Prescription (R$_x$) for Communication: Building Community Partnerships to Improve Medication Adherence

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Why the pilot?

To improve medication adherence, the Suffolk Care Collaborative (SCC) developed a pilot program focused on linking primary care practices (PCP) with local, independent pharmacies to improve communication between them. The goal is to enhance existing or establish new communication lines through which primary care practices can receive early notification of patients at risk of not receiving their prescriptions. The notification to the practice supports an early patient intervention strategy to identify and address potential barriers to medication adherence. Outcomes and lessons learned will be leveraged to potentially scale the program to additional partners.

Learning Objectives

1. Recognize the importance of building stakeholder relationships and workflows in pursuit of a shared aim.
2. Describe how data is leveraged to inform an improvement strategy.
3. Identify opportunities to enhance communication between prescribing providers and local, independent pharmacies.
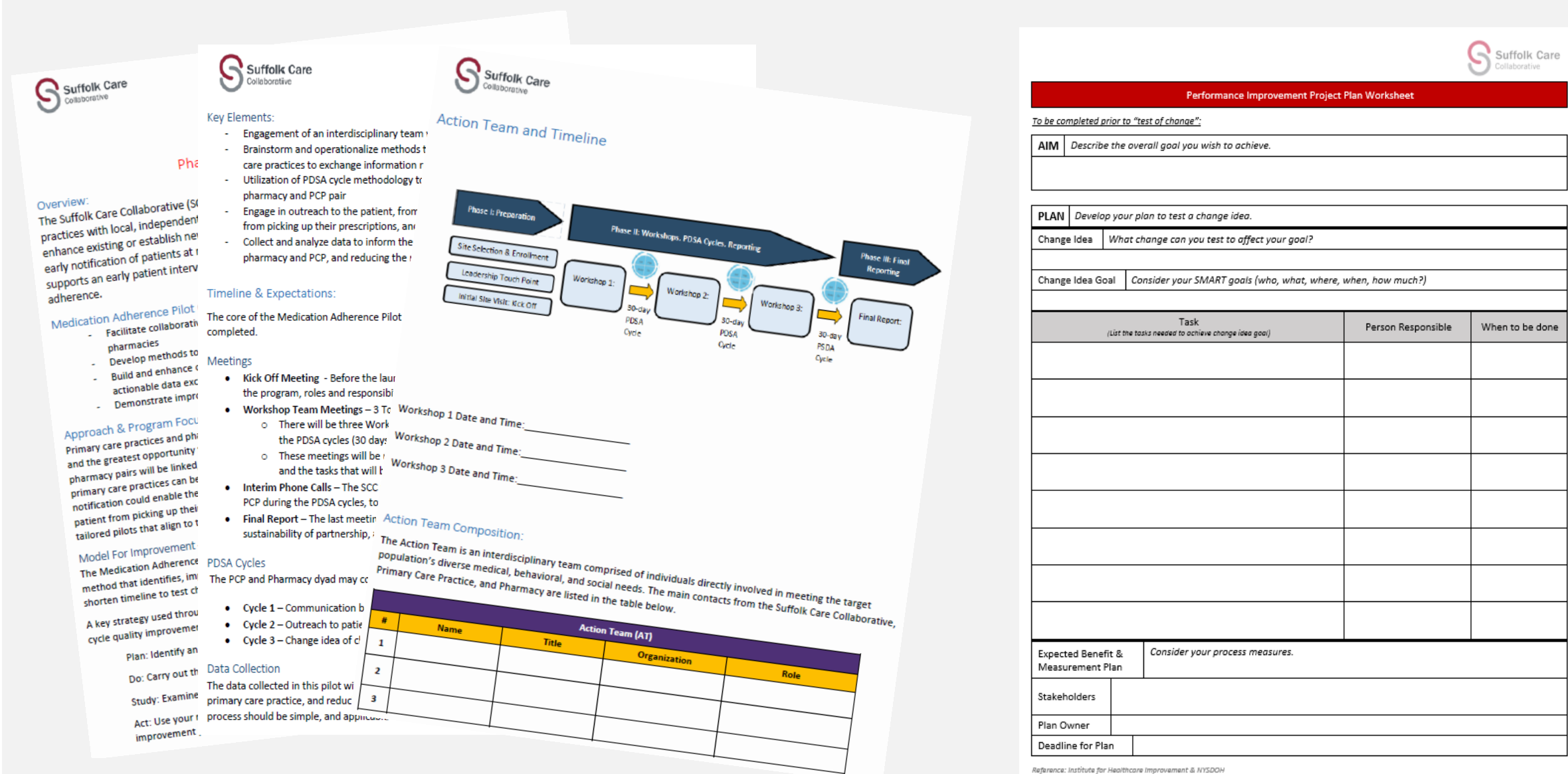
Materials Created

Figure 1: Medication Adherence Fact Sheet

Figure 3: Performance Improvement Plan Worksheet
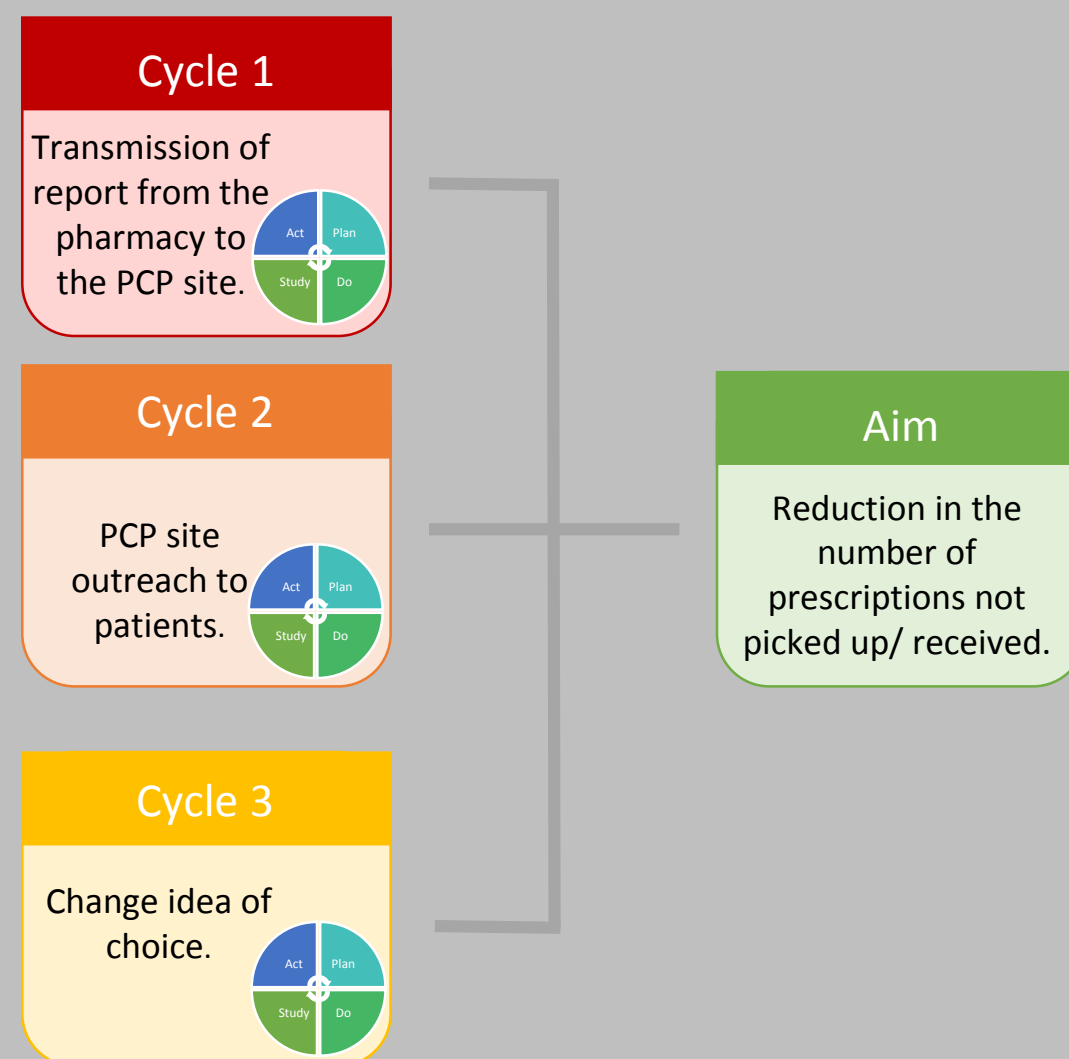
Figure 2: Patient Outreach Barriers Log

Medication Adherence Pilot Methodology

Building Multi-Stakeholder Partnerships- A Medication Adherence Task Force comprised of stakeholders from the three SCC hubs was established to plan and execute the pilots with selected partners. The Task Force met on a weekly basis to build internal capacity to complete the pilot, which included education and selection of a methodological framework, scoping the aim and framework of the pilot, creation of participant materials, and forming a data collection plan.

Leveraging Available Data - The Salient database was leveraged to analyze pharmacy prescription and prescriber performance data to identify a list of pharmacies and prescribers as potential pilot sites. Four pharmacies and five primary care practices are included in the pilot and were selected based on medication prescription volume and greatest opportunity to impact medication adherence performance. Dyads were created by aligning the PCP with a pharmacy based on prescription volume. Using a qualitative interview guide, targeted pharmacies and PCPs were asked about current workflows related to filling prescriptions, notifying and reminding patients, and technological capabilities for generating reports and communicating with one another. This information was used to build tailored pilots that align with the resources availed to the PCP and pharmacy dyad.

Designing a Focused Structure – To plan and document the actions taken by the dyads, the Task Force selected the Model for Improvement and Plan, Do, Study, Act (PDSA) cycle methodology as the foundation for the pilots. To test change on a small scale over a short time period, this methodology identifies, implements and measures changes made to improve a process or system. Operating within a 90-Day run time, the pilot is carried out through three consecutive 30-day cycles, each with a distinct process goal. The objectives of the cycles are sequential and additive, driving towards the primary aim of decreasing the number of prescriptions which are not picked up / received from the pharmacy. A Medication Adherence Fact Sheet was created for each of the dyads, which summarized the PDSA cycle and pilot timelines (Figure 1).

- Cycle 1: Pharmacy generates a patient-level report of all prescriptions that have not yet been picked up / received by patients from the PCP site. The report is then securely sent to the PCP site on a specified schedule.
- Cycle 2: PCP site conducts outreach calls to patients on the report to understand the reason(s) why they have not picked up / received their prescription(s) and works with patient to mitigate issue(s).
- Cycle 3: Upon completion of the objectives outlined in cycles 1-2, the dyad leverages cycle 3 to test a change idea of their choice.

Cycle 1 Transmission of report from the pharmacy to the PCP site.

Cycle 2 PCP site outreach to patients.

Cycle 3 Change idea of choice.

Aim Reduction in the number of prescriptions not picked up/ received.

Workshops to Workflow- Each cycle is initiated through a Workshop meeting led by a Task Force representative. The pharmacy and PCP dyads meet with the Task Force representative to establish goals and plan the tasks that will be carried out in the PDSA cycle. The Performance Improvement Plan Worksheet (Figure 3) is used to document the decisions made during these workshops.

Phase I: Preparation — Site Selection & Enrollment — Leadership Touch Point — Initial Site Visit: Kick Off

Phase II: Workshops, PDSA Cycles, Reporting — Workshop 1: — 30-day PDSA Cycle — Workshop 2: — 30-day PDSA Cycle — Workshop 3: — 30-day PSDA Cycle

Phase III: Final Reporting — Final Report:

Data Collection

1. Percentage of prescriptions not picked up, sent from PCP to partnered pharmacy for all medications over a retrospective six month period (Baseline data).
2. Number of successfully transmitted and received patient reports between pharmacy and PCP (Cycle 1).
3. Excel log utilized to document barriers to receiving medications reported by patients during outreach calls (Cycle 2) (Figure 2).
4. Percentage of missed prescriptions sent from PCP to partnered pharmacy for selected medications over the course of the pilot project (Outcome measure).

Primary Care & Pharmacy Dyads

Dyad	Primary Care Practice	Pharmacy
1.	Suffolk Pediatrics	Salumed Pharmacy
2.	Brentwood Pediatric and Adolescent Associates	Salumed Pharmacy
3.	Allied Physicians Group- Peconic Pediatrics	Barth's Pharmacy – East Quogue
4.	HRHCare – Patchogue	Brookhaven Pharmacy
5.	HRHCare Martin Luther King, Jr. Health Center at Wyandanch	New Island Pharmacy

Emerging Process Trends

- Independent pharmacies have varied platforms and capabilities to generate and transmit reports.
- To generate reports needed for pilot, Pharmacists needed to outreach to information technology vendors to build reports with specific fields. Technical assistance from each vendor varied.
- HIPPA compliant report transmission was the most challenging consideration due to technology limitations and the capabilities of the pharmacy and PCP office.
- Staff selected at PCP sites to receive reports and make outreach calls varied based on the population served.
- Language barriers, cultural competence and health literacy was considered at PCP office to operationalize plan.

Next Steps

- Continue to work with pharmacies and PCP site representatives to ensure successful transmission of reports.
- Document patient identified barriers for not receiving medications and explore resources to mitigate barriers.
- Expand program to additional dyads once best practice is identified.