



3-minute case study: Pharmacy coaches join the care team

By Lia Novotny | March 14, 2019

The problem

Patients do not take their medication as prescribed 50 percent of the time, leading to 125,000 deaths each year. Medication adherence is particularly important for complex and chronically ill patients.

In many cases, providers don't realize patients are nonadherent until it's too late. Pharmacists often do know, and they might even realize that patients aren't filling prescriptions because of cost or side effects – but there's no way to communicate that important feedback to the prescriber.

The solution

In 2014, VillageMD, a national provider of primary care, saw an opportunity to improve medication adherence by fully utilizing its in-house pharmacies, starting with the pharmacy inside its flagship Houston practice, Village Family Practice (VFP).

"Our pharmacists have full access to our providers' [electronic health record], allowing them to relay essential information to providers, like a bad side effect or high copay leading to an abandoned prescription, or a recommendation for a change in drug therapy," says Clive Fields, M.D., VillageMD's cofounder and chief medical officer. "Our pharmacy system allows our providers to capture real-time adherence data – a marked improvement over the 30-day lag for claims data, the only window providers have into what happens at an outside pharmacy."

With full access to the EHR, pharmacists are able to easily communicate with providers and add consult notes to incorporate into patient care. Pharmacists can see patients' full care plans and understand their health goals. This access, along with collaborative practice agreements, allows pharmacists to take a more integral part in supporting those goals while saving providers valuable time.

The most significant benefit of this integration is to high-risk patients, those who are chronically ill or have

recently been discharged from the hospital. They're enrolled in the pharmacy medication synchronization program and assigned an "Rx Coach," a pharmacy technician who acts as a fully integrated member of the care team. Coaches coordinate these patients' refills (which can climb to two dozen medications) so they can all be picked up at the same time. Rx coaches also call the patient regularly to check in and ask about any medication issues, including cost and side effects.

When necessary, these high-risk patients are passed onto the pharmacists for Medication Therapy Management (MTM) consultations, which are designed to ensure that patients achieve their targeted outcomes from medication therapy and, if necessary, change their current therapy. MTM includes medication reconciliation, medication education, adherence analysis, and a pharmacy care plan to share with both patient and provider.

The integrated pharmacy model gives the pharmacy team access to other care team members. When the pharmacists learn what issues or questions the patients have, they can immediately contact the appropriate people.

"It might not be the provider the pharmacy engages," says David Koon, VillageMD's pharmacy director. "Some social determinants require us to engage our social workers, and other discoveries warrant us to request our Village@Home team who actually visit the patients in their homes." This approach breaks down many of the barriers that prevent patients from remaining adherent with their medications and their care plans.

The outcome

VillageMD's first pharmacy has served over 10,000 total patients and has over 1,000 patients enrolled in the med sync program – and it's since been expanded to VillageMD's Kentucky market. Between 2016 and 2017, when the med sync program began, statin adherence went from 81 to 88 percent, and diabetes adherence from 84 to 91 percent. In both cases, they are now 3 percentage points higher than rates seen at outside pharmacies.

Every year, nearly 100 percent of the pharmacy's eligible Medicare Part D patients receive a MTM consultation as recommended (and reimbursed) by Medicare. That's

significant when, nationally, only half of eligible patients are receiving these valuable services which have been shown to increase medication adherence.

Physicians love the integrated pharmacy because it makes patient care easier and improves outcomes. And patients have really come to appreciate the integration.

"They're wowed by it," says Koon, "They now have the expectation that we will know what their patient chart says and what happened at their last doctor's visit. They really appreciate the comprehensive care approach by a multifaceted team they experience here."

Lia Novotny is a contributing editor to athenaInsight.

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