of any kind in Canada.<sup>23</sup> What distinguishes Ontario's MedsCheck program from similar medication review programs in many other countries is that any community pharmacist/pharmacy can participate without barriers to entry such as requirements for pharmacist certification or pharmacy membership in a preferred provider network.

The MedsCheck service is available on an annual basis to all residents of Ontario who are taking 3 or more prescription medications for chronic conditions. It consists of a one-to-one consultation between patient and pharmacist (preferably on an appointment basis) and is intended to take approximately 20–30 min. Pharmacists are required to take a history of all prescription and non-prescription medications, as well as natural health products, and to provide the patient with this list.<sup>24</sup> Very similar to the Medicines Use Review service implemented in 2005 in the UK,<sup>25</sup> its purpose is to help patients better understand their medication therapy and ensure that medications are taken as prescribed.<sup>24</sup> Thus it is an adherence support type of medication review<sup>26</sup> with the additional requirement of providing a comprehensive medication list to the patient.

Six years into the MedsCheck program, Ontario community pharmacies had submitted 2.3 million claims for MedsCheck Annuals,<sup>d</sup> at a cost to the government of about \$132 million, and almost 1 in 9 Ontarians had received a medication review.<sup>27</sup> In spite of the significant provincial government investment, the only program evaluation had consisted of a study of pharmacists' early implementation experience in one urban centre.<sup>28</sup> This study found that the program was well received; however, numerous barriers to implementation were identified, most notably lack of time, and workflow that was not conducive to the appointment-based, 20–30 min service recommended by the government.

### 1.3. Policy and professional practice context

The MedsCheck program was funded by the Ontario government out of monies saved from a 25% reduction in the price paid to community pharmacies for generic drugs dispensed to provincial drug plan beneficiaries that was implemented in 2006. The estimated savings to the government were almost \$280 million annually<sup>29</sup>; this amount also represented the revenue loss to Ontario community pharmacies. Pharmacies were reimbursed \$50 per MedsCheck Annual (now \$60) and \$25 per MedsCheck Follow-Up.<sup>24</sup> A financial incentive to adopt the service was offered in the form of a \$950 start-up payment that accompanied the pharmacy's first service claim.<sup>24</sup> In the first year (April 1 2007 to March 31 2008) 3190 community pharmacies (roughly all pharmacies<sup>e</sup>) submitted at least one MedsCheck Annual claim, and total claims were about 199,000.<sup>f</sup> Claims volume remained at about the same level for 3 years.<sup>27</sup> At that point the government signalled its intention to reduce reimbursement for generic drugs by another 25% and to ban professional allowances (a restricted form of rebate) from generic drug companies to pharmacies.<sup>30</sup> MedsCheck Annual claims began to rise dramatically. As before, the government announced it would set aside funds for “expanded professional pharmacy services”, and within a few months began reimbursing for 3 types of specialized MedsChecks: MedsCheck at Home, MedsCheck Long Term Care, and MedsCheck Diabetes, all at difference fee levels.

<sup>d</sup> There is also a MedsCheck Follow-up service with a \$25 fee.

<sup>e</sup> As of December 31, 2007 there were 3132 community pharmacies in Ontario and as of December 31, 2008 there were 3213.

<sup>f</sup> Characteristics of service recipients for the first 6 years of the program are provided in Ref. <sup>27</sup>.

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