



*Helping pharmacists take control  
of their pharmacy practices*

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Community Pharmacy Forum  
April 1, 2013



*Challenges that Pharmacy  
is Facing*

# Healthcare today focuses on the treatment of chronic disease

- 7 out of 10 deaths among Americans each year are from chronic diseases.<sup>1</sup>
- In 2005, almost 1 out of every 2 adults had at least one chronic illness.<sup>2</sup>
- Almost 3 in 4 individuals age 65+ years have multiple chronic conditions, as do 1 in 4 adults younger than 65 who seek health care.<sup>3</sup>
- In 2020 it is projected that 164 million (24%) of the population will have two or more chronic conditions.<sup>4</sup>

# Chronic diseases account for the majority of health resource utilization

Chronic diseases currently account for:<sup>5</sup>

- 81% of all hospital admissions.
- 91% of all prescriptions filled.
- 76% of all physician visits.

# Chronic diseases are managed with “maintenance medications”

- **Maintenance medications** are prescription medications taken regularly to help prevent or manage chronic diseases.
- Most patients with chronic diseases will need to take maintenance medications ***the rest of their life.***
- Most patients with complex chronic conditions require ***multiple daily medications*** for adequate control.
- Many patients ***struggle with self-management*** of their maintenance medications.

# Medication adherence = How well patients manage their medications

- In order for prescription medications to be effective at treating illnesses, **patients** must:
  - **Fill the prescription** given to them by the physician.
  - **Routinely take** the medication as directed by the physician:
    - **Quantity** of medication to be taken.
    - **Number of times** per day medication is to be taken.
    - **Time(s) of day** medication is to be taken.
  - **Refill the medication** as needed in order to take the medication as long as recommended by the physician.

***If a patient fails to do any of these –  
medication adherence is less than perfect.***

# Adherence with maintenance medications is a major health problem

- Half of the 3.2 billion prescriptions dispensed in the United States are not taken as prescribed.<sup>6</sup>
- Numerous studies have shown patients with chronic conditions adhere only to 50-60% of medications as prescribed, despite evidence that medication therapy improves life expectancy and quality of life.<sup>7-9</sup>
- Approximately 125,000 deaths per year in the United States are linked to medication non-adherence.<sup>10</sup>
- The total cost estimates for non-adherence range from \$100-300 billion each year.<sup>11-13</sup>

# Medication adherence rates are related to health care costs

- Better adherence results in: **higher prescription costs.**  
lower overall health care costs.

Disease-Related Health Costs at Varying Levels of Medication Adherence					
Disease	Adherence Level	Medical Cost (\$)	Drug Costs (\$)	Total Costs (\$)	Hospitalization Risk (%)
Diabetes	1% - 19%	\$8,812	\$55	\$8,867	30%
	20% - 39%	\$6,959	\$165	\$7,124	26%
	40% - 59%	\$6,237	\$285	\$6,522	25%
	60% - 79%	\$5,887	\$404	\$6,291	20%
	80% - 100%	\$3,808	\$763	\$4,570	13%
Hypertension	1% - 19%	\$4,847	\$31	\$4,878	28%
	20% - 39%	\$5,973	\$89	\$6,062	24%
	40% - 59%	\$5,113	\$184	\$5,297	24%
	60% - 79%	\$4,977	\$285	\$5,262	20%
	80% - 100%	\$4,383	\$489	\$4,871	19%

Source: Sokol MC, McGuigan KA, Verbrugge RR, Epstein RS. Medical Care 2005;43: 521-530.



# Many factors contribute to medication nonadherence

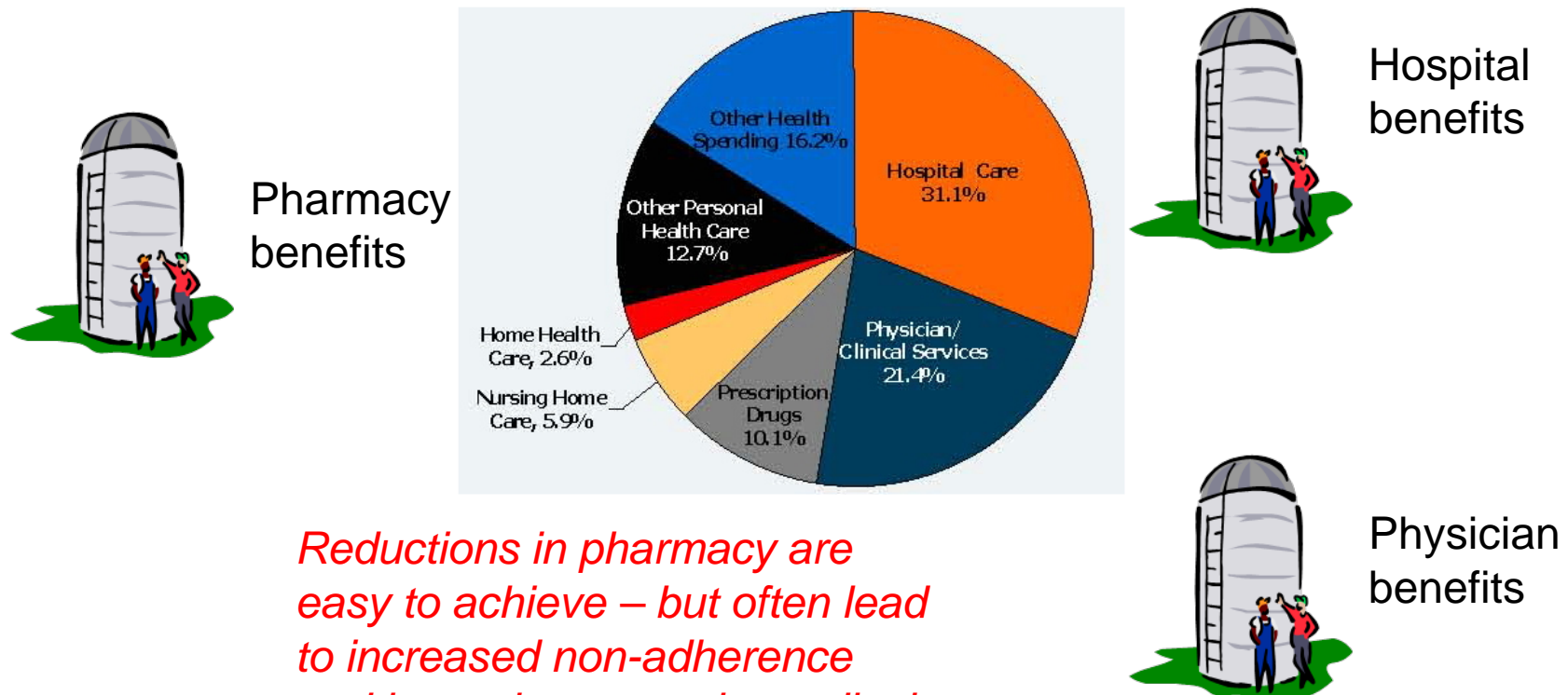
- Cost factors
  - Co-pay and co-insurance levels
  - Transportation problems
- Patient attitudes, knowledge and behaviors
  - Forgetfulness
  - Not understanding the instructions for when/how to take the medication.
  - Lack of knowledge about disease being treated.
  - “Feeling better” and deciding to quit the medication.
- Poor disease management
  - Failure to appropriately manage transient side effects when starting new medications.
  - Failure to maintain effective therapeutic levels.
  - The “passive” nature of health care services.

# Prescription drugs are an easy target for cost reduction efforts

- Fixed co-pays can result in a large percentage of patient contribution.
  - A \$45 co-pay for non-preferred brand product may be equivalent to a 30-40% out-of-pocket cost.
  - Co-insurance for medical care is usually lower than this and patients are not as aware of the total cost and are not as easily cost sensitive.
- Reductions in expenditures for prescriptions are easier to achieve than are reductions in medical expenditures.
- Prescriptions are adjudicated at time of dispensing – medical care claims take time to be submitted.

# Attempts to managing health care costs are stymied by silo budget mentality

- Most payers and policy makers try to control cost by limiting use in one of the silos without consideration for the impact the action may have in another silo.



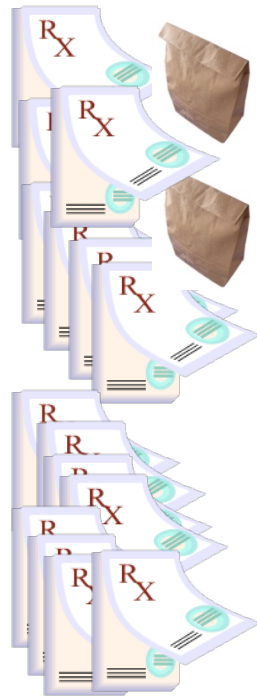
*Reductions in pharmacy are easy to achieve – but often lead to increased non-adherence and larger increases in medical costs.*



*If Those Aren't Enough Problems...*

# The pharmacist's problem today is chaos - - the work flow is controlled by other people!

*Patients walking in and waiting  
for new RXs and refills.*



*Patients calling in refills and  
physicians calling in new RXs.*



*Having to call MDs for reauthorizations  
and payers about coverage problems  
BEFORE you can fill an RX - - while  
the patient is waiting at the counter.*



**BOTTOM LINE:**  
Pharmacists are too  
busy “filling” and  
“checking” prescriptions  
to help “manage”  
patients’ medications  
OR to enjoy their job.

The pharmacist's problem today is chaos - -  
the work flow is controlled by other people!

When you're up to your ears in alligators, it  
is difficult to remember that you are there  
to drain the swamp.





*How We're Trying to Overcome  
These Challenges*

# What is RxSync Service<sup>SM</sup>?

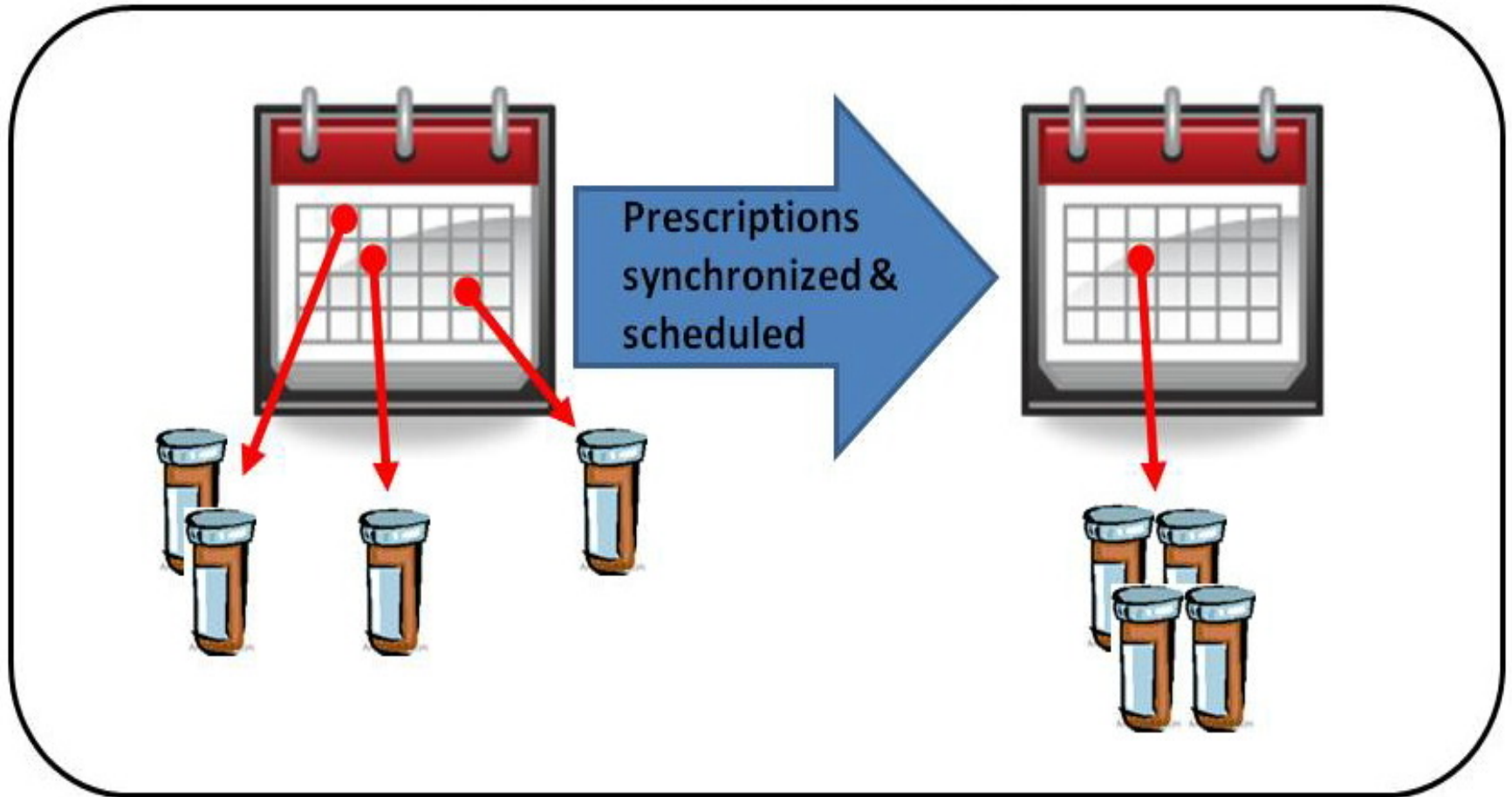
- The RxSync Service<sup>SM</sup> is a community pharmacy practice model that improves adherence and outcomes by:
  - Providing a timely reminder to the patient for refills needed each month.
  - Simplifying the refill process to minimize stress and improve workflow so you have time to do patient care.
  - Actively providing regular patient contact and opportunities to better manage pharmacologic therapies.
  - Creating opportunities to work with the patient and physician as a partner in their health care team.



# RxSync Service<sup>SM</sup> gives pharmacists control of their work flow

- The core of the RxSync Service<sup>SM</sup> consists of:
  - The [synchronization](#) and [scheduling](#) of refills.
  - [Monthly patient monitoring](#) for adherence.
  - Providing [pharmacist consultations to patients](#) or [professional recommendations to prescribers](#) when needed.
- Synchronization and scheduling make it possible for pharmacists to:
  - Be proactive rather than reactive about when prescriptions will be refilled.
  - Provide monthly medication management that improves adherence while controlling pharmacy work flow.

# Synchronization & Scheduling



# Synchronization

- Patients on multiple chronic medications can have their medication refills *synchronized* so that *all* of their chronic medications are filled on the same day each month.
- Partial fills most often will be needed and additional co-pays may occur in order to synchronize all of the patient's medications for refill on the same day.

# Scheduling

- Synchronized patients are assigned (*scheduled*) into a “work group.”
- A work group is a group of patients whose medications will be filled on the same day.
- Each work group is assigned to a certain day in a M-F, 4-week cycle.
- Thus refills for all chronic medications taken by members of a group are due every 28 days.

# Scheduling

- The 28 day refill cycle makes it possible to schedule all group filling during the regular work week.
- Medicaid patients, or other patients with prescription limits, are assigned to special groups that are filled on 31-day cycles in order to avoid exceeding prescription limits in any one month.

# Monthly Adherence Management Calls

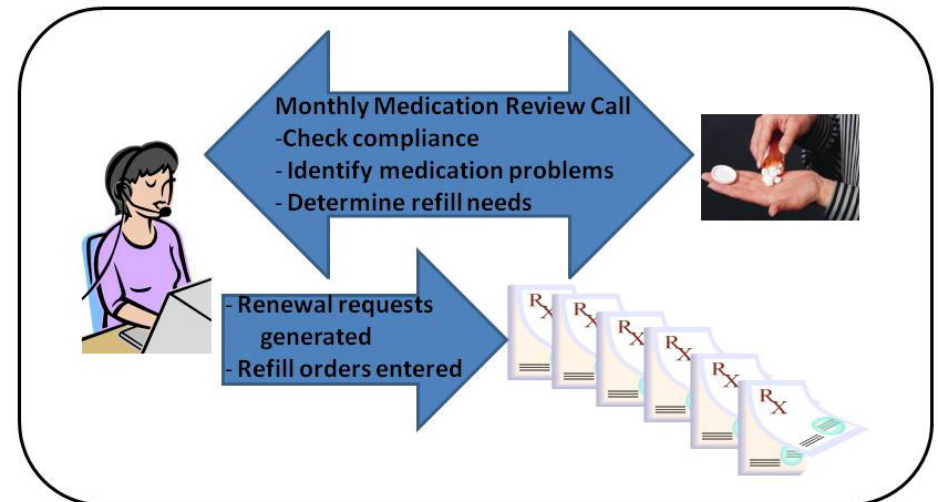
- Patients in a work group are called 4-5 days before their refill day.



- During the call the technician or other staff member:
  - Confirms the patient's current medications.
  - Determines how many pills are remaining in each prescription.
  - Identifies the reason/s for poor adherence.
  - Completes the refill orders for the medications needed.

- If adherence problems are identified, a pharmacist consultation takes place.
- Refill quantities are adjusted, if needed, to avoid accumulation of unneeded medication.

Monthly Medication Review Calls

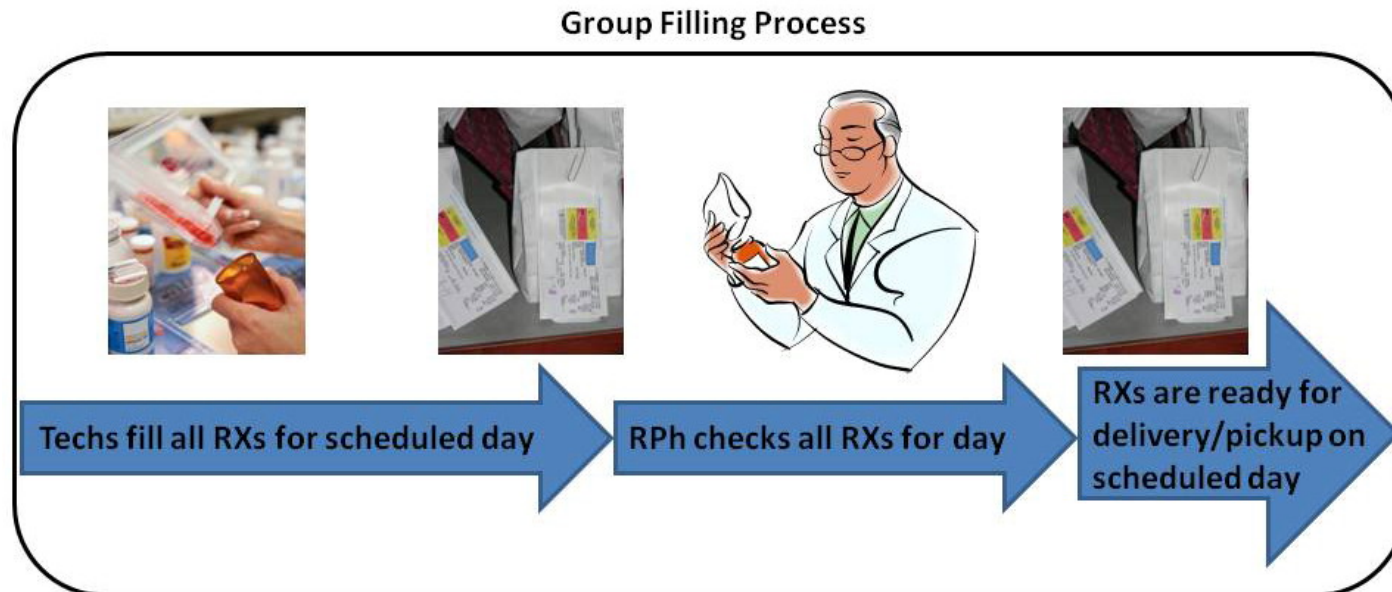


# Prescription Filling by Group

- Prescriptions for the group are filled 2-3 days before they are due for delivery or pickup.
- By batch filling each group ahead of time:
  - Technicians can fill as a batch and the pharmacist can review and approve orders as a batch.
  - This allows for the filling process to be broken into separate work flow components – saving time by being more efficient.
  - Shortages, if any, can still be delivered by the wholesaler before the prescriptions are due.
  - Delivery, if provided, can be coordinated with group assignments to minimize costs.

# Prescription Filling by Group

- Scheduling prescription filling allows for significant inventory reduction.
  - Batch filling of groups can actually be done with a zero based, just-in-time inventory procedure.





# Who Benefits?

*Pharmacists* **WIN**



- Increased refill rates.
- Reduced inventory.
- Greater efficiency for delivery service (if provided).
- Higher employee and pharmacists job satisfaction.
- Time to develop and provide other services.
- Greater patient satisfaction.
- Attracting new patients.
- Improved professional relationships with prescribers.

# Who Benefits?

*Pharmacists* **WIN**



*Patients* **WIN**



- Easier to manage refills.
- Expanded delivery (if provided).
- Improved adherence.
- Timely identification and management of medication problems.
- Better health outcomes.

# Who Benefits?



*Physicians* **WIN**

*Pharmacists* **WIN**



*Patients* **WIN**

- Patients' medications are better managed.
- Receive feedback on compliance.
- More quickly alerted to medication problems.
- Easier to manage and approve reauthorizations.

# Who Benefits?



*Physicians* **WIN**

*Pharmacists* **WIN**



*Patients* **WIN**

*Wholesalers* **WIN**



- Pharmacies increase sales – they increase sales.
- Pharmacies better manage / reduce inventories – they can reduce their inventories.
- Independent community pharmacies remain financially viable.

# Who Benefits?



*Physicians* **WIN**



*Patients* **WIN**

*Pharmacists* **WIN**



*Wholesalers* **WIN**



*Manufacturers* **WIN**

- Adherence is better for their products – they get more out of each new patient start.
- Benefits of their medications are maximized so compliance does not make the drug appear to be ineffective.

# Who Benefits?



*Physicians* **WIN**



*Patients* **WIN**

*Pharmacists* **WIN**



*Wholesalers* **WIN**



*Manufacturers* **WIN**

*Payers* **WIN**



- The reduction in total health care expenditures from improved adherence is greater than the increase in prescription costs.



*History and Development of RxSync  
Service<sup>SM</sup>*

# History of RxSync Service<sup>SM</sup>

- ***PharmNet*** in Winona, Mississippi, built their pharmacy using an alternative community practice model in which the pharmacy is more actively involved in helping patients manage their prescription medications and provides delivery in order to assure patients receive their medications on time.
- The ***Center for Pharmaceutical Marketing and Management*** (CPMM) profiled *PharmNet* as one of the innovative pharmacies featured at the 2007 National Community Pharmacists Association Annual Meeting.
- This concept was presented at the 2008 National Community Pharmacists Association Annual Meeting.



# History of RxSync Service<sup>SM</sup>

- In 2009, CPMM was awarded a \$125,000 grant from Cardinal Health to “beta test” RxSync Service<sup>SM</sup> in 5 pharmacies.
- Our research team visited each pharmacy to collect baseline data and provide on-site consultation about the local implementation.
- Data collection:
  - Ability to implement (qualitative).
  - Prescription data (adherence).
  - Patient satisfaction.
  - Employee satisfaction.

# RxSync Service<sup>SM</sup> Licensing

- Trademarks
  - RxSync<sup>®</sup>
  - RxSync Service<sup>SM</sup>
  - RxSync Pharmacy<sup>TM</sup>
  - RxSync for Pharmacies<sup>TM</sup>
- Initial license to pharmacy (current cost is \$4,000) includes:
  - Implementation Workbook (RxSync for Pharmacies<sup>TM</sup>)
  - RxSync<sup>®</sup> Financial Forecast Model
  - On-site or teleconferenced consulting services as needed
  - Resource diskette
  - Promotional materials
  - Use of trademarks and logos



# RxSync Service<sup>SM</sup> Licensing

- Annual renewal for license to use the RxSync<sup>TM</sup> trademarks (current cost is \$300/year) and to be an active member in the RxSync Pharmacy<sup>TM</sup> Network.

# RxSync for Pharmacies™ Workbook

- Developed using management plan from PharmNet and experiences of implementing system in 10 pharmacies.
- Currently 5 chapters (42 pages) and 16 appendices (45 pages).
- CPMM updates regularly as new issues/solutions/ideas are identified by network pharmacies.

## RxSync for Pharmacies™

A workbook to help community pharmacies implement the **RxSync Service™**

Copyright 2010  
The University of Mississippi

RxSync for Pharmacies™

# RxSync® Financial Forecast Model

**SCENARIO:** Rapid conversion of existing PTs

Prescription Volume		Compliance	
For a weekday	220	Current	75%
For the weekend	75	RxSync	95%

Revenue Measures	
Gross RX sales prior year	\$3,192,472
% net profit on Rx sales	3.5%

Conversion of Existing PTs	
Goal	90% of all chronic med PTs
Speed	12 months to reach 80% of goal

Recruiting New PTs	
Goal	No promotion
Start	
Speed	

		Cumulative # RxSync PTs			# PTs / RxSync™ group	Increase in Monthly RXs
		New to practice	Existing enrolled	TOTAL		
Months Since Implementation	12	0	1,311	1,311	66	420
	24	0	1,454	1,454	73	466
	36	0	1,456	1,456	73	466

		Rx Gross Profit* <i>based on % net profit on Rx sales</i>						
		From New PTs		From Existing PTs		TOTAL		
		\$	\$ Δ	\$	\$ Δ			
	Base (Prior Year)	\$0	from base	\$115,708	from base	\$115,708	\$ / % Δ from base	
For RxSync Year	1	\$0	\$0	\$121,217	\$5,509	\$121,217	\$5,509	4.8%
	2	\$0	\$0	\$126,234	\$10,526	\$126,234	\$10,526	9.1%
	3	\$0	\$0	\$126,432	\$10,724	\$126,432	\$10,724	9.3%

# Promotion

## Tri-fold template ➡



### What is RxSync Service<sup>SM</sup>?

[INSERT NAME] Pharmacy is now offering RxSync Service<sup>SM</sup> - a special service designed to help the pharmacy work more closely with you to manage your on-going medication therapies.

Imagine . . .

- not having to make multiple trips to the pharmacy each month.
- not having to remember to call for prescription refills before you run out of medicine.
- someone working with you each month to improve your medication compliance and address any problems you are having with your medications.

All of that is possible with RxSync Service<sup>SM</sup>.



Eliminate multiple visits to the pharmacy each month. Get ALL your prescriptions on one day each month.

### How RxSync Service<sup>SM</sup> Works

As a participant in the RxSync Service<sup>SM</sup> you will receive the following services in addition to the routine prescription services provided by your pharmacy:

#### Synchronization of prescriptions –

Your pharmacy will work with you to synchronize all of your prescriptions for maintenance medications (medications you are taking on a regular basis). This will allow the pharmacy to get all of your prescriptions due on the same day each month.

#### Scheduling of refills –

Your synchronized prescriptions will be scheduled for filling approximately once each month.

#### Monthly Medication Review –

A few days before your prescriptions are due for refilling each month, the pharmacy staff will contact you by phone to briefly review your current medications, identify any problems you are having, and schedule your next set of refills and the day that you will pick them up or have them delivered.



Patient counseling recommendations  
When potential problems are identified during the medication management process, the pharmacist will provide patient counseling as part of the RxSync Service<sup>SM</sup>. You or your insurance would be billed separately for the therapy management counseling session.

#### Cost

There is no charge for the RxSync Service<sup>SM</sup> for patients taking 4 or more prescription medications each month. Patients taking fewer than 4 medications per month may enroll for \$10 per month.

### Managing your medications appropriately is very important

As chronic disease continues to weigh more heavily on health care resources, lifestyle management and adherence to treatment will become increasingly important.

Did you know that:

- The No.1 problem in treating illness today is patients' failure to take prescription medications correctly, regardless of patient age.
- 32 million Americans are taking three or more medications daily.
- Almost 29% of Americans stop taking medications before their doctor indicated.
- 22% of Americans take less of the medication than was prescribed by the doctor.
- 12% of Americans don't fill some of their prescription at all.
- 12% of Americans have prescriptions they have filled at the pharmacy but never started taking.
- 10% of all hospital admissions are the result of patients failing to take prescription medications correctly.

[INSERT NAME] Pharmacy and the RxSync Service<sup>SM</sup> can help you better manage your medications and get the most out of the therapy prescribed by your physician. If you are interested in better managing your medication therapy, contact us and ask to be enrolled in our new RxSync Service<sup>SM</sup>.



[Pharmacy Name]

Address  
City, State Zip

Phone:  
XXX-XXX-XXXX

#### How to Enroll

Just let your pharmacist, technician or cashier know that you are interested in the RxSync Service<sup>SM</sup> and the process will begin.

The Medication Manager is the pharmacy team member charged with enrolling all interested patients into the program. You'll need to fill out some paperwork, have a review of all your current medications either at home or in the pharmacy, and that is it.

Once you are enrolled you will see the benefits almost immediately.



[PHARMACY NAME]

Announces a new  
RxSync Service<sup>SM</sup>



RxSync Service<sup>SM</sup>  
Managing your  
medications together

Press release  
Health fair presentation  
Prescriber letter  
Prescriber fax

# Current RxSync Service<sup>SM</sup> Pharmacies

- Moore's Pharmacy (Sebastopol, MS)
- Oxford Family Pharmacy (Oxford, MS)
- Tyson Drugs (Holly Springs, MS)
- Thrift Drugs (McComb, MS)
- PharmNet (Winona, MS)
- Gene Polk's Pharmacy (Magee, MS)
- Jefferson Pharmacy (Ranson, WV)
- Dripping Springs Pharmacy (Dripping Springs, TX)
- J&D Pharmacy (Warsaw, MO)
- Lo Cost Pharmacy (Savannah, GA)

*We specifically market RxSync Service<sup>SM</sup> to independent pharmacists.  
But...*









*Outcomes of RxSync Service<sup>SM</sup>*

# Outcomes of RxSync Service<sup>SM</sup>

- Matched retrospective cohort design comparing RxSync Service<sup>SM</sup> Mississippi Medicaid beneficiaries in network pharmacies to other pharmacies in the same areas.
  - RxSync patients more compliant on statins, antihypertensives, oral antidiabetics than other beneficiaries.
  - RxSync patients achieved 5-star threshold on adherence to statins and antihypertensives.
  - Effect on medical costs.
- Retrospective pre-post enrollment in RxSync Service<sup>SM</sup>.
  - Increased adherence and greater number patients were adherent to statins, antihypertensives and oral antidiabetics post-enrollment compared to pre-enrollment.

# Outcomes of RxSync Service<sup>SM</sup>

- Provider satisfaction
  - Santa Claus
- Patient satisfaction
  - Rural patients
  - Ex-mother-in-law

# Pharmacist Profile

Bob Lomenick, RPh

Tyson Drugs, Holly Springs



- Before
  - Ready to “give up” before 2008 implementation.
  - Store was hectic.
- After
  - Increasing volume 10% per year, but has increased available time.
  - Tripled staff size.
  - Delivers just in time.
  - Primary provider to assisted living centers, high rises, apartments.
  - Has hired marketing specialist.
  - Purchased Parata machine.
  - Contracted with Windsor to provide for beneficiaries as a pilot.
  - Provides expanded services and education.
  - Loves pharmacy again.
  - Son wants to apply to pharmacy school; sees change in father.

# Remaining Issues

- Having pharmacists make the “leap”.
- Educating patients.
- Paying for all medications once a month.

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