



# **Pharmacy's Appointment Based Model**

*Implementation Guide for Pharmacy Practices*





# Pharmacy's Appointment Based Model

## Implementation Guide for Pharmacy Practice

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# Pharmacy's ABM Implementation Guide

## MODULE 1

## Introducing the Appointment Based Model

**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 shifts the pharmacy staff's focus from passively filling prescription orders at the request of the patient on an unaligned schedule to proactively synchronizing a pick-up date for chronic medicines and confirming the patient is receiving the correct medications each month. In the ABM, pharmacists and pharmacy staff are able to perform a full review of all medications each month, which provides the opportunity to identify therapeutic and compliance issues that patients may be encountering.

### WHY CHANGE THE PHARMACY MODEL?

The typical pharmacy model is dependent on the patient bringing in their new prescription or calling when and if they remember to get their prescriptions refilled. The pharmacy staff answers inbound phone calls, contacts physicians, waits for call-backs and then fills prescription orders. The expectation is that the patient arrives at the pharmacy to pick up their medicines. Patients with multiple prescriptions often call and visit the pharmacy multiple times during the month. This method of operation is full of "unknowns", increased workload, and diminished ability of the pharmacy staff to build efficiencies that would free up valuable time. With the minor modifications to pharmacy workflow that are included in the ABM, both patient adherence to medication therapy and efficiency of pharmacy operations dramatically improve.

### HOW THE ABM WORKS

The ABM has 3 core components:

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

*Prescription synchronization* is the engine that drives the ABM. By having all of a patient's prescriptions refilled on the same day of the month, there is no longer a need for patients to make multiple calls or visits to the pharmacy each month. The patient is assigned an appointment day each month for them to pick up all chronic prescriptions and consult with the pharmacist about any issues or questions.

The *pre-appointment* call fuels the engine that drives the ABM. Once a month prior to the patient's appointment day, the pharmacy staff calls the patient to determine the refill order for that month. This call is an important opportunity for pharmacy staff to listen to patients and have a conversation about the medications that are scheduled to be filled, reasons for discontinuing treatments, and whether the patient has been to the doctor or hospital in the past month. This call differentiates the ABM from an automatic refill program because it provides meaningful information about relevant changes in the medication profile since the last visit to the pharmacy.

When the patient arrives on their *scheduled appointment day* to pick up the prescription(s), the pharmacist may provide consultation services to talk about the medications, identified compliance issues, and any questions that may arise. The pharmacist may also provide a comprehensive medication review or other MTM services that will help the consumer optimize medication use. These interactions build a stronger relationship between the pharmacy staff and the patient, which can drive patient adherence, satisfaction, and loyalty.





#### VALUE TO THE PHARMACY

Pharmacy efficiency improves by:

- Reducing the number of inbound calls from patients requesting refills;
- Decreasing the number of times a single patient must be rung out at the register while picking up non-synchronized prescriptions;
- Minimizing the number of separate outreach attempts to prescribers to authorize refills or review medication orders;
- Consolidating disjointed patient profile reviews into a single comprehensive, monthly review.

Patient satisfaction and loyalty improves by:

- Decreasing the amount of visits they must make to the pharmacy each month;
- Developing a personal relationship with the pharmacy staff;
- Looking forward to the monthly pre-appointment call from the pharmacy staff;
- Improving adherence to medicines and therefore being in better health.

Pharmacy revenue increases by:

- Improving patient adherence and increasing the amount of refills requested per year;
- Providing billable clinical pharmacy services in conjunction with appointment dates (e.g., immunizations and medication therapy management)



# Case Studies of Success in the ABM

The case studies below exemplify the impact that a widespread implementation of the ABM could have on patient adherence. Patient satisfaction is higher within the ABM than traditional pharmacy models, and data from the pilot projects shows that medication persistence and adherence rates and prescription volume are all increased within the ABM. Increased prescription volume could mean a potential increase in revenue of \$260 per non-adherent patient per year for the pharmacy.<sup>1</sup>

## **NATIONAL ALLIANCE OF STATE PHARMACY ASSOCIATIONS 12-MONTH PILOT<sup>2</sup>**

NASPA focused on the impact of the ABM on adherence and persistence for 1,460 patients in 85 participating independent pharmacies. After 12 months in the ABM:

- 57% of the non-persistent patients who were enrolled at baseline became persistent.
- Percentage of persistent refills in the non-persistent patients increased from 59% prior to the ABM to 76% after implementation
- Persistent patients maintained their persistency at 91% over the 12 month study period.
- The pharmacy realized an average of 2 additional refills per patient per prescription per year.

## **THRIFTY WHITE PHARMACY<sup>3</sup>**

Persistence and adherence data was evaluated from 679 people enrolled in the ABM having at least two fills for one of 6 chronic medication classes.<sup>6</sup> A control group people was also selected for each of the six categories and included 2,087 patients who had a medication filled but was not enrolled in the ABM. The results were stunning:

- Compared to patients in the program, patients who were not enrolled in the ABM program had a 52% to 73% higher likelihood of non-persistence, depending on drug class.
- Patients enrolled in ABM were 3 to 6 times more likely than controls to be adherent during the evaluation period.

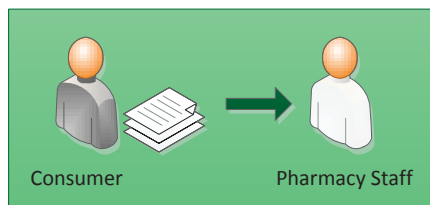
## **USA DRUG SURVEY<sup>4</sup>**

- 80% of respondents were more likely to take their medications because of the ABM
- >98% of respondents preferred the ABM and thought it was a more convenient
- 100% of respondents liked having the pharmacist keep track of when refills were due
- 100% of respondents said that they would recommend the ABM to friends and family.

<sup>1</sup> Stone, Devin. The Business Case for Adherence. America's Pharmacist. September 2010. p30-32.

<sup>2</sup>Alliance for Patient Medication Safety. The Appointment Based Model: Project Results and Next Steps. March 25, 2011. <sup>3</sup>Holdford, David and Inocencio, Timothy. Appointment-Based Model (ABM) Data Analysis Report. Prepared for Thrifty White Pharmacy. Virginia Commonwealth University. <sup>4</sup> Holdford, David and Saxena, Kunal. Appointment Based Model Data Analysis Report: Prepared for USA Drug. January 29, 2013.

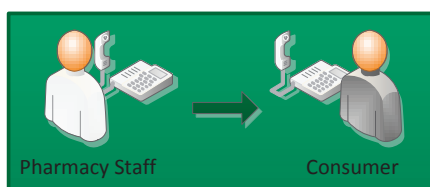
## The Appointment Based Model



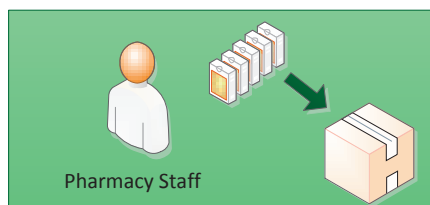
1. The consumer brings new or refill prescriptions to the pharmacy.
2. The pharmacy staff explains the ABM and how it can decrease visits to the pharmacy.
3. The consumer decides to enroll in the ABM and talks with the pharmacy staff about establishing a synchronized appointment date to pick up prescriptions 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.



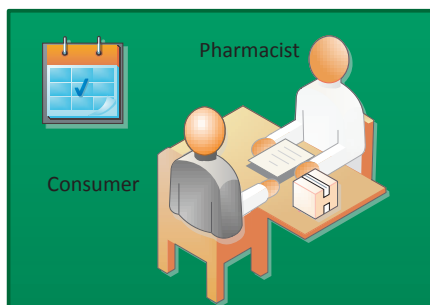
6. Each month a member of the pharmacy staff will call the consumer approximately a week before the appointment date to confirm that the prescriptions should be filled, to identify any changes in therapy, and to facilitate any care coordination that should take place before the more medications are dispensed.



7. After reviewing potential changes to the patient's medication regimen, the pharmacy staff prepares each prescription and creates one package for easy pick up on the consumer's appointment date.



8. 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.



9. On the selected appointment day, the consumer visits the pharmacy to pick up the prescriptions that have been prepared.
10. The pharmacist may engage in medication therapy management services, which can include performing a comprehensive medication review, counseling the consumer about the prescriptions, asking questions that arose during the medication profile and monthly call review, and identifying ways to optimize medication use.



# Pharmacy's ABM Implementation Guide

## MODULE 2

## Gaining Organizational Support for the ABM

The ABM fundamentally changes how services are delivered within the pharmacy, which makes gaining support from senior management, store level management, pharmacists, and staff essential to successful implementation. Often times the best way to generate support for the ABM is to identify a champion or advocate for the model that can connect with many individuals within the organization. Through peer-to-peer outreach, the advocate can drive organizational understanding of the value that the ABM creates for consumers and for the business through operational efficiency.

Once the leadership has embraced the ABM, the next step is to generate support from pharmacists and technicians who will implement the program. To do this successfully, staff must understand the magnitude of benefits the ABM can create related to capacity-building, time efficiency, consumer health, and job satisfaction.

As a team, the organization's leadership and staff can commit to the model, set implementation expectations, and create a plan for consistent execution and achievement. When full buy-in is achieved, pharmacists and technicians will make ABM a priority in daily workflow, local leadership will be committed to engaging the community's health care team in added value ABM provides, and senior leadership will eagerly monitor and track the progress while creating plans to spread the model even farther.

## Frequently Asked Questions When Gathering Organizational Support

### WHAT ARE THE KEY BENEFITS OF THE ABM?

At its core, the ABM is primarily designed to improve patients' medical outcomes and pharmacy's operational efficiencies. The potential benefits of the model include:

1. Improved patient medication adherence.
2. Improved pharmacy/physician/patient relationships.
3. Increased work-flow efficiency; significant reductions in phone volume.
4. Ability to proactively identify recent hospitalizations, doctor visits, and changes to each patient's medication therapy.
5. Increased "first fill" (first time prescription filled at the pharmacy) rates due to new prescriptions being identified during consultation with patient.
6. More pharmacist time to engage in other patient care activities due to operational efficiency.
7. Potential increase in pharmacy staff job satisfaction.
8. Decreased inventory and increased inventory turnover (dependent upon number of patients enrolled).



#### HOW MUCH DOES THE ABM COST TO IMPLEMENT?

The ABM can be relatively low-cost to operationalize, which allows pharmacies to easily change their care delivery model by simply providing training to the staff, securing necessary technology, and properly managing workflow. The initial investment can be as low as \$30 - the cost of a file folder and sheet protectors. Pharmacies may choose to invest additional money as the model becomes more accepted to include software customizations that will enhance documentation and increase the pharmacy staff's capacity.

#### HOW WILL THE PHARMACY RECOGNIZE A POSITIVE RETURN ON INVESTMENT?

The return on this investment in human resource development can include an improved customer experience leading to increased loyalty and therefore more prescription fills, more time for the pharmacist to counsel people when they come to pick up all medications are once, and less time and money spent processing refills that are never picked up by the consumer. The ABM also helps differentiate the pharmacy from nearby competitors.

## Resource Requirements of the ABM

A few key physical and human resources must be in place to implement the ABM. The guidance and recommendations provided below will help build the foundation for ABM implementation while allowing for adaptations to fit any existing pharmacy environment.

### 1. STAFF CHAMPION AT EACH PHARMACY

Each pharmacy will need dedicated staff member to run the ABM program. It is best if this person is not the pharmacist. Daily responsibilities of the staff champion include maintaining patient verification sheets, calling patients to discuss their medications for their next appointment, adjusting the medication list and making any appropriate notes for the pharmacist based on the call, and prioritizing the ABM program for the pharmacist. The staff champion is CRITICAL to the success of the program and should be carefully selected in each store.

### 2. DEDICATED WORK AREA

The pharmacy should have a dedicated space sets aside for the daily ABM operations. The space should be separate from the dispensing area and should be isolated from customers to provide a quiet, private space for calling patients. ABM activities can take approximately one hour of staff time per day, so the dedicated work area is extremely important to the success of the program because it allows the staff champion to focus on efficiently accomplishing ABM-related tasks.

### 3. ENROLLMENT AND DOCUMENTATION FORMS

Patient enrollment forms, monthly patient refill verification forms, standardized letters to prescribers, and other necessary documentation forms should be created and circulated to assure all people who are introduced to the ABM receive consistent messaging and education about the program. These documents also help standardize the processes that will be implemented in each pharmacy.

### 4. CONSISTENT FILING SYSTEM

The following supplies are suggested to manage the program in a manual (non-computerized) environment:

SUPPLIES	EXAMPLE: STAPLES ITEM NO.
Clear plastic sleeves (sheet protectors)	40713
2 Master accordion-style expandable file boxes labeled 1-31	119107
2" expandable file holder for call back items	493213
File box with pockets for refill requests	354371





Each of these supplies serves a specific function to assure the ABM processes are followed and carried out.

- Clear plastic sleeves: All enrollment and documentation forms for a particular patient should be stored in a single sheet protector. This keeps all patient materials together as the file moves through the refill process each month.
- Two (2) master accordion-style file boxes labeled 1 to 31: The accordion files will keep patients' ABM materials segmented by their synchronization date. One box will be used to organize the patients that must be called and refilled during the current month. The second box will hold patient files that have been refilled during the current month and are able to be filed in the synchronized refill date for the next month.
- 2" expandable file holder: Pharmacy staff will not be able to reach all patients on the first call attempt. The Call Back File Box will hold the patient files of those individuals who must be called back to receive verification of the refills needed.
- File box with pockets: Once a patient's monthly refill verification form has been completed, the pharmacy staff will place the clear plastic sleeve with any notes in the pharmacist's file box for review and order fulfillment.

If the implementing pharmacy is able to provide the human and physical resources described above, the ABM leaders can then come together to design the workflow processes and take strides to launch the ABM in their pharmacies.



# Pharmacy's ABM Implementation Guide

## MODULE 3

## Developing the Operational Plan for the ABM

The cornerstone of a successful ABM is a system that creates specific, predictable, and measureable outputs. Patients who participate should be able to expect the same type of care each time they interact with the pharmacy staff. Once all stakeholders buy-in to the organizational change and are willing to devote the required resources, they must define the core components that will be operationalized, including:

- Marketing approach;
- Opt-in process;
- Synchronization steps;
- Appointment scheduling;
- Phone scripts and call schedules; and
- Document filing /use of technology.

As the core components of the program implementation are defined, implementation leaders should assure that the model maintains flexibility and adaptability in order to assure processes can be modified to best deliver high value care that fits easily into the pharmacy workflow and patient's lives. The following pages contain a suggested operational plan for how the ABM can be successfully operationalized. Pharmacies are encouraged to customize the process to best care for their patients.

## Operational Plan: Patient Recruitment

Patient recruitment is composed of two core areas: marketing and the opt-in process. A few key messages should be emphasized when marketing the ABM and enrolling patients to assure people understand exactly how the ABM helps them and what the requirements are. The opt-in process should be simple and clearly explained. Below are key talking points and a general process for patient recruitment that can be customized to meet the needs of various pharmacies and patients.

### MARKETING THE ABM

The ABM can help all patients who are on more than one chronic medicine achieve health goals, improve adherence, and avoid adverse events. In order to generate demand, patients and their family members must understand the value of ABM, and marketing can be performed in the pharmacy, through print ads, or via targeted phone calls and outreach. Regardless of the method of outreach, be sure the target audiences have been defined and the key messages are incorporated.

### IDENTIFY THE TARGET AUDIENCES

The ABM is an "opt-in" program, which creates a need to identify and target patients who can benefit from the service. Ideal patients receive monthly refills on multiple prescriptions for chronic disease conditions. Patients within this category who are not refilling their prescriptions regularly may be a group to recruit first.



Caregivers and family members of people on multiple chronic medications are also a valuable group to educate about the ABM, as they are often the people who pick up prescriptions from the pharmacy and promote medication adherence to their loved one. The ABM can greatly simplify caregivers' lives or ease family members' concerns related to medication coordination.

Physicians and other prescribers should also be educated about the availability of ABM services so they can notify their patients who are struggling with medication adherence. Including the messages below in conversations with prescribers will be helpful to improve their understanding of the model and seed conversations they have with patients. Additional prescriber-specific messaging is covered in the "Sharing Benefits with Prescribers" module.

**Tip:** Many successful marketing campaigns include testimonials from patients who have experienced the model. Hearing other people talk about the ease of receiving a single monthly phone call, decreased trips to the pharmacy, the comprehensive education provided by the pharmacist, and overall satisfaction with the program may be a powerful tool to convince consumers to participate in a new type of care delivery at the pharmacy.

### **TALKING POINTS ON THE BENEFITS OF THE ABM**

The following three benefits of the ABM should be emphasized to patients through all marketing activities. Some pharmacies develop scripts to help pharmacy staff deliver a consistent message to interested patients. Speaking in terms that simplify how the ABM impacts the pharmacy experience will increase the chance of that patient opting into the program.

- Convenience
  - Fewer trips to the pharmacy
  - Fill all medicines on time and in one order
  - No need to call in refills
- Personal attention from the pharmacist and pharmacy staff
  - Option for one-on-one consultation each month
  - Open line of communication between pharmacist and patient
  - Increased understanding of medication therapy for the patient
- Improved health
  - No missed refills so less missed doses of medicine
  - Pharmacy monitors when the secures and fills new prescriptions

**Tip:** Patients may be apprehensive to sign up for a "new program" or may be turned off by the name "Appointment Based Model" because they don't know what it means. Pharmacy staff will be most successful in recruiting if they ask patients if they would like to "have all chronic medicines refilled on a single day each month, rather than having to make many trips to the pharmacy." Patients typically do not care what the model is called, as long as they understand how it can improve their lives.



### OPT-IN PROCESS

Once a patient is interested in enrolling in the ABM, the opt-in process can begin:

1. Pharmacy staff must clearly describe the initial process for getting all medication on the same refill schedule. The patient should understand that there may be additional one-time costs associated with synchronizing the prescriptions.
2. The patient should also understand and agree with the terms of the Patient Participation Agreement, which include responding to monthly phone calls to confirm refill orders and picking up prescriptions on the designated appointment day each month. A sample of this document is found on the next page.
3. To officially opt-in, the patient will sign the Patient Participation Agreement.
4. Pharmacy staff prepares the patient's Refill Verification Form by listing all chronic medications and other required fields then confirming with the patient that the form is accurate and comprehensive. A sample Refill Verification Form is found on an upcoming page and allows patient's refills to be tracked for a full year.
5. The Refill Verification Form and Patient Participation Agreement are inserted into a clear plastic sleeve to assure all ABM materials are filed together.
6. Patient's name is added to the master list of patients enrolled in the ABM.
7. Pharmacy staff synchronizes the medications and determines what the first appointment date will be. (*Note: a full description of the synchronization process is available in the next module.*)
8. Once synchronization is complete and the prescriptions have been filled, pharmacy staff inserts the patient's clear plastic sleeve that contains all ABM materials into the numbered section of the master accordion file that corresponds with the next appointment date. (e.g. if the next fill date is the 19<sup>th</sup> of the current month, the plastic sleeve will go in the section labeled with 19 in the current month file).
9. Pharmacy staff notifies the patient that the synchronized prescriptions are available to be picked up and reports the total cost of the order, including any short-fills.
10. At the time of pick-up, pharmacy staff presents the patient with a Patient Enrollment Card that can be taken to physician(s) to help explain the program. The card should be placed with important documents such as an insurance card. A sample Patient Enrollment Card is found on an upcoming page.

**Tip:** Pharmacies should only enroll 10-20 patients until they are comfortable with how the operations fit into pharmacy workflow. Once streamlined, the ABM should be available to any interested patient.

[illegible]





# Sample Patient Participation Agreement for an ABM Program

Thank you for your interest in the Synchronized Prescription Refill Service. Advantages of participating in the program include:

- Increased convenience—a single monthly trip to the pharmacy to pick up chronic medicines;
- Ability to get medications on time and in one order without calling the pharmacy for refills;
- More personal contact with your pharmacist to ask questions and discuss medicines;
- Increased understanding of your medication, its purpose, potential side effects and costs;
- Assistance from pharmacy staff to keep prescriptions in order as you visit various doctors, clinics, and hospitals.

**I understand the program advantages and the following conditions of participation to achieve the maximum benefits from the service.**

***I hereby agree:***

- To accept a phone call each month from the pharmacy to discuss my prescription refills.
- To pick up medications on my assigned refill date.
- If necessary, to pay an extra co-pay one time for each medication in order to make all refills due on the same day.
- To keep an open dialogue with my pharmacist regarding doctor's appointments, hospital/urgent care visits, and changes in my health status.

**I have read this document, understand it, and have had all of my questions answered.**

---

Patient Name (Please print)

---

Patient Signature

---


Date



# Patient Enrollment Card

Printed on business cards to easily fit in wallet

Front




## My Synchronized Prescriptions

Medication/Dose	Medication/Dose	Medication/Dose

Medication Record for: \_\_\_\_\_

Back



## Pharmacy Name

I am participating in my pharmacy's synchronized prescription refill service. By having all of my prescriptions filled on a single day each month, I gain a better understanding of my medication therapy, increased convenience, and potentially improved health outcomes.

Phone Number: \_\_\_\_\_



# Operational Plan: Synchronizing Medications

Medication synchronization allows all of the patient's refills to come due on the same day once a month, which enables patients to reduce the number of visits to the pharmacy and have a full supply of their medications. Synchronization is a one-time process that occurs when a patient first opts-in to the ABM. Patient consent to this one time process is critical if they are to be incorporated into the ABM system. Therefore, it is important that the patient understands that synchronization enables the once monthly pick-up schedule and the process of synchronization could lead to short-fills that may need to be paid for out of pocket.

To synchronize a patient's chronic medications:

1. Determine and list the chronic, monthly prescriptions the patient will be taking and add them to the Verification Request form.
2. The prescription with the highest co-pay should be the "anchor" prescription to which all other prescriptions will be synchronized.
3. Determine the quantity needed for the rest of the prescriptions to synchronize them with the anchor prescription. (See case study on next page for more details)
4. Call the patient's physician(s), briefly explain the ABM, and request A ONE TIME prescription for the quantity required for synchronization, plus a second prescription for the normal monthly quantity. This is critical for accountability for any third-party audits.
5. Fill the prescription in an appropriate quantity to synchronize it.
6. Put the second prescription that will be used for refills on hold in your system under a separate prescription number.
7. Repeat this process for the other medications.
8. Notify the patient of the cost for the short-fill prescriptions that enables the monthly synchronization.

*Note: In rare circumstances, it may be less expensive to make a lower cost medication the anchor prescription. This may occur when most medications are filled on or near the same date and the most expensive medication is filled a few days before the others. Pharmacy staff should make the best effort to minimize patients' out of pocket costs during the initial synchronization process.*



# Synchronization Case Study

Patient DF has 3 prescriptions that are each filled on different days of the month. She heard about the ABM program offered at her pharmacy on June 5<sup>th</sup> and would like to synchronize her medications so she can participate in the ABM. The details of each prescription are in the table below:

MEDICATION	DIRECTIONS	DAY SUPPLY	LAST FILLED	NEXT FILL DUE
Hydrochlorothiazide 25 mg	1 tablet daily	30	May 9 <sup>th</sup>	June 8 <sup>th</sup>
Clopidogrel 75 mg	1 tablet daily	30	May 20 <sup>th</sup>	June 19 <sup>th</sup>
Sertraline 50 mg	1 tablet daily	30	May 29 <sup>th</sup>	June 28 <sup>th</sup>

Clopidogrel is the most expensive medication and is the anchor prescription for this patient. This means that all other medications will be synched to the next fill date of the clopidogrel, which is 30 days after May 20<sup>th</sup>. Because May has 31 days, the next fill date for clopidogrel will be June 19<sup>th</sup>.

To synchronize the 3 medications, the pharmacy staff must calculate how many days DF will be without her medicine if she did not get it filled until the day clopidogrel is due to be filled.

- HCTZ was last filled on May 9<sup>th</sup>, which means DF will run out of her medicine by June 8<sup>th</sup> and will need a short-fill to assure she has enough tablets to synchronize this prescription with the targeted June 19<sup>th</sup> synchronization date. DF will need 11 days of medication to move her fill date from June 8<sup>th</sup> to the 19<sup>th</sup>.
- Sertraline was last filled on May 29<sup>th</sup>, which means DF currently has enough medication to get her through the June 19<sup>th</sup> fill but will run out in advance of the next synchronized fill in July. In this case, the pharmacy staff must figure out how many days DF will be without her medication between June 28<sup>th</sup> (when her sertraline is due to be refilled) and July 19<sup>th</sup> (when her clopidogrel and HCTZ are due to be refilled). DF will need 21 days of medication to move her fill date from June 28<sup>th</sup> to July 19<sup>th</sup> and have all 3 medications synchronized.

Tip for flawless calculations: Time cannot go backwards.

- Use a calendar and count the number of days between the date that the next fill is due and the desired synchronization date. Only count so that the days of the month are increasing!
- If not using a calendar, write the fill date down, draw an arrow, and write the synch date down (e.g. 8→19 or 28→19). If the arrow goes from a higher number to a lower number, it indicates that the number of days in the month will need to be figured into the calculation.



# Operational Plan: Daily Tasks and Procedures

The following section describes in detail how the ABM program operates on a day-to-day basis. The process is customizable to fit into the workflow of the pharmacy. Before performing any of the steps below, pharmacy staff should assure the following has been completed:

- Dedicated staff member is assigned to manage the program
- Dedicated work area is identified and has the required systems in place
- Marketing plans and opt-in process are clearly defined and implemented
- Participating patients have completed all required forms
- Each patient has their Verification Request form filled in with monthly prescriptions
- All prescriptions have been synchronized

## ONGOING OPERATIONAL TASKS (FOR PHARMACY STAFF AND ABM CHAMPION)

- Print and post in the pharmacy a roster of all ABM patients on the first day of each month.
- Any new prescriptions received will be cross-checked against this roster.
- Any new ABM prescriptions will be synchronized to the patient's monthly fill date.
- Recruit new patients into the ABM program.

## DAILY OPERATIONAL TASKS (FOR ABM CHAMPION AND TRAINED ABM STAFF)

Fill all ABM prescriptions that are due to be picked up the next day.

Pull Refill Verification Request forms for patient with an appointment date 5 days from today.

Call all patients from the Refill Verification Requests pulled that day and any others that were not reached on a previous day that are currently in the Call Back Box.

Perform outreach to prescribers as needed for refill authorization requests and short fills.

Synchronize prescriptions for newly enrolled patients.

## DAILY OPERATIONAL TASKS (FOR PHARMACIST)

- Counsel ABM patients on their medicines at the time of pick up and address any issues that have been identified.
- Review completed Refill Verification Request forms with ABM Champion as needed to discuss changes, notes and adherence issues.
- Order inventory to be sure upcoming ABM prescriptions will be filled on the appointment day.

## OPERATIONAL PROCEDURES

1. Notify any patient with more than one chronic medication about the ABM.
2. Print a master list of all ABM patients at least once per month and post it in the pharmacy.
3. Cross-check all new prescriptions against the list of patients. If the patient is enrolled in the ABM, have a trained staff member synchronize the new prescription to the existing ones.
4. Pull all the Refill Verification Request forms for ABM patients each time it is **5 days prior to an appointment date**. These forms are in the clear plastic sleeve that they were placed in at the time of patient enrollment, and they are filed in the current month's master accordion file in the pocket with a number corresponding to the fill date. (*Example: If today is the 10th, pharmacy staff will take all Refill Verification Request forms from the pocket labeled 15.*)
5. Call each patient whose Refill Verification Request form is pulled and have the monthly discussion about each prescription on the list. Step-by-step instructions for the call follow:
  - a. Verify that the patient will need each prescription filled.
  - b. Indicate on the Refill Verification Request form when the patient authorizes a refill for a specific medication during the current month. This can easily be accomplished by placing an "x" in the box that aligns with the medication's row and month's column.
  - c. If the patient does NOT need a prescription filled, determine if the order has been discontinued, changed or if a new prescription has been issued, and document this on the Refill Verification Request form in the Notes column.
  - d. When medications are discontinued or replaced, the historical medication should be moved to the historical section of the Refill Verification Request form and a note recorded in the Notes column.
  - e. While on the phone with the patient, ask two additional questions:





- i. Have you been to the doctor in the last month?
- ii. Have you been in the hospital in the last month?

Both of these situations often result in new prescriptions, and these questions will enable staff to determine if there needs follow up with the doctor.

#### SAMPLE MONTHLY CALL SCRIPT

Hi, this is Sally from Pharmacy USA, and I would like review your prescriptions for your July 19th appointment. Is this a good time? I see that you are due for the following refills. (Go over each one and verify that the patient wants each one refilled.) Do you have any questions about any of your medications? (Document questions for the pharmacist.) Finally, have you been to the doctor in the last month? Have you been in the hospital in the last month? (Make notes, if appropriate.)

6. Utilize the Call Back File Box. Place any clear plastic sleeves for patients who could not be reached on the current day into this box, and call any patients who were not reached on a previous day and whose Refill Verification Request forms are in the Call Back File Box. Follow the monthly call procedure for each of these patients.
7. Fax prescribers for approval of any prescriptions with no refills remaining. Make a note on the Refill Verification Request form that a fax was sent and the refill is pending approval. The faxed authorization for refills should be handled as would any other refill authorization in the pharmacy. If the doctor denies the refill, make a note on the Refill Verification Request form and notify the patient.
8. File the patient's clear plastic sleeve in the appropriate slot of the Pharmacist's File Box that corresponds to the fill day.
9. Pull all Refill Verification Request forms for patients when it is **1-2 days before the appointment date** and assure:
  - a. All authorizations from prescribers have been received.
  - b. All prescriptions have been adjudicated and filled.
  - c. The pharmacy has adequate inventory on hand; if not, order appropriately.
  - d. Any note(s) on the forms are addressed.
10. Once all prescriptions are filled and notes addressed, return the clear plastic sleeve to the ABM Champion.
11. The ABM Champion modifies the electronic version of the Refill Verification Request form to reflect any additions, deletions or changes to the list of prescriptions as needed. Any notes (such as the prescription was not filled for XX reason) should also be added to the computer spreadsheet.
12. Print out the updated Refill Verification Request form and place it into the patient's clear plastic sleeve.
13. File the clear plastic sleeve in the upcoming month's Master Accordion File. The sleeve should be placed in the numbered section corresponding to the next appointment date, typically 30 days from this month's appointment date.
  - a. *Tip:* The appointment day will not remain consistent between months because some months have 28, 29, or 31 days. It is important to keep the patient on a 30 day (or 90 day) schedule with all prescriptions synchronized and not get hung up on keeping the date the same each month. After many years of being enrolled in the ABM, a patient's prescription date will naturally "drift" to be earlier and earlier each month. This is normal! Just be sure to confirm the appointment date on each monthly phone.



# Pharmacy's ABM Implementation Guide

## MODULE 4

## Sharing Benefits of the ABM with Other Prescribers

Pharmacies can enhance prescriber understanding and acceptance of the ABM by introducing the concept and advantages of the model to physicians, nurse practitioners, and physician assistants in their local area. This can be accomplished by sending letters or faxes, visiting offices in person, or making phone calls. Each interaction with these prescribers should clearly relay how the ABM improves their patients' lives and increases the efficiency of interactions they have with the pharmacy.

Key benefits to prescribers that should be highlighted are:

- Fewer calls and faxes from the pharmacy/patients requesting refill authorizations
- Ability to have the pharmacy identify and share patient adherence issues
- Ability to efficiently review the entire medication profile on one call with the pharmacist when medication-related issues are identified

Proactively contacting prescribers will increase their receptivity to providing prescriptions for the one-time synchronization short-fills that are needed to start patients on the ABM. To reinforce the message from that initial contact, pharmacy staff should send a letter to prescribers who care for each patient after the patient opts into the ABM program. A sample of a prescriber outreach letter is included on the next page.



**SAMPLE LETTER TO PRESCRIBERS**

*[Use Pharmacy Letterhead]*

[Prescriber's Name]

[Practice Name]

[City, State, ZIP]

[Date]

Re: Our Mutual Patient [Insert Patient's Name]

Dear [Insert Prescriber's Name]:

Our mutual patient has elected to have [his/her] prescription medications synchronized to come due on a single day each month through [Insert pharmacy name]'s Appointment Based Model program. The convenience of a single monthly trip to the pharmacy saves our patient time and helps [him/her] become more adherent to [his/her] medicines. The single appointment also allows me to have an in depth conversation to assure all medications are working as intended. [Insert Patient's Name]'s appointment date is currently scheduled to be the **[Insert Appointment Date]** of each month.

Through this program, patients no longer have to call for refills or worry about running out of their medications. We contact them approximately one week before refills are due each month to review their prescriptions, discuss recent doctor visits or hospitalizations, and answer any questions they may have. Our goal is to help our patients better understand their medicines and achieve optimal health outcomes.

**How This Program Helps You:**

- Fewer calls and faxes from the pharmacy/patients requesting refill authorizations
- Ability to have the pharmacy identify and share patient adherence issues
- Ability to efficiently review the entire medication profile on one call with me when medication-related issues are identified

To start our patient on this service, a short-fill prescription may be needed to align the all chronic medications to a single appointment day. If so, a fax will be sent to request your authorization. I am pleased to partner with you in the care of our patient and hope you will think of me as a trusted member of your healthcare team. Please contact me to discuss any aspect of our patient's medication therapy.

Sincerely,

[Pharmacist's Name]

Pharmacist

[Contact Information: Phone, Fax, Email]



# Pharmacy's ABM Implementation Guide

## MODULE 5

## Integrating Technology and Data Monitoring into the ABM

Initial implementation of the ABM is usually paper-based to easily test the model and refine operational processes. However, there comes a tipping point in every implementation where the pharmacy staff can no longer handle the workload associated with monthly phone calls and paper-based documentation systems. It has been reported that this threshold is typically reached when approximately 100 patients enroll in the ABM within one store. Technology can facilitate scalability of the ABM and is vital to help pharmacies bring this service to all of their patients.

### **AUTOMATED CALLING AND SOFTWARE CUSTOMIZATION**

Health information technology functionality can be adapted by software vendors or pharmacy informatics personnel to support the ABM program. These changes can allow for the automatic aggregation or input of certain data elements that eliminate the need to maintain paper forms in addition to electronic profiles. The integration of technology into this process creates standardization, scalability, and measurability of the services provided. It also allows for ongoing monitoring of tasks, compilation of the number and types of interventions performed, and reporting of outcomes across practices and systems. As the ABM becomes increasingly popular within the implementing pharmacies, automating monthly patient calls and introducing ABM components into pharmacy software can assist pharmacy staff as they seamlessly deliver ABM services.

### **DATA COLLECTION AND MONITORING**

In a health care environment where “you are what you measure,” collecting data elements and synthesizing them into concise reports within a local ABM implementation can provide immense value to the pharmacy and potential collaborators. Internal to the implementing organization, data is valuable to indicate how well the program is being executed, the impact it is having, and areas of quality improvement. Externally, data reports can be used to show improved safety, efficacy, and outcomes from the model to patients, prescribers, and potential payers. A suggested dataset is below and can be tailored to assure pharmacists are able to demonstrate how the ABM achieves local implementation goals.

Pharmacies that can proactively bring forward examples of improved health outcomes and medication adherence due to an ABM will be able to better market the value of participating in the program to patients and prescribers, which will lead to expanded and sustainable provision of services.



### ABM DATA ELEMENTS

Process and outcomes data elements that may be considered when evaluating ABM program include:

- **Adherence Measures:** Proportion of days covered, Persistence, Gap days of therapy, PQA measures, 5-STAR ratings, Prescriptions that would not have been filled (post-hospitalizations – lead to filled prescriptions that would not have been captured)
- **Medical Outcomes:** Clinical outcomes, ER visits, Hospitalizations, Avoided adverse drug reactions
- **Process Measures:** Call log (types and results of calls), Activities performed during appointment, Questions asked during call, Types of interventions (check box), Time spent with consumer, Inventory costs and turnaround, Pharmacist efficiency (time in motion), Care coordination services performed
- **Demographic Measures:** # of brand or generic medications, Copayments, Quantity of medications per person, Age, Comorbidities
- **Satisfaction Measures:** Customer satisfaction, Pharmacist satisfaction
- **Economic Measures:** Impact on total health care costs



