



COMPLETED GRANT SYNOPSIS

A Novel Payment Model and Employer-based Wellness and Pharmacy Services Program

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Objectives	
<ol style="list-style-type: none"> Goal 1: Determine the impact of a local MTM services program on medication adherence, quality of life, and presenteeism among employees of a United States employer. We hypothesize that those enrolled in the decentralized, employer-sponsored MTM program will have improved adherence, quality-of-life, and presenteeism when compared to historical measures. Goal 2: Examine the return-on-investment for an employer sponsoring a local MTM program as part of their employees' healthcare benefits. We hypothesize that an MTM program provided as part of an employers' benefits program will lead to a positive return on investment in terms of productivity and healthcare costs. Goal 3: Develop a toolkit for to improve dissemination and scalability of the innovative payment model. We hypothesize that evaluation of this project will inform the development of a toolkit allowing other pharmacies to create similar pharmacy-to-employer contracts and payment methods. 	
Methods	
Design	<ul style="list-style-type: none"> Prospective, quasi-experimental efficacy study involving employees of a Memphis, TN-based employer, Barnhart Crane & Rigging, and a single community pharmacy site, Good Shepherd Pharmacy. The main intervention strategy was a <i>Membership Pharmacy Model</i>: a combination of a novel payment model and simultaneous use of a lean pharmacy operations model including MTM services, medication synchronization, and 90-day fills for all employees enrolled. <ul style="list-style-type: none"> The novel payment model is based on reimbursement for actual acquisition cost (AAC), a "true dispensing fee," and shared savings.
Study endpoints	<ul style="list-style-type: none"> Impact of <i>Membership Pharmacy Model</i> on member (i.e., patient) adherence Impact of <i>Membership Pharmacy Model</i> on pharmacy operations (e.g., labor costs, inventory costs, revenue)
Results	
<ul style="list-style-type: none"> Program implementation generally maintained or slightly increased adherence to select chronic disease medications (e.g., oral antidiabetics, antihypertensives, and lipid-lowering agents). Exceptions to these effects tended to be either due to medication discontinuations or program dropouts. Synchronizing fulfillment of the entire group's prescription pool: reduced drug prices through bulk purchasing, reduced pharmacy labor costs by as much as 66%, and improved revenue flow by eliminating the need to maintain an expensive inventory. These efficiencies will continue to scale with the size of the patient population, generating ever lower drug prices at ever lower operational cost. A toolkit to guide future implementation of similar practice models in community settings was developed 	
Conclusion	
<p>In this pilot efficacy study, the <i>Membership Pharmacy Model</i> intervention was found to be a feasible within this single site community pharmacy and employer group partnership. Improvements in adherence, operational efficiencies, and employer prescription costs were found. Future studies should explore the <i>Membership Pharmacy Model</i> across multiple employer groups and over a larger patient population to better understand long-term viability of the model.</p>	