Impact and Value of Pharmacist Interventions in Different Settings

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Chronic Care Management Today: The Challenge

- Less Effective
- Higher Cost
- Lower Patient Engagement
Innovative Patient Management Models Are Being Proposed

- New models include
  - Medical Homes
  - Accountable Care Organizations “ACOs”
  - Electronic Self-Service

These models face resource challenges
  – especially as 32MM new patients are added to the insured roles in 2014

1. http://www.whitehouse.gov/health-care-meeting/by-the-numbers
The Pharmacist is an Important Provider of Clinical and Care Management Services

Today’s practicing pharmacist provides a much broader range of services than simple dispensing. In addition to counseling patients on the proper use of medication, the role of today’s pharmacist includes:

• Drug monitoring and identification of drug-drug interactions
• Education and patient counseling
• Care management for chronic conditions
• Participation in multidisciplinary clinical care teams
• Medication Therapy Management and drug utilization review
• Formulary management
• Immunizations
• Public health initiatives such as smoking cessation programs and diabetes education
The Success of Pharmacist-Led Interventions

• Data has shown that pharmacists add value through

  Access to a trusted clinical professional who is less intimidating and does not require an appointment

  Greater interaction between patients and their community pharmacist than with their physician

  Increased ability to engage with patients versus remote call-center nurses


The Asheville Project: Long-term Clinical and Economic Outcomes of a Community Pharmacy Diabetes Care Program

Clinical and economic outcomes of a community-based long-term medication therapy management program for hypertension and dyslipidemia

PharmacistCare: Description of a Pharmacist Care Service and Lessons Learned Along the Way
Extensive Literature Supports Benefit

Leveraging the Trusted Clinician: Documenting Disease Management Enrollment Disease Management
2007; 10:16-29
JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

Leveraging the Trusted Clinician: Increasing Retention in Disease Management through Integrated Program Delivery Population Health Management
2008; 11:247–254
JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

Patient Self-Management Program for Diabetes: First-Year Clinical, Humanistic and Economic Outcomes
2005; 45:130-137
JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION
Case Study: The Asheville Project

- Face-to-face patient counseling sessions approximately every 3 months with community and hospital pharmacists

- Financial incentives consisting of significantly reduced medication copayments

- Patients coached to adhere to treatment plans and regularly assessed, monitored and changes recommended when the treatment plan was not working

- Outcomes included improvement in all health quality measures and reduction in cost


Case Study: The Diabetes Ten-City Challenge

A 30-employer sponsored program modeled after Asheville and executed in 10 cities around US

- Community pharmacists coach patients on diabetes management, including goal-setting, proper use of medications and condition tracking

- After one year, patients reduced
  - Average HbA1C by 5.2%
  - LDL by 3.1%
  - Systolic blood pressure by 2%
  - Diastolic blood pressure by 2.5%

- The percentage of patients who received flu vaccination increased by 42%

- Foot examinations increased by 79%

Case Study: PharmacistCare

- Two comprehensive care management and medication therapy management programs called DiabetesCARE and CardioCARE

- An initial hour-long assessment followed by three 2 hour sessions on self management

- Quarterly follow-up visits to review progress against goals and perform a limited exam

- After one year
  - Patients with HbA1c > 9 dropped by 16 percentage points
  - Vaccination for influenza increased by 16 percentage points and for Pneumonia by 18 percentage points
  - Patients with LDL < 130 mg% increased by 29 percentage points

Building on the Literature:

Demonstrated Successful Outcomes at Walgreens Worksite and Retail Pharmacies
Case Study: Walgreens “The Dimensions Program”

Take Care Health Systems implemented a worksite pharmacist-led voluntary diabetes patient education program providing monthly face-to-face counseling with a pharmacist.

• Outcomes included:
  • 330 patients contacted/185 enrolled
  • 91% remained actively engaged
  • HbA1c values decreased from 7.72% to 7.05%
  • HDL value increased from 42.75 mg/dL to 44.38 mg/dL
  • 58% of patients achieved goal ≤ 7.0% for HbA1c versus 48% at inception
  • 100% patient satisfaction rate

Patients with access to pharmacist counseling prefer face-to-face interaction to telephonic or mail-order channels, and show higher adherence rates for chronic medications.

Summary:
• Retrospective non–case-controlled study using pharmacy claims data
• 4,476 workplace-treated patients
• 13,134 community-treated patients.
• Measured adherence rates (MPR) for commonly used chronic disease medications
• Workplace-treated patients had 9.72% higher overall adherence rates

A large, self insured employer provided access to pharmacists at their worksite location. Employees without access to the worksite pharmacy had access to a mail-order drug plan.

Outcomes
• MPR: Patients filling 90-day scripts
  • Workplace 81.14%
  • Mail Order 78.26% (p < .0001)

• Gaps in Therapy > 30 days
  • Workplace 45.02%
  • Mail Order 57.84% (p < .0001)

Patwardhan, A, Davis, J, Murphy, P, Khandelwal, N; Sherman, B; Manfred, J. “The Impact of 90-Day Prescriptions on Adherence at Workplace Pharmacies Compared to Traditional Mail Order.” Accepted for Publication in Population Health Management Journal.
Impact of Community Pharmacist-led Counseling on Medication Adherence

A comparison between adherence to statin and thyroid medications in two community pharmacies

• Face-to-face counseling by trained pharmacists at the site of care
• Counseling occurred when patients initially filled their prescriptions
• Primary Outcome Measure: Patients’ first refill rate

Outcomes
• New to Therapy Patients:
  • Intervention site: Pre 76, Post 81
  • Control pharmacies: Pre 73, Post 81

Refill rates
• Intervention site: Pre: 55.7%, Post: 70.4% (p<0.01)
• Control pharmacies: Pre: 56.2%, Post: 61.7% (p>0.05)

Care Management in Our Communities

- Face-to-face – enabling additional preventative care
- Lower costs
- Demonstrated Improved Outcomes
- Access when patients need it – 7 days a week