Pharmacy Perspective and Interventions

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Medication Management

Includes:
- Monitoring
- Reconciling
- Streamlining
- Addressing Medication Safety
- Reviewing with patient/family
- Answering questions

Consequences of Ineffective Medication Management:
- Failure to achieve clinical outcome goals
- Increased rates of hospitalization
- Increased mortality
- Increased cost of care

Barriers to Effective Medication Management:
- Affordability of Medications
- Accessibility of Medications
- Utilization of Medications

Pharmacist and Pharmacy-Centered SDOH Services

- Cost of Medications
- Cultural or Literacy Barriers
- Screening for Unmet Needs
  - Decent, Safe, and Affordable Housing
  - Food Security
  - Social Isolation
  - Transportation

Three Focus Areas for Improvement

- Innovative Medication Management

- Integrate Community Pharmacies

- Available Community Programs

https://www.pqaalliance.org/social-determinants-of-health-resource-guide
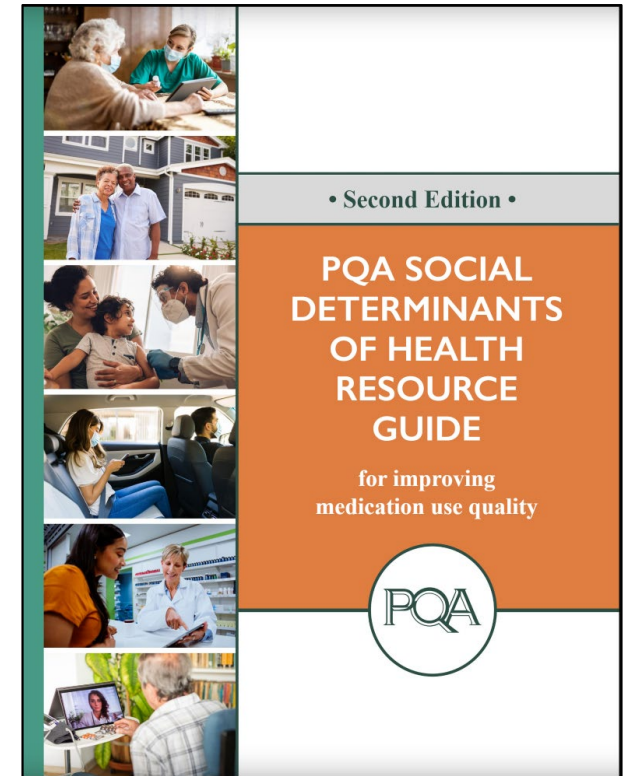
Innovative Medication Management

Universal Medication Schedule (UMS)

- Methodology that simplifies medication administration instructions for the patient and/or caregiver

- Goal is to increase patient understanding and adherence of their medication instructions, resulting in improved health outcomes

Example: prescription for 'x' medication 1 qd
- Take one tablet once daily
- Take one tablet one time per day
- Take one tablet each morning
- Take one tablet every 24 hours

UMS provides explicit timing with standard intervals (morning, noon, evening, and bedtime)
- Take one pill in the morning
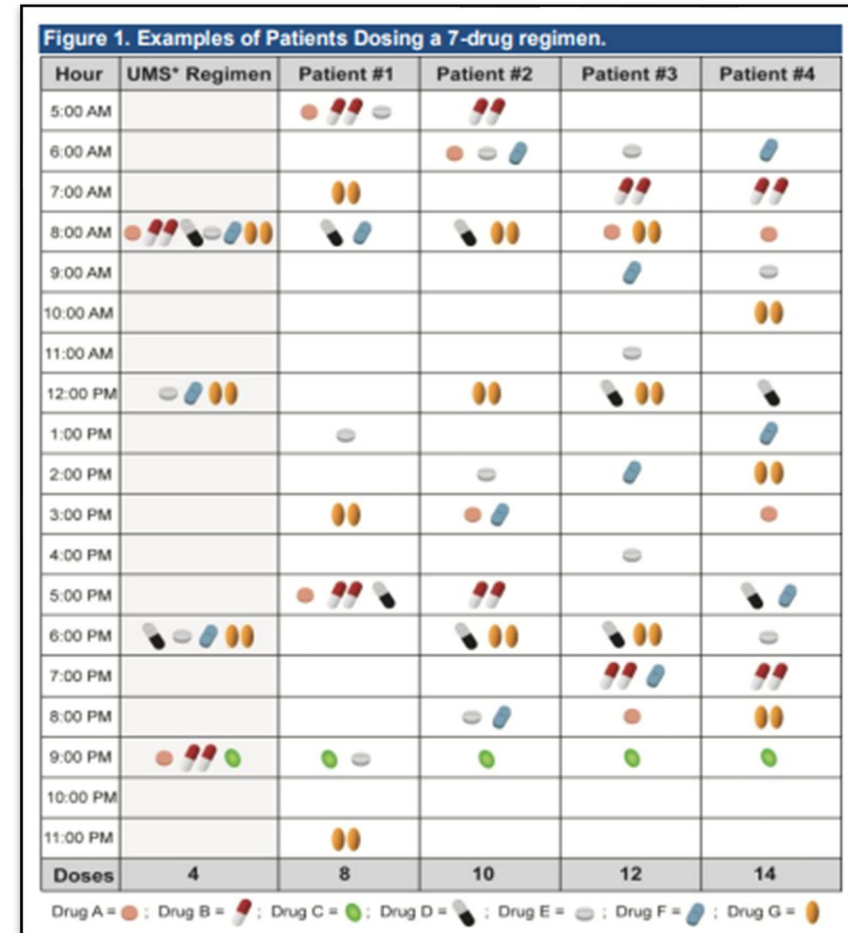
Universal Medication Schedule

Take	1 pill in the morning
Take	1 pill in the morning 1 pill in the evening
Take	1 pill in the morning 1 pill at noon 1 pill in the evening
Take	1 pill in the morning 1 pill at noon 1 pill in the evening 1 pill at bedtime

Morning:	6-8 am
Noon:	11-1 pm
Evening:	4-6 pm
Bedtime:	9-11 pm

Figure 1. Examples of Patients Dosing a 7-drug regimen.

Hour	UMS* Regimen	Patient #1	Patient #2	Patient #3	Patient #4
5:00 AM		●⫶⫶◎	⫶⫶		
6:00 AM			●◎⬤	◎	⬤
7:00 AM		⫶⫶		⫶⫶	⫶⫶
8:00 AM	●⫶⫶⬤◎⬤⫶⫶	⬤⬤	⬤⫶⫶	●⫶⫶	●
9:00 AM				⬤	◎
10:00 AM					⫶⫶
11:00 AM				◎	
12:00 PM	◎⬤⫶⫶		⫶⫶	⬤⫶⫶	⬤
1:00 PM		◎			⬤
2:00 PM			◎	⬤	⫶⫶
3:00 PM		⫶⫶	●⬤		●
4:00 PM				◎	
5:00 PM		●⫶⫶⬤	⫶⫶		⬤⬤
6:00 PM	⬤⬤◎⬤⫶⫶		⬤⫶⫶	⬤⫶⫶	◎
7:00 PM				⫶⫶⬤	⫶⫶
8:00 PM			◎⬤	●	⫶⫶
9:00 PM	●⫶⫶⬤	⬤◎	⬤	⬤	⬤
10:00 PM					
11:00 PM		⫶⫶			
Doses	**4**	**8**	**10**	**12**	**14**

Drug A = ● ; Drug B = ⫶ ; Drug C = ⬤ ; Drug D = ⬤ ; Drug E = ◎ ; Drug F = ⬤ ; Drug G = ⬤

Universal Medication Schedule Research Report

Key Points

- The way prescription medication instructions are written is highly variable and often vaguely detailed (e.g., twice daily).

- A Universal Medication Schedule that standardizes prescription instructions by using specific times of day (morning, noon, evening, and bedtime) improves adherence to type 2 diabetes regimens, especially among patients who are older, less educated, and taking medications requiring multi-daily dosing.

- With minimal investment, the use of a Universal Medication Schedule in prescribing a limited number of diabetes medications led to 35,059 more filled prescriptions at pharmacies over the course of one year.

Medication Optimization

Medication Reconciliation:
- Compare and contrast medication lists
- Double checking dose/frequency/route
- Looking for duplicates/omissions
- Looking for drug/drug interactions
- Can be documentation only
- Can be performed by a student/pharmacy technician

Upscale that to a pharmacist:
- Optimize the medication regimen
- Review the findings and recommendations and act if needed
- Finalize the best possible medication regimen and list

When to Med Rec and Med Optimize:
- Admission and Discharge
- Start with high-risk medications – opioids, diabetes agents, anticoagulants

Integrate Community Pharmacies

HealthTag Initiative

- Leverages the pharmacist-patient interactions to facilitate communication addressing SDOH factors.

- CVS pharmacies provide personalized referrals to community services.

- Addressing cultural/literacy barriers, decent/safe/affordable housing, food security, social isolation, and transportation.

- When patients pick up their prescriptions, pharmacists share information about resources in the area that are available.

Unite Us HealthTag Message

4,175 Aetna Medicaid members across Louisiana and West Virginia were prompted and received the HealthTag message

Appendix
WellRx Questionnaire
DOB_____ Male___ Female _____
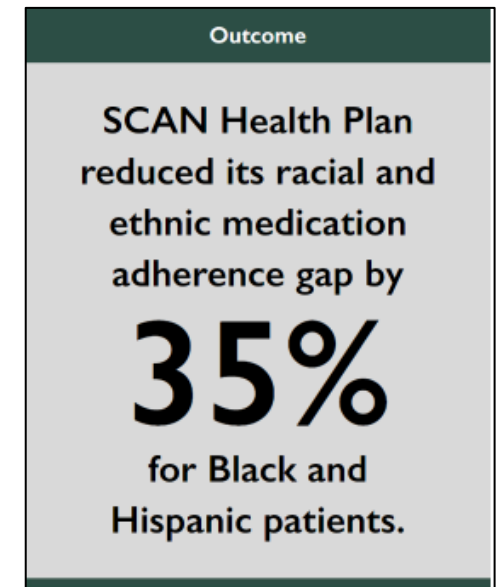WellRx Questions

_____

1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?
_____ Yes   _____ No

2. Are you homeless or worried that you might be in the future?
_____ Yes   _____ No

3. Do you have trouble paying for your utilities (gas, electricity, phone)?
_____ Yes   _____ No

4. Do you have trouble finding or paying for a ride?
_____ Yes   _____ No

5. Do you need daycare, or better daycare, for your kids?
_____ Yes   _____ No

6. Are you unemployed or without regular income?
_____ Yes   _____ No

7. Do you need help finding a better job?
_____ Yes   _____ No

8. Do you need help getting more education?
_____ Yes   _____ No

9. Are you concerned about someone in your home using drugs or alcohol?
_____ Yes   _____ No

10. Do you feel unsafe in your daily life?
_____ Yes   _____ No

11. Is anyone in your home threatening or abusing you?
_____ Yes   _____ No
_____

The WellRx Toolkit was developed by Janet Page-Reeves, PhD, and Molly Bleecker, MA, at the Office for Community Health at the University of New Mexico in Albuquerque. Copyright © 2014 University of New Mexico.

Example SDOH screening questions

https://www.jabfm.org/content/jabfp/29/3/414.full.pdf

Improving Medication Adherence Among Minority Patients

- SCAN Health Plan implemented targeted patient outreach and interventions completed by trained pharmacists and health care navigators to improve medication adherence for Black and Hispanic members.
- SDOH areas addressed:
  - Cultural or Literacy Barriers
  - Screening for Unmet Needs
  - Transportation
- Cholesterol, blood pressure and diabetes medication adherence quality scores showed racial and ethnic disparities.
- Training included an emphasis on cultural humility, which was critical in building trust with members. They completed home-based visits and improved medication education to members through fotonovelas, Spanish-language stories told through photographs depicting the importance of medication adherence.
- Interviews revealed the top reasons behind medication nonadherence: lack of knowledge about prescription benefits and medication uses, transportation issues, medical professional distrust, language barriers and cultural beliefs.

Outcome

SCAN Health Plan reduced its racial and ethnic medication adherence gap by

35%

for Black and Hispanic patients.

Available Community Programs

Healthy at Home: Barnes Pharmacy Community Health Worker Program

Pilot Program Background

- Health System and community pharmacy wanted to reduce readmissions and increase positive patient outcomes
- Each patient to receive MTM
- Community Healthy workers implemented
- Medication compliance and understanding addressed
- SDOH addressed and resolved

WE TAKE CARE OF PEOPLE
B
SINCE 1909
BARNES
HEALTHCARE SERVICES

Barnes Pharmacy Community Health Worker Program

- Targeted 20 of the highest ED and hospital utilization patients (chosen by health system).
- When evaluated by a CHW, all patients ended up being low socioeconomic, having SDOH barriers in the home and having a very low health literacy.
- Substantial improvements were evident in the 20 patients the following year: inpatient admission days dropped from 295 to 59, and ED visits dropped from 34 to 18. Estimated cost avoidance: $536,811.
- Post-pilot program, the health system officially contracted with CHWs and reached 40 patients, conducting 315 in-person interventions in the span of six months – nearly eight interventions per patient.
- In-person interventions included: SDOH, MD follow-up appt, medication compliance issues, mail order delivery, and disease-state symptom issues.
- SDOH specifics: transportation (47%), food insecurity (26%), sitter service applications (10%), housing applications (7%), drug or alcohol abuse (7%), and home safety (3%).
- Additional element of the program: consultation with a pharmacist for patients receiving adherence-packaged medications, leading to improved medication compliance and understanding.

Free Transportation to Medical Visits Provided by Health Plan

- Across the United States, BCBS is partnering with Lyft to show an improvement in care coordination, prevention in emergency dept visits, prescription pickup rates, and a decrease in appointment no-shows.

- rideQ program was launched to help members living in areas with limited public transit access and low rates of vehicle ownership with free transportation to non-emergency medical visits.

- Customer supports speaks both English and Spanish.

- Destinations included physician offices, hospitals, pharmacies, labs and radiology visits and urgent care.

- rideQ has shown an improvement in care coordination, prevention of emergency department visits and a decrease in appointment no-shows.

- An increase in pharmacy access through this program has resulted in a higher pickup rate for both initial and subsequent prescriptions.
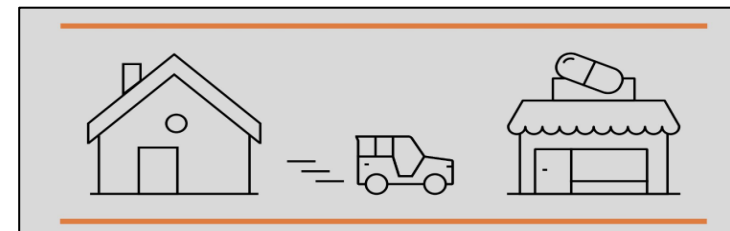
Community Paramedicine Program – Dorminy Medical Center

Program Data

Based on the top 29SuperUsers (SU) who participated in the program

	Top ER Superusers	Number Of Superuser ER Encounters	Charges related to that service	Write Offs (WO) (Loss)	% WO (Loss)
Pre-Program Data for 2019	29	364	$1,022,156.00	$695,066.08	68%
Post Enrollment Data 2020 2021	29	174	$455,073.00	$136,521.90	30%
Change/Reduction	No Change	190	$567,083.00	$558,544.18	38%

Data: Draffin & Tucker, LLP

Questions?

Health Equity--3769-05/16/23