WISCONSIN PHARMACY QUALITYCOLLABORATIVE
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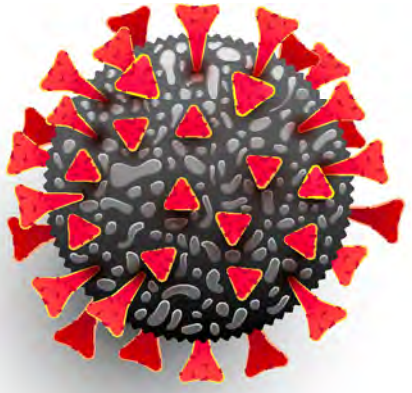
WPQC UPDATE:

Let No Crisis go to Waste! Opportunities to Improve Adherence in the Community Pharmacy Setting During the COVID-19 Pandemic



by John Lemke, PharmD, Ryan DeBauche, 2020 PharmD Candidate

In 1976, a Dr. M. F. Weiner published an article entitled, "Don't Waste a Crisis – Your Patient's or Your Own". Though it sounds cynical, it reminds us that crisis comes with opportunity. While the grey cloud of the COVID-19 pandemic presents many challenges for pharmacists, opportunity for improvement and intervention provides a silver lining.

The practice model for community pharmacy continues to shift away from a relationship between a purchaser and purveyor of goods, and towards one between patient and provider. The effort to shift this paradigm amongst our patients has at times seemed a Sisyphean task. Getting a customer to agree to enroll in a medication alignment (synchronization) program (not to mention to stay adherent once in it) was not a given. Though seemingly a no-brainer to us, the advantages such as fewer trips to the pharmacy picking up "owes", and minimizing missed doses due to running out of refills or the pharmacy needing to order the product does not resound with everybody. Delivery of medications to patients can help with adherence, but it too comes at a price to the pharmacy. At Streu's, free delivery is offered as a service for our patients, but frequent redeliveries and patients not always being at home makes the process inefficient.

Enter the Corona virus. Critical factors have presented themselves to help pharmacies improve adherence, increase STAR ratings, identify clinical intervention opportunities, and to do so in a more efficient manner. One might argue that never before has the desire to be in good health and the need to have a supply of one's medications been so keenly perceived by the general public. Further, we have (or should have) a captive audience as our patients are subject to "Safer at Home" orders. Thus, time is of the essence to make the most of this unique set of circumstances.

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What We Did

Our plan was to start with our patients who receive delivery, as we could simultaneously address our clinical goals and the inefficiencies in our delivery process. With each order received, the pharmacist assessed the patient profile not only to identify additional prescriptions currently due, but also what other prescriptions could be filled in the near future. We intensified identification of patients who would benefit from CycleRX, our synchronization program, or who may need a clinical intervention or qualify for a comprehensive medication review (CMR). Next, our fourth-year student pharmacist called the patient to address the aforementioned items and ensure they would be home on the day of delivery. Patients were also informed that delivery would remain free, but if they were not home when the delivery was attempted, a $5.00 next day redelivery fee would apply.

The language we used was not a weak suggestion. I consistently teach my students to practice assertive pharmacy, in other words, do not shy away from asserting yourself into a patient's overall healthcare. It is our job to hold ourselves and our patients accountable. For example, I teach my students to perform their consults without using the word "just", as it hedges the urgency of their

recommendation (e.g., It's not effective to say, "Just a reminder to try to remember to take your meds." Try instead, "Evidence suggests you are not taking your meds as prescribed. Let's find out why and see what we can do about it.").

Our Experience

Over the course of three weeks, we contacted 64 patients who were not enrolled in our CycleRX program. Sixty-two (97%) gladly enrolled in the program. Further, we were able to consolidate deliveries and fill an average of 2.2 additional prescriptions per patient (primarily inhalers and type 2 diabetes mellitus injectables). Fifteen clinical interventions leading to prescriber contact were also identified, and many CMRs are in the process of being scheduled. As a side-benefit, we also were able to clean up many patient records by updating allergies, removing discontinued medications, and transferring medications.

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Future Limitations

As successful as this process has been, several concerns and limitations remain. We did these things while our doors remained locked in favor of curbside pickup. Will such a conversion rate to medication synchronization continue after the COVID-19 pandemic home restrictions are lifted? Will a backlog of medical appointments add to daily script volume enough to bring back the pressures of a "beat the clock" mentality? Who will make the medication adherence calls when we have no student pharmacist? And, how can we guarantee that a patient will stay adherent or enrolled in the program in the long term?

Above: *John Lemke (left) and Ryan DeBauche (right) at Streu's Pharmacy during the COVID-19 pandemic.*

Answers to these questions will become apparent soon enough, but nonetheless, efforts will continue and will soon expand to include all of our patients. Doing so further paves the way towards an appointment-based model for prescription pickup and regular medication review. As we lament the shortage of basic supplies and hurdles to medication provision, remember the words of Dr. Weiner and use these opportunities to improve patient care.

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