



# Improving Quality Care

## The Appointment-Based Model

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**T**he Appointment-Based Model Provides an Opportunity for Pharmacy to Solve Medication-Related Problems

In health care, doing more with less—improving quality while reducing costs—is the order of the day. Today's transaction-based payments will soon be a thing of the past. Preparation for the transition to a value-based—or outcome-based—payment system requires immediate action on the part of pharmacies to ensure they are positioned for success. Well-defined strategies and effective tactical execution are essential to transform community pharmacy practice in such a way that the prescription fulfillment process continues while defined quality outcomes for patient care become the standard. The appointment-based model (ABM) allows a pharmacy to effectively do both and is the foundation of this transformation.

### The ABM

The ABM is a model for patient-centered, outcome-focused care. It is a departure from the traditional reactive, transactional, on-demand prescription fulfillment approach that relies upon the patient to request refills, offering a proactive, scheduled, synchronous chronic medication fulfillment process that relieves patients of the refill management burden. While synchronous chronic medication fulfillment is the first step to an effective ABM, pharmacy team preparation in advance of the patient's visit to the pharmacy is also vital. This requires the pharmacy team to review the patient's entire profile and proactively communicate with the patient to provide the necessary interventions at the appropriate times to improve individual outcomes. Specific appointment times are not a mandate of the ABM. Pharmacies may choose to stipulate a specific date or window of time during a day, rather than a specific time for the patient's visit to the pharmacy.

The basic tenets of an ABM are: (1) holistic care of the patient; (2) regularly scheduled visits to the pharmacy by the patient; (3) communication with the patient in advance of the scheduled visit to proactively assess needs related to medications and health conditions; and (4) pharmacist-patient engagement on a regular basis to address these needs.

The term ABM is often used synonymously with medication synchronization, the process of coordinating the filling of a patient's chronic medications on a regular schedule. While medication synchronization is the starting point, the ABM enables pharmacy migration to patient-centered care management and provides the infrastructure and time for pharmacies to incorporate a variety of other services including medication therapy management, immunizations, health screenings, and the like.

### Medication Synchronization—An Essential Component of the ABM

In the practice of medication synchroniza-

tion, the pharmacy reviews the patient's prescriptions for chronic conditions and selects an appropriate "sync date" with the patient. In advance of the anticipated prescription fill date, the pharmacy has the opportunity to conduct a review of all of the patient's medications and contact the patient to determine whether there have been any changes in the medication regimen due to potential prescriber visits or hospitalizations that may require reconciliation. If not, the pharmacy confirms the patient's readiness to fill their prescriptions. If the patient is not ready to fill a medication, the pharmacy has a perfect opportunity to identify and resolve nonadherence.

Medication synchronization, if implemented properly, provides a holistic view of the patient and ensures ongoing communication between the patient and the pharmacy to address and resolve medication-related problems and to drive adherence. Pharmacies that proactively intervene with patients have demonstrated the ability to increase adherence rates above 80%, as measured by proportion of days covered. It should be noted that medication synchronization is a clinical program, not to be confused with auto refill programs, which do not deliver the same results.

### What Are the Advantages to the Patient?

Of patients who are offered enrollment in medication synchronization, 70% opt in.<sup>1</sup> Patients receive a host of health care benefits, in addition to convenience, from synchronized refills and routine pharmacist engagement within an ABM. Furthermore, the level of patient satisfaction is high, as the number of patients who choose to discontinue the program is negligible. Potential benefits include:

- **Better care.** Patients enrolled in medication synchronization receive holistic care and scheduled, highly productive time with a pharmacist due to advance preparation. For Medicare Part D beneficiaries, medication synchronization presents a great opportunity for a comprehensive medication review (CMR).
- **Better outcomes.** Patients benefit from improved medication adherence, prompt identification and resolution of medication-related problems, and administration of needed vaccines, all of which improve health outcomes.

- **Convenience.** Patients are relieved of the burden of managing their prescription refills due to proactive outreach by the pharmacy.
- **Better quality of life.** For patients with comorbidities and complex medication regimens, the improved care and better outcomes afforded by medication synchronization and the ABM translate to a significant positive impact on quality of life.

### Why Should Pharmacies Consider Moving to the ABM of Patient Care?

The ABM may be the single greatest opportunity over the past 30 years for community pharmacy to become the solution to the systemic problems related to medication use that plague health care today. Pharmacies that have adopted the ABM are able to provide higher quality care, improved outcomes, and greater convenience to their patients, engendering a new level of patient loyalty. The pharmacies realize benefits that drive access to high-performance networks and new revenue channels.

To begin the transition, pharmacies can use simple manual processes to initiate medication synchronization or move to a patient management system that guides the pharmacy through each step of the synchronization process and longitudinal patient care management, ensuring active engagement with the patient. The move to an ABM brings additional benefits for a pharmacy:

- **Better quality performance.** Improved patient outcomes mean inclusion in high-performance pharmacy networks and greater impact on health plan quality measure performance (eg, improved proportion of days covered scores).
- **Incremental fills.** By eliminating late refills, pharmacies experience as many as 3 incremental fills per enrolled medication per year. With an average of 5 enrolled medications per patient, medication synchronization would yield 15 incremental fills per patient per year.
- **Lower costs.** ABM pre-visit preparation allows the pharmacy to anticipate when medications are needed, thus lowering inventory costs and producing higher inventory turns. Synchronous filling also means reduced shipping and medication delivery costs for the pharmacy.
- **Scheduled patient visits.** These



#### ABOUT THE AUTHOR

Rebecca W. Chater, RPh, MPH, FAPhA, has been a career-long pioneer in innovative community-based clinical pharmacy practice. Chater is the executive health care strategist for Ateb, Inc, a leading provider of appointment-based model solutions for pharmacy. Throughout her career, Chater has championed the pharmacist as a medication expert, integral to the health care team in solving the systemic problems of medication use that compromise quality and place enormous economic burden on our nation's health care system.

Chater's career in pharmacy spans many settings: community practice, medical practice, academia, long-term care, and specialty pharmacy. In the late 1990s, she led North Carolina's Kerr Drug to national prominence for innovation by spearheading Kerr's foray into community pharmacy-based clinical services utilizing an appointment-based model, including the Asheville Project.

Chater is a past trustee and fellow of the American Pharmacists Association and has received numerous state and national awards for professional leadership and innovation.

appointments allow the pharmacy time to prepare in advance for any needed service delivery, and ensure that all medications are in stock and all prescriptions are ready.

- **Patient loyalty.** ABM patient satisfaction increases pharmacy loyalty. Patients using multiple pharmacies tend to transfer prescriptions from pharmacies that do not offer medication synchronization to those that do offer the service.
- **Improved pharmacy efficiency.** By enrolling the pharmacy's most medically complex patients in medication synchronization, a disproportionate amount of time is saved. Additionally, the ABM affords efficiency by facilitating load-balancing, giving the pharmacy staff more control over their work flow. The pharmacy team has time it needs to prepare for each visit and is able to reserve time for scheduled visits that work well for both pharmacy and patient.
- **Opportunity to offer additional services.** The time savings afforded by consolidating a pharmacy's most medically complex patients from multiple visits to 1 visit per month yields available time for additional pharmacy services, such as CMRs and vaccinations, to be delivered.

## Aligning the ABM with Payer Initiatives

Adopting a proactive model of patient care management and having greater control over work flow and more time to provide much needed interventions allows pharmacies to deliver on outcomes for which they should be paid. While payers may have little interest in paying pharmacies for specific services, they are very interested in paying for outcomes. Pay-for-performance (P4P) models are very attractive to payers because they align pharmacy performance with the payers' own quality measure outcome requirements and help them achieve higher star ratings and quality bonus payments.

Adoption of the ABM prepares pharmacies to take advantage of these P4P opportunities and for the major transition

by federal and commercial plans further down the path of value-based payment. As part of the pharmacy's strategy for preparing for the era of value-based payments, they must identify relationships/partnerships to best position them for:

- Inclusion in pharmacy groups or networks to provide adequate coverage to support payer needs. The payer may be a health plan, hospital/health system, or employer.
- Maintaining standardized processes for data collection and data analytics capabilities for outcome measurement and reporting.
- Population health capabilities, through which the pharmacy must be able to identify affected patients and provide the necessary interventions to these patients at the appropriate time.

## Conclusion

Many innovative community pharmacy-based projects and programs involving pharmacists as patient care managers have demonstrated positive health outcomes and a highly favorable return on investment. Needs related to medication use are vast and contribute significantly to preventable costs related to health care. With the accessibility and current underutilization of pharmacists' expertise, community pharmacy has a tremendous opportunity to be the solution to many of the problems facing health care today. The ABM eliminates the barriers to scalability and paves the way for patient-centered, outcomes-focused care and value-based remuneration to become mainstream in community pharmacy practice. ■

## THE TWO FUNDAMENTAL CHANGES TO PHARMACY WORK FLOW WE'VE BEEN AWAITING

Troy Trygstad, PharmD, PhD, MBA

Medication synchronization and appointment-based models are growing rapidly in all corners of community pharmacy practice. Heretofore, these models of work flow have been reserved to skilled nursing facilities (SNFs) and assisted living facilities (ALFs), for which deliveries of medications in organized-unit dosing on a regular schedule was a necessity for patients who could not self-administer medications. As it turns out, even patients and consumers who aren't in an SNF or an ALF can struggle to successfully self-administer medications.

Ten years from now, it's likely that we will all look upon this transition of millions of patients to a medical synchronization program and wonder, "Why didn't this happen sooner?" I honestly cannot offer a reason for not picking up on this sooner myself since it seems like such a no-brainer, particularly now in light of star ratings and other quality and performance programs. The need for increasing fill rates, care gap reductions, accountable care contracts, and value-based purchasing is becoming the norm, prompting payers and purchasers of health care to strongly consider the benefits to medical cost offsets of investing in medication optimization activities. Although the positive clinical and eco-

nomic outcomes that are beginning to emerge are promising, the work flow changes to the pharmacy that are resulting from this movement are the most exciting aspect of it.

### Two Fundamentally Different Processes Within Pharmacy Work Flow

(1) Review of a patient's profile brings great benefit to the pharmacist's global understanding of a patient's regimen, as well as the opportunity to evaluate therapeutic considerations, discrepancies, and adherence issues in context and in relation to the other medications in their regimen.

Pharmacy management systems were initially designed for efficient billing and distribution of drug products. Thus, their queuing is typically designed at the prescription or order level. For patients with complex regimens, there are often multiple orders at multiple points during the month, with multiple opportunities for drug misadventures that result from "not seeing the forest for the trees." In the process of synchronizing all current medications, the pharmacist (for the first time) is required to review and consider in more detail the patient's full regimen.

(2) Scheduled patient appointments

allow the community pharmacy to load-balance the complex patients. If there is a problem, no efficiently staffed pharmacy wants to stop the one-off filling process on a Monday morning to engage in a high-level review of a patient's medications, then sit down to review any changes with the patient and communicate with their multiple prescribers. Those tasks are best reserved for afternoons in the middle of the week or even on weekends. Being able to pick which patients get which services at which times during the week is a profoundly different way of operating a pharmacy from a systems' engineering perspective.

These 2 fundamental changes to pharmacy work flow open up the pharmacy to a host of potential clinical and care coordination services for patients with medically complex cases that would otherwise be difficult to implement without the ability to schedule an appointment for the patient. Now, one of the 2 major barriers in the community pharmacy for the successful and prosperous delivery of cognitive services is removed. Only payment for those services remains as a barrier, and that barrier may be removed as soon as value-based reimbursement begins to hit all types of providers squarely in the face. ■