

Innovative Community Pharmacy Practice Models in North Carolina

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There are several different types and sizes of community pharmacies ranging from large chains to small individually owned pharmacies. Community pharmacies are located in supermarkets, drugstores, big box stores, and even shopping malls in neighborhoods across North Carolina. Pharmacists are the most accessible health professionals and the ones that many patients see most frequently. Many pharmacists provide services long after other health care professionals' offices have closed. The traditional role of the pharmacist—the health care professional who dispenses prescriptions written by doctors—is changing. In recent years many pharmacists have developed services to help manage highly complex patient populations and improve health care outcomes. The profiles below highlight four innovative community pharmacies in North Carolina that show the potential community pharmacies have to improve quality, outcomes, and cost of care.

Carolina Apothecary

The Evolving Role of the Community Pharmacist in Health Care

Carolina Apothecary opened its doors in 1945 in the small town of Reidsville, North Carolina. Arnold Britt bought the company in 1979; under his leadership a small company of 6 employees grew into a business of over 100 employees that is vital to meeting the health care needs in Reidsville. Our traditional model relied heavily on several components, including a busy retail pharmacy with free county-wide delivery, an assisted living home component, and a home medical equipment division that serviced 12 counties. These divisions grew rapidly because our employees provided, and continue to provide, excellent customer service and built trusting relationships with local physicians. Over the past 5-10 years, we have seen the health care system change a great deal; at Carolina Apothecary we have always taken pride in utilizing our value as pharmacists to meet the needs of this evolving health care landscape. We must acknowledge that traditional fee-based pharmacy services are transitioning to value-based services [1]. Over the past several years we have begun a clinical services department focused on community-based immunizations, grown our compounding business, and implemented a collabora-

tive care model with a local physician office. This article primarily focuses on the clinical services and collaborative care model.

Our clinical services department provides medication management, medication synchronization, care manager collaboration, adherence consultations, and transition of care consultations. This department works closely with our patients and their local physicians to improve patient care, decrease hospital readmissions, reduce overall health care costs, and meet standards of care (eg, statin and diabetic adherence). Our clinical pharmacists perform individual consultations with patients and is uniquely positioned to identify drug therapy problems, recommend cost saving alternatives, and alert the medical team to patient barriers to care. We have seen our adherence rates and star ratings (scored by the Centers for Medicaid and Medicare services) increase as a result of these services, and have built stronger relationships with our patients and providers. Our local providers are also transitioning from fee-based services to value-based services, and they have found value in referring their patients to our pharmacy. Through these referrals, the clinical pharmacist increases the provider's patient care, star ratings, standards of care, and reimbursement from payers.

Currently, I have collaborative care model practice at the office of a local physician, Dr. Zach Hall, MD, 1 day weekly. This model is facilitated by a protocol that allows for the pharmacist (myself) to manage multiple chronic diseases, including but not limited to hypertension, diabetes, cardiovascular disease, anticoagulation, and others under physician oversight. Dr. Hall's patient load is constantly increasing, so shifting these time consuming chronic diseases to my service allows him to meet the demands of more patients. This team-based approach has increased patient outcomes and reduced cost [1].

Electronically published May 30, 2017.

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N C Med J. 2017;78(3):198-201. ©2017 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2017/78312

Drugco Pharmacy

Building on the Foundation of Community Pharmacy Practice

Definition of Pharmacy (1): the art, practice, or profession of preparing, preserving, compounding, and dispensing medicinal drugs [2]. The dictionary definition of pharmacy seems to perfectly encapsulate the history of the profession and the foundation by which all pharmacists are initially measured. Pharmacists of old spent a large portion of their dedicated time creating, mixing, and preserving remedies for various ailments, while today's medication dispensing services are primarily related to ensuring the safe and accurate delivery of unit-dosed medications prescribed by a licensed prescriber. The 2013 National Ambulatory Medical Care Survey found that 2.8 billion drugs were ordered or provided to patients in the United States [3], a staggering number considering the US population was only 316.5 million in the same year [4]. As medications have become the primary mechanism to affect the general health of a patient, pharmacists have begun to fill many other roles outside of the general dispensing process defined by Merriam-Webster. Drugco Pharmacies has worked diligently to integrate ourselves into the medical team in our North Carolina community as the pharmacist role has expanded.

The expanded pharmacist-provided services at Drugco have centered on taking advantage of the general fact that most patients will make between 12 and 25 annual visits to the pharmacy, thus creating a large number of unique opportunities for pharmacists to initiate clinical activities. Drugco pharmacists used the expanded immunization authority, granted to them by the NC General Assembly in 2013, to provide multiple vaccinations (eg, Zoster Vaccine Live, Pneumococcal, Influenza) to over 3,000 patients in 2016 alone. In fact, many physician practices in Halifax County have stopped keeping many cost-prohibitive vaccines in their inventory, and simply encouraged their patients to seek immunization care at their local Drugco pharmacy. This type of cooperative effort between a pharmacy and a physician practice to ensure that their mutual patients received proper immunization care would have been unheard of even a decade ago.

Drugco pharmacists have also developed a daily-dose packaging program to help improve patient compliance. The overall physical and psychological burden of taking multiple medications at multiple points in the day is difficult to quantify, but not hard to imagine. The daily-dose packaging program initiated by Drugco pharmacists improves compliance by giving patients one single container for each administration point in the day. This decreases the physical burden of opening multiple medication containers and the psychological burden of worrying about correct dosing and effects. The program has documented compliance improvement for patients of different ages and conditions, and therefore

Drugco will continue to push more patients to try this innovative dispensing model.

Drugco pharmacists are also involved in medication therapy management sessions, diabetes education, blood pressuring screening, and many other mainstays of community clinical pharmacy. We will continue to develop new and innovative programs that help patients get the most out of their visits to the pharmacy. Drugco Pharmacies will continue to honor the foundation of pharmacy defined by Merriam-Webster, while building on this foundation with new and innovative services that improve our patients' health at every visit.

Sona Pharmacy + Clinic

Independent Community Pharmacy: The Sona Difference

Sona Pharmacy + Clinic has a unique outlook on customer service and assisting patients with their health care needs. We want to ensure our patients are able to interact with and get to know our pharmacists, ask them questions, and receive counseling. We have created a concierge desk at the entryway of our pharmacy to get our pharmacists out from behind the counter. We try to simplify our patients' lives by offering medication synchronization, which allows us to fill all of their medications at once each month or every 3 months. We also offer free delivery up to 45 minutes away from our pharmacy. Furthermore, we offer traditional clinical services such as vaccinations and Medication Therapy Management (MTM). A local physician's office, Vickery Family Medicine, operates our on-site primary and urgent care clinic. We work closely with those providers to ensure our patients' needs are being met. Personally, I have seen patients with Dr. Vickery and have plans to continue growing our working relationship in the next year.

Our Access program was created out of a need we saw when patients went home from skilled nursing facilities or assisted living facilities with a new list of medications. These patients were expected to return to their normal community pharmacy and then manage their new medications on their own. The Access program is a referral-based program to assist patients with transitions of care and continuity of care. Patients are typically referred to the program by home health care agencies, skilled nursing facilities, provider's offices, and even family members. The program consists of medication reconciliation, a home visit with a pharmacist, adherence packaging options, monthly or quarterly care calls, and free home delivery. Our pharmacists complete medication reconciliations and ensure the treatment plan meets the patient's and provider's goals. We offer a variety of adherence packaging options to suit the patient's needs, including the following: bottle fills, bubble packs, 7 day pill packs, or strip packaging. Access patients also receive indication and time of administration stickers.

Sona Benefits was created 2 years ago, after our company decided to become partially self-insured by manag-

ing the pharmacy benefit portion of our own health plan. This decision came in part by our employees receiving letters to use a mail order pharmacy and the realization that we could manage our own pharmacy benefit. We have since expanded Sona Benefits to serve the pharmacy benefit manager (PBM) needs of other self-funded employer groups in western North Carolina. We have partnered with a PBM back-end technology partner to create completely customizable plans designed for our clients. Our clinical pharmacists provide disease state management or health coaching for employees with conditions such as diabetes, hypertension, hyperlipidemia, COPD, asthma, depression, or who are on specialty medications. Our clinical pharmacists also provide MTM recommendations and are heavily involved with the prior authorization process. Our goal is to actively manage the pharmacy benefit and provide clinical pharmacy interventions to lower the overall health spending of our clients.

Sona Pharmacy + Clinic is also dedicated to educating and training the next generation of pharmacists. Our pharmacists serve as preceptors for early immersion pharmacy experience students from the University of North Carolina (UNC) Eshelman School of Pharmacy–Asheville campus and advanced pharmacy practice experience students from UNC Eshelman School of Pharmacy, Wingate University School of Pharmacy–Hendersonville campus, and East Tennessee State University Bill Gatton College of Pharmacy. Our site is also a post-graduate residency site for the UNC Community Pharmacy Residency Program. Our community pharmacy residency is a longitudinal program, which allows the resident to learn all aspects of community pharmacy, including providing excellent patient care, learning the business side of the pharmacy, and developing and implementing clinical programs. Providing education to the next generation of pharmacists is our way of giving back to the pharmacy community while helping community pharmacy evolve.

Moose Pharmacy

A Different Kind of Community Pharmacy

A patient that presents with a prescription for Metformin 500mg tid HgbA1C 13.5% would not receive the same counseling as a patient with a prescription for Metformin 500mg tid HgbA1C 7.0%. Pharmacists recognize that the former patient requires much more in-depth counseling, coaching, and follow-up, and is at a higher risk of utilizing health care dollars. However, the reality in North Carolina and across America is that the pharmacist is going to get a prescription that merely states “Metformin 500mg TID”—that’s it, no HgbA1C. Most pharmacists offer counseling based on this generic prescription and can therefore expect generic results.

One average, North Carolina patients with complex medication regimens and multiple disease states sees their physicians 3.5 times yearly. However, they see their community

pharmacists 35 times a year [5]; that’s 10 times more points of contact with the patient and 10 times more opportunities to improve patient outcomes. The medical neighborhood should be insisting that community pharmacies leverage those 35 touch points to reinforce a patient’s plan of care. In order for that to happen, community pharmacists need to have access to a patient-centered care plan.

At Moose Pharmacy, we have invested in the analytics that predict risk of our patients and utilize this system to risk stratify patients so that we can quickly identify the patients most likely to have a hospital admission in the next 30 days. We identify these patients based on their medication regimens, medical history, and comorbid conditions. Our pharmacists and technicians intensively manage these patients by enrolling them in our Medication Adherence Program. As part of our Medication Adherence Program, we follow up with patients on at least a monthly basis to assess outcomes, medication safety, adherence, and barriers to care. We are able to do this by receiving information from payers, providers, and patients on metrics such as hospitalization, discharge, transfer information, paid claim data, and information on total cost of care. On many occasions, the follow-up results in coordinating care with other health care professionals. Our team works with complex patients who are not taking their diuretics due to side effects, cannot afford their maintenance COPD inhalers, or do not have the transportation to pick up their post-Myocardial Infarction regimens. Pharmacists can identify these red flags before they result in hospital admissions and offer both clinical (eg, dose optimizations) and non-clinical solutions (eg, Medicare plan consultations, home visits). Currently our pharmacy absorbs the cost of these enhanced services.

The medical neighborhood should differentiate between pharmacies that fill prescriptions quickly, accurately, and cheaply versus pharmacies that manage population health. Primary care physicians have the prerogative and duty to refer their patients to specialists that they think would best manage their patients’ needs. Physicians do not refer patients to specialists because those specialists are convenient; they refer patients to providers whose quality of care the physicians trust. The same holds true when physicians refer their patients to pharmacies. Patients can receive a very different level of care depending on the pharmacy they utilize. The message is simple: identify your partners in the community and collaborate with those partners to improve patient outcomes. Providers can identify partner pharmacies by going to CPESN.com and utilizing the Community Pharmacy Enhanced Service Network pharmacy locator app. NCMJ

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Acknowledgments

N. H. thanks Steven Miller, PharmD, Carolina Apothecary, Reidsville, North Carolina for his contribution to this article.

Potential conflicts of interest. All authors have no relevant conflicts of interest.

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