



Integrating Pharmacy Performance Reporting and Quality Metric-Focused Interventions to Improve Medication Adherence for Health Plan Members

Mark Conklin, PharmD, MS
Highmark BCBS

Jan Pringle, PhD
*University of Pittsburgh
School of Pharmacy*

Annette Boyer, RPh
CECity.com

Jesse McCullough, PharmD
Rite Aid



Agenda

- Background and Objectives
- Technology Perspective
- Intervention
- Community Pharmacy Involvement



Our Objectives

Mark Conklin, PharmD, MS
Highmark BCBS

Partnership History

- Initiated in 2008 as part of a “Phase I” Pharmacy Quality Alliance (PQA) supported demonstration project.
- University of Pittsburgh School of Pharmacy (UPSOP) added to the partnership in 2009
 - Interventional expertise and project evaluation
 - Motivational interviewing training and tools
 - Relationship with RTI to conduct health-focused economic analyses
- “Phase II” PQA-supported demonstration project underway (June 2010)

Phase I Objectives

- Determine resources requirements for collecting & aggregating prescription claims data and calculating the quality measure scores
- Collection of patient experiences with pharmacy services using the PQA consumer survey
- Develop models of providing feedback to health plans & pharmacies (n=50) on medication safety/quality
- Get feedback from pharmacists and plans on the reports' accuracy, user-friendliness and value in improving quality



Phase I Lessons Learned

- It is feasible to create user-friendly electronic performance reports from drug claims data
- Pharmacy staff and health plan staff can access the reports and efficiently locate information
- Pharmacists found the reports to be interesting and believable, but were not yet sure how to use the information to improve quality
- The team members felt very positive about the inter-organization commitment and trust, and were interested in building on their early successes



Phase II Overview

- The Phase II study involves a redesign of the dispensing process within Rite Aid to facilitate an interventional strategy developed by the UPSOP
- The Phase II study has been expanded to 240 Rite Aid locations in Western & Central PA
- Initial pharmacist training has been completed
- Technical assistance teams, led by Rite Aid clinical staff & UPSOP, and supported by other project staff, have been developed to provide ongoing support for the intervention



Phase II Objectives

- Implement a point-of-dispensing medication adherence intervention that is targeted towards patients using medications for chronic conditions (e.g. heart disease and diabetes).
- Evaluate the effect of the point-of-dispensing intervention on medication adherence using PQA-endorsed adherence measures (Proportion of Days Covered), as well as the overall healthcare utilization for the health plan members. The healthcare utilization measures will include hospital and emergency visits as well as medical and drug expenditures.



Phase II Specific Aims

- Evaluate the scalability of the use of quality measures & a standard reporting platform
- Examine our intervention strategy to determine the cost-effectiveness for payors
- Evaluate the impact of the pharmacist intervention on patient-health outcomes & medical services utilization
- Model P4P or other reimbursement incentives for pharmacies, based on performance improvement



Our Platform

Annette Boyer, RPh

CECity.com

Technology at the Center



**Aimed at Improving
Professional Practice & Patient
Medication Adherence**

ASPIRE Platform

**Advancing Safety & Performance Improvement for
Pharmacy Excellence**

- Personal, customizable with comparison to benchmarks, goals, & peers
- Connects to targeted interventions & tools related to the quality metrics to improve performance (QI)
- Monitors improvements in quality as changes are implemented (CQI)

ASPIRE

ASPIRE Advancing Safety and Performance Improvement for Pharmacy Excellence

Login: [Forgot password?](#) | [Support](#)

Home | Performance Report | How Do I Improve? | Action Plan | Portfolio

ASPIRE to Achieve

Welcome to ASPIRE—Advancing Safety and Performance Improvement for Pharmacy Excellence.

ASPIRE is your personal gateway to enhancing pharmacy practice and providing optimal patient care. Through ASPIRE, you can access your personal performance reports relative to medication-use measures for community pharmacy. ASPIRE also offers tools and resources to help you improve your medication use measures through patient-centered interactions based upon your level of need identified in your performance reports.

- ✓ Compare your practice performance to that of your peers
- ✓ Identify performance gaps
- ✓ Access tools and resources to close performance gaps
- ✓ Track your improvement over time

The Three Step Process on How to Improve

- 1.) Measure
Review your performance report.
- 2.) Identify
Discover your performance gaps and how to improve.
- 3.) Act
Build your improvement action plan and track your progress to reach your practice performance goals

Tools for Success

Access the following tools and resource to improve your performance metrics and patient outcomes:

- Motivational Interviewing & Training Materials
- Continuing Education Activities
- Request for Personal Assistance
- Links to Quality Resources

Home | Performance Report | How Do I Improve? | Action Plan | Portfolio | Support

©Copyright 2010 CE City, Inc. All Rights Reserved. [Terms of Use](#) | [Privacy Policy](#) **CE CITY** A LIFETIME PORTAL

Transforming Pharmacy Practice & Optimizing Patient Outcomes

- ✓ Secure log-in for the pharmacist
- ✓ User friendly, easy to navigate
- ✓ Performance Reporting with Peer Comparison
- ✓ Access to Tools & Interventions
- ✓ Personalized Portfolio
- ✓ Enterprise Outcomes Reporting

Continuous Performance Improvement

ASPIRE | Advancing Safety and Performance Improvement for Pharmacy Excellence

LOGGED IN AS DDoBbs Support

Home Performance Report How Do I Improve? Action Plan Portfolio

Measure	Goal	Goal Based On	My Pharmacy (n) Time Period	GAP	Am I Improving?	
Beta-Blockers show details	>80% Higher is better	PQA Standard	79.6% (110) Q3 2010 show history	0.4%	+4.6%	How Do I Improve?
Calcium Channel Blockers show details	>80% Higher is better	PQA Standard	73% (106) Q3 2010 show history	7%	-2%	How Do I Improve?
Diabetes Medications show details	>80% Higher is better	PQA Standard	70% (102) Q3 2010 show history	10%	+2.5%	How Do I Improve?
ACE Inhibitors/Angiotensin II Receptor Blockers show details	>80% Higher is better	PQA Standard	70% (105) Q3 2010 show history	10%	+20%	How Do I Improve? 1 Intervention
Dyslipidemia Medications show details	>80% Higher is better	PQA Standard	55% (103) Q3 2010 show history	25%	+10%	How Do I Improve?

Monthly Medication Use Quality Reports

- ✓ Reporting by Pharmacy
- ✓ Identification of Measures & Goals - Drill down to detail
- ✓ Identification of Gap
- ✓ Indication of Improvement
- ✓ Access to Interventions
[How Do I Improve?](#)
- ✓ Analyze history & peer comparison data

How Do I Improve?

ASPIRE | Advancing Safety and Performance Improvement for Pharmacy Excellence

LOGGED IN AS DDobbs Support

Home | Performance Report | **How Do I Improve?** | Action Plan | Portfolio

Find interventions for: [dropdown] [dropdown]

Filter by type: All [dropdown]

Intervention

- Adherence Screening Tools**
Patient surveys used to access thoughts and opinions on the use of medications.
Type: Document
[SELECT ACTIVITY]
- Motivational Interviewing Tools**
Patient centered counseling for eliciting behavior change.
[FEEDBACK: ★★★★★ (17)] [MEASURES: B] [AVERAGE IMPROVEMENT: 27%]
[SELECT ACTIVITY]
- Defining the Pharmacist's Role in Patient Education**
e-Learning Activity
[LAUNCH] In Progress (Updated: Tuesday, July 13, 2010)
- Patient Education Materials**
Tools for patient use for assistance with medication adherence.
[SELECT ACTIVITY]
- An Alternative Practice Model for Community Pharmacies: Taking Control of Your Prescription Work Flow by Providing Better Adherence Management**
e-Learning Activity
[LAUNCH] In Progress (Updated: Tuesday, July 13, 2010)
- Optimizing Care for the Older Adult with Diabetes**
e-Learning Activity
[LAUNCH] In Progress (Updated: Wednesday, August 11, 2010)
- Improving Asthma Patient Outcomes with Community Pharmacist Interventions**
e-Learning Activity
[LAUNCH] In Progress (Updated: Tuesday, July 13, 2010)

Home | Performance Report | How Do I Improve? | Action Plan | Portfolio | Support

©Copyright 2010 CE City, Inc. All Rights Reserved.
[Terms of Use](#) | [Privacy Policy](#)

CECITY
A LIFETIME PORTAL

Links to Targeted Online Interventions to Close Gaps & Improve Performance

- ✓ Adherence Screening Tools
- ✓ Motivational Interviewing
- ✓ Continuing Education
- ✓ Patient Resources

Professional Tools

- ✓ Ability to provide feedback
- ✓ Impact on # of performance measures
- ✓ Effectiveness of the Intervention
- ✓ Ability to build an action plan

Build your Action Plan

ePortfolio

ASPIRE | Advancing Safety and Performance Improvement for Pharmacy Excellence

LOGGED IN AS DDobbs Support

Home | Performance Report | How Do I Improve? | **Action Plan**

Filter by Measure:


Status: All Due Date: All

Intervention	Status	Last Updated
Defining the Pharmacist's Role in Patient Education LAUNCH	In Progress Mark as Complete	08/20/2010
An Alternative Practice Model for Community Pharmacies: Taking Control of Your Prescription Work Flow by Providing Better Adherence Management LAUNCH	In Progress	07/28/2010
Optimizing Care for the Older Adult with Diabetes LAUNCH	In Progress Mark as Complete	08/20/2010
Improving Asthma Patient Outcomes with Community Pharmacist Interventions LAUNCH	In Progress	07/28/2010

ASPIRE | Advancing Safety and Performance Improvement for Pharmacy Excellence

Home | Performance Report | How Do I Improve? | Action Plan | **Portfolio**

Login: [Login](#)
[Forgot password?](#) | [Support](#)

 **Diane Dobbs**

Curriculum
Transcript

[Add My Own Activity](#) [Print Report](#)

From To [Filter by date](#)

Activity Name	Activity Type	Credit Type	Credits	Completed
Optimizing Care for the Older Adult with Diabetes		ACPE	1.5	8/25/2010
Defining the Pharmacist's Role in Patient Education		ACPE	2.0	8/25/2010

Home | Performance Report | How Do I Improve? | Action Plan | Portfolio | Support

©Copyright 2010 CE City, Inc. All Rights Reserved. [Terms of Use](#) | [Privacy Policy](#)



Our Pharmacy Partner

Jesse McCullough, PharmD

Rite Aid

Community Pharmacy Involvement

- Rite Aid was pleased to partner with Highmark and the University of Pittsburgh School of Pharmacy to join CECity in a PQA-supported demonstration
- Builds off of existing relationships
- Solidifies the pharmacists' relationship with the patient
- Supports corporate philosophy



Rite Aid Philosophy

- Health and wellness destination for consumers
- Numerous customer centered programs
 - Convenience
 - Loyalty
 - Clinical programs



Phase II Preparation

- Phase II began long before the first pharmacist was trained
- Addition of the *University of Pittsburgh School of Pharmacy* for development of the Screening and Brief Intervention strategy
- Designed and tested intervention process using Toyota-based lean principles
 - Workflow evaluation @ non-participating pharmacy locations
- Addressed flaws in process and retested

Screening Tools

RITE AID PHARMACY
With us, it's personal.
Health and Wellness Survey

Over the LAST WEEK, rate how you have been feeling in the following areas.
Mark the line to show how you feel about your well-being.

Personal Well-Being

1 2 3 4 5 6 7 8 9 10

Low (bad) High (good)

Family, Friendships, and Close Relationships

1 2 3 4 5 6 7 8 9 10

Low (bad) High (good)

Work School

- Initially looked to screen all patients in the same manner
- Revised to screen patients with new prescriptions and refill prescriptions in different ways
- Scoring of the screening tools
- Identification of patients at risk for non-adherence

Intervention

Our belief is that the pharmacist is best suited and located to affect **behavior change** in patients

- Trained in techniques of motivational interviewing/therapeutic alliance
- Goal is to have pharmacists have effective 3-5 minute conversations with targeted patients
- Engage patients in long-term, health & wellness focused relationships
 - Not all problems are solved in a POS transaction!

Phase II Pharmacist Training

- Pharmacists in the intervention arm (n=120 stores) participate in live training session prior to live start
 - Training supported by enduring online curriculum
- Training topics include:
 - Quality metrics and definitions
 - Report card access and evaluation
 - Use of screening tools
 - Intervention
 - Patient feedback
 - Support

eCQIped for Success

- Pharmacists are trained and provided feedback for continuous quality improvement
 - Report cards updated monthly
 - Feedback surveys from patients
 - Store level support
 - Report card scores
 - Feedback scores
 - Direct request





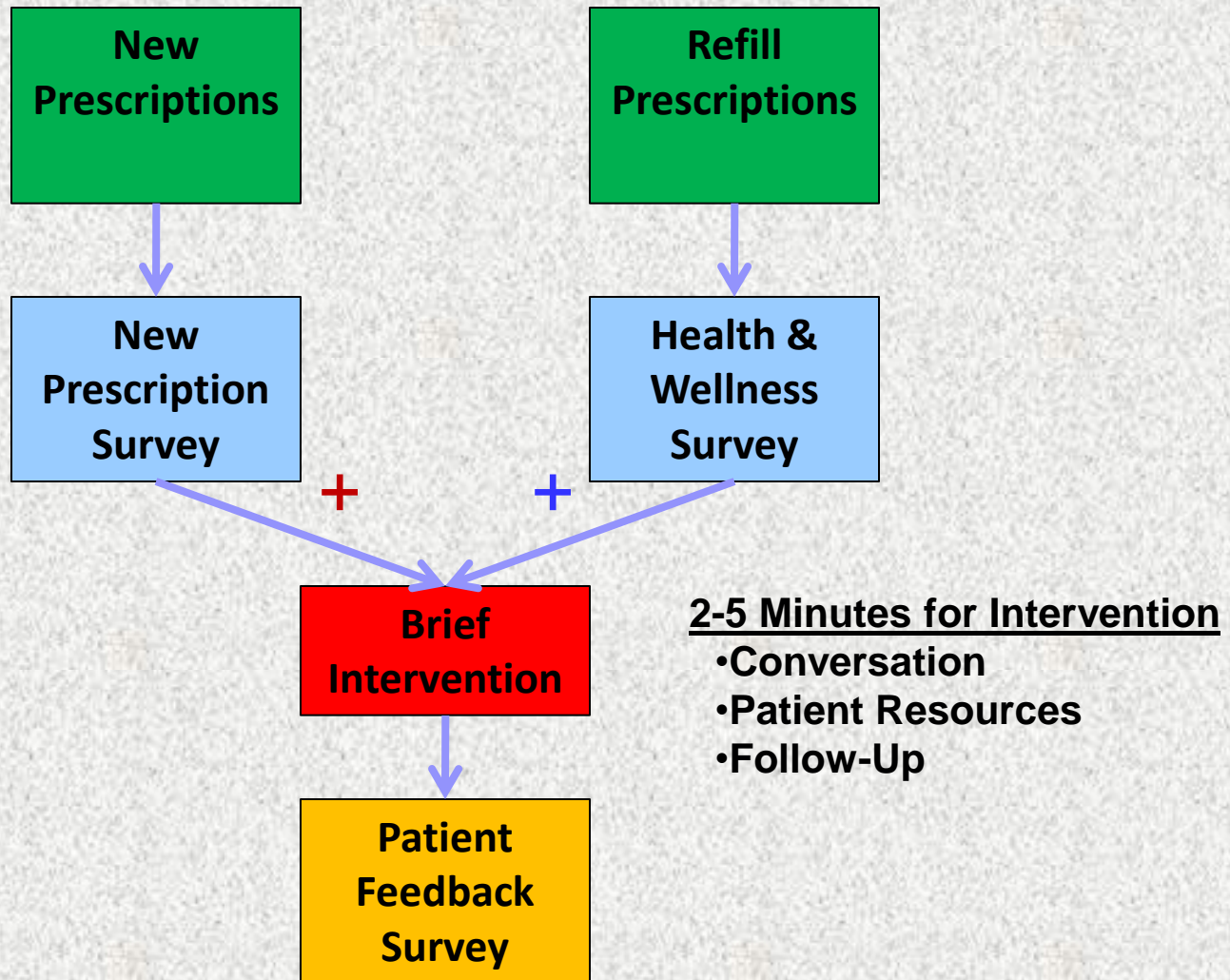
Our Intervention

Jan Pringle, PhD

University of Pittsburgh

School of Pharmacy

Implementation Diagram



Screening





With us, it's personal. New Prescription Survey

Please answer the following questions by filling in the circles. If you take more than one medication, respond about the medication you find most concerning.

I worry that my prescription medications will do more harm than good.

Agree Completely	Agree Mostly	Agree Somewhat	Disagree Somewhat	Disagree Mostly	Disagree Completely
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am convinced that taking my prescription medication is important.

Agree Completely	Agree Mostly	Agree Somewhat	Disagree Somewhat	Disagree Mostly	Disagree Completely
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

I am having trouble affording my medications.

Agree Completely	Agree Mostly	Agree Somewhat	Disagree Somewhat	Disagree Mostly	Disagree Completely
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Please return this survey to the pharmacy.

Office Use Only

Store No.
<input type="text"/>





Draft



With us, it's personal.

Health and Wellness Survey

Over the LAST WEEK, rate how you have been feeling in the following areas.
Mark the line to show how you feel about your well-being.

Personal Well-Being



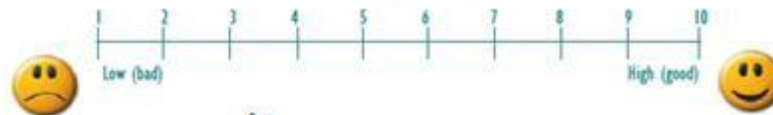
Family Friendships and Close Relationships



Work, School



Overall Sense of Well-Being



Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	---	----------------------	---	----------------------	----------------------

Office Use Only

Store No.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

© 2010 University of Pittsburgh School of Pharmacy. All rights reserved. This form is being used by Rite Aid under a license from the University of Pittsburgh. The University of Pittsburgh does not endorse and is not affiliated with Rite Aid Corporation or the Rite Aid brand name.



Brief Intervention

POLAR★S

★ **Permission**
“Is it OK to talk...”

★ **Open-ended questions**
“Tell me more about...”

★ **Listen reflectively**
“What I hear you say is...”

★ **Affirmation**
“I can see why you would...”

★ **Roll with resistance**
“What other choices....”

★ **Summarize plans**
“We have agreed to....”



With us, it's personal.

FLOW

New Prescription

Refill

New Prescription Survey

Health and Wellness Survey

Talk with patient if survey shows:

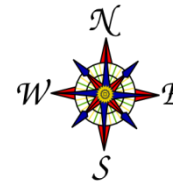
Score < 25

- Concern of harm
- Lack of commitment
- Cost of medication

→ Use POLAR★S to guide Brief Intervention

Patient Feedback Survey

Fax surveys to 412-904-6130



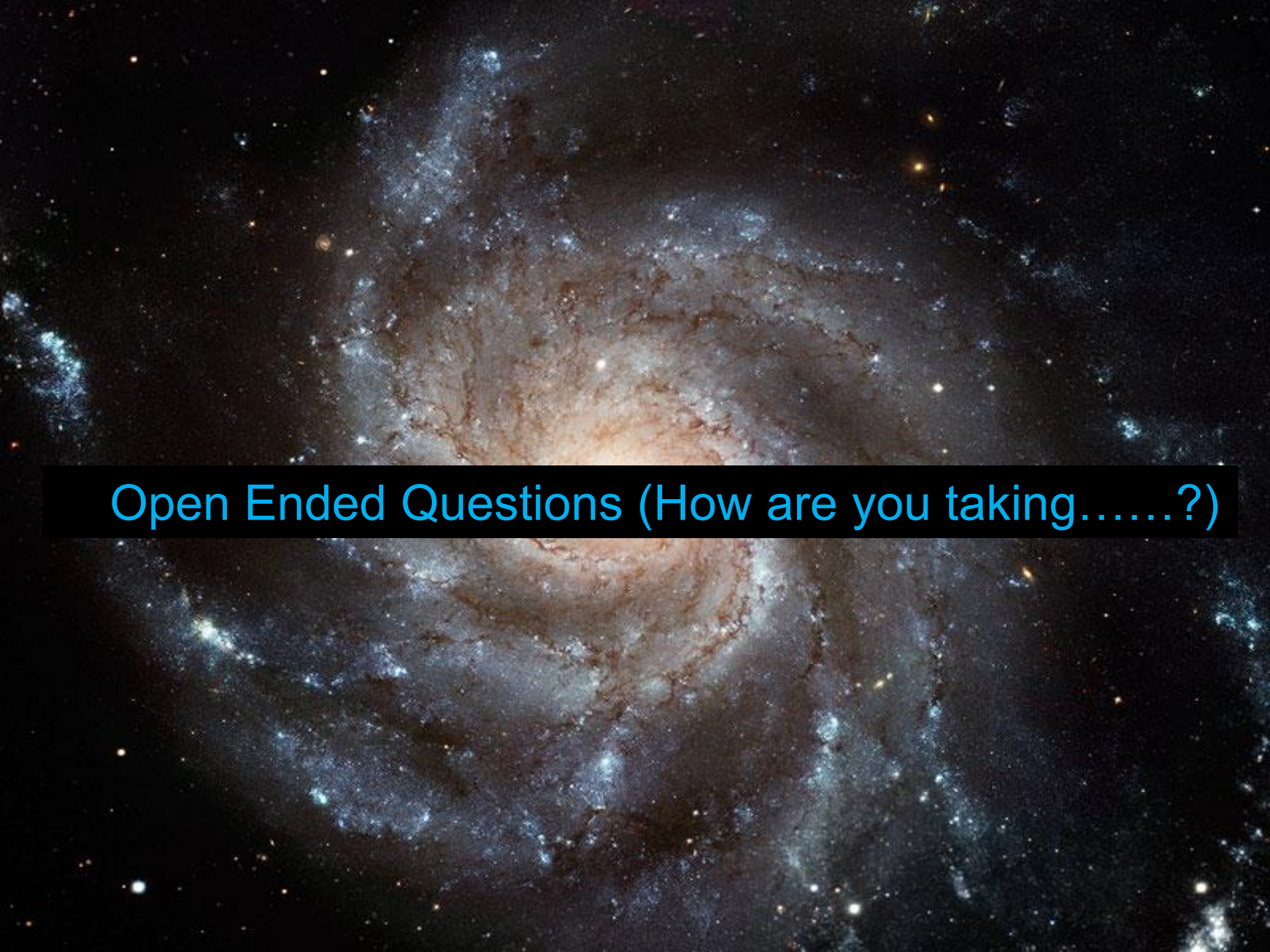
- Shake hands
- Listen for change
- Let the patient lead

Need more help? Visit **ASPIRE** at www.rxaspire.com

Login: Username= RiteAid ID
Password= Birthday (MMDDYYYY)



Ask Permission



Open Ended Questions (How are you taking.....?)

Listen Reflectively





Affirmation

Roll with Resistance




Summarize/Follow-Up



Patient Feedback: Our Secret Weapon



Patient Feedback Survey


With us, it's personal.
Feedback Survey

We would like to know how you viewed your conversations with your pharmacist today.

Rate your feelings about the conversation with your pharmacist.
Mark the line nearest to the description that best fits your experience.
Please give this survey to the cashier at the front of the store.

I felt heard, understood and respected

1 2 3 4 5 6 7 8 9 10
Low (bad) High (good)

Today's conversation was right for me

1 2 3 4 5 6 7 8 9 10
Low (bad) High (good)

Date
□□ / □□ / □□□□

Office Use Only
Store No.
□□□□

© 2010 University of Pittsburgh School of Pharmacy. All rights reserved. This form is being used by Rite Aid under a license from the University of Pittsburgh. The University of Pittsburgh does not endorse and is not affiliated with Rite Aid Corporation or the Rite Aid brand name.

How Do We Know That This Will Work?

- Screening and Brief Intervention is effective for alcohol problems *(Solberg LI, Maclosek MV, Edwards, NM. 2008)*
- Screening and Brief Intervention is effective for smoking, diabetes, HIV adherence *(Clark M, Hampson SE. 2001)*
- Motivational Interviewing is effective for medication adherence *(Erickson SJ, Gerstle M, Feldstein SW. 2005)*
- Therapeutic Alliance is effective for medication adherence *(McGrath SH, Snyder ME, Duenas GG, Pringle JL, Smith RB, McGivney MS. 2010)*

Project Implementation

Training

Objective:
Beginning Proficiency

Screening Proficiency Checklist PQA Project

Pharmacist Name: _____ Date: ____/____/____

Patient Screening Score: _____

Observation: MI Principles	Present (check)
Pharmacist appropriately and correctly applies the use of standardized screening instrument.	<input type="checkbox"/>
Pharmacist accurately identifies the issue preventing proper medication adherence.	<input type="checkbox"/>
Pharmacist uses MI principles to guide patient to better medication adherence:	
Pharmacist asks permission to discuss adherence issue.	<input type="checkbox"/>
Pharmacist uses open ended questions to determine the scope of the problem.	<input type="checkbox"/>
Pharmacist listens reflectively to patient.	<input type="checkbox"/>
Pharmacist recognizes and resolves any resistance/ambivalence.	<input type="checkbox"/>
Pharmacist summarizes the discussion and reiterates steps the patient has agreed to in order to increase adherence.	<input type="checkbox"/>
Pharmacist provides realistic follow up options.	<input type="checkbox"/>

Observation: Process	Present (check)
Pharmacist respects patient throughout the discussion.	<input type="checkbox"/>
Pharmacist allows patient to "have his/her say" while controlling the pace of the conversation.	<input type="checkbox"/>
Pharmacist guides the patient through the conversation rather than telling the patient what to do.	<input type="checkbox"/>
Pharmacist maintains a positive attitude throughout the interview affirming that change is possible.	<input type="checkbox"/>

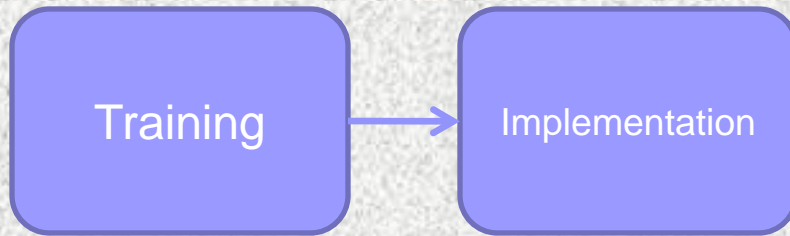
TOTAL NUMBER OF CHECKS: _____

PROFICIENCY SCORES:

- PROFICIENT (11-12)
- BEGINNING PROFICIENCY (9-10)
- SKILLS TOWARDS PROFICIENCY (7-8)
- NEEDS IMPROVEMENT (6 or Less)

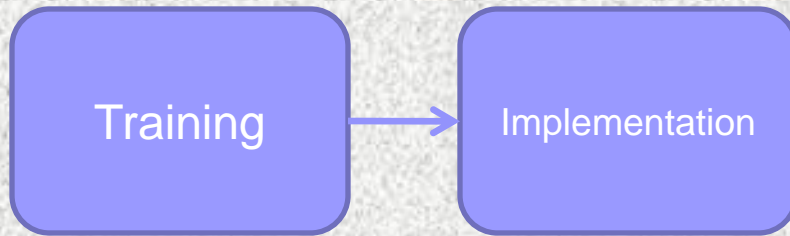
OBSERVATIONS/COMMENTS:

Project Implementation



- Implementation Toolkit
- Initial Email
- Site Visits (Monitored via ASPIRE Tool)
 - Planned
 - Via Technical Assistance Committee Request

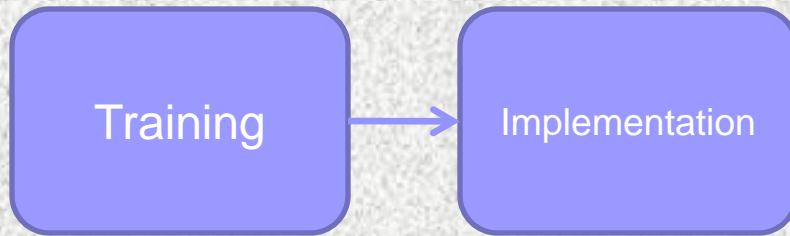
Project Implementation



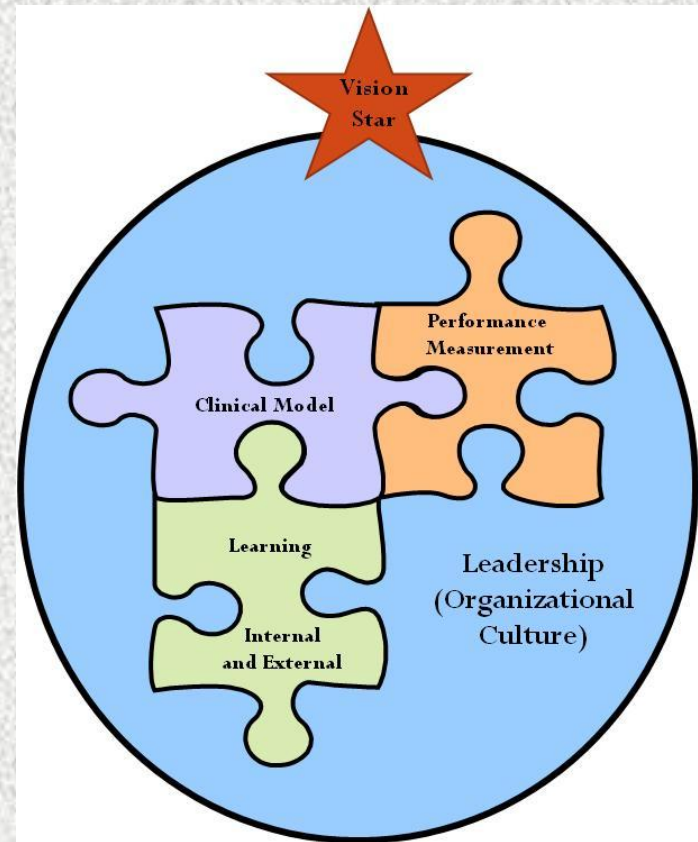
Technical Assistance

- Committee Chaired by Rick Mohall (Rite Aid) and co-chaired by Mark Conklin (Highmark)
- Low Performance (BIs, Patient Feedback, PDC Metrics)
- Support Request Forms

Project Implementation



- ASPIRE support and resource materials
- Implementation protocols and learnings compendium
- Newsletter
- Project administration

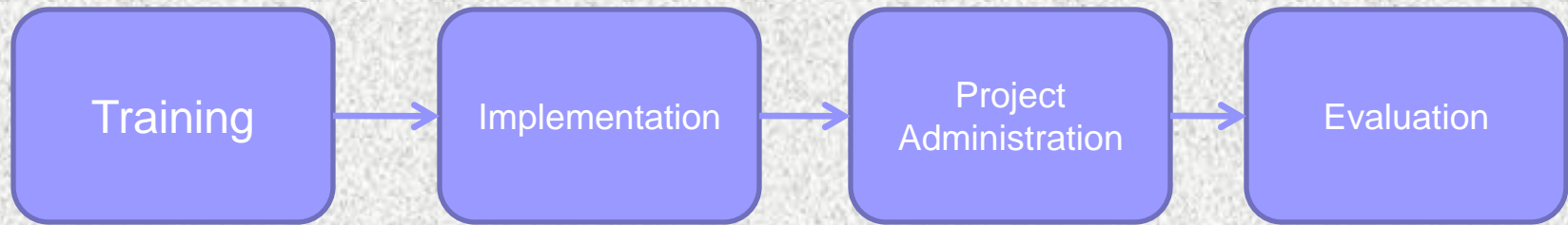


Project Implementation



- Weekly team meetings to discuss outstanding issues
- Monthly face-to-face meetings

Project Implementation



- PDC changes
- Intervention “dose”
- Training results
- Technical assistance provided
- Qualitative results
- Comparison with control pharmacies (PDCs, healthcare claims)

“We have to do this project. All of us have been trained to work with patients, and we have not been able to do that. This is the chance we have been looking for to have more contact with our patients and make a difference in their lives. We just HAVE to do this project.”

Paraphrased from a quote made by a Rite Aid pharmacist at one of our trainings.



Key Points

- True collaboration requires trust and must be directed towards mutually beneficial goals
- Health plans, pharmacies and patients can all benefit from better coordinated care and greater support of patients' medication use.
- Follow-through by each partner builds trust and leads to greater willingness to take risks and work together for long-term improvements

Contact Information

Mark Conklin
Highmark BCBS
mark.conklin@highmark.com



Annette Boyer
CECity.com
aboyer@cecity.com



Jesse McCullough
Rite Aid
jmccullough@riteaid.com



Janice Pringle
University of Pittsburgh School of Pharmacy
jlp127@pitt.edu

