

The Appointment Based Model

Project Results and Next Steps



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What is the Appointment Based Model (ABM)?

- ABM is a synchronized prescription refill program designed to improve health outcomes by improving medication persistence and decreasing gaps in therapy.
- ABM increase business efficiency, decreasing incoming calls to the pharmacy and thus enables a better environment for providing patient care services
- In 2008 , the Alliance for Patient Medication Safety (APMS) began working with NCPA and state pharmacy associations to implement a pilot of the ABM program called the Patient Centric Model (PCM). With support from Pfizer, APMS launched the national pilot effort in 2009.

Summary of ABM Benefits

- For Patients/Caregivers
 - Convenience – fewer calls and pharmacy easier to manage their chronic prescriptions
 - Greater medication persistence resulting in improved health outcomes
 - Increased understanding of medication therapy
- For Pharmacists
 - Better time management/reduced phone calls
 - Operational efficiencies (inventory, staffing)
 - Increased patient interaction which builds loyalty and trust

L & S Pharmacy Analysis

- In December 2010, L & S Pharmacy in Charleston, MO agreed to have a Pfizer Medical Outcomes Specialist (MOS) analyze their pharmacy data to measure the impact of their ABM program on:
 - Medication persistence
 - Adherence
 - Pharmacy Prescription Volume
- The MOS study complemented the PCM Pilot persistence analysis, and expanded it by also examining the business impact of the model.

L & S Pharmacy Analysis (cont.)

- The analysis compared:
 - Persistence and adherence rates for 79 patients one year before and one year after the ABM program.
 - Prescription volume for these patients before and after the patients were enrolled in the program.
- The analysis focused on patients who received medications in one of the top six therapeutic categories:
 - Antihypertensives, Antidiabetics, Antihyperlipidemics, Antidepressants, Diuretics, Beta-blockers

L & S Pharmacy Results

- **Adherence**

- Measured using proportion of days covered (PDC), adherence was higher for patients in all categories, with statistically significant improvements for those on antidiabetics, antihyperlipidemics and beta-blockers.
- Based on medication possession ratio (MPR), statistically significant improvements in persistence were seen in patients *in all six therapeutic categories*.

- **Medication Persistence**

- The proportion of patients staying on their medications for an entire year was higher after enrollment in ABM.
- Statistically significant improvements were found for patients receiving antidiabetics and antihyperlipidemics.

- **Volume**

- 30% higher prescription volume for these patients.

ABM Analysis

- In March 2011, an analysis of data collected before and after implementation of the Patient Centric Model was done by Virginia Commonwealth University School of Pharmacy to measure patient persistence with refilling medications.
- Decision was made to focus on agents commonly used to treat chronic disease conditions due to nature of conditions and high frequency of use
 - Angiotension-converting enzyme (ACE inhibitors)/Angiotension II receptor blockers (ARBs), thiazide diuretics, beta blockers, dihydropyridine calcium channel blockers, statins, metformin, sulfonyleureas and selective serotonin reuptake inhibitors (SSRIs)/serotonin norepinephrine reuptake inhibitors (SNRIs)

ABM Analysis (cont.)

- Method used to measure persistence was Gaps Between Refills –amount of time between when a prescription should be filled based upon the amount of drug dispensed and the actual time the prescription is filled.

ABM Results

- Preliminary analysis in 1585 patients in late 2010 found patients to be highly persistent prior to the intervention, but showed non-persistence most often for certain drugs.
- Final dataset used in the analysis contained a total of 1,704 patients and 20,563 new prescriptions.
- Prior to the intervention, non-persistence within each class of medications ranged from 33-40% and after 6 months ranged from 22-32% and similarly improved compared to the pre-intervention group.

ABM Six Month Interim Results

- Interim analysis showed that for patients non-persistent prior to enrollment in ABM, 67% became persistent after six months ($\geq 80\%$ persistency)
- Average persistency increased in this non-persistent population by 15% after six months in ABM

ABM Key Findings

- *Non-persistence was consistently lower for each chronic drug class after implementing the Patient Centric Model*
- *Patients were found to stay persistent for longer periods of time while enrolled in the patient centered model.*

Next Steps

- Expansion of the ABM into 500 pharmacies...with your help!
- Additional Outcomes Studies planned
- All program materials along with studies and results are available at the following website:
<http://www.naspa.us/grants/abm.html>

Next Steps (cont.)

Questions for the States:

- Do you think your members would be interested in information regarding this model?
- What would you need to share this information with your members?
- What would be a catalyst for them to implement this model?

Contact Information

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