



COMPLETED GRANT SYNOPSIS

Increasing Patient and Payer Value in Community Pharmacy Enhanced Services Networks

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Objectives

The grassroots growth of local CPESN networks across the country over the past few years is impressive. There are now over 40 local networks and more than 2,300 pharmacies participating. At the outset of this project it was (and still is) difficult for growing networks to communicate effectively about the model to the payer community. Therefore, several resources were needed to help reduce this challenge by effectively making the case for and showcasing the value of community pharmacy enhanced service networks on patient-centered and long-term cost outcomes.

The three objectives for this project were to:

- 1) Create a voice-over animation video depicting the value of community pharmacy enhanced service networks targeted to the payer community for use by community pharmacists and growing networks across the country.
- 2) Work with the National Council for Behavioral Health (NCBH) and leaders in the pharmacy mental health space to develop community pharmacy specific cases for Mental Health First Aid training. Additionally, to ensure use of these pharmacy specific cases and the continued growth of pharmacy team members trained in Mental Health First Aid, scholarships will be provided to three interested and committed pharmacists to be trained as Mental Health First Aid instructors.
- 3) Scientifically develop and validate a patient voice survey to assess the effectiveness of enhanced services offered by a pharmacy to help demonstrate the impact of these pharmacies as compared to other pharmacies not offering enhanced services.

Methods

Design

- The company 3square Media was contracted to develop the video showcasing the capabilities of a CPESN to payers. Input was collected from NCPA Innovation Center staff, CCNC staff, members from both CPESN- Iowa and CPESN-North Carolina, and a select group of payer representatives to develop the script and images used in the video.
- The NCPA Innovation Center worked with NCBH, CPNP and mental health pharmacy luminaries to develop pharmacy specific cases for use in Mental Health First Aid training for pharmacy team members including the creation of cases in the following areas:
 - Depression/Anxiety - 6-8 new scenarios
 - Panic Attack - 3 new scenarios
 - Suicide Risk - 3 new scenarios

- Psychosis - 6-8 new scenarios
- Substance Use - 6-8 new scenarios

NCPA Innovation Center also created an application process along with NCBH to identify pharmacists who are committed to advancing pharmacy team members involvement in Mental Health First Aid and offered three scholarships to cover the cost of the training and a stipend to help cover their expenses. Becoming an instructor of Mental Health First Aid includes committing to teaching at least three classes each year. NCPA Innovation Center supported these new instructors to meet and exceed this requirement by hosting trainings specifically for pharmacy team members. Finally, NCPA profiled one of these new instructors in *America's Pharmacist*, NCPA's monthly magazine, to help bring attention to the availability and value of Mental Health First Aid training for community pharmacies.

- The validation of the patient voice survey was completed through the University of North Carolina (UNC) Eshelman College of Pharmacy. The NCPA Innovation Center received support from Omnicell for the first phase of the two-stage development and validation process. This grant supported the completion of the second stage of validation. This phase involved surveying 400 patients with the developed instrument followed by analysis of the validity and reliability of the survey in three constructs of interest: 1) medication understanding, 2) patient satisfaction, and 3) patient engagement/self-efficacy. NCPA Innovation Center worked with UNC and Qualtrics, a research and data collection company, to administer the survey and collect data for this phase.

Results

- The video depicting the value of community pharmacy enhanced service networks targeted to the payer community for use by community pharmacists and growing networks across the country was finalized in mid-April 2018. The video link (<https://vimeo.com/264737304>) was posted to the NCPA, CPESN and CPF websites and distributed on social media platforms. It has been viewed over 1,800 times (as of Aug 2019).
- The pharmacy-specific cases for use in Mental Health First Aid trainings were developed with the guidance of the NCBH and a panel of subject matter experts by the end of 2017. The pharmacy cases are intended to be used in courses dedicated to training pharmacy team members and are made available for all instructors to access on their instructor portal and use as part of Mental Health First Aid trainings across the country. Talia Puzantian, Clark Bishop and Tom Smith were selected and trained as instructors with the scholarship support from the Community Pharmacy Foundation. Clark Bishop was featured in [NCPA's America's Pharmacist February 2018 issue](#). To date (Aug 2019) NCPA Innovation Center has hosted five training programs in conjunction with the Annual Convention and wholesaler meetings in addition to programs hosted individually by pharmacist-trained instructors. The University of Iowa received funding from CPF to evaluate Mental Health First Aid training provided to pharmacists, technicians, and students and how the training was received, adopted, and enacted. Furthermore, the Mental Health First Aid course was accredited for 8.0 hours of both pharmacy and pharmacy technician continuing education. More information about Mental Health First Aid training in pharmacies is available on the NCPA website: <http://www.ncpanet.org/innovation-center/education-opportunities/mental-health-first-aid>.
- Validation of the patient voice survey tool was finalized in Spring 2019. The initial intent of survey development was to create a scientifically validated patient voice survey to help all CPESN local networks evaluate the services offered by the pharmacies by gathering patient responses that measure the impact of the enhanced services on outcomes including: patient's understanding of the medications, patient's belief in the medications, and patient's ability to self-manage the medications. However, analysis from the first phase of survey development and testing showed that patients have limited expectations regarding the role of their pharmacists and responded to questions based on their general perceptions of their pharmacy, such as convenience and being treated with respect. In addition, there was a high ceiling effect with regards to patients' perceptions of high and low performing pharmacies. Several respondents reported leaving a pharmacy if they were unhappy with their experience, thus, satisfaction with pharmacies was often high, making it difficult to compare pharmacies. Therefore, the survey questions were

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adjusted to capture pharmacy satisfaction, quality of service and expectations. The authors of the survey plan to publish their results at which time the survey will be made available on the CPF and CPESN websites. The survey is a resource for pharmacies to evaluate patient satisfaction with the services provided and for other researchers to use in further studies on the patient response to pharmacies' enhanced services.

Conclusion

Community pharmacy enhanced services networks are revolutionizing the community pharmacy practice model. As these networks continue to grow and expand, it is necessary to be equipped with tools that help communicate and demonstrate their value.