

## MEDICATION SYNCHRONIZATION: IMPROVING ADHERENCE, EFFICIENCY, AND PATIENT SATISFACTION

by Christopher Lee, MPH

In the United States, chronic diseases account for 7 in 10 deaths and more than \$1 trillion in annual healthcare expenditure. Half of all adults have at least one chronic condition; 1 in 4 suffers from multiple. California alone is estimated to spend \$100 billion on 6 conditions: arthritis, asthma, cardiovascular disease, diabetes, cancer, and depression. The economic impact of chronic disease comprises treatment costs, lost productivity, and other unnecessary expenses.

One solution garnering attention from a range of stakeholders is medication adherence. By taking their meds as prescribed, patients reduce the risk of costly complications. Therefore, regulators, payers, providers, and vendors are seeking ways to keep patients adherent to their maintenance meds. The World Health Organization (WHO) quotes in a 2003 report on the topic: "Increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments."

Improving medication adherence requires coordinated, high-touch patient engagement. Achieving and sustaining patient outcomes cannot be achieved in silos. One colleague from a Quality Improvement Organization (QIO) shared recently: "It becomes more necessary for key players with active quality measures and payment penalties to collaborate with pharmacists. For example, you cannot decrease readmission rates and simultaneously ignore medication." Thus, new partnerships are emerging across the spectrum. Insurers and accountable care organizations (ACOs) are now looking to community pharmacies to reduce risk and control costs.

As patient care is increasingly delivered outside traditional environments, healthcare quality professionals must keep abreast of these trends and concepts. The current article aims to: 1) outline the mechanisms driving quality improvement in pharmacy; 2) describe the changing role of retail pharmacists; and 3) introduce medication synchronization ("med sync") as a tool to improve adherence, efficiency, and patient satisfaction.

### Driving a Culture of Quality

The Centers for Medicare and Medicaid Services (CMS) has made it clear that future healthcare spending will be based on value. Last year, the CMS announced the Better, Smarter, Healthier initiative, which set aggressive goals of shifting 30% of traditional Medicare payments to alternative payment models and tying 85% to quality

outcomes by 2016. Though the spotlight has been on physicians and hospitals, the pharmacy industry is undergoing similar trends.

One saying circulating at community pharmacy conferences describes this shift toward performance-based reimbursement: "We won't be paid more; we will be paid differently."

The CMS grades Medicare Advantage and Part D plans according to a set of quality metrics known as Star ratings. PDPs are evaluated on 15 clinical and administrative measures; MA-PDs, which comprise both medical and pharmacy benefit, are responsible for 44 measures. High-scoring plans are eligible for quality incentive payments. In addition, 5-star achievers enjoy a coveted special enrollment period: Medicare beneficiaries can switch to them at any time. With such benefits representing hundreds of millions in potential revenue, it is little wonder that Medicare Advantage and Part D plans are striving to attain top marks.

One approach entails holding their contract pharmacies accountable. Retail pharmacies are positioned to address five performance measures—four of which are triple-weighted due to their potential impact on patient outcomes and health spending. Three promote adherence to diabetes, hypertension, and cholesterol drugs, where adherence means patients filled their meds at least 80% of the time. Another metric discourages the use of high-risk medications by elderly patients. These four were rolled over from previous years due to their continued relevance.

Comprehensive medication review (CMR) completion rates are new to Star ratings. During CMR sessions, pharmacists review with patients their conditions, medications, and risk factors; identify drug therapy problems and adherence issues; and recommend each patient an individualized care plan. Though CMRs, a subset of medication therapy management (MTM), have been a Medicare Part D benefit since its inception, relatively few patients have received these consultations. By incorporating completion rates into the 2016 Star ratings, the CMS is pressuring plans to provide CMRs to more eligible beneficiaries.

MA-PD and Part D plans are looking to pharmacies to play an active role in managing their patients' needs. Community pharmacists are well-positioned, as one of the most trusted health professionals, to address medication adherence and drug therapy problems. Moreover, they are accessible. Patients visit their primary care physicians on average three times a year. By contrast, they frequent the local pharmacy up to 30 times a year. Underserved populations, in particular, disproportionately utilize the pharmacy for basic healthcare needs.

Plans and their pharmacy benefit manager (PBM) partners are, therefore, launching incentive and penalty programs to modify pharmacy behavior. Some plans reward pharmacies with bonus payments for achieving above average scores for plan members. Others levy fines on underperforming pharmacies in the form of direct and indirect remuneration (DIR) fees – a nebulous, catch-all term detested by pharmacy owners. Often these programs are budget-neutral. It is not uncommon for PBMs to withhold reimbursement from low-performers to redistribute to high-performers. In extreme cases, low-performers may be forced out of a payer's network. This is still rare, but its looming possibility has served as an impetus for change.

Pharmacy services administrative organizations (PSAO), in response, are preparing their networks for these changes. Among other things, PSAOs negotiate reimbursement contracts with PBMs on behalf of their member pharmacies. Historically, they competed on access. Negotiation power had been derived from network size. With the advent of Star ratings, however, pharmacies must also compete on quality. Therefore, PSAOs have been engaging technology vendors, such as PrescribeWellness, to assist in network development and performance improvement.

The goals are simple: increase adherence to chronic meds and monitor for risk factors. The solution, however, requires a paradigm shift. No longer are the days of reactively filling prescriptions. Pharmacists must assume the role of healthcare providers—a designation for which pharmacy advocacy organizations are lobbying. The first step is to take a proactive approach to their pharmacy practice through med sync.

### Medication Synchronization

Many patients visit the pharmacy several times a month. On any given day, the average patient is likely to be without one or more med, because his meds run out at different times. One day he comes to fill his statins; another day, his diabetes meds. The following week he picks up his depression meds. Imagine an elderly patient managing 10 or more meds, faced with declining cognition or transportation barriers. It is no simple task. Even if she took every med in her possession as prescribed, the asynchronous fill schedules present an access issue.

Compounding the complexity are insurance and inventory issues. A patient may visit the pharmacy for a refill, only to be told to come back another day. Two reasons are common: First, the medication may be out of stock, or the pharmacy does not have enough of it for a full fill. Secondly, the plan may require a prior authorization or deny the claim due to “refill too soon.” These scenarios create inconvenience for both the patient and the pharmacy. They fuel patient dissatisfaction and frustrate the individual's efforts to remain adherent.

Medication synchronization is the concept of aligning a patient's fills to run out together. Instead of coming in multiple times, a patient has a monthly sync date during which he picks up all his meds. The pharmacist takes a proactive approach to managing patients' meds, rather than reacting when the phone rings or the door opens. In this way, med sync supports the appointment based model (ABM) and builds a foundation for pharmacy clinical services. Med sync has been referred to as a rare win-win-win solution—for the patient, the pharmacy, and the plan.

Patients are the primary beneficiaries of med sync. The concept is a stepping stone for pharmacy into patient-centered care. Benefits to patients include:

- 1. Convenience:** Patients save time and money by making fewer trips to the pharmacy. When they come to pick up, they are assured all the meds they need will be ready.
- 2. Health outcomes:** It is easier for patients to stay adherent and manage their conditions.
- 3. Peace of mind:** Patients take comfort in knowing their medication regimen is safe. The appointment is also an opportunity to address any health concerns with the pharmacist.

Pharmacies implementing med sync services position themselves for the ever-changing competitive environment. Pharmacy owners and staff derive a host of benefits including:

- 1. Revenue:** Patients enrolled in a med sync program fill on average 3 more times per year than un-synced patients. Pharmacies not offering med sync leave money on the table.
- 2. Efficiency:** Pharmacy staff saves time by only having to fill once a month per patient. Med sync also reduces interruptions such as unnecessary phone calls and walk-ins.
- 3. Logistics:** Syncing a critical mass of patients creates predictable visit patterns. Pharmacy managers can make informed decisions in scheduling staff and ordering inventory.
- 4. Star ratings:** Improving patient adherence positively impacts three Star rating measures.
- 5. Network advantages:** PSAO and PDP networks desire high-performing pharmacies, which may also qualify for favorable reimbursement terms or quality bonuses.
- 6. Differentiation:** Offering med sync sets the pharmacy apart from competitors who do not.
- 7. Clinical services:** Vaccination or MTM can be delivered during the monthly appointment.

For MA-PD and Part D plans, improving medication adherence is a wise investment. Med sync benefits payers through:

- 1. Financial savings:** Increasing adherence slows progression of disease and prevents costly hospitalizations. For example, non-adherent diabetic patients are 2.5 times more likely to be hospitalized than their adherent counterparts. By extension, the public wins too, as tax dollars are better stewarded for Medicare beneficiaries.
- 2. Star ratings:** Since the adherence measures are triple-weighted, med sync can lift a plan's CMS Star ratings. 4- to 5-star plans receive greater government subsidies, triggering a cascade of advantages. They can offer lower premiums and extra benefits to attract more patients, which leads to a larger risk pool and operational efficiencies.

Plans may also enjoy benefits such as increased publicity and manufacturers' rebates. The extent to which a plan can motivate providers to improve patient adherence will determine its future survivability. Med sync is a cost-effective method shown to accomplish this purpose.

Chronic disease burden will continue to rise in the foreseeable future. Health plans and providers must collaborate to address these needs in a fiscally responsible manner. Star ratings align payer and pharmacy incentives. As plans realize they need cooperation from pharmacies to succeed, they will launch fair performance initiatives, rather than relying on strong-arm tactics. Likewise, community pharmacies must embrace the opportunity to partner with insurers, reinvent their business and improve patient care. The first step is to implement a proactive, patient-centered approach using med sync. Change may not be easy, but it is inevitable. Successful pharmacies will emerge as the centers of wellness their communities deserve.

### About the Author



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### Summary

Chronic diseases account for 7 in 10 deaths in America. Improving medication adherence is the key to cost containment and patient-centered care. Payers and pharmacists are using medication synchronization to help patients manage their conditions and lead healthier lives.