3-2015

The Impact of a Comprehensive Medication Synchronization Program on Adherence and Pharmacy Electronic Quality Improvement Platform for Plans and Pharmacies (EQuIPP) Scores in an Independent Community Pharmacy

Jessica Hinson
Ohio Northern University, j-hinson@onu.edu

Gretchen Garofoli
West Virginia University

Betsy Elswick
West Virginia University

Follow this and additional works at: https://digitalcommons.onu.edu/phar_faculty

Part of the Other Pharmacy and Pharmaceutical Sciences Commons, and the Pharmacy Administration, Policy and Regulation Commons

Recommended Citation

The Impact of a Comprehensive Medication Synchronization Program on Adherence and Pharmacy Electronic Quality Improvement Platform for Plans and Pharmacies (EQuIPP) Scores in an Independent Community Pharmacy

Jessica Hinson, PharmD 1,2, Gretchen Garofoli, PharmD, BCACP1,2, Betsy Elswick, PharmD2

1. Waterfront Family Pharmacy, Morgantown, West Virginia
2. West Virginia University School of Pharmacy, Morgantown, West Virginia

BACKGROUND

• Medication synchronization proactively prepares chronic medications on a single day each month.
• The goals of medication synchronization are to improve patient medication adherence and enhance pharmacy efficiency.1
• Implementation of a medication synchronization program requires no modification of pharmacy management systems, and has little to no monetary investment.2
• APhA reports that pilot programs have improved patient adherence, persistence, and satisfaction.3
• Medication synchronization provides opportunities to improve existing clinical services.
• The Centers for Medicare and Medicaid Services (CMS) have developed Star Rating goals for health plans to promote quality care.
• There are five medication-related Star Rating goals that are triple weighted towards a health plan’s star rating.

METHODS

1. Waterfront Family Pharmacy, Morgantown, West Virginia 2. West Virginia University School of Pharmacy, Morgantown, West Virginia

EQuIPP was designed to assist pharmacies with tracking their medication adherence and enhance pharmacy efficiency. Medication synchronization provides opportunities to improve existing clinical services. The Centers for Medicare and Medicaid Services (CMS) have developed Star Rating goals for health plans to promote quality care. There are five medication-related Star Rating goals that are triple weighted towards a health plan’s star rating. Pharmacists do not receive CMS Star Ratings, but high performance on these measures may lead to incentives such as inclusion in a weighted towards a health plan’s star rating. EQuIPP was designed to assist pharmacies with tracking their performance according to CMS Star Rating goals.

Utilizing EQuIPP pharmacies can measure their performance against other pharmacies in the same chain or purchasing group, as well as other pharmacies in the same state.4

OBJECTIVES

1. To evaluate potential changes in patient self-reported adherence after participating in program.
2. To measure and compare changes in EQuIPP scores at baseline and 6 months following the implementation of the program.
3. To assess patient satisfaction with a comprehensive medication synchronization program.

PRELIMINARY RESULTS

Table 1. Demographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>% (n)</th>
<th>Age</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>49% (11)</td>
<td>35-44 years</td>
<td>100% (2)</td>
</tr>
<tr>
<td>Female</td>
<td>51% (12)</td>
<td>55-64 years</td>
<td>29% (7)</td>
</tr>
<tr>
<td>White</td>
<td>78% (18)</td>
<td>65+ years</td>
<td>100% (2)</td>
</tr>
<tr>
<td>Black</td>
<td>2% (1)</td>
<td>18-24 years</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0% (0)</td>
<td>25-34 years</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Other</td>
<td>25% (5)</td>
<td>25-34 years</td>
<td>0% (0)</td>
</tr>
</tbody>
</table>

Figure 1. EQuIPP measures

Figure 2. Patient self-reported adherence

Figure 3. Patient satisfaction

REFERENCES


METHODS

Collaborate EQuIPP Open enrollment and recruitment over a 3-month period into the medication synchronization program. Administration of initial patient survey during program initiation. Administration of follow-up patient survey 3 months after program initiation. Collared EQuIPP scores 6 months after program initiation.

LIMITATIONS

• A low survey response rate creates bias because more motivated patients may complete the survey.
• The individuals who were motivated to sign up for a new medication synchronization program may not be representative of all program participants. The pharmacy currently has approximately 250 patients enrolled.
• The study was completed within an independent pharmacy and may not be generalizable to other populations.
• Surveys were not paired and therefore cannot compare individual impact on specific patients.
• EQuIPP scores currently overlap pre- and post-medication synchronization periods.

PRELIMINARY CONCLUSIONS

• Medication synchronization is associated with high patient satisfaction. Patients only have to make one visit to the pharmacy each month. Missing refills and out of stock situations are less likely to occur.
• Medication synchronization improves patient self-reported adherence.
• Integrating patient care services into a medication synchronization program has the potential to increase pharmacy EQuIPP scores.
• Further research is needed to study the impact of synchronizing refills on patient adherence and patient-centered outcomes.

* One participant abstained from answering the question

Table 1. Demographics

<table>
<thead>
<tr>
<th>Ethnicity/Race</th>
<th>% (n)</th>
<th>Gender</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>78% (18)</td>
<td>Male</td>
<td>52% (12)</td>
</tr>
<tr>
<td>Black</td>
<td>2% (1)</td>
<td>Female</td>
<td>48% (11)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0% (0)</td>
<td>Other</td>
<td>25% (5)</td>
</tr>
<tr>
<td>Native American</td>
<td>0% (0)</td>
<td>White</td>
<td>78% (18)</td>
</tr>
<tr>
<td>Other</td>
<td>25% (5)</td>
<td>Black</td>
<td>2% (1)</td>
</tr>
<tr>
<td>Asian</td>
<td>0% (0)</td>
<td>Hispanic</td>
<td>0% (0)</td>
</tr>
</tbody>
</table>

* None of the authors have any conflicts of interest to disclose

Figure 2. Patient self-reported adherence

Figure 3. Patient satisfaction

* Waterfront Auto-Monthly Refills (WARF)