

IMPENDING TRANSITION IN PHARMACY: NOVEL INDEPENDENT PHARMACY SERVICES

Emmanuel Ayanjoke PharmD, MBA
Pharmacy Owner
Altev Community Pharmacy

1

Disclosures

None

2

Assessment Question: 1

What is a primary benefit of implementing chronic disease state management services in retail pharmacies?

- A. Increasing the number of over-the-counter medication sales
- B. Reducing the need for patient education on medication adherence
- C. Providing personalized care to improve health outcomes for patients with chronic conditions
- D. Simplifying the process of prescription refills for pharmacists

3

Assessment Question: 2

Which of the following components is NOT part of the Appointment Based Model (ABM)?

- A. Prescription synchronization
- B. Weekly check-in calls to the patient
- C. A monthly call to the patient
- D. Scheduled monthly appointment

4

Assessment Question: 3

A key step for implementing novel services in community pharmacies includes:

- A. Reducing the number of pharmacy staff
- B. Eliminating prescription refill services
- C. Adopting an appointment-based model
- D. Limiting the range of services offered

5

Learning Objectives

- Identify the traditional roles of community pharmacies and recognize the factors driving the need for novel services.
- Describe various innovative services being offered by independent pharmacies.
- Discuss the regulatory, logistical, and financial barriers to delivering patient-centered care.
- Identify strategies to overcome barriers and ensure successful service implementation.

6

WHAT IS INNOVATION?

Innovation refers to the development and implementation of new and creative practices, technologies, and services that enhance the traditional role of pharmacies.

7

The future of pharmacy less product-focused and more patient-centered



8

Driving factors of Innovation

1. Rising Prevalence of Chronic Diseases and Aging Population
2. Shortages of health care providers with increasing shortages in primary care
3. Declining reimbursement for prescriptions
4. Awareness that pharmacists bridge gaps in care
5. Poor health outcomes and increasing healthcare cost

9

Innovative Pharmacy Services

1. Appointment-Based Prescription Filling
2. Central Fill/Hub & Spoke dispensing
3. Point-of-Care/Lab Testing
4. Chronic Disease State Management
5. Nutrient Depletion Counselling
6. Pharmacogenomics

10

Appointment-Based Prescription Filling

The Appointment Based Model (ABM) is a patient care service designed to improve patients' adherence to medications and build efficiencies in pharmacy operations.

The ABM has 3 core components:

1. Prescription synchronization
2. A monthly call to the patient
3. Scheduled monthly appointment

Pharmacy's appointment based model (ABM), APHA Foundation, February 8, 2014.

11

Appointment-Based Prescription Filling

Benefits

1. Increased efficiency
2. Improved patient adherence, outcomes and satisfaction
3. Increased prescription revenue
4. Improved pharmacist-patient relationship
5. Creates new revenue opportunities by freeing up the pharmacist's time

Pharmacy's appointment based model (ABM), APHA Foundation, February 8, 2014.

12

Appointment-Based Prescription Filling

1. The consumer brings new or refill prescriptions to the pharmacy.
2. The pharmacy staff explains the ABM and how it can decrease visits to the pharmacy.
3. The consumer decides to enroll in the ABM and talks with the pharmacy staff about establishing a synchronized appointment date to pick up prescriptions each month.
4. The pharmacy staff reviews the consumer's profile to formulate a plan to synchronize all chronic medications so they can be picked up on the same date.
5. In order to synchronize prescriptions to the determined appointment dates, the pharmacy staff will perform "short fills" (less than a typical supply) or "long fills" (more than a typical supply) depending upon refill timing and the cost of the medication.
6. Each month a member of the pharmacy staff will call the consumer approximately a week before the appointment date to confirm that the prescriptions should be filled, to identify any changes in therapy, and to facilitate any care coordination that should take place before the more medications are dispensed.

Pharmacy's appointment-based model (ABM), AHA Foundation, February 8, 2014.

13

Appointment-Based Prescription Filling

2. After reviewing potential changes to the patient's medication regimen, the pharmacy staff prepares each prescription and creates one package for each pick up on the consumer's appointment date.
3. Each month the pharmacist reviews the comprehensive prescription order, evaluates the medication profile, and uses information gathered on the monthly call to identify potential compliance issues and topics to discuss with the consumer.
4. On the selected appointment day, the consumer visits the pharmacy to pick up the prescriptions that have been prepared.
5. The pharmacist may engage in medication therapy management services, which can include performing a comprehensive medication review, consulting the consumer about the prescriptions, asking questions that arise during the medication profile and monthly call review, and identifying ways to optimize medication use.

Pharmacy's appointment-based model (ABM), AHA Foundation, February 8, 2014.

14

Appointment-Based Prescription Filling

Challenges/Barriers

1. Continuous process
2. Requires patient education
3. Requires staff education

15

Central Fill/Hub & Spoke Dispensing

Central Fill/Hub and Spoke Dispensing is a pharmacy service model designed to streamline the dispensing process and improve efficiency. This model involves a centralized pharmacy (central fill or hub) that prepares and dispenses medications, which are then distributed to smaller, local pharmacies (spokes) for final delivery to patients.

LIFE Central pharmacy solution, PharmTech 2013, St. Louis, Missouri, November 2, 2013

16

Central Fill/Hub & Spoke Dispensing

Original by: New paths to medicine distribution, AHA, January 11, 2013

17

Central Fill/Hub & Spoke Dispensing

Benefits

- Increased Efficiency
- Cost Reduction
- Enhanced Accuracy
- Enhanced Focus on Patient Care

18

Central Fill/Hub & Spoke Dispensing

Steps for Implementation

- Implement appointment-based prescription filling
- Establish a central fill location with advanced dispensing technology
- Create a seamless communication system between hub and spoke pharmacies
- Train staff on new workflows and technology

19

Central Fill/Hub & Spoke Dispensing

Challenges

- Coordination and logistics of medication transportation
- Ensuring timely delivery and maintaining medication integrity during transit
- Requires efficient use of the appointment-based model
- Requires proficiently trained staff

20

Point-of-Care/Lab Testing

Point-of-Care Testing (POCT) refers to medical diagnostic testing performed at or near the site of patient care.

Lab Testing: Comprehensive diagnostic testing that may require more sophisticated equipment and is often sent to external laboratories for analysis.



21

Point-of-Care/Lab Testing

POINT-OF-CARE TESTING

- Rapid diagnostic tests for infections (e.g., influenza, strep throat)
- Blood glucose monitoring
- Lipid profile tests
- HbA1c testing for diabetes management
- Test to treat

LAB TESTING

- Comprehensive blood panels
- Genetic testing (e.g., pharmacogenomics)
- Hormone level testing

22

Point-of-Care/Lab Testing

Benefits

- Immediate Results
- Increased Accessibility
- Improved Patient Outcomes
- Enhanced Pharmacy Role

23

Point-of-Care/Lab Testing

Implementation Considerations

- Training
- Regulations
- Equipment
- Patient Education

24

Chronic Disease State Management

Chronic Disease State Management (CDSM) services involve comprehensive and coordinated care for patients with chronic conditions such as diabetes, hypertension, asthma, and cardiovascular diseases.

25

Chronic Disease State Management

- Personalized Care Plans
- Medication Management
- Patient Education
- Monitoring and Follow-Up

26

Chronic Disease State Management

Benefits

- Improved Health Outcomes
- Enhanced Adherence
- Cost Savings
- Pharmacy Integration

27

Chronic Disease State Management

Implementation Considerations

- Training
- Collaborative Practice Agreements
- Regulations
- Billing
- Technology
- Patient Engagement

28

Nutrient Depletion Counselling

Nutrient Depletion Counseling involves educating patients about potential nutrient deficiencies caused by long-term use of certain medications and recommending appropriate dietary adjustments or supplements.

29

Nutrient Depletion Counselling

- Medication Review
- Personalized Counseling
- Supplement Recommendations
- Patient Education

30

Nutrient Depletion Counselling

Benefits

- Improved Health Outcomes
- Enhanced Patient Knowledge
- Preventative Care
- Pharmacy Integration

31

Nutrient Depletion Counselling

Implementation Considerations

- Training
- Resources
- Quality Supplements
- Technology

32

Pharmacogenomics

Definition: Pharmacogenomics is the study of how genes affect a person's response to drugs.

Importance: By understanding genetic variations, pharmacists can optimize medication therapy for individual patients.

Objective: Implementing pharmacogenomics in community pharmacies to enhance personalized patient care and improve therapeutic outcomes.

Integrating Pharmacogenomics into Pharmacy Practice in Medication Therapy Management, American Pharmacists Association, October 15, 2023.

33

Benefits of Pharmacogenomics

Enhanced Efficacy: Tailoring medications based on genetic profiles ensures better efficacy and fewer side effects.

Improved Adherence: Patients are more likely to adhere to a medication regimen that works effectively for them.

Reduced Adverse Drug Reactions: Identifying genetic predispositions to adverse reactions can prevent harmful effects.

Integrating Pharmacogenomics into Pharmacy Practice in Medication Therapy Management, American Pharmacists Association, October 15, 2023.

34

Pharmacogenomics Implementation

Steps for Implementation:

- Invest in training for pharmacy staff.
- Develop partnerships with genetic testing labs and healthcare providers.
- Integrate pharmacogenomic data into patient medication records.

Integrating Pharmacogenomics into Pharmacy Practice in Medication Therapy Management, American Pharmacists Association, October 15, 2023.

35

Pharmacogenomics

Challenges:

- Cost and reimbursement issues
- Privacy and ethical concerns regarding genetic data
- Need for ongoing education and training for pharmacists

Integrating Pharmacogenomics into Pharmacy Practice in Medication Therapy Management, American Pharmacists Association, October 15, 2023.

36

Barriers to Delivering Patient-Centered Care

- Current workflow commonly focuses on product volume
- Pharmacy technology built to support product volume
- Payment and staffing models built on product volume
- Staffing shortages

The traditional pharmacy workflow model does not match the expectations of patient care.

37

Practice Enhancements to Support Patient Care



Workflow Redesign



Patient Engagement



Practice Management



Business Development

38

Workflow Redesign

Appointment-based Model

- Focuses on the whole patient
- Anticipates needs vs. reacting to needs
- Creates a planned workflow
- Improves pharmacy revenue while creating efficacies for patients and for the pharmacy
- Leverages scheduling model to integrate complete patientcare services including vaccines

39

Enhanced Patient Engagement

1. Creating an experience by setting a new patient expectations
 - Technology support
 - Matching the local community
2. Pharmacy staff career advancement.
 - Patient Care Technician
 - Community Health Worker
3. Connecting with community resources as referral sources

40

Practice Management

1. Technology resources
 - Scheduling
 - Patient care record (Pharmacist eCare Plan)
 - Patient electronic communication
2. Pharmacy staff career advancement.
 - Roles/responsibilities
3. Managing patient care contract opportunities and metric dashboards

41

Business Development

1. Patient and Community Experience
2. Marketing
3. Partnerships
4. Payment

42

Assessment Question: 1

What is a primary benefit of implementing chronic disease state management services in retail pharmacies?

- A. Increasing the number of over-the-counter medication sales
- B. Reducing the need for patient education on medication adherence
- C. Providing personalized care to improve health outcomes for patients with chronic conditions
- D. Simplifying the process of prescription refills for pharmacists

43

Assessment Question: 2

Which of the following components is NOT part of the Appointment Based Model (ABM)?

- A. Prescription synchronization
- B. Weekly check-in calls to the patient
- C. A monthly call to the patient
- D. Scheduled monthly appointment

44

Assessment Question: 3

A key step for implementing novel services in community pharmacies includes:

- A. Reducing the number of pharmacy staff
- B. Eliminating prescription refill services
- C. Adopting an appointment-based model
- D. Limiting the range of services offered

45

THANK YOU

Emmanuel Ayanjoke PharmD, MBA
 Pharmacy Owner
 Altev Community Pharmacy
 eayanjoke@altevrx.com

46