Leveraging Pharmacy to Improve Medication Adherence and Impact Health Outcomes

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# Mental Illness in the U.S.

- **1 IN 5** have a mental illness
- **10.4 million** have a serious mental illness
- **140** medications in development for mental illness
- **48/YEAR** average number of prescriptions used by an individual with a mental illness
- **$21 BILLION** medical spending with a move toward outpatient, recovery care
- **29.5 MILLION** adults use medications for mental illness
Impact of Non-adherence

“Drugs don’t work on patients who don’t take them.”

- C. Everett Koop, MD, former US Surgeon General

- 3X the number of office visits
- 10% higher hospital admissions
- $185+B annual cost to payers
Taking Medicine is Real

This is the most personal interaction with health care
With Real Consequences

Association between antipsychotic non-adherence and outcome in a 3-year prospective observational US study

Common Barriers to Medication Adherence

![Self-Reported Reasons for Nonadherence](ncpanet.org/pdf/reportcard/AdherenceReportCard_Abridged.pdf)
Non-Adherence to Antipsychotics

Often multi-factorial

- Illness factors
  - Insight
  - Cognitive impairment
  - Positive and negative symptoms
  - Depression
  - Substance misuse

- Physician/service factors
  - Therapeutic alliance
  - Communication
  - Ease of access
  - Clinician attitudes to medication
  - Discharge planning
  - Communication between services

- Medication factors
  - Effectiveness
  - Side effects
  - Dose frequency
  - Formulation
  - Financial cost to patient
  - Co-prescribed drugs and complexity of regimen
  - Past medication experience

- Caregiver factors
  - Attitudes to medication and illness
  - Ability to supervise/remind patient about medication
  - Stigma

- Patient factors
  - Past history of adherence
  - Attitudes to medication and illness
  - Stigma

Admission-Related Factors

Factors resulting in medication non-adherence within 6 months before psychiatric hospitalization

Feedback related to the reasons of medication nonadherence in bipolar disorder, schizophrenia/schizoaffective disorder, depression, and other diagnostic groups

<table>
<thead>
<tr>
<th>Items</th>
<th>Bipolar disorder (n=45)</th>
<th>Schizophrenia/schizoaffective disorder (n=24)</th>
<th>Depression (n=12)</th>
<th>Other (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1: Not willing to use medication</td>
<td>19 (23.2%)</td>
<td>6 (15.85%)</td>
<td>5 (17.9%)</td>
<td>7 (25.9%)</td>
</tr>
<tr>
<td>Item 2: Not accepting the disease</td>
<td>23 (32.9%)</td>
<td>9 (23.7%)</td>
<td>5 (17.9%)</td>
<td>6 (22.2%)</td>
</tr>
<tr>
<td>Item 3: Being disturbed by side effects</td>
<td>22 (26.8%)</td>
<td>4 (10.5%)</td>
<td>5 (17.9%)</td>
<td>8 (29.6%)</td>
</tr>
<tr>
<td>Item 4: Feeling well</td>
<td>11 (13.4%)</td>
<td>5 (13.2%)</td>
<td>8 (28.6%)</td>
<td>3 (11.1%)</td>
</tr>
<tr>
<td>Item 5: Not knowing how long the medication would need to be taken for</td>
<td>1 (1.2%)</td>
<td>4 (10.5%)</td>
<td>1 (3.6%)</td>
<td>0</td>
</tr>
<tr>
<td>Item 6: Not being aware that the medication needed to be taken regularly</td>
<td>0</td>
<td>6 (15.8%)</td>
<td>2 (7.1%)</td>
<td>2 (7.4%)</td>
</tr>
<tr>
<td>Item 7: Other</td>
<td>2 (2.4%)</td>
<td>4 (10.5%)</td>
<td>2 (7.1%)</td>
<td>1 (3.7%)</td>
</tr>
</tbody>
</table>

Pharmacists: Valuable Yet Untapped Resource

EXPERTISE
ACCESS
PROBLEM-SOLVING
Pharmacists on the Front Line
National Council MDI Report on Medication Adherence
Better Utilize Pharmacists

- Specific recommendations from the report:
  - Expand the role of pharmacists.
  - Improve communication.
  - Utilize in-house pharmacies.
  - Maximize the use of tools such as bubble-pack dispensing.
Remember that Pharmacists:

- Can help match the treatment regimen to individual needs (pharmaceutical care)
- Can make recommendations to simplify the medication regimen
- Are trained in motivational interviewing, shared-decision making, adherence risks, impacts, and interventions
- Improve communication among the treatment team and individual
- Can provide bubble-packaging and medication synchronization
- Are champions of medication adherence initiatives
Understanding the Problem

“If I had an hour to solve a problem, I’d spend 55 minutes thinking about the problem, and 5 minutes thinking about solutions.”

- Albert Einstein
We create hope and promote recovery by advancing whole person health
Compass Health & Genoa Healthcare
15 Years of Partnership

- **2004**: Genoa Healthcare opens on-site pharmacy at Compass Health in Everett, WA
- **2007**: Tom Sebastian named President and CEO of Compass Health
- **2015**: Genoa Healthcare CMCs established at two Compass Health locations: Coupeville and Mount Vernon, WA
- **2018**: Genoa Healthcare opens its second Compass Health pharmacy in Bellingham, WA
- **2019**: More than 1,200 Compass Health patients served by Genoa Healthcare pharmacies
Tailored Services

- PACT
- Residential Treatment Facilities
  - Haven House
  - Green House
  - Aurora House
- Involuntary Outpatient
- Outpatient
• Medication Possession Ratio (MPR)

• Medication adherence
Strategic positioning for valued based payment models

- What is VBP?
- Consistent elements of VBP
- How can the pharmacy/provider partnership support success
Fred Michel, MD
Chief Medical Officer
Fort Collins, Colorado
About SummitStone

• Founded 60+ years ago
• Largest behavioral health provider in Larimer County, Colorado
• Serving communities of Fort Collins, Loveland, and Estes Park
• 8 locations serving patients
• 50 services for mental health and addiction disorders
• 2 on-site pharmacies (serving multiple locations)
10+ years of experience with on-site pharmacy

- Added a new outsourced BH specialty pharmacy, no prior pharmacy
  - 1 pharmacy
  - 1 pharmacist

- Replaced in-house BH pharmacy with outsourced BH specialty pharmacy
  - 1 pharmacy
  - 2 pharmacists

- Outsourced BH pharmacy & expanded pharmacy to two communities
  - 2 pharmacies
  - 2 pharmacists
Key Benefit:

On-Site = Stronger, More Focused and Individualized Communication & Coordination

Pharmacy communicates with our patients

Pharmacy communicates easily with our staff
Focus on unique needs of BH system of care

a. Providers can make specialized med queries – med-med interactions, side effects,
b. Shared EHR access – pharmacy can check psychiatric notes, clarifying plan and orders
c. Easy and quick changes due to proximity of programs
d. Personal doctor-pharmacist relationships
e. Prior authorization assistance

Strong pharmacy relationship with medical staff and clients improves communication, trust, understanding, compliance and adherence to medications over time. Remarkable data and personal experience.
More about the Benefits

Knowledgeable specialty pharmacists - with BH specialty
Drop-in convenience – for providers and clients (before and after visits), or direct mail

Focus on unique needs of BH Clients:

• One regular pharmacist personalizes connections and affords Refill Management

• Patients can ask questions

• Full spectrum RX access, but Behavioral Health emphasis – one stop shop

• Works with key MHC payor sources and formularies, especially those tied to the agency and clients

• Specialized packaging – Pill organizer/Bubble packs as unit dose, and multi-dose

• Pharmacy outreach to patients regarding medication adherence

• Competitive pricing – no need to shop around town for best deals.
  Focused Medication counseling
A Case In Point: Clozapine
A Case In Point: Clonidine

Pharmacy Tools & Approaches for Medication Adherence

• Clonidine for ADHD
• Unique dosing required
• Very small pill
• 1.75 tabs in AM and 2pm plus 1/2 tab at night?
A Case In Point: Long-Acting Injectables

- Patients receive medication on-site
- No needless delays
- No transportation issues
- Eliminates patient confusion
- Genoa provides pass through buy and bill pricing: In Colorado, LAI’s are BUY and BILL charges to Medicaid and not a Pharmacy Benefit
Proven Results

- 90% adherence rates
- 40% fewer hospitalizations
- 18% fewer ER visits
Questions?