Improving Medication Adherence Through Transforming Pharmacy Operations With The APPOINTMENT-BASED MODEL (ABM)

<u>CHALLENGES</u>

It is now estimated that 76% of Americans aged 60 and over use two or more prescription drugs and 37% take five or more medications.¹

Pharmacy Practice Has Evolved

Appointment-Based Model Streamlined engagement between pharmacist and patient

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Traditional Rx Model

Multiple phone contacts with

providers and patient

- Refills of multiple chronic medications are synchronized to become due on the same day each month.
- Pharmacist calls patient one week prior to appointment to review medication regimen and any changes since the last month.

DEMONSTRATED RESULTS

Depending on drug class, patients enrolled in the ABM were 3 to 6 times more likely than control patients to be adherent.²

SOLUTION

- Proportion of days covered (PDC) for 6 drug classes* studied ranged from 80% to 87%.³
- Patients enrolled in ABM had 84 additional days of drug therapy per year per synchronized drug.⁴

BENEFITS OF IMPLEMENTING ABM

- Improved medication adherence and time on treatment
- Increased patient and pharmacist engagement
- Contributed toward member/patient satisfaction
- Enhanced quality of care

ABM TOOLKIT COMPONENTS

- Frequently Asked Questions Enrollment Card
- Resource Requirements
 Sample Letters to Prescribers
- Operations Manual
- Pre-Appointment Call Sheet
- Patient Enrollment Form

PFIZER'S ROLE & HOW PFIZER CAN HELP

Pfizer has been a strong supporter of the appointment-based model. Pfizer has collaborated with the National Alliance of State Pharmacy Associations (NASPA), the National Community Pharmacists Association (NCPA), the American Pharmacists Association (APhA) and the Pharmacy Quality Alliance (PQA), to help evaluate the impact of the model on medication adherence. Given results demonstrated to date, Pfizer continues to help promote adoption of ABM as a strategy to improve medication adherence and health outcomes.



* Six chronic medication classes were evaluated: angiotensin-converting-enzyme inhibitors or angiotensin receptor blockers (ACEIs/ARBs), beta blockers, dihydropyridine calcium channel blockers (CCBs), thiazide diuretics, metformin, and statins.



THE APPOINTMENT-BASED MODEL IS WELL ALIGNED WITH THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM FRAMEWORK⁵



FEDERAL AND STATE POLICY DRIVING BROADER ADOPTION OF ABM

- Effective 01/01/14 Medicare Part D plans must establish and apply a daily cost-sharing rate to certain prescriptions dispensed by a network pharmacy for < 30-day supply.⁶
- A bill passed in the state of Connecticut in 2012 (HB-5178) requires individual insurance policies to cover refills of prescription drugs made in accordance with a plan to synchronize refilling multiple prescriptions for certain insured persons.⁷

FURTHER INFORMATION ON ABM MAY BE ACCESSED THROUGH THE APHA FOUNDATION

- ABM White Paper http://www.aphafoundation.org/sites/default/files/ckeditor/files/ABMWhitePaper-FINAL-20130923(3).pdf
- ABM Implementation Guide http://www.aphafoundation.org/sites/default/files/ckeditor/files/ABMImplementationGuide-FINAL-20130923.pdf
- ABM Study (See weblink under "Looking to the Future") http://www.aphafoundation.org/appointment-based-model

References

¹ National Council on Patient Information and Education. Accelerating progress in prescription medicine adherence: The adherence action agenda. Available at: http://www.bemedicinesmart.org/A3_Report.pdf. Accessibility verified January 29, 2014. ² Holdford DA, Inocencio TJ. Adherence and persistence associated with an appointment-based medication synchronization program. J Am Pharm Assoc. 2013;53:576-583.

- ³ National Community Pharmacy Association. Appointment-based model (ABM) data analysis report. Available at: http://www.ncpanet.org/pdf/adherence/thriftywhitemedadherencestudy.pdf. Accessibility verified January 29, 2014.
- ⁴Ibid., p. 6 (Note on calculations: Mean PDC of 0.61 across 6 drug classes for control group compared to 0.84 for patients in ABM intervention yields difference of 2.8 months or 84 additional days of medication on hand.)
- ⁵Institute for Healthcare Improvement. IHI Triple Aim framework. Available at: http://www.ihi.org/offerings/initiatives/tripleaim/Pages/default.aspx. Accessibility verified January 29, 2014.
- ⁶ Centers for Medicare and Medicaid Services. Final Call Letter. Available at: http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2014.pdf. Accessibility verified January 29, 2014.

⁷Connecticut General Assembly. House Bill 5178., Session Year 2012. Available at: http://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus/cgabillstatus/asp?selBillType=Bill&bill_num=HB05178&which_year=2012. Accessibility verified January 29, 2014.



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