Independent Health and Pharmacists’ Association of Western New York

Partnering to Improve Medication Adherence and Patient Outcomes
About Independent Health

Independent Health, a not-for-profit health plan headquartered in Buffalo, New York, serves nearly 400,000 members and provides innovative health care products, benefits and programs designed to engage consumers in their health and well-being. Established in 1980, the company has a comprehensive portfolio of progressive products, including HMO, POS, PPO and EPO products, Medicare and Medicaid plans, individual and small group Exchange products, plus coverage for self-funded employers. Independent Health’s award-winning customer service, dedication to quality health care and unmatched relationships with physicians and providers has allowed the company to be consistently recognized as one of the highest-ranked health insurance plans in the nation. To learn more about Independent Health, visit www.independenthealth.com.

About Pharmacists’ Association of Western New York (PAWNY)

The Pharmacists’ Association of Western New York (PAWNY) is an organization of community-based pharmacists and associated health care professionals dedicated to the advancement of the profession of pharmacy, driven by their mission to provide appropriate and cost-effective patient care. Over the years, PAWNY has been at the forefront of several key initiatives related to medication prescribing and improving the health care of Western New Yorkers, including successfully introducing legislation that enabled pharmacists to immunize patients against influenza and other vaccine preventable diseases, and creating the first forms and standing orders with public health officials to bring immunization standards to fruition. To learn more about PAWNY, visit www.pawny.net.

INTRODUCTION

It’s estimated three out of four Americans do not take their prescription medications as directed by their doctor. This is a growing concern within the health care industry as mounting evidence suggests such non-adherence is associated with adverse health outcomes and higher costs of care, especially with seniors and those with chronic medical conditions.

Not adhering to a medication regimen with respect to timing, dosage and/or duration can interfere with a patient’s ability to treat and manage a disease, leading to a greater risk for complications and a lower quality of life for the patient.

Medication nonadherence takes the lives of 125,000 Americans annually and costs the U.S. health care system nearly $300 billion a year in additional doctor visits, emergency department visits and hospitalizations.

— The American Heart Association

Due to this alarming trend, the Centers for Medicare and Medicaid Services (CMS) encourages and incentivizes health plans to monitor and improve medication adherence for Medicare beneficiaries with chronic conditions through its Five-Star Quality Ratings System.*

In addition, pharmacists can play a key role in helping patients overcome barriers to effectively and consistently follow medication regimens.

*The CMS Five-Star Quality Rating System is designed to help educate consumers on quality of health care and make quality data more transparent. Using a Five-Star Quality Rating System, with 5 being the highest rated plan and 1 being the lowest rated plan, CMS rates the quality and performance of all Medicare Advantage health plans and Medicare Part D prescription drug plans. Health plans are rated on multiple measures, with four specifically related to medication management: high-risk medications; medication adherence for diabetes; adherence for hypertension; and adherence for cholesterol. These measures are heavily weighted when determining a plan’s overall star rating.
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Dennis C. Galluzzo, R.Ph., executive director of PAWNY, and owner/operator of Family Medical Pharmacy in Williamsville

A 2013 study conducted by the National Community Pharmacists Association (NCPA) called “Medication Adherence in America – A National Report Card” found the biggest predictors of medication adherence were:

• A patient’s personal connection with a pharmacist or pharmacy staff
• How important patients feel it is to take their medication exactly as prescribed
• How well informed patients feel about their health
• How easy it was for patients to afford their medications
• The extent to which medication causes unpleasant side effects for patients
• The level of continuity patients have in their health care

These predictors indicate a variety of avenues by which pharmacists can address non-adherence, including strengthening a sense of personal connection and communication between them and their patients, educating their patients on why they should follow instructions for their medications and encouraging their patients to discuss side effects with them.

Understanding the importance of supportive pharmacist care, Independent Health and the Pharmacists’ Association of Western New York (PAWNY) partnered on a unique pilot program last fall that was dedicated to improving medication adherence and health outcomes through direct pharmacist-to-patient interactions.

DEVELOPING THE MEDICATION ADHERENCE PILOT PROGRAM

The medication adherence pilot program was developed by an eight-person planning and development committee, consisting of PAWNY pharmacists and representatives from Independent Health’s pharmacy department.

Christopher Daly, Pharm.D. MBA, BCACP, a clinical assistant professor at the UB School of Pharmacy & Pharmaceutical Sciences, and the pilot project planning committee chairperson, described the development process for the program as “very intense,” adding it was an “all-hands-on-deck approach.”

“We dedicated a great deal of time and effort in the belief that this program would bring future outcomes and help us to continue highlighting the value pharmacies bring to their patients,” said Daly.

According to Dennis C. Galluzzo, R.Ph., executive director of PAWNY, and owner/operator of Family Medical Pharmacy in Williamsville, the project traces its roots, in part, to a successful effort in Asheville, N.C. several years ago to make sure city employees were using their medications correctly.
“My motivation was to mimic the Asheville project that was done in North Carolina with city employees that helped link and team pharmacists with the population of employees who needed help with their chronic disease states such as diabetes,” said Galluzzo. “Our efforts were to partner with Independent Health to get a population of patients we could work with that would benefit from our expertise as pharmacists. This project propels PAWNY once again into the forefront of new ideas that benefit our patients and increases our scope of practice.”

From Independent Health’s perspective, the health insurer was interested in collaborating with PAWNY to implement a program that would be beneficial for its members, the community, local pharmacists and the health plan.

“For several years, we had been looking for a way to partner with PAWNY that would allow us to improve the health of the community, and utilize a resource such as pharmacists in the community to help their patients and our members lead healthier lives,” said Martin Burrano, R.Ph., vice president of pharmacy services at Independent Health.

**HOW THE PROGRAM WORKED**

The planning and development committee identified 25 independent pharmacies throughout the eight counties of Western New York to take part in the medication adherence program (please see page 7 for a complete list of participating pharmacies). Prior to the launch of the pilot project, Independent Health hosted a continuing education program for these pharmacies that focused on the importance of medication adherence and techniques that can be used to improve adherence and motivate patients to take their medication as prescribed. Pharmacists learned how to ask open-ended questions that elicit a response, with specific attention to how questions are asked, so as not to put the patient in a defensive position.

“Community pharmacists have a trusted relationship with their patients. The patients know them and enjoy seeing them. That gives the pharmacist the opportunity to really engage with those patients,” said Burrano. “As a trusted resource, the pharmacist is always available – there are no appointments – and we’d really like to be able to utilize that resource for the benefit of our members. This will help lead to a more collaborative relationship with the member’s health care providers, so the pharmacist, the physician and the member are all working together for the patient’s well-being.”

The medication adherence pilot program officially began in October 2015. For 12 weeks, Independent Health provided each of the participating pharmacies with two lists per week that were based on an analysis of claims data:

1. List of the pharmacy’s patients who appeared to be non-adherent to their medications for high cholesterol, high blood pressure and/or diabetes. Only Independent Health Medicare Advantage plan members were included in this list.

2. List of the pharmacy’s patients who were eligible for tablet splitting, which is the practice of splitting a higher dose tablet in half to get the desired dose of a medication. Independent Health offers a tablet splitting program for certain high-cost medications (e.g., Abilify®, Crestor®, and Januvia®) as a way to help reduce prescription costs for members and potentially improve patient adherence. In addition to Medicare Advantage plan members, Independent Health commercial, Medicaid and self-funded plan members were included in this list.
Pharmacists from each participating pharmacy would then contact their patients to learn why they weren’t taking their medication properly and educate them about the importance of medication adherence.

Quoting former Surgeon General C. Everett Koop in saying “drugs don’t work in patients who don’t take them,” Galluzzo said, “I think a community pharmacy setting is the best opportunity for a patient to get the best care from their medications and their pharmacist. You know, we fill their prescriptions, we counsel them; a bond is created between the pharmacist and patient that can and should be nurtured by the community. I think you can only do that in a community pharmacy setting.”

Based on each individual intervention, the pharmacists took steps to help the patients improve their adherence. These steps included:

- Informing the patients about the benefits of their medication
- Changing patients to a different medication if their current medication was causing side effects
- Recommending cost-savings opportunities, such as tablet splitting or moving patients from a 30-day supply of medication to a 90-day supply to lower their copayments
- Consulting with the patients’ doctors so they were aware of the interventions and were part of the decision making process

The pharmacists were required to document each intervention and provide that information to Independent Health in a secure, compliant manner. Independent Health then reimbursed the pharmacies for each patient intervention they completed. The pharmacies received additional reimbursement if the intervention led the patient to become adherent to their medication regimen and/or to begin tablet splitting. This payment model is part of a national trend of value-based reimbursement.

### PROGRAM RESULTS

**385 interventions related to medication adherence** were made during the program, with 235 (61.2 percent) of those interventions resulting in improved adherence.

**326 interventions related to tablet splitting** were made as a result of the program, with 165 (50.6 percent) of those interventions resulting in a change to either tablet splitting or a lower cost generic.

The participating pharmacies were asked to participate in a survey following the conclusion of the three-month pilot program. The survey was completed by 19 of those pharmacies. The results of the survey found:

- **100 PERCENT** of the pharmacies either strongly agreed or agreed that the clinical services delivered during the pilot allowed for greater pharmacist/patient interaction.
- **94.7 PERCENT** of the pharmacies either strongly agreed or agreed that they were satisfied with the preliminary outcomes of the pilot.
- **94.7 PERCENT** of the pharmacies either strongly agreed or agreed that they would continue delivering these services to their patients beyond the pilot period.
- **89.5 PERCENT** of the pharmacies either strongly agreed or agreed that their patients were satisfied with the preliminary outcomes of the pilot.
- **89.5 PERCENT** of the pharmacies either strongly agreed or agreed that communication between patients and their pharmacists improved due to the clinical services delivered during the pilot.
PATIENT SUCCESS STORY

Ryan Lindenau, PharmD, Clinical Pharmacist at Middleport Family Health Center, said the medication adherence pilot program allowed him and his colleagues to spend more one-on-one time with their patients, which has helped to enhance their relationship with these patients and enabled them to tailor medication regimens based on each individual patient’s needs. He believes this will result in lower health care costs and less hospital admissions and readmissions among his patients.

“During the first phase of the pilot program, one of our patients was flagged for non-adherence to their cholesterol medication. Upon looking at the patient’s profile, I determined the patient was not taking any of their medications as prescribed,” said Lindenau. “I called the caregiver and learned that the patient was having memory issues and was trying to manage all of the medications in a pill-box form. I informed the caregiver about one of the clinical services we offer called medication adherence packaging, where we can commingle all of the medications into one blister pack so that it’s very simple for the patient to remember when they need to take a certain medication. We enrolled the patient in this service and they’ve been 100 percent adherent ever since, thus demonstrating the value that community pharmacists can provide through these types of programs.”

CONCLUSION

During the three-month trial period, the participating pharmacies conducted more than 700 patient interventions. Burruano said those results exemplify that the opportunity is out there to make more of an impact and that he’d eventually like to expand Independent Health’s partnership with PAWNY so that they can focus on population management for chronic diseases such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).

“Pharmacists are a critical component of managing those chronic disease states,” said Burruano. “It’s gratifying for me and the committee to be able to develop these programs where the pharmacists can use their clinical expertise and be rewarded for doing so.”

Daly echoed Burruano’s comments. “This project continues to highlight the value community pharmacies bring to their patients, while delivering cost-effective outcomes for third-party payers,” said Daly. “No one party has all the answers or ability to deliver on all aspects of health care, so strategic partnerships are most beneficial.”

By working collaboratively with Independent Health and other health insurers, Galluzzo said PAWNY community pharmacies can help these plans achieve higher CMS star ratings while also affording patients better health outcomes.

“Community pharmacies are already undertaking measures to improve drug adherence and to become a higher-performing provider of pharmacy services,” said Galluzzo. “By understanding and implementing CMS quality measures and guidelines, PAWNY pharmacies will continue to be a star among New York state pharmacies.”

MOVING FORWARD

As a result of the pilot program’s success, Independent Health and PAWNY are now working together to educate Medicare Advantage plan members who are currently taking medications that are considered high risk in the elderly (e.g., Amitriptyline, Cyclobenzaprine Nitrofurantoin, Premarin and Zolpidem) and encourage them to switch to a safer alternative medication.

In addition, the two organizations launched a second intervention program around medication adherence in May 2016. Through their partnership, Independent Health and PAWNY will continue to develop pharmacy programs that can document improved, measurable patient health outcomes and lower overall health care costs, while improving the wellness of the patients they serve.
Pharmacies that participated in the medication adherence pilot program:

- Blackrock Pharmacy – 431 Tonawanda St., Buffalo, N.Y. 14207
- Brighton Eggert Pharmacy Inc. – 935 Brighton Rd., Tonawanda, N.Y. 14150
- Buffalo Pharmacies (Buffalo) – 1479 Kensington Ave., Buffalo, N.Y. 14215
- Buffalo Pharmacies (East Amherst) – 6035 Transit Rd., East Amherst, N.Y. 14051
- Cuba Pharmacy – 2 Center St., Cuba, N.Y. 14727
- Cy’s Elma Pharmacy – 2317 Bowen Rd., Elma, N.Y. 14059
- Falconer Pharmacy – 202 West Main St., Falconer, N.Y. 14733
- Family Medical Pharmacy – 120 Plaza Dr., Williamsville, N.Y. 14221
- Fillmore Pharmacy – 10560 Route 19, Fillmore, N.Y. 14735
- Fisher Pharmacy – 138 North Main St., Wellsville, N.Y. 14895
- Forster’s Pharmacy – 3713 South Park Ave., Blasdell, N.Y. 14219
- Ivylea Pharmacy – 2446 Elmwood Ave., Kenmore, N.Y. 14217
- Kenmore Rx Center – 2818 Delaware Ave., Kenmore, N.Y. 14217-2704
- Middleport Family Health Center – 81 Telegraph Rd., Middleport, N.Y. 14105
- Pine Pharmacy of Niagara Falls LLC – 1806 Pine Ave., Niagara Falls, N.Y. 14301
- Rosenkrans Pharmacy – 526 Main St., Medina, N.Y. 14103
- Sinclair Pharmacy – 75 N Main St., Warsaw, N.Y. 14569
- Southside Pharmacy – 766 Foote Ave., Jamestown, N.Y. 14701
- Summit Park Pharmacy – 2578 Niagara Falls Blvd., Suite #100, Niagara Falls, N.Y. 14304
- Tile Pharmacy – 1031 Cleveland Dr., Cheektowaga, N.Y. 14225
- Transit Hill Pharmacy – 6344 Transit Rd., Depew, N.Y. 14043
- Union Medical Pharmacy – 1769 Orchard Park Rd., West Seneca, N.Y. 14224
- Vic Vena Pharmacy – 1322 W State St., Olean, N.Y. 14760
- Wanakah Pharmacy – 4923 Lakeshore Rd., Hamburg, N.Y. 14075
- Wurlitzer Family Pharmacy – 521 Division St., North Tonawanda, N.Y. 14120
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