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# DRUG BENEFIT NEWS

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## Payers Should Look to Pharmacists To Improve Medication Adherence

As technology enables automation of more routine pharmacy functions, pharmacists are becoming increasingly available to play a greater role in patient counseling and medication therapy management services — a trend many payers have not been taking advantage of. Realizing this, one PBM is rolling out a new program that focuses on face-to-face interactions with pharmacists, which have been proven to play a key role in helping manage patient adherence and close gaps in care.

“The pharmacist is an under-utilized resource today,” George Van Antwerp, vice president of the Solutions Strategy Group at Silverlink Communications, tells *DBN*. “They go to school to work with patients and often end up simply filling bottles.” But with more programs that encourage pharmacist participation, that could soon change.

According to CVS Caremark Corp., pharmacist interventions consistently rank as highly effective compared with those from other providers. And pharmacists intervening at the pharmacy are typically the most effective, followed by those in hospitals and clinical settings.

“There’s a real opportunity for payers to leverage the role of the pharmacists,” Len Greer, CVS Caremark’s senior vice president of marketing for the PBM unit, tells *DBN*. “We feel that the pharmacists can play a very helpful role in patient care. And this sentiment is growing.”

As proof, in its 2010 *Insight Report* the company touts the results of one yearlong study conducted in Polk County, Fla., which offered one-on-one pharmacist counseling and drug copayment waivers for 564 diabetes patients. For the study, participating members had to sign a contract saying they would schedule and attend appointments, self-monitor their blood glucose and blood pressure levels, and take medications as prescribed.

As a result of the program, the majority of participants had an overall reduction of blood glucose levels. There was also a 30% decrease in hospitalizations from all causes and a 24% reduction in emergency room visits — all leading to long-term savings.

Realizing the benefits of pharmacist interventions, CVS Caremark plans to roll out a new program called Pharmacy Advisor next January. This program will provide one-on-one pharmacist counseling for patients with chronic conditions, with the aim of improving member adherence and closing gaps in care. While the program will initially focus on managing diabetes patients, it will eventually expand to patients with cardiovascular disease and other chronic conditions.

### Pharmacist Counseling Can Save \$600 PMPY

CVS Caremark completed a six-month pilot program for Pharmacy Advisor earlier this year that studied diabetes patients employed by a large global steel company. The pilot program used a multistep process to identify and counsel members about gaps in care and adherence issues. Results demonstrated that this process closed a “significantly higher number of gaps in care” compared with a control group who was not counseled. Specifically, the averages were 58% higher for patients who received phone counseling and 90% higher for patients who had face-to-face counseling. In addition, members receiving counseling were more likely to be adherent in every targeted medication class.

The pilot found that payers could save an estimated \$600 per member per year by using pharmacist counseling. Altogether, a client with 50,000 employees whose population has an average prevalence of diabetes could save approximately \$3.3 million a year and up to \$6 million a year if there is a high prevalence of the disease, according to CVS Caremark.

Greer says the PBM’s clients have fully embraced the program because of patients’ “clear improvements in overall health, which were proven in the pilot.” He says CVS Caremark has been able to demonstrate that the program can close gaps in care at twice the normal rate in the pharmacy. For example, he explains, in many cases, diabetes patients should be taking some kind of lipid-lowering medication, “so if our consumer engagement agent identifies a patient with diabetes that does not have one of those medications in their

profile, we would then have a discussion with the member.”

While the benefits of pharmacist intervention are undeniable, Van Antwerp says, the challenge is finding the right balance of face-to-face interaction and automation. Issues also include getting a good return on investment for such services by condition and the fact that only an estimated 60% of the people picking up prescriptions are the patients themselves. In addition, “the staffing model right now would be stressed if pharmacists were spending significant time on cognitive services,” he maintains.

In the case of CVS Caremark, the PBM is picking up the bill at no extra cost to its clients. Why it would do this is simply “because it is good business,” Van Antwerp says. “This takes them out of the claims-processing and mail-fulfillment business and puts them in the critical path of improving health outcomes.” In addition, the use of their retail assets and large pharmacist base “is a strategic opportunity for them to differentiate themselves and continues to validate the combined entity.”

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