

# Population Health NEWS

## Making a Case for Population Health

A Selected Case Study in Population Health Management...

### Community Pharmacy Networks Deliver Cost-Effective Care

by Troy Trygstad, PharmD, MBA, Ph.D.

#### Objectives:

- Develop a collaboration between diverse healthcare team members, who are jointly accountable for patient outcomes.
- Improve quality of care and patient outcomes related to optimal medication use in order to improve patient health trajectories and decrease the total cost of care.
- Integrate community pharmacists into primary care network.

**Program Description:** Community Care of North Carolina (CCNC), a community-based network of 6,500 primary care physicians and healthcare professionals that foster “medical homes” for Medicaid recipients across North Carolina, created the Community Pharmacy Enhanced Services Networks (CPESN) to address the sub-population of Medicaid recipients that have a high risk for chronic illness and are in need of medication-focused care coordination. These patients have a much higher level of access to their community pharmacist than to their primary care doctor. Therefore, CPESN allows CCNC to deliver care where patients are most readily accessible.

According to North Carolina Medicaid, this population on average visits their pharmacy 35 times per year,<sup>1</sup> much more often than their regular care provider. Thus, CPESN serves as a strategic, natural next step to integrate community pharmacists into CCNC’s statewide network of healthcare teams providing high-quality and cost-effective patient outcomes.

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CPESN recognized the unfulfilled potential of community pharmacists, who have personal relationships and regular contact with many patients, especially those with chronic illnesses. Community pharmacists can use their frequent interactions with patients to not only fill prescriptions, but also to help achieve the unique medication use needs of complex patients and achieve the best possible results. For example, community pharmacists also consult with patients, review their health status, answer questions, synchronize medications so that they are all filled on the same day each month with a clinical review, arrange special packaging and offer medication education.

CPESN is an open network that includes nearly 300 North Carolina pharmacies, growing by 20% in the last year. CPESN is part of a three-year grant to CCNC by the Centers for Medicare and Medicaid Innovation (CMMI) to test new reimbursement models for community pharmacies serving Medicaid, Medicare, dually eligible and N.C. Health Choice beneficiaries.

**Evaluation Process:** CCNC aimed to evaluate the effectiveness of this statewide program to engage in continuous care plan development and reinforcement through the integration of community pharmacists in care management teams.

Preliminary findings are encouraging. In a phone survey of CPESN patients during the fall of 2016, researchers found that not only do 96.8% of patients either agree or strongly agree that they know how to tell if their medications are working the way they should, but that also 97.2% percent report feeling more confident in their ability to manage their medications after sitting down with their pharmacists for a comprehensive review of their regimens.

In that same survey, 98.1% of CPESN patients either agree or strongly agree that they are satisfied with the professional relationship they have with their pharmacist, and 95% either agree or strongly agree that their pharmacist works as a team member with their other healthcare providers. In addition, CPESN pharmacies consistently score four to five percentage points higher on multiple measures of medication adherence, including the percent of patients with three or more chronic medications who adhere to their overall regimen.

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Further impact of the initiative on cost and quality will be evaluated by Mathematica Policy Research, with an independent evaluation being

conducted by Joel Farley, Ph.D., and Stefanie Ferreri, PharmD, faculty members with the Center for Medication Optimization through Practice and Policy (CMMOP), University of North Carolina's Eshelman School of Pharmacy.

**Results:** Early findings indicate that CCNC's program has led to increased patient awareness and responsibility for medication optimization, particularly among patients that take several medications to manage chronic illness. This optimization of care allows patients to have regular contact with their community pharmacist that coordinates with a healthcare team to increase overall health. CPESN patients report high satisfaction with their relationship with their pharmacists and a higher understanding of their own medication regimen.

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To put the scale of cost savings in perspective, according to Mary Roth McClurg, PharmD, the University of North Carolina Eshelman School of Pharmacy, medications account for \$310 billion in spending in the United States.<sup>2</sup> Medication optimization, such as increased adherence to prescription medication, could save \$290 billion. CPESN's efforts to establish strong relationships with patients and provide better overall health outcomes have become so successful that 34 states are now building their own community pharmacy enhanced services networks.<sup>3</sup>

#### Lessons Learned:

- Regular, comprehensive access to medication use supports from a pharmacy that are coordinated with primary care can help patients better manage their medications and increase their overall health.
- Pharmacies that invest in enhanced services experience higher medication adherence rates by their patients than their counterparts who simply fill prescriptions.
- Regular, open cooperation of members in a healthcare network can lower overall healthcare costs by providing data and synchronizing care, simultaneously raising a patient's health and lowering the cost of care.

<sup>1</sup> Gaskins RE. "Innovating Medicaid: the North Carolina Experience." *North Carolina Medical Journal*. January-February 2017;78(1): 20-24.

<sup>2</sup> Firth S. "Including Pharmacists in Primary Care Saves \$\$\$, Helps Patients." *MedPage Today*. Oct. 7, 2016.

<sup>3</sup> Community Pharmacy Enhanced Services Network. May 2017.

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**Troy Trygstad, PharmD, MBA, Ph.D., serves as director of the Pharmacy Home Project and as vice president for Pharmacy Programs, CCNC, Inc. He can be reached at [ttrygstad@n3cn.org](mailto:ttrygstad@n3cn.org).**