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BACKGROUND AND OBJECTIVE

Background

- Medication synchronization is a pharmacy service offered to patients to minimize trips to the pharmacy by allowing them to fill all chronic medications on the same day each month allowing them to pick up their medications and speak with the pharmacist
- This service gives the pharmacist the opportunity to discuss each patient's medications and make pertinent interventions
- Medication synchronization in practice functions either like an auto-refill service or follows the American Pharmacist's Association definition of an Appointment Based Model
- The Appointment Based Model has three core components: prescription synchronization, a monthly call to the patient and a scheduled monthly appointment

Objective

- To evaluate the type and extent of medication synchronization programs in a national sample of community pharmacies

METHODS

Study Design

- This was a cross-sectional study
- IRB approval was not obtained as the survey was not considered human subject research

Data collection

A list of 2,536 pharmacies located in the United States that self-identified as providing medication synchronization as of March 2015 was exported as an excel file from a publicly available map of medication synchronization pharmacies on the American Pharmacists Association (APhA) Foundation's website

Researchers looked up the pharmacies' corresponding National Provider Identification (NPI) through the online National Plan and Provider Enumeration System NPI Registry

A telephonic survey was created in Qualtrics to verify the spectrum of medication synchronization programs offered at each pharmacy and administered between February and October 2017

The survey was reviewed by experts in the topic including one national association director of initiatives and one pharmacy owner with synchronization services of varying levels at all of his pharmacy locations.

Students were recruited via email and on two separate APPE rotations to conduct phone calls

Surveys were directed at the person in charge of the medication synchronization programs and asked up to twelve survey items

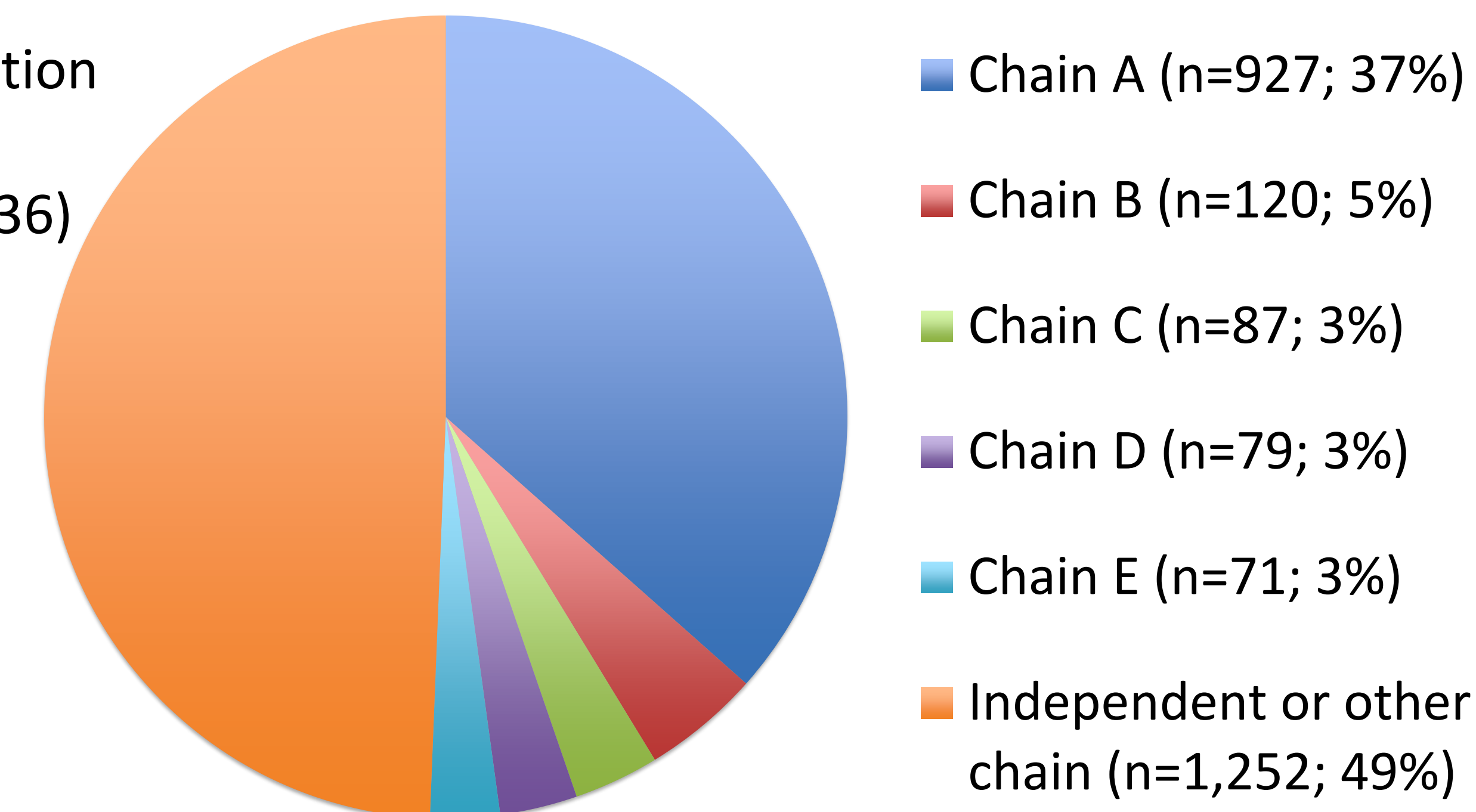
Phone calls were directed at a corporate representative for five pharmacy chains that made up 51% of locations listed

Individual phone calls were placed to all other pharmacy locations

A minimum of three separate attempts were made to contact each individual location before it was determined that the pharmacy could not be contacted

METHODS cont.

Figure 1. Distribution of pharmacies contacted (n=2,536)



RESULTS

Table 1. Inclusion and exclusion results	n=2,536
Pharmacy had a medication synchronization program	77% (n= 1,949)
Pharmacy did not have a medication synchronization program	10% (n=264)
Pharmacy unable to be contacted	4% (n=98)
Pharmacy refused to provide information	3% (n=86)
Pharmacy permanently closed	3% (n=66)
Pharmacy not a retail location	2% (n=58)
Recent change in pharmacy ownership	1% (n=15)

- For the five chains representing 1,284 pharmacies, phone calls were made to individual chain representatives
- Individual phone surveys were completed with the additional 1,252 individual pharmacy locations
- Completed phone surveys found 1,949 pharmacies (77%) with confirmed medication synchronization programs with 587 pharmacies excluded (Table 1)
- Sixty-five percent (n=1,262) of pharmacies with confirmed programs were part of the five chain pharmacies contacted at a corporate level

Five major pharmacy chains participants (n=1,284):

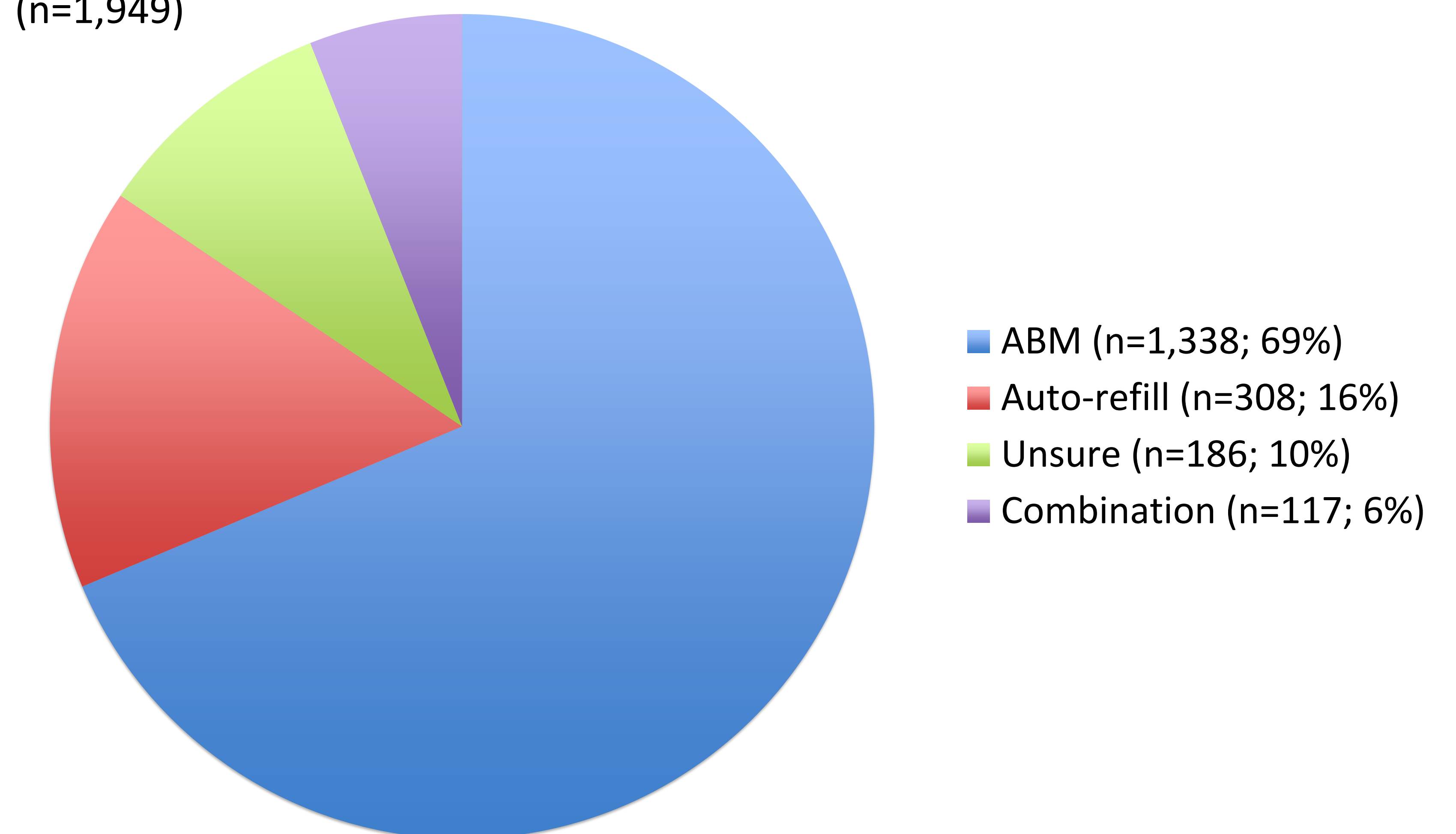
- The phone survey identified 1,262 pharmacy locations as having a medication synchronization program
- Eighty percent (n=1,012) had an ABM-type program consistent with APhA's definition
- Ten percent (n=134) were unsure or declined to answer
- Nine percent (n=116) had a hybrid auto-refill and ABM program
- These pharmacies were primarily located in continental southeastern states (73%), Arizona (8%), Ohio (6%), New York (5%), Minnesota (4%), and North Dakota (2%)

Other pharmacy chains and independents (n=1,252):

- The phone survey identified 687 individual pharmacies as having a medication synchronization program
- Forty-seven percent (n=326) identified as an ABM-type program
- Forty-five percent (n=308) identified as an auto-refill service
- Eight percent (n=52) were unsure or declined to answer
- One identified as having a hybrid ABM and auto-refill program
- These pharmacies were located in 49 states (all except New Hampshire) plus Washington, D.C.

RESULTS cont.

Figure 2. Distribution of each type of medication synchronization program (n=1,949)



DISCUSSION / CONCLUSIONS

- Among a national cohort of community pharmacies confirmed as offering medication synchronization, most (69%) identify as following the ABM of medication synchronization defined by APhA
- This information will be used in a subsequent study to evaluate the impact of medication synchronization enrollment on healthcare costs and utilization among Medicare beneficiaries

LIMITATIONS

- One chain made up 37% of all data and five chains represented 51% of all data
- Data were provided via self-report and could not be independently verified
- Some pharmacies were hesitant to give information over the phone or unable to step away from workflow to answer questions

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DISCLOSURES

- Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that might have a direct or indirect interest in the subject matter of this presentation