Star Measures Success: KTA Super Stores

Kerri Okamura, RPh

Pharmacy Name:
KTA Super Stores

Community Type:
Rural and suburban type of communities

Pharmacy Setting:
Located in grocery stores

Patient Base:
Approximately 30% Medicare

Primary Objective:
Improve star ratings with new ABM initiative

When it comes to Star Measures success, getting started is often the biggest hurdle for independent community pharmacies. What's the first step? How do you implement a program to improve Star Ratings? For KTA Super Stores' four pharmacies on the Big Island of Hawaii, success began with an adherence program. We sat down with Kerri Okamura, director of pharmacy for KTA Super Stores, and Megan Arbles, pharmacy manager at the Puainako location, for a question-and-answer session on the challenges, process and success they've experienced with their program.

Q: Let's start by talking about the business challenges that spurred your decision to implement an adherence program?

A: Initially, across the board, we were seeing Star Ratings that were twos and threes. We knew we needed to take action to raise those ratings by improving adherence among our patients. Since we have a relatively high Medicare population, and a high population of diabetic patients, focusing on the adherence measures made sense.

We started implementing the program in January 2014, and the goal for all of our stores was to enroll at least 100 patients. We currently have a total of 613 patients enrolled in our program.

Q: What type of adherence program did you select? What were some of the challenges you experienced with implementation?

A: We started with the Simplify My Meds® synchronization program for National Community Pharmacists Association (NCPA) members. That was a great place to start, but then

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Star Measures Success: KTA Super Stores

we did some additional research and found the American Pharmacists Association's appointment-based model. We now follow that model with some modifications for all of our stores.

The first step in implementing the program, and also the initial challenge, was identifying patients who were eligible for the adherence program. We were able to produce reports through our pharmacy system on adherence, sorted by drug class. This is how we started enrolling patients, by looking at adherence on diabetes and cholesterol meds. We would then approach those patients about enrolling when they picked up prescriptions. This is how we continue to screen and enroll patients.

Q: Was the program difficult to set up?

A: The program was not difficult to set up. APhA's Appointment Based Model has everything from workflow to supplies to procedures spelled out for you. The challenge was figuring out the initial short fills to sync up our patients' medications. We found that the patients don't mind the short fills, and they're minimal. What the patients really like is that they can pick up everything at the same time.

There is some occasional patient resistance — some don't want to be on the program and would rather call in their prescriptions themselves. But we're trying to really counsel them on why adherence is so important. We are still working on the education piece with a small amount of patients.

We did have to train our staff on the system, as our technicians do the bulk of the work while the pharmacists will do the consultations at pickup. The techs have all been trained on how the program works and what daily procedures need to be performed. It actually runs smoothly because everyone's on the same page with what needs to be done. Of course, the biggest challenge with a new program is to get the buy-in from everyone. Some stores had a slow start, but eventually we could look at how the program was really driving increases in sales. For example, one store where program enrollment was low ended up being the only store with no sales increase over a period of time, and we could relate that back to this program and motivate them.

Q: What does the adherence program workflow look like now that you've implemented the appointment-based model?

A: First, we pull the patient files, and then a tech goes in and makes sure all the patient's prescriptions are on file and refills are available. We'll fax the doctor if refills are needed. We do all of this three to five days before the prescriptions are due for pickup. Initially, we would call and ask the patient if they needed all of their prescriptions filled. A lot of patients got confused and thought they were ready for pickup with that call. We made an adjustment to our process because of this, and we now make the call once they are ready for pickup. The pharmacist calls to advise the patient their prescriptions are ready. When the patient comes in to pick up, the pharmacist will ask the patient if he or she has any concerns or questions. Any information we gather from that interaction goes back into the patient's file. We were retyping and printing a form every single month to capture this, but since we've now got about 300 patients enrolled that form was getting cumbersome. We changed the patient chart to a

Star Measures Success: KTA Super Stores

one-year format where we update the notes every month with issues, doctor calls, etc. It's nice because we can always look back and see if the patient had any questions. If we notice a pattern of non-adherence, we have the notes to refer back to.

Though the program is somewhat manual, we were able to tweak it and customize it to meet our needs. It works because it requires the techs to be involved. We like that because we get the buy in and they see the benefits when they're so involved. If that was taken away, they may not see the importance of the program. Engaging the entire pharmacy in patient outreach is really important to us.

Often, the interaction between the pharmacist and patient is very quick. Most patients will say they don't have any questions. The consults that take a little longer are those that say they don't need a medication because they have a lot of it at home. That's when the pharmacist needs to talk to them about why they're not adherent — maybe whether we need to get them on a dose pack or call the doctor for a change.

Q: And what is that prescriber interaction like? Are they receptive to what you're doing with the adherence program?

A: We were able to speak to the East Hawaii Independent Physicians Association and do two presentations to explain the program and why we were faxing them for the short fills. We learned that the doctors also get a pay-for-performance incentive from insurance plans on patient adherence, so our adherence program benefits them as well as our mutual patients. The prescribers we touched with these presentations are the ones who we think are more progressive and interested in these types of programs. And the reality is the partnership with the prescriber has to occur.

Q: What are some of the efforts you're making when it comes to high-risk meds and the Safety Measures?

A: Our scores are strong now, but it's something that we definitely can still improve on, especially with high-risk meds. It's not something we've been addressing as much as we should be. We want to develop the procedure for how to screen and address these patients.

Q: While we're on the topic of additional measures, with the Comprehensive Medication Review (CMR) rate entering Star Ratings soon, how are you addressing Medication Therapy Management?

A: Currently, the bulk of that work — calling and making appointments — has fallen on the pharmacist. This year, what we really want to do is involve the whole staff, the technicians, in calling for appointments and even helping with documentation. That will validate the importance of MTMs and get them involved. Right now, we get MTMs loaded quarterly and we get to them when we can, so involving the techs more will help with the pharmacists' workload.

When we do CMRs, a lot of times we uncover administration errors. The patient may be taking a medication at the wrong time of day, with supplements they shouldn't be or not at all. We see a lot of adherence issues, so most patients who come

Star Measures Success: KTA Super Stores

in for MTM end up being enrolled in the adherence program as well. A lot of those who come in for MTM will also get an immunization before they leave. And that's something we've added to the adherence program — screening for immunizations.

Q: From your perspective, what have the biggest benefits of your adherence program been?

A: In addition to improving our Star Ratings — we're now at fours and fives across the board — we've seen an uptick in our prescription count and sales. We can definitely draw a correlation between the program and the sales. And while some of our store managers were a little bit worried about losing front-end sales with patients only coming in once a month, we actually are seeing an increase in the front-end.

One of the biggest additional benefits to the sync program is that our workflow is more manageable. For example, we had a couple of hurricanes last year and we were able to call our adherence program patients to come get their meds before the hurricane hit — we could look ahead. And the volume is manageable in that Megan, who runs a high-volume store — doesn't have crazy Mondays and dead Wednesdays like we used to. Now we can fill adherence prescriptions when we're slow on the weekends because the appointment-based model smooths out the workweek. The peak in filling is evened out. We have better control over volume and staffing.

There are inventory management benefits, too. One of the things we've noticed is that we've enrolled a lot of patients on really high-cost drugs, so we're not having those high-cost products sitting on our shelves. We do more on-demand ordering that reduces the cost of inventory-on-shelf. It's a tangible, financial benefit we can see on our P&L statement.

Q: In closing, what would you say to other pharmacies looking to embrace Star Ratings — what action should they take now?

A: What should they do first? Implementing an adherence program would be the best way to start addressing Star Measures. The fact is, the program is concrete and easy to follow, and it's pretty easy to implement. You don't have to create it yourself. The appointment-based model tells you exactly what you need, and it's available for use for free! Everything's in there, from workflow down to the supplies you need. You don't have to figure it out on your own. You don't have to spend thousands and thousands of dollars on a "system."