Prescription for Healthy Communities:  
CARRYING OUT SUCCESSFUL MEDICATION MANAGEMENT SERVICES IN COMMUNITY PHARMACIES

Deborah Pestka, PharmD
Caitlin Frail, PharmD, MS, BCACP
Laura Palombi, PharmD, MPH, MAT
Bethany Von Hoff, PharmD
Jeannine Conway, PharmD, BCPS
Todd Sorensen, PharmD
University of Minnesota College of Pharmacy

*Contributions by James Peacock, PhD, MPH and Laura Hutton, MA
Minnesota Department of Health
Background

The role of a community pharmacist is changing rapidly; what once was a profession focused on dispensing a drug product has evolved into a profession that is becoming increasingly focused on providing patient-centered care. As community pharmacy practice evolves, many pharmacies have incorporated medication management services as a standard of care into their practice. While the types of services being offered typically vary from pharmacy to pharmacy, medication management services usually entail a review of the patient’s medication(s) to ensure that what they are taking is appropriate for their condition, it is effectively treating the condition, the patient is not experiencing any undesired side effects, and the patient is taking the medication as intended. If any of these criteria are not met, it is deemed a medication-related problem and the pharmacist develops an individualized care plan that is mutually agreed upon by both the patient and provider and the pharmacist later follows-up to determine the outcomes of the intervention.

Pharmacies implementing medication management services have taken a variety of approaches in how they execute the service. Some have pharmacists dedicated solely to providing medication management services with appointment based visits with patients. Other pharmacies, however, have chosen to work medication management services into the workflow of pharmacists who are primarily responsible for dispensing and medication counseling. The approach taken is often dependent on the pharmacy, the environment in which they work, and the resources available.

For this report, four organizations with community pharmacies in Minnesota were identified that have established patient-centered medication management services. Interviews with one to two pharmacy management representatives were conducted as well as focus groups with pharmacists responsible for delivering the service from each organization. Both interviews and focus groups focused on what has led to the success of their services. The transcripts from these discussions were analyzed and common themes that emerged were outlined and defined (Appendix A).
Stages for Success

The lessons learned from the pharmacies in this report reflect years of experience in a variety of settings. Although every pharmacy is different in terms of patient population and work culture, the identified stages and components of this report can be utilized to aid in the implementation and expansion of medication management services in several capacities. Implementing medication management services is a cyclical process that is composed of five stages: Deciding to Act, Setting the Stage, Executing the Service, Sticking to It, and Continuing to Grow.

Enhancing services through collaboration with local public health

There are several opportunities for partnership between pharmacy and local public health to initiate and advance the delivery of medication management services within communities.

Deciding to Act:

- Local public health can stimulate pharmacies’ decision to act by proactively engaging pharmacists in the conversation and planning around medication management services.

- Local public health should also ensure that they understand the knowledge and skills of pharmacists so that they can better identify key opportunities for pharmacist engagement to support local public health initiatives.
Setting the Stage:

- Most successful medication management services are the result of a well thought out business plan. Having a solid business plan in place that takes into consideration resource allocation and plans for growth and expansion will help achieve buy-in and support the sustainability of medication management services. Local public health can work with pharmacy leadership and management to encourage them to develop a business plan which incorporates medication management services. In addition, local public health can support pharmacies in identifying opportunities to contract for services.

- Local public health can also work with work sites to advocate for the inclusion of medication management services as a covered benefit so that more patients will be eligible for these services and pharmacists can receive reimbursement.

- Local public health can play a valuable role in clinical community linkages by educating clinicians and other health care staff about the medication management services being offered in the community so that providers are aware of the service and can make patient referrals. Along with this, local public health can work with both providers and pharmacists to assess provider needs and determine how pharmacies can best tailor their services to meet those needs.

Executing the Service:

- With the resources available to local public health, they can contribute to identifying priority patient populations within the community that are in greatest need of medication management services. For example, if local public health has identified particular challenges in an immigrant population, they could communicate this with all providers in the community, including pharmacists and work to provide resources so that pharmacists can appropriately work with this priority population.

- Building community awareness about the role of a pharmacist and the services that he/she provides can support patient engagement, particularly if a patient is apprehensive because they are unfamiliar with the service. Local public health can facilitate this process by creating an awareness campaign that centers around medication management services.

- Pharmacies and local public health may collaborate to develop patient education materials and resources that can be used during medication management visits to empower patients and aid in the improvement of outcomes.

- Having a useful means of bi-directional communication between providers and pharmacists is also key to achieving patient outcomes. Local public health can contribute to this by working to form partnerships between providers and pharmacists so that trusting relationships can be formed.

Sticking to It:

- In order to maximize a successful partnership, local public health should be active in its relationship with pharmacists for an extended period of time. Success may not be immediate and there will be challenges, however, just as pharmacists stick to it, local public health will also have to stick to it before outcomes are achieved.
When working with pharmacies to develop public health initiatives, it is important to build momentum slowly and acknowledge that some strategies success may simply be learned through the process and trial and error.

Continuing to Grow:

- Pharmacists are continually working to be integrated members of the care team. Pharmacists should be encouraged to participate in attaining community health measures and fostering relationships between local clinics and community pharmacies. If pharmacists are viewed as a valuable member and contributor to the health care team by other providers, this will facilitate interprofessional collaboration and support.

- Promoting collaborative practice agreements will make therapy changes more efficient by allowing pharmacists to make changes directly rather than having to request the change from the prescriber. Local public health can assist pharmacies in developing collaborative practice agreements together with local providers. [http://www.cdc.gov/dhdsp/pubs/docs/Translational_Tools_Pharmacists.pdf](http://www.cdc.gov/dhdsp/pubs/docs/Translational_Tools_Pharmacists.pdf)

- Finally, any resources or support that public health can provide pharmacies to measure and report the value of medication management services would be of benefit. For example, local public health could work collaboratively with pharmacists to develop, distribute, and assess a patient satisfaction survey so that pharmacies could demonstrate patients’ value of their service to providers and payers.

Conclusion

Medication management services can have a tremendous impact on patient care and community pharmacists, with their ease of access and frequent face-to-face encounters with patients, are well positioned to deliver these services. The results of this report may serve as a road map for other community pharmacies looking to develop patient-care services and there are several opportunities for local public health to support and contribute to the growth of this process. By partnering, local public health and pharmacies can work together to enhance the delivery of medication management services and collectively improve the health of their communities.
Appendix A

Factors leading to successful medication management services

The incorporation of medication management services in community pharmacies presents itself as five stages: Deciding to Act, Setting the Stage, Executing the Service, Sticking to It, and Continuing to Grow. There are several factors and processes that contribute to each stage which are described below:

I. Deciding to Act

Pharmacies and pharmacists decided to take part in medication management services for the following reasons:

▪ **Environmental influences:** Stimuli outside of pharmacy is influencing institutions to initiate/expand clinical pharmacy services and define characteristics of patients targeted for these services such as Medicare Star ratings incorporating medication management into their quality ratings, insurance companies requesting that pharmacies perform these services, and an overall shift in focusing on quality outcomes within health care.

> “With all the new CMS guidelines for adherence, we’ve had some sit-down meetings to talk about how we’re going to help get patients to be more adherent.” – Pharmacist

▪ **Aligning with a broader vision for pharmacy:** Both management and pharmacists believe in medication management services because they feel it is necessary for patient care and is the future of pharmacy.

> “I saw what [our pharmacy] was doing with things outside of the traditional community pharmacy setting and I wanted to learn how to do that, because I think that everybody should be doing it.” – Pharmacist

▪ **Leveraging the knowledge and skills of pharmacists:** Organizations looking to initiate and/or expand clinical pharmacy services recognize that the knowledge and skills of pharmacists is frequently underutilized for the purpose of improving patient health, thus they have created opportunities distinct from transactional work. This then attracts pharmacists wanting to work with patients to evaluate and monitor their medication needs to ensure that they are achieving desired outcomes.

> “It’s practicing pharmacy in a community pharmacy setting to a higher degree than our competitors. That’s what motivated me.” – Pharmacist

▪ **Diversification of lines of business:** With low reimbursement rates for dispensing, some pharmacies recognize the need to venture into other areas, such as clinical pharmacy services, to give them a competitive advantage. This has motivated their interest to start clinical pharmacy services.
II. Setting the Stage

Once a decision has been made to start medication management services, there are several steps that occur in the initiation phase that lead to success. They include the following:

- **Leadership support**: Having organizational leaders who back medication management services is critical to success as they generally determine the direction and tasks of the pharmacy.

  "It’s important to our management that we take care of patients. Patient care is one of those things that they really believe is important. If we didn’t have management that allowed time to do some of that extra stuff, it wouldn’t happen or would be a lot harder." – Pharmacist

- **Developing a business plan**: Selling medication management services as a business helps to get stakeholder buy-in and provides a sustainable plan to ensure its growth and permanence.

  “Our approach was to do exactly the same thing with clinical [pharmacy] programs. We said, today, this is going to be an $X million business led primarily by the provision of flu shots; but over time, we’re going to take that money, we’re going to reinvest it in pharmacist time, appointment time; we’re going to add this new service; we’re going to do this, we're going to do that; and we laid out a clear 10-year pro forma to the stakeholders in our business.” – Pharmacy manager

- **Creating a shared vision**: It is important to ensure that leadership and staff have a mutual understanding of why the organization is investing in medication management services as well as the goals for the program. This shared vision then leads to pharmacists that are more engaged and who can successfully execute the service.

  “I feel like just embracing the mentality of patient care. That has helped a lot, once they understood what was happening and why we were doing it.” – Pharmacist

- **Assembling the team**: When building a team to deliver medication management services, pharmacy managers look for specific qualities in both technicians and pharmacists. Characteristics they consider crucial to carrying out successful medication management services include passion and dedication to providing direct patient care as well as a personal demeanor.

  “One of the things that I always tell a student or a pharmacist is, ‘I can train you on the skillset, but I cannot make you passionate.’ One of the things
that I look for is somebody who is really passionate about doing this.” – Pharmacy manager

- **Preparing staff for success:** Training the entire pharmacy team on their respective roles and the tools available to them is critical to instilling confidence in the pharmacists and ensuring that they properly carry out the service. In person training is generally better received and more beneficial than online training. Also, with PharmD curriculum focusing more on patient care, newer graduates appear to be better prepared for filling these roles.

  “The training, like I said, was definitely a big help for me, because I hadn’t really had anything to do with it before that. You’ve been out for a long time; you’re much further away from your clinical knowledge. Going through school, it’s highly targeted toward the clinical side, so you come out knowing a lot more. That knowledge dissipates as you’ve been practicing longer in the retail setting...but it is nice to come back to it.” – Pharmacist

- **Optimizing pharmacist task distribution:** Community pharmacists are in a unique position to deliver patient care services due to convenient access and frequent face-to-face encounters with patients. However, tasks associated with medication dispensing often limit the amount of time pharmacists can dedicate to these new roles. Therefore, management must be strategic in identifying ways to optimize task distribution to maximize the amount of time pharmacists can spend performing clinical activities. Examples of strategies employed by the study sites include utilizing central fill (an outside source that fills prescriptions and then delivers them back to the pharmacy where they are then sold to the patient) and pharmacy residents to allow pharmacists to be more accessible for these kinds of services. Pharmacists stressed the difficulties of carrying out medication management services in a single pharmacist pharmacy due to lack of available time.

  “Our biggest thing would be our central retail fill site that fills a lot of prescriptions and takes a lot of the work out of the stores so that our store teams can be more focused.” – Pharmacy manager

- **Getting others on board:** Crucial to this process is developing relationships with colleagues outside of pharmacy. Building these relationships can then be used to engage providers in making referrals and educating patients about medication management services. Finding an individual outside of pharmacy to champion the service is highly beneficial as well. Getting others on board also includes marketing the service to payers and tailoring it to their needs and continually educating non-pharmacy team members on the service.

  “I think the other thing for new practitioners is we talk about relationships a lot, trying to establish that relationship with your providers. Even if you’re not in the clinic, just trying to somehow get your face out there. Let them know, ‘If you have a question about dosing or a drug interaction that comes up in your visit, give me a call.’ Because we have providers doing that all the time here and I think that really helps establish the fact that we’re the pharmacist and we know medication.” – Pharmacist
III. Executing the Service

In this next phase, in which the service is being delivered, several factors contribute to a successful execution.

▪ **Engaging the team**: Carrying out medication management services is a team-based effort which is best achieved when the dispensing pharmacy team is engaged. This can be done by delegating certain tasks such as documentation, medication reconciliation, and patient recruitment to pharmacy interns and technicians. This also includes involving dispensing pharmacists in the process if the service is being delivered by a designated medication management pharmacist. Also having an onsite pharmacy manager that is available to answer questions and communicates effectively among the team is important.

  “It’s really trying to get the right task assigned to the right person, because you’re never going to be able to make this work if you just have pharmacists doing it because they’re too expensive. You’ve got to figure out a way to use your entire team for some of these things.” – Pharmacy manager

▪ **Strategic use of resources**: The resources available to pharmacy teams vary depending on the setting of the pharmacy. However, it is important to identify and use available resources (i.e. electronic medical records, being within an integrated health system, access to other providers) to their fullest potential. For example, pharmacists working in a clinic commented how useful it is to have access to the patients’ records and how it increases efficiency to be able to message other providers directly through the charts. However, both pharmacists and management commented that not all pharmacists know how to navigate the electronic medical records or utilize certain features.

  “I asked everyone what they really like about working at [this pharmacy], and somebody said, ‘We have access to Epic.’ I said, ‘Great. Does anyone else agree?’ And everyone was shaking [nodding]. Then I followed up with a question and said, ‘How many of you feel comfortable using Epic?’ And everyone looked down at their feet, didn’t want to be called on. So we knew that was an important part of our strategy, just the awareness of the tools we have.” – Pharmacy manager

▪ **Selective population targeting**: Using medication management platforms such as Mirixa™ and Outcomes™ is a good starting point for identifying patients who would benefit from medication management services. However, organizations that have wanted to expand the service have also looked at patients who have insurance that will pay for the service as well as targeting patients with a specific disease state. This ensures that they can measure the results of the services they are offering while receiving reimbursement.

  “We focus on specific patient populations, like we’re doing asthma right now. Even if we’re focusing on a different insurance or disease state, focusing on those insurances that actually pay us, or using systems like Mirixa™ or Outcomes™.” – Pharmacist
• **Engaging patients:** Because medication management services are a relatively new concept, strategies are often utilized to market the services to patients. This includes commenting to patients that they can potentially save money on their medications, their insurance suggested the pharmacist contact them, etc. Also, referrals from providers are an effective means to recruit patients. Then, once patients experience the service, they become engaged and are more likely to follow-up with their prescriber about changes and contact the pharmacist about future drug related questions.

> “Seeing one patient once, they don’t know what medication therapy management is when they come to see you. Afterwards, they do see the benefit to that, so you do get follow-up questions. You do retain that relationship with the patient. They trust you. If they figure out new things, they’re going to ask you before they start an OTC, things like that that I think have really benefitted in the community setting.” – Pharmacist

Patient relationships also play an important role in effectively delivering clinical pharmacy services. Many factors play into these relationships such as having existing rapport from their dispensing role and making an effort to have face-to-face encounters when delivering medication management services as opposed to over the phone. The pharmacy team can then leverage these relationships to engage patients in clinical services delivered by pharmacists.

> “I think so many people just want to know someone is there that’s caring for them. If they feel like you care, that repeat is huge, getting them back [for a follow-up visit]...Sometimes it’s just something as simple as remembering something about their kid.” – Pharmacist

• **Accountability for service delivery and quality:** With many pharmacy locations, it may be necessary to follow-up with pharmacists to ensure that they are carrying out the service as intended and provide some performance measures as feedback. Pharmacists also find it beneficial if clinical updates are sent out periodically.

> “You have to have a system in place to ensure that consistency or it’s just all over the board. The more pharmacists you have doing it, if you don’t have that conversation with them during training, periodically talk to them about that (and that’s where the point people kind of help), you’re going to be all over the board.” – Pharmacy manager

**IV. Sticking to It**

With a new service being introduced into the pharmacy, there are bound to be learning curves and a certain level of uneasiness about undertaking a new task. However, this is a common experience that is overcome with persistence and dedication.

• **Slowly build momentum:** It is important to recognize that as this is a new practice for most, it will take a while for both pharmacist and pharmacy leadership to be comfortable with it and therefore processes should be implemented slowly to ease the transition of change.
“You probably want to ease into it slowly and gain a comfort level just in actually getting the cases done, because just being comfortable with the different drugs that you’ll see over and over, disease states you’ll see over and over, that in itself needs to be something that you can master first, before you say ‘Okay, now I’m going to focus on actually growing the business.’” – Pharmacy manager

- **Don’t let up**: Because this a new service, all pharmacists experience some level of frustration and therefore perseverance, patience, and dedication are required. It may also feel overwhelming at first for some pharmacists who are used to dispensing

  “Be willing to dedicate the time to it and seeing the long-term benefit of it and working towards that, as opposed to maybe some of the short-term frustration, because that’s what kept me going when I first started. I was like, ‘I have been working on this for two hours!’ It was knowing it was going to get better.” – Pharmacist

- **Diversification and adaptability in operations**: As long as the service is consistent, it is important to try new things to learn what works best for each pharmacy. Also, with so many different documentation and payer platforms, pharmacists need to be prepared to try a variety of platforms in order to maximize the number of patients they can see and the level of reimbursement they earn.

  “Yeah, just with the companies that we contract with, we work with about five or six different data payer platforms and documentation systems. It takes a while to really know them very well, so you have to get in and work with one for many different repetitions, in order to become proficient at it or able to make it efficient I guess, because we don’t want to spend all of our time documenting.” – Pharmacist

- **Learn as you go**: Despite training, many processes to make the service more efficient are simply learned through trial and error through the process of doing medication management services. This process is facilitated by working together with or having open communication with colleagues to determine what works best.

  “So the first couple MTMs (medication therapy management) we did in our store, we probably asked for a bunch of information that we really didn’t need to know. It’s that kind of trial and error in making it a little more focused on what you’re actually looking for. That saves time and everybody’s effort.” – Pharmacist

V. Continuing to Grow

Once medication management services are established, the final phase is looking at ways to ensure sustainability and expand the services further. It also takes into consideration the motivating factors that encourage management and pharmacists to continue providing medication management services.
▪ **Process improvement and sustainability:** Medication management services are an evolving practice so it is important to look at ways to improve the service moving forward and ensure its sustainability.

“I think constantly thinking about it and talking about it has helped keep it sustainable. We talk about MTM (medication therapy management) a lot and we talk about how we’re going to increase our business. What can we do next? What patients should we reach out to? We try to constantly think about it and constantly talk about [it], which always makes it a priority. It’s always something we’re trying to work on. If you let it be still without constantly working on it, it’s going to fall apart. It’s constant work. It’s never, oh great, we have this practice and now we can just sit back and see all the patients that roll in. It’s never like that; it’s always constant work.” – Pharmacist

▪ **Professional growth and satisfaction:** An additional motivator for pharmacists to continue delivering clinical services is the professional satisfaction in knowing that they positively contribute to a patient’s health while at the same time providing them with professional growth.

“It definitely makes a person feel like you’re staying more current in the profession. It’s one of the reasons I try to embrace it and try to find time to get them done, because I know that professional growth is definitely there when you put out the effort to complete this type of service.” – Pharmacist

▪ **Integrating with the care team:** Becoming an integral member of the care team takes time, though those organizations embedded within a health delivery system feel that it is beginning to emerge with their continued efforts.

“I feel like over the years, slowly it’s become that pharmacy is more accepted as part of the team and needed as part of the team.” – Pharmacist

▪ **Measuring and reporting results:** Being in a community setting limits data collection if access to medical records is not available. However, sites have been measuring adherence rates and disease specific measures with hopes of expanding outcomes measures to prove the value of medication management services.

“We can show that we achieved [our medication adherence goals] for a variety of conditions for patients who are enrolled in [our program that syncs all of their medications to be refilled at the same time], but at the end of the day, what we want to know, and I think what everybody wants to know, is, what does that overall impact on the patient look like? Did we save money? Did we save a number of ER visits? Did we lower A1c scores or whatever else we’re looking at for their specific disease state. That’s kind of how we look at measuring things.” – Pharmacy manager