COMMUNITY PHARMACY FOUNDATION
COMPLETED GRANT SYNOPSIS

Consumer, Physician, and Payer Perspectives on Primary Care Medication Management Services with a Shared Resource Pharmacists Network

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Objectives

1. Conduct focus groups with consumers and primary care physicians to:
  a. assess the current knowledge of consumers and physicians about pharmacist training/expertise and capacity to provide primary care med management services in a shared resource network.
 	
  b. determine the factors that will facilitate/limit consumer interest in having pharmacist as a member of a community-based "health care team."
 	
  c. determine the factors that will facilitate/limit physician utilization of pharmacists for medication management services.
 	
2. Conduct semi-structured discussions with payers to describe factors that will facilitate/limit payer reimbursement models for medication management services using a shared resource pharmacist network model.
 	
3. Propose strategies that pharmacy organizations can apply to develop a successful business model for primary care med management services that align with health care reform initiatives.

Methods	
Design	This study was conducted to gain a better understanding of the perceptions and attitudes of consumers, primary care providers, and payer executives that can affect the sustainability of a pharmacist shared resource network. Focus groups were conducted with primary care physicians and consumers, while semi-structured discussions were conducted with a public and private payer. The discussion guide topics were developed from a review of the literature and discussion among the researchers. The consumer focus group discussion guide covered sources from which consumers get information about their medications, the types of information they expect to receive from pharmacists about their medications, how the pharmacist helps them to make the best use of their medications, and the role of the pharmacist in helping their physician(s) make the best use of their medications. We also explored the relationship between the consumers' pharmacist(s) and their physician(s), and the consumers' perceptions of factors facilitating and limiting acceptance of pharmacists as members of a community-based health care team. The physician focus group discussion guide covered topics such as experiences working with

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pharmacists in non-dispensing roles, medication management challenges in primary care practice, factors that would facilitate or limit the engagement of pharmacists for medication management services, and perceptions about a shared resource pharmacist network.

The semi-structured discussions with payers covered topics that would facilitate or limit engaging a pharmacist shared resource network for medication management services.

Results

A total of four focus groups were conducted that involved 17 consumer and 17 physician focus group participants. Payer discussions were conducted with 2 administrators and 1 medical director from a public payer (Medicaid) and a private payer that focuses primarily on the individual and small employer markets.

CONSUMERS

Consumers discussed their expectation of three main types of information to be provided by their pharmacists: (1) medication interactions with their health condition and/or other medications they are already taking and potential interactions with over-the-counter (OTC) products, (2) prescription instructions such as the proper way to take the medication (i.e., what does twice a day mean; take with or without food) and the best time(s) to take the medication, and (3) prescription coverage and cost information including the availability of less costly and equally effective generic medications.

The majority of consumers did not perceive the pharmacist as playing an integral role in collaborating with physicians about medication use and safety. Most consumers viewed the pharmacist only as the *dispenser* of medications rather than a health care professional colleague who collaborated with physicians. Very few consumers identified the role of the pharmacist as resolving medication use problems by contacting physicians and making recommendations on the consumer's behalf when a medication issue arises (i.e., inappropriate dosing, side effects, unaffordable medication).

Overall, consumers viewed pharmacists' roles as medication experts who keep track of prescribed medications, monitor potential drug interaction effects, and advise the patient. However, consumers are aware that even with pharmacists' medication expertise and computerized pharmacy records, pharmacists do not have full access to all relevant patient health and medical information to manage medication interactions. Regardless, consumers believe that pharmacists are in the best position to have current information about drug side effects and interactions; it is their area of expertise. Another important issue for consumers was the pharmacist's knowledge to recommend lower cost alternative generic medications, or even other medications, yet consumers questioned whether physicians would accept such pharmacists' recommendations.

In contrast, consumers identified four reasons that would limit their acceptance of pharmacists as healthcare team members. First, consumers discussed the issue of the **cost** *to pay for a pharmacist on their health care team* -- who would bear the costs, and how it might impact the cost of insurance. The second limitation identified by consumers pertained to pharmacists' workload to fill prescriptions. The third reason that would limit consumer acceptance of pharmacists as members of a community-based healthcare team is the patient-pharmacist relationship. More specifically, the consumers were negatively influenced by the lack of access to and poor rapport with pharmacists, especially in a busy retail pharmacy environment. The last reason identified by a few consumers is the issue of privacy, based in part on their perceptions that pharmacists may move from one pharmacy to another.

During the discussion about the role of pharmacists in consumers' overall healthcare, four related issues emerged. First, consumers are not knowledgeable about *what the pharmacist can and cannot recommend* to

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them and advise them about medications. Second, their *pharmacy insurance plans dictate* the amount of latitude consumers have for acting on information they may receive. Next, they experience *wide variation in how accessible* a pharmacist is for addressing questions they may have. In some instances, the consumers did not interact with the pharmacist when dropping off and picking up their prescriptions as they expressed concerns about interrupting the pharmacist's workflow. However, some consumers explained situations where they have requested to speak to a pharmacist. Lastly, their opinions varied in regard to who, pharmacist or consumer, should initiate the conversation about medication information. Some of the consumers believed that it is the *patient's* responsibility to request information, while others expected that a *pharmacist* should proactively advise patients about the availability of a generic medication, any changes in medications or dosages, or potential drug interactions.

PHYSICIANS

Physician participants believed that pharmacists working in a primary care setting should have a clinically-oriented degree (e.g., a Doctor of Pharmacy degree) that provides a broad and deep knowledge of the most common chronic disease states (e.g., hypertension, lipid disorders, cardiovascular diseases, diabetes, asthma, depression, anxiety, seizures, chronic pain) and related pharmacologic treatments. In addition, the participants emphasized that clinical training should involve direct patient care experiences in hospital or outpatient settings. They also expressed it would be helpful to have clinical experience with geriatric patients given the patient demographics of primary care patients. Some physicians also listed desirable personal characteristics such as strong interpersonal skills, well-developed patient communication skills, and the ability to work in a team-based environment.

Physician participants noted several chronic disease states where pharmacists can play a useful role as medical team members, as well as certain patient populations -- patients with multiple co-morbid conditions, the elderly, children, pregnant patients, psychiatric patients, renally-impaired patients, patients on chronic pain medications, patient with multiple medications (especially from multiple prescribers) -- who require more intensive time where clinically-trained pharmacists can play an important collaborative role. Primary care physicians also recognized that patients with health illiteracy also pose a challenge with medication use and adherence. The physician participants would find pharmacist collaboration especially helpful with drug pricing information, clinically-significant drug interactions, dosing recommendations, therapeutic substitutions, patient compliance, OTC/prescription drug interactions, adherence (especially for patients who stop medications because of side-effects), advising patients about when to take medications, and alerts to prevent inappropriate prescribing.

Physicians articulated several factors that would **facilitate** their use of pharmacists for medication management services in their primary care practice:

- Pharmacist is viewed by patients as a member of primary care practice's team
- Pharmacist's role must be integrated into clinical practice redesign and workflows
- Improved physician and practice efficiency
- Actionable, evidence-based recommendations to optimize medication therapy or prevent adverse drug effects
- More timely data and reports at the point-of-care
- Most beneficial for high-risk patients
- Improved patient outcomes
- Return on investment for pharmacists' services
- May be more suitable for larger practices that can pay for pharmacist services with incentive payments or in ACO model

In addition, physicians articulated several factors that would **limit** their use of pharmacists for medication

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management services in their primary care practice:

- Lack of pharmacist training and experience as direct care providers
- Pharmacist's inability or lack of experience to work as a primary care team member
- Added paperwork or inefficient practice workflow
- Need to hire additional office staff
- Lack of patient acceptance
- Adverse effect on physician liability and expenses

PAYERS

Health plan executives identified the following factors as **facilitators** to reimburse pharmacists for medication management services using a shared resource pharmacist network model:

- A qualified group with responsibility for credentialing the pharmacists who provide medication management services to assure their clinical competencies is an absolute necessity.
- Pharmacist medication management services must improve the quality of patient care and/or prevent adverse drug events.
- At a minimum, pharmacist medication management services must be cost neutral; ideally, the addition of pharmacists should reduce total health care costs (even if the payer is not at risk for a drug budget).
- If the payer is at risk for drug budget, there is an expectation that pharmacist medication management services will decrease drug costs -- especially by optimizing generic utilization.
- The existence of pharmacist-specific CPT codes for MTM services can be utilized in a payment structure.
- A shared resource pharmacist network is viewed as an efficient way to integrate pharmacists' services - especially for smaller physician practices.

Health plan executives identified the following concerns as **limiting factors** to reimburse pharmacists for medication management services using a shared resource pharmacist network model:

- The capacity and sufficient number of qualified pharmacists to provide medication management services for large patient populations.
- The lack of physicians' knowledge about pharmacists' clinical training and expertise in medication management.
- Physician reluctance to fully utilize pharmacist-provided medication management services.
- The lack of risk stratification or predictive modeling techniques to identify the most cost-effective patients for medication management services.
- The development of measures to determine the unique value of pharmacists as a member of a health team.
- The lack of a standardized fee structure for pharmacists' medication management services.
- The business model for pharmacist medication management services is still evolving.

Conclusion

Consumers generally have reservations about pharmacists as integral members of their healthcare teams. These reservations stem from the limited relationships many of them have even with dispensing pharmacists in community retail pharmacies. The consumers had no knowledge of or experience with clinical pharmacists working in non-dispensing roles with primary care physicians. Key factors to building consumer acceptance and enthusiasm for pharmacists as members of their community-based healthcare teams are: (1) focusing on how pharmacists can be responsible for building or updating patient lists of medications; (2) educating consumers about the types of advice and recommendations pharmacists can legally, ethically, and practically

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provide to patients and physicians; and (3) highlighting the unique role that pharmacists can play in alerting patients and physicians to medication interactions with multiple prescriptions and OTC drugs.

Physician acceptance of a greater collaborative role for pharmacists depends on their perceptions of the potential impact pharmacists' services could have on their practices, including time constraints, costs, patient outcomes, and care delivery redesign. While physicians recognize the evolving role of pharmacists in patient care beyond dispensing medicines, they also lack a clear vision of how the pharmacist's expertise and patient care role might be integrated into their current practices. For some physicians, their perception about collaborating with pharmacists for medication management services is shaped by their negative experiences with pharmacists in dispensing roles who routinely call them to enforce pharmacy benefit coverage policies or question their prescribing practices. Most physician participants could not readily envision or articulate how pharmacists would interact with them or their patients as "virtual" health care team members. The concept of a shared resource pharmacist network needs further explanation and discussion among physicians. Physician participants did realize that a shared resource pharmacist network could be a cost-effective approach to engage clinically-trained pharmacists for medication management services in primary care practices. Within current fee-for-service payment structures, most physicians were reluctant to engage in pharmacist-provided MTM services if they would be responsible for paying the pharmacist for MTM services.

Despite the positive clinical and economic outcomes associated with the CMS demonstration project, the CT Medicaid program has not yet funded an ongoing MTM program. CT Medicaid is considering a proposal for pharmacist-provided MTM services, and has included pharmacist-provided MTM services in a CMS proposal for dual eligible beneficiaries. The private payer was aware of the potential benefits of pharmacist-provided MTM services and expressed interest in soliciting proposals for MTM services within the next year.
Both payers recognized that there needs to be a well-planned, extensive consumer and physician outreach and education program with the introduction and adoption of any new patient service such as MTM services

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