The Effect of Community Pharmacy Technicians on Industry Standard Adherence Performance Measures After Cognitive Pharmaceutical Services Training

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Purpose/Background:
• Cognitive pharmacy services (CPS) includes Medication Therapy Management (MTM) and adherence coaching.
• CPS provided by pharmacists can reduce healthcare costs through improved patient adherence. Poor medication adherence causes decreased quality of life, increased morbidity and mortality, and increased healthcare costs.
  • Healthcare payers recognize the importance of medication adherence and use it as a means to track quality of care.
• EQuIPP is a platform that provides unbiased information on industry standard performance measures to managed care and community pharmacy organizations. It covers over 23 million patients enrolled in Medicare, Medicaid, or commercial health plans. Three core measures for EQuIPP are related to adherence.
  • Pharmacists cite time constraints as one reason they are not more involved in CPS services.
• Community pharmacy technicians can aid in CPS support tasks after having gained confidence and improved competence as a result of proper training.

Research Objective:
• Determine the effect of community pharmacy technicians on industry standard adherence performance measures after CPS training.

Methodology:
• Sixteen community pharmacy technicians from the Kroger Nashville Division were chosen to participate in a CPS training program based on internal pharmacy benchmarking data.
• The training program consisted of three components:
  • Classroom training for Mirixa, Outcomes, and SOCRxATES
  • Web-based training activities for Mirixa, Outcomes, and SOCRxATES (live webinar)
  • Hands-on in-pharmacy training
• Data was abstracted from the pharmacy level EQuIPP reports of the proportion of days covered (PDC) for adherence to non-insulin diabetic medications (Diabetes); HMG-CoA reductase inhibitors (Cholesterol); and angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers (RASA).
• Baseline data was collected from September through October 2015.
• Intervention data was collected from November through December 2015.
• Data was collected and analyzed using descriptive statistics.
• This study was a retrospective analysis, classified by the University of Tennessee College of Pharmacy IRB as exempt from review.

Results:
• Across the board, each site showed improvements in most of the scores.
• Sites either maintained a 4-Star score, or improved to or maintained a 5-Star score.
• While seven of the sixteen sites had a 4-Star score at baseline for Diabetes, four of these sites improved to a 5-Star score post-intervention.
• Post-intervention, Diabetes had the fewest sites with a 5-Star Performance score out of the three measures. However, it should be taken into consideration that the 5-Star Performance score goal for Diabetes is higher than the other two measures.
• For Cholesterol at baseline, fourteen sites achieved a 5-Star score and two sites achieved a 4-Star score. Post-intervention, all sixteen sites achieved a 5-Star score.
• Fifteen of the sixteen sites showed improvement in the Cholesterol measure.
• All sixteen sites maintained a 5-Star score the entire timeframe for RASA.
• Of the sixteen sites, 69% showed improvement in the RASA measure.

Conclusion:
• This study is the first to report a positive trend between technician involvement in CPS and improvement in industry standard adherence performance measures.