



APhA Foundation White Paper

Pharmacy's Appointment Based Model

A Prescription Synchronization Program
that Improves Adherence





Pharmacy's Appointment Based Model: A prescription synchronization program that improves adherence

AMERICAN PHARMACISTS ASSOCIATION FOUNDATION

ABSTRACT

Objective: To synthesize the experiences of an expert panel of individuals related to designing and implementing innovative methods to improve medication adherence, especially through appointment based models and refill synchronization, and to describe benefits and implementation requirements of the methods.

Data sources: A group of stakeholders gathered on January 9-10, 2013, in Washington, DC with participants representing 11 community pharmacies or pharmacy networks, 3 national organizations, and 2 government agencies. Six consortium participants are affiliated with organizations that are currently operating or exploring the ABM.

Summary: The care model used in community pharmacies across America can be optimized to promote medication adherence and enhance the medication use experience. The Appointment Based Model (ABM) shifts the pharmacy staff's focus from passively filling prescription orders at the request of the consumer on an unaligned schedule to proactively synchronizing a pick-up date for chronic medicines and confirming the consumer is receiving the correct medications each month. The ABM empowers pharmacists and pharmacy staff to establish, impact, and grow the pharmacist-consumer relationship. To facilitate successful widespread adoption of the ABM, consortium participants recommended implementation tactics related to leadership buy-in, staff training, data collection, technology integration, business model considerations, and service marketing.

Conclusion: The ABM has been shown to improve consumer adherence, persistence, and satisfaction. It also improves efficiency for the consumer and the pharmacy staff, while creating an ongoing conversation with each consumer to help optimize medication use. The consortium participants' implementation considerations provide methods and infrastructure for successfully starting and growing the ABM in a community pharmacy setting, leading to improved medication adherence, increased customer loyalty, and the generation of new revenue.

Keywords: appointment based model, adherence, synchronization, pharmacy, business model

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BACKGROUND

The care model used in community pharmacies across America can be optimized to promote medication adherence and enhance the medication use experience. The current pharmacy workflow operates around consumers bringing in new prescriptions, calling for medication refills, and picking up their medications at their convenience. The pharmacy staff can become overwhelmed as they spend their time answering phone calls, contacting physicians and insurance companies, and filling prescription orders. Consumers who are on multiple medications often visit the pharmacy many times a month, which creates inefficiency for the consumer and the pharmacy.¹ Beyond creating inefficiency, the current pharmacy model is not conducive for pharmacists to perform regular comprehensive medication reviews, provide medication therapy management (MTM) services, or consult with consumers about the impact medications have on their lives. This limits pharmacists' ability to improve medication adherence, safety, and efficacy.

With minor modifications to pharmacy workflow, pharmacists would be ideally positioned to be medication adherence experts and improve consumer outcomes. Pharmacy systems contain information that could provide pharmacists with insight into each consumer's compliance history based on how often prescriptions are filled. In an optimized environment, pharmacists are able to use this information to start the conversation with consumers about medication use and any issues that may impact adherence and compliance.² Adherence is an entry point for pharmacists to provide MTM and to take on a larger role on each consumer's health care team. Over the past few years innovative pharmacy practices have been adopting a new care model that empowers the pharmacist and pharmacy staff to establish, impact, and grow the

pharmacist-consumer relationship. These pharmacies have noted that their new Appointment Based Model (ABM) improves pharmacy operations while creating an ongoing conversation with each consumer to help optimize medication use and identify other pharmacists' patient care services that may be beneficial to that individual.²

ABOUT THE APPOINTMENT BASED MODEL

The ABM is a patient care model designed to improve consumers' adherence to medications and build efficiencies in pharmacy operations. The ABM was first implemented by John Sykora, a pharmacist in Long Beach, California, in 1995 and was more widely implemented and evaluated in 2009 by the Alliance for Patient Medication Safety (APMS).^{1,2} APMS best describes how ABM operates in their Appointment Based Model Operations Manual:¹

"The engine that drives the ABM is prescription synchronization. By having all of a patient's prescriptions synchronized to be refilled on the same day of the month, waiting for call-ins has been eliminated. The patient is assigned a day of the month that is convenient for them to pick up all prescriptions. Prior to this appointment day, the patient is contacted with a single call to determine the fill 'order' for that patient."

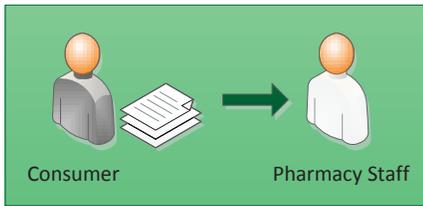
ABM shifts the pharmacy staff's focus from passively filling prescription orders at the request of the consumer on an unaligned schedule to proactively synchronizing a pick-up date for chronic medicines and confirming the consumer is receiving the correct medications each month.¹ In the ABM, pharmacist and pharmacy staff are able to perform a comprehensive review of all medications each month, which provides the opportunity to identify therapeutic and compliance issues that consumers may be encountering. Figure 1 depicts a typical consumer experience and pharmacy workflow within the ABM model.¹

The monthly call to the consumer is a core driver of success within the ABM. This pre-appointment call is an important opportunity for pharmacy staff to listen to patients rather than talking at them about their medicines, which is often the approach used in current pharmacy practice. During the call, the pharmacy staff has a conversation with the consumer about their medications that are scheduled to be filled, reasons for discontinuing treatments, and whether the consumer 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. As the pharmacy staff obtains the information needed to efficiently and effectively fill the synchronized order each month, consumers are able to see how the pharmacy staff serves as a partner in their health care.

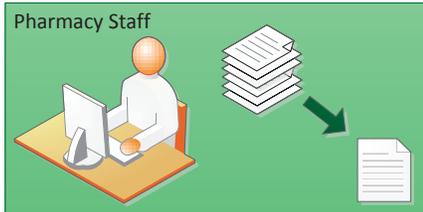
"One of the things our patients enjoy most about the appointment based model is having a personal contact at the pharmacy — my pharmacist — someone they know by name who calls them once a month about their medications. We believe the program is helping us build patient satisfaction and loyalty. Interestingly, we have also experienced a very noticeable decrease in foot traffic, which has resulted in less day-to-day chaos, which relieves stress levels. A definite plus! At the same time, the script count and retail product sales have remained steady, both good things also!"

-Pharmacist, Washington

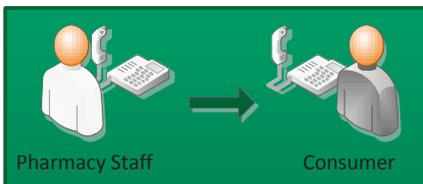
Figure 1 - The Appointment Based Model



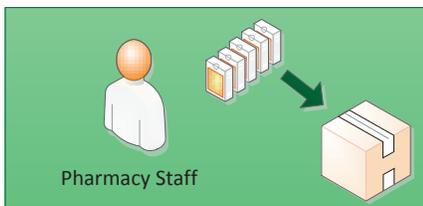
1. The consumer brings new or refill prescriptions to the pharmacy.
2. The pharmacy staff explains the ABM and how it can decrease visits to the pharmacy.
3. The consumer decides to enroll in the ABM and talks with the pharmacy staff about establishing a synchronized appointment date to pick up prescriptions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



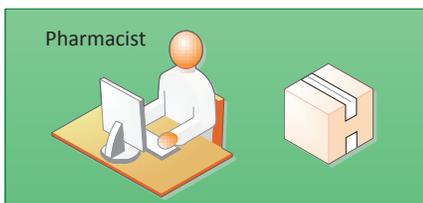
4. The pharmacy staff reviews the consumer's profile to formulate a plan to synchronize all chronic medications so they can be picked up on the same date.
5. In order to synchronize prescriptions to the determined appointment dates, the pharmacy staff will perform "short fills" (less than a typical supply) or "long fills" (more than a typical supply) depending upon refill timing and the cost of the medication.



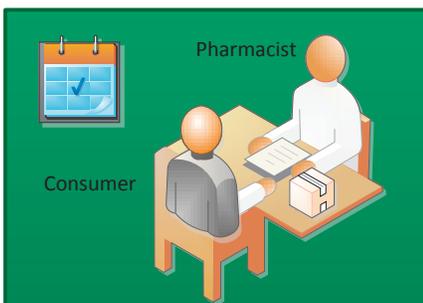
6. Each month a member of the pharmacy staff will call the consumer approximately a week before the appointment date to confirm that the prescriptions should be filled, to identify any changes in therapy, and to facilitate any care coordination that should take place before the more medications are dispensed.



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.



“For us, the real differentiator is the monthly consultation. Patients with chronic medical conditions value the personal attention we provide. When we place that phone call to them every month, we aren’t just asking about the prescriptions they need refilled. We’re taking the time to inquire about them, their health and how they’re doing. We believe that the caring approach advocated in this program makes all the difference in motivating our patients to stay on their medications and realize better health outcomes.”

-Pharmacist, Georgia

When the consumer arrives on their scheduled 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 consumer, which can drive consumer adherence, satisfaction, and loyalty.

DRIVING WIDESPREAD ADOPTION OF THE ABM

The American Pharmacists Association (APhA) Foundation convened a consortium of sixteen national stakeholders for a roundtable discussion about unique experiences and attributes of successful appointment based models and prescription synchronization programs that improve medication adherence. Consortium contributors are listed in Appendix 1. The group gathered on January 9-10, 2013, in Washington, DC with participants representing 11 community pharmacies or pharmacy networks, 3 national organizations, and 2 government agencies. Six consortium participants are affiliated with organizations that are currently operating or exploring the ABM:

- Abrams & Clark Pharmacy in Long Beach, CA originated the ABM in 1995 as the “Personal Service Program (PSP) to improve patient care, make consumers happier and make the pharmacy’s business better. Currently over 50% of consumers have opted to participate.
- Thrifty White in Minnesota implemented the ABM in the middle of 2011. In 2013, Thrifty White expects to fill over 1,000,000 prescriptions in the refill synchronization program.

- Bartell Drugs in the Pacific Northwest has the ABM operating in 50 pharmacies within a 50 mile radius of each other for over 2 years.
- Fred’s Pharmacy in Memphis, TN is currently operating a 15 store pilot program that kicked off at the end of 2012 and features a fully automated process.
- Rite Aid is currently piloting the ABM in a small district in western Pennsylvania to test the model and work out necessary process improvements.
- Publix Supermarkets became interested in medication synchronization at a 2012 meeting of the National Association of Chain Drug Stores (NACDS) and will be launching a pilot in 2013.

The information collected from the consortium participants included anecdotes from local initiatives describing the barriers and adversities overcome during implementation, facilitators of success, and other key components and measures that were needed while local initiatives were launched. Over the course of the one and one half day meeting, the consortium identified common themes that should be addressed in order to implement and sustain an ABM in a pharmacy. This white paper details the consortium participants’ recommendations in three main categories: 1) ABM implementation, 2) business modeling, and 3) marketing. The recommendations are intended to motivate and assist innovative pharmacy owners, pharmacy managers, and pharmacists as they explore implementing the ABM in their practice setting.

The consortium emphasized that almost nothing additional is required to implement an appointment-based model. The key message woven throughout the recommendations that follow is that the ABM is simple and can be implemented in any pharmacy. It is flexible based upon the practice setting, and further customization, including the use of technology, collection of data metrics, and payment for services, can take occur once the core components of the model are in place. The ABM provides pharmacies with the opportunity to impact population health, to improve individual consumer health outcomes, and to take responsibility for driving and optimizing the consumer-pharmacist relationship through simple changes that can be implemented in any community pharmacy setting.

IMPACT OF THE ABM

Consortium members reviewed background materials and shared experiences that conveyed how the ABM can increase efficiency and profitability, improve consumer adherence to medications, and boost consumer satisfaction. Each example highlighted that the ABM does not require any integration or modification of pharmacy management systems and necessitates a very low



investment, if any, to implement. However, the ABM was noted to improve pharmacy workflow by decreasing the number of daily phone calls that come into the pharmacy and potentially leading to greater inventory control.¹ Through the evidence provided, the consortium also noted that the ABM was more than just a means to create efficiency within the pharmacy. As more pharmacies implement ABM, data from the pilot projects shows that medication persistence and adherence rates and prescription volume are all increased within the ABM.³⁻⁶ Increased prescription volume could mean a potential increase in revenue of \$260 per non-adherent patient per year for the pharmacy.⁷ Additionally, consortium members shared that consumer satisfaction is higher within the ABM than within the traditional pharmacy model. The summary reports below exemplify the evidence that was shared with the consortium and emphasize the impact that a widespread implementation of the ABM could have on patient adherence.

A 12 month pilot study conducted by the National Alliance of State Pharmacy Associations (NASPA) focused on the impact of the ABM on adherence and persistence for 1,460 consumers in 85 participating independent pharmacies. A consumer is classified as “persistent” if the prescription is refilled before the end of the grace period, which begins at the end of the supply of the previous prescription and is equal to one-half of the days’ supply of 1 prescription (e.g. the grace period for a prescription with a 30 day supply is

“I think most patients want to be compliant, but for a variety of reasons, some just aren’t. They forget. They can’t afford what has been prescribed. They get confused, especially when they have many different medications to take. The ABM program really helps keep them on track, and lets me know what’s going on with them so I can help eliminate the adherence obstacles.”

-Pharmacist, NASPA study

15 days). A consumer is “non-persistent” if the refill gap exceeds the grace period. After 12 months in the ABM, 57% of the non-persistent consumers who were enrolled at baseline became persistent. The percentage of persistent refills in the non-persistent consumers increased from 59% prior to the ABM to 76% after implementation, and persistent consumers maintained their persistency at 91% over the 12 month study period. The pharmacy realized an

average of 2 additional refills per consumer per prescription per year.⁴

Most recently, Thrifty White Pharmacy has published persistence and adherence data from 679 people enrolled in the ABM within their stores. These consumers were selected based on having at least two fills for one of 6 chronic medication classes, including angiotensin-converting-enzyme inhibitors or angiotensin-receptor blockers, beta blockers, dihydropyridine calcium channel blockers (CCBs), thiazide diuretics, metformin, and statins.⁶ A control group people was also selected for each of the six categories and included 2,087 consumers who had a medication filled but was not enrolled in the ABM. 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. Consumers enrolled in ABM were 3 to 6 times more likely than controls to be adherent during the evaluation period.⁶

Finally, a survey provided to 53 people at USA Drug shows that consumers are more satisfied with the care they receive when they are enrolled in the ABM. Nearly 80% of respondents indicated that they were more likely to take their medications because of the ABM and because of the discussions they have with the pharmacy staff. Over 98% of respondents preferred the ABM and thought that the ABM was a more convenient way to fill prescriptions. One hundred percent of respondents liked having the pharmacist keep track of when prescriptions needed to be refilled, and 100% of respondents also said that they would recommend the ABM to friends and family.⁸

The ABM has shown dramatic improvements in consumer adherence, persistence, and satisfaction through various pilot studies across America. Additionally, it has improved efficiency for the consumer and the pharmacy staff, while also generating potential new revenue due to increased adherence. Based on this information, the consortium members rallied behind the cause of providing a roadmap to help other community pharmacies seize the opportunity to advance pharmacy practice while improving consumer health.

GUIDANCE FOR ABM IMPLEMENTATION

The ABM will fundamentally change how business is conducted and care is delivered, and the consortium agreed that *garnering buy-in* from senior management, store level management, pharmacists, and staff is essential to successful implementation. Often times the best way to begin generating support for the ABM is to identify a champion or advocate for the model that can connect with many individuals within the organization. Through



“Community pharmacies may be hesitant to start the [ABM] program. There is some up-front effort involved, and assigning a dedicated staff member or student is very helpful. However, once it is started, the rewards are endless! Patients will come in once a month and tell us how much they love the program. Physicians feel that we are taking their time-consuming work from them, and they appreciate it. Our work flow has become very efficient, and the inventory is more controlled.”

-Pharmacist, Colorado

peer-to-peer outreach, the advocate can drive organizational perceptions 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.

Defining the core components of the ABM that will be operationalized is the first implementation step once all people have bought-in to the organizational change. The cornerstone of creating a successful ABM is a system that creates specific, predictable, and measureable outputs. Consumers should be able to expect the same type of care each time they interact with the pharmacy staff. In order to make this happen, the consortium posed a few basic questions that should be considered by each implementing organization:

- Will the ABM program be opt-in (consumers must elect to enroll in the service) or opt-out (consumers will automatically participate unless they specify otherwise)?

- Will consumers have a personal pharmacist or will any pharmacist at the pharmacy provide the monthly medication review and consultation?
- Will appointments be on a specific day? Will they be at a specific time? How will this impact the perceived value of the service?
- Which elements of the ABM will be delivered by a member of the pharmacy staff? Which elements will be automated? How does automation of certain components detract from or add to the care that is delivered?

Questions related to higher level ABM service delivery that were posed by the consortium include:

- How will the pharmacy provide incentives to keep consumers engaged and maintain pharmacists and technicians enthusiasm to provide optimal care in the ABM?
- How can the ABM integrate into or generate care coordination activities? Ideally, what impact will ABM have on the consumer-pharmacist-provider relationship along the care continuum?
- How can the ABM be utilized to introduce or optimize MTM and collaborative practice agreements services in the community pharmacy?

When the core components of the program implementation are defined, the consortium encourages leadership to 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 consumer’s lives.

Education of the pharmacy staff is the next implementation step once buy-in is achieved and a plan is developed. Providing consistent education to pharmacists and technicians will be essential in assuring staff is knowledgeable about providing ABM services and explaining the value to consumers. This education may include modules about prescription synchronization, care coordination, technician vs. pharmacist roles, new technology, documentation requirements related to process and outcomes measures, and methods for engaging consumers. Pharmacists may receive additional education related to developing consumer-pharmacist relationships, performing a comprehensive medication review (CMR), targeting adherence issues, and providing MTM within the ABM. Education, including providing tools, feedback, and regular reinforcement, was identified by the consortium to be a core component of consistent and successful ABM implementation.



POTENTIAL DATA ELEMENTS

The consortium’s list of potential process and outcomes data elements that may be considered when implementing an appointment-based adherence program includes:

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: ER visits, Hospitalizations, Clinical outcomes, Avoided adverse drug events

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, Age, Comorbidities, Copayments, Quantity of medications per person

Satisfaction Measures: Customer satisfaction, Pharmacist satisfaction

Economic Measures: Impact on total health care costs

Collecting data elements within a local ABM implementation can provide immense value to the pharmacy and potential collaborators. The consortium recommended identifying data points that would of particular interest to local payers and providers, especially within shared savings scenarios, to optimize the applicability of the data. Each data element collected within to the model should answer a specific question about the quality of care that is being delivered and should fully integrate into consumers’ entire health records. The full dataset can be tailored to assure pharmacists are able to demonstrate how the ABM produces meaningful health outcomes, creates value to the health care team, and is worthy of reimbursement.

In a health care environment where “you are what you measure,” pharmacies implementing the ABM could dramatically benefit from synthesizing data into meaningful reports. Internal to the implementing organization, the data is valuable to indicate how well the program is being executed, the impact it is having, and areas of quality improvement. Externally, the data reports can be used to show improved safety, efficacy, and outcomes from the

model to potential payers, shared savings networks, and consumers. The measures of improvement will be useful to align the impact of pharmacists utilizing the ABM with the quality measures (e.g. CMS Five Star Quality Ratings) and cost savings many doctors, hospitals, and payers are striving to achieve.

Technology can facilitate the implementation and scalability of the ABM and is vital when pharmacies choose to collect and analyze ABM data to help show the value of the model. Health information technology functionality can be adapted by software vendors or pharmacy informatics personnel to support the care delivery process. These changes can allow for the automatic aggregation or input of certain data elements that track the interventions performed within the ABM. 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.

BUSINESS MODELS FOR THE ABM

A key component of successfully implementing an ABM is to have a significant value proposition associated with performing the service. In order to build a suitable business model, each pharmacy must create clear financial value for the consumer and for the business. This financial value may initially hinge on something intangible, such as greater convenience for people picking up their medicines or greater customer loyalty to the pharmacy, but it must always result in a sustainable business model to perpetuate customer demand and program implementation. The consortium expressed that once this business model is well-defined, many more pharmacies will become enthusiastic about embracing the ABM.

The value for the consumer will be mainly intangible and may include reduced visits to the pharmacy, understanding of medication indication and direction for use, assurance

“From the pharmacy’s perspective, this model allows us to play a more proactive role in our patients’ care. We have the opportunity to review a patient’s entire profile at once and proactively intervene, as necessary, when therapy problems arise. This is a patient-centric pharmacy care model as opposed to a drug-centric model.”

-Pharmacist, Ohio



that the complete medication profile is being reviewed, increased care coordination, or other quality of life factors. Pharmacies must assure that the cost of engaging in the ABM is not a deterrent for engaging in this type of care. This includes any monthly fees charged by the pharmacy as well as the cost of one-time short or long fills that are

“The pharmacy inventory is easier to control, customer satisfaction has increased, productivity is smoother, and our prescription count has increased! This prescription adherence management program is an excellent opportunity for any community pharmacy.”

-Pharmacist, Colorado

needed to properly synchronize the medication refills. As ABM models are operationalized, pharmacies must be aware of out-of-pocket costs to the consumer as well as the pharmacy fees that are charged to managed care organizations (MCOs) during the synchronization process. By working in partnership with the MCOs and other payers, pharmacies can create a solution to potential financial barriers that may arise for consumers.

The value for the pharmacy may be defined in three progressive stages of the ABM delivery: 1) efficiency of operations and increased customer loyalty, 2) budding revenue stream, and 3) integrated business service. Implementing pharmacies may choose to begin delivering services in any of these three scenarios dependent upon local relationships with potential payers. Implementing an ABM in order to improve the efficiency of operations of and increase customer loyalty to the pharmacy is the baseline entry into a business model for these services.^{1,2} 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. Consortium participants indicated that 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. These somewhat intangible benefits may create a viable business model for many pharmacies that are looking offer services that differentiate

them from their competition or that are interested in more opportunities to interface with potential payers. When implementing the ABM as a budding revenue stream that reaches beyond enhanced customer loyalty, pharmacies must begin to embrace the concept that reimbursement will not be tied to the product that is sold, but rather will be based on the service provided or outcomes achieved. Pharmacies interested in shifting from an implementation that was designed to improve the efficiency of operations may use outcomes and satisfaction data from the existing program to show value to potential payers, including consumers and self-insured employers. For pharmacies that initially choose to implement ABM as a budding revenue stream, interacting with payers up front may lead to improved implementation and potential for reimbursement because the model can be tailored to meet the requirements for payment. The consortium noted that “selling” these services to potential payers will require pharmacists to speak in the language of payers. Comprehensive medication review and prescription synchronization are often considered billable services for many payers, and the ABM includes these two components. Utilizing MTM as the basis of the in-person ABM interaction may provide the flexibility to fit into the business model and processes of each potential payer.

Pharmacies may choose to implement an ABM or shift their existing ABM to become more of an integrated business service. The consortium expressed that the recent emergence of accountable care organizations (ACOs) may change how pharmacies perceive the financial viability of ABM delivery. As an integrated service, the pharmacy would have its ABM ingrained as a core component of

“I work in an older pharmacy where sales and volume has been flat for years. I implemented ABM in April of 2011... My doctors and patients love it and are helping to “sell” the program for me. My September prescription volume is up 900 prescriptions over the same month a year ago”

-Pharmacist, Oklahoma

existing care models, including ACOs. These care models are often reimbursed or incentivized based on outcomes, which creates a unique opportunity for pharmacists to play a key role in assuring consumers are receiving their medications on schedule and are taking them as directed.



Pharmacies will need to understand if the ABM is an expected service or an added service within the care model, how ACOs will be using billing codes, and what agreements and benchmarks need to be in place to assure contracted pharmacy can participate in shared savings programs. Proactively bringing forward examples of improved health outcomes and medication adherence due to an ABM will be essential as pharmacies make the case to be included in these models.

MARKETING PLAN FOR THE ABM

Once the practice model and business model are in place, pharmacies must shift their focus to creating demand for the service in the marketplace. The ABM is for everyone and can benefit all consumers as pharmacists work to help people achieve health goals, stay on their medicines, and avoid adverse events.¹ In order to generate demand, consumers and their family members must understand the value of ABM and how pharmacists are improving people's health through this model. Public awareness campaigns that clearly portray the ABM as a health care solution are needed to generate support for the model as it is implemented in local communities. These campaigns may be more successful if pharmacies partner with consumer advocacy groups that understand the target audience and how to provide information that will be readily embraced by these groups.

A key method to achieve understanding is to demonstrate the consumer experience within the campaign. This includes describing the initial process for getting all medication on the same refill schedule, detailing the activities the pharmacy staff performs to review and confirm monthly orders, and defining what services consumers can expect each time they enter the pharmacy. Consumers may also gain additional understanding of the impact ABM can have on their daily life through testimonials provided by others already engaged in 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.

"There is a nurse who comes in to get all the prescriptions for the patient she cares for. She used to have to keep track of her patient's multiple medications, place all the refill requests, make numerous trips to the pharmacy to pick up the medications, and package them up to dispense to her patient daily. We have eliminated half of her work! Everything is organized and ready all at once, so she can easily package the daily doses."

-Pharmacist, NASPA study

CONCLUSION

The ABM provides an opportunity for community pharmacies to increase the quality of care consumers receive by providing a more efficient and valuable interaction with the pharmacy staff. Once the pharmacy has obtained organizational buy-in, defined workflow tactics, and performed staff training sessions, they can market the program to consumers who could benefit from having medications synchronized and a single appointment with the pharmacist each month. Following the telephonic and in-person interactions, data aggregation, analysis, and reporting – often facilitated by technology - provide a means to champion the model and grow the service. This growth includes enrolling more consumers, creating further operational efficiencies, exploring the ABM as a budding revenue stream, and ultimately establishing the ABM as a core service in integrated care delivery. A dozen mid-sized and regional pharmacy chains have already taken steps to make the ABM a cornerstone of the care they offer.

For more information about the Appointment Based Model and for resources to help operationalize ABM in your practice, please visit www.aphafoundation.org.

"Everybody is a winner. The greatest savings for the pharmacy, for the patients, and for the whole overall health care system will be achieved from adherence to drug therapy resulting in improved disease management, reduced hospitalizations and fewer physician visits."

**-John Sykora, Abrams & Clark Pharmacy
Originator of the ABM**



APPENDIX 1 – CONSORTIUM MEETING ATTENDEES

Consortium Participants

John Beckner
Giant Pharmacy

Kristen Betts
Centers for Disease Control and Prevention

Bob Egeland
Hy-Vee

Stephen Giroux
Middleport Family Health Center

Peter Koo
Bartell Drugs

Jessica Lee
Kerr Drug

Dan Luce
Walgreens

Jesse Mccullough
Rite Aid

Thomas Menighan
American Pharmacists Association

Robert Narveson
Thrifty White Pharmacy

James Owen
APhA [e-HIT Collaborative]

Pete Ratycz
Discount Drug Mart

Lee Rucker
AARP Public Policy Institute

Robin Sistrunk
Publix

John Sykora
Abrams & Clark Pharmacy

Lisa Tonrey
USPHS Indian Health Service

Eleanor Twigg
Fred's Pharmacy

George Vuturo
RxAlly

Pfizer Representatives in Attendance

David Searle
Pfizer

Walt Slijepceovich
Pfizer

APhA Foundation Staff in Attendance

Benjamin Bluml
APhA Foundation

Caroline Shedlock
APhA Foundation

Mindy Smith
APhA Foundation

Lindsay Watson
APhA Foundation

Krystal Weaver
APhA Foundation



REFERENCES

1. Alliance for Patient Medication Safety. Appointment Based Model Operations Manual. Richmond, VA. 2009. Accessed at <http://www.naspa.us/documents/grants/abm/ABM%20Manual%206-10.pdf>. March 11, 2013.
2. Alliance for Patient Medication Safety. The Appointment Based Model: Project Results and Next Steps. March 25, 2011. Accessed at http://www.naspa.us/documents/grants/abm/ABMUpdate3_25_11edited.pdf. March 11, 2013.
3. Holdford, David. Patient Centric Model Pilot Data Analysis Six Month Report. Prepared for The Alliance for Patient Medication Safety. Virginia Commonwealth University. Accessed at <http://www.naspa.us/documents/grants/abm/NASPA%20ABM%20Six%20Month%20Final%20Report.pdf>. March 11, 2013.
4. Holdford, David and Inocencio, Timothy. Patient Centric Model Pilot Data Analysis Final Report. Prepared for The Alliance for Patient Medication Safety. Virginia Commonwealth University. Accessed at <http://www.naspa.us/documents/grants/abm/NASPA%20Report%204-08-2011%20Final%20Reports.pdf>. March 11, 2013.
5. Logan, Tripp and Armstrong, Todd A. Impact of Mind Your Medicine Program on Persistence and Adherence: A Descriptive Report. December 2010. Accessed at <http://www.naspa.us/documents/grants/abm/L%20%20S%20Adherence%20Write-up%20UPDATE%2012-22-10.pdf>. March 13, 2013.
6. Holdford, David and Inocencio, Timothy. Appointment-Based Model (ABM) Data Analysis Report. Prepared for Thrifty White Pharmacy. Virginia Commonwealth University.
7. Stone, Devin. The Business Case for Adherence. America's Pharmacist. September 2010. p30-32. www.americanpharmacist.net.
8. Holdford, David and Saxena, Kunal. Appointment Based Model Data Analysis Report: Prepared for USA Drug. January 29, 2013.

