

Improving the California Pharmacist-Patient Consultation Process



POLICY BRIEF
Center for Health Improvement

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Older Californians at Risk

This Center for Health Improvement (CHI) issue brief summarizes the findings of a two-year study (2004-2005) to examine the mandated pharmacist-patient consultation process and its effects on Californians aged 65 years and older. This is a timely issue, given the recent addition of prescription drugs to the federal Medicare program and anticipated expansion in participation of the benefit. By May 16, 2006, 4.3 million California seniors must make a critical decision about their drug coverage.¹ The CHI study's focus on seniors is also important since persons aged 65 and older are prescribed twice as many medications as persons under 65.² Approximately 90% of older persons take at least one prescription drug, and among them, nearly half use five or more different drugs.³ Older adults have more chronic diseases and multiple conditions, thus the consultation process becomes more relevant and complex. Finally, persons 65 and older constitute a more vulnerable population.⁴

SURVEY FINDINGS

Provide directions for use and storage of the medication*	93.1%
Discuss precautions and relevant warnings, including common severe side or adverse effects or interactions that may be encountered*	86.9%
Describe the importance of compliance with the medication directions*	81.1%
Verify the name and description of the medication	88.1%
Discuss any precautions for preparation and administration of the medication by the patient, including self-monitoring drug therapy	81.8%
Discuss serious potential interactions with known nonprescription medications	59.6%
Discuss therapeutic contraindications	59.0%
Discuss action to be taken in the event of a missed dose	39.1%

Respondents were asked how often these events occurred during an average consultation for patients 65+: the scale was "rarely ever," "occasionally," "sometimes," "often" and "always." Figures above reflect the sum of the responses for "often" and "always"

*Required.

Recent attention by the Institute of Medicine⁵ has significantly raised the visibility of medical errors overall. Problems related to prescriptions drugs comprise one source for such errors. For example, in an analysis of adverse drug events (ADEs) occurring in a population of older adults in an ambulatory setting, 27.6% of the documented ADEs were deemed preventable.⁶

The CHI study found two key areas for improving the consultation: 1) pharmacist time and compensation, and 2) pharmacist-patient communication, as well as pharmacist-physician communication.

Federal and State Mandate

The state of California Board of Pharmacy (Board) enacted regulations in August 1990 that required the pharmacist-patient consultation for all new or changed prescriptions. These regulations preceded the federal mandate and were also more stringent (the federal mandate required counsel to Medicaid recipients upon receipt of a new prescription).⁷ The regulation was enacted to ensure that necessary dialogue occurs between patients and medication experts to promote safe and effective medication use. Previously, the only California study to examine the effectiveness of the counseling regulations was conducted in the early 1990s.^{8,9}

Methodology for Examining the Regulation

The CHI study consisted of five components: 1) a literature review, 2) a review of Board inspection and complaint data, 3) a statewide survey of pharmacists, 4) focus groups of pharmacists, physicians and patients, and, 5) a policy roundtable convening. The written survey of pharmacists involved sampling 3,000 of the roughly 5,000 California-licensed community pharmacies. A 32.4% response rate was achieved. The independent/chain pharmacy ratio was 45.4% to 54.6%, generally reflecting the state distribution. Kaiser Permanente Foundation outpatient pharmacies were also included in the study.

Findings About the Regulation

The California regulation describes two required components for every consultation:

- Directions for use and storage and the importance of compliance with directions; and,
- Precautions and relevant warnings, including common severe side or adverse effects or interactions that may be encountered.

In addition, the regulation specifies optional components where deemed warranted by the pharmacist.

Pharmacist Time & Compensation

The findings from the survey, focus groups and policy roundtable all identified time and compensation as critical barriers to maximizing the pharmacist-patient consultation.

- 56.8% of the survey respondents indicated that the pharmacist's lack of time was a significant barrier.
- 42.3% indicated that insufficient compensation specific to the consultation was a significant barrier.

The issue of time and compensation as barriers to the consultation are consistent with findings from studies in both New York and Massachusetts.^{10,11}

Formulary Problems

Pharmacists in the focus groups discussed time-consuming activities that may have no clinical bearing on the consult, specifically, administrative time spent dealing with prior authorization issues. For example,

Technology Innovations

Komoto Pharmacy, an independent community pharmacy in Delano, utilizes a robotic dispensing machine, filling approximately 35% of the total prescription volume. Owner Brian Komoto, Pharm.D., noted, "the new technology has improved the accuracy of filling prescriptions and given our pharmacists more time to spend with patients."¹²

pharmacists submit a prescription for insurance approval, are then notified of the need for prior authorization, and then have to contact the prescribing physician. Physicians also noted that the prior authorization process was unwieldy and time-consuming for them and their staff.

Further, as formularies have become more complex, some pharmacists now rely on electronic devices to submit information for prescription approval. One focus group participant described that his pharmacy is charged \$.13 per transmittal, and that if the prescription is rejected as not covered by the formulary, his pharmacy still bears the transmittal charges.

Pharmacy Technician Staffing Ratio

Staffing ratios were identified as an important factor that affects time available for consultation. In particular, participants described how the pharmacist-pharmacy technician staffing ratio statute¹³ adversely impacts small, independent pharmacies that might only have one pharmacist on duty. Some pharmacists advocated for less stringent ratios, as is the case in other states, so that technicians could alleviate the pharmacist from non-clinical duties. For pharmacies with one pharmacist on duty, one pharmacy technician is allowed. For each additional pharmacist, two additional technicians are allowed (two total pharmacists, three total technicians; three total pharmacists, five total technicians; etc.).

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Communication Process

Survey, focus group and policy roundtable findings also identified communication as a critical barrier to the consultation. A distinct gap exists in communication among pharmacists, consumers and physicians.

Pharmacist-Patient Communication

Communication issues in the pharmacist-patient relationship revolve around patient education. There is a need to educate patients about the changing medication system, pharmacy profession, and the value pharmacists provide in the healthcare system.¹⁴

California pharmacists spoke of the need to educate consumers about the process of navigating formulary issues, including communicating back to the physician, time needed to obtain prior authorization and coordination with changing formularies.

Patients also need to understand the importance of the clinical information that pharmacists can provide, and that patient participation in the consultation is critical. Nearly a quarter of the survey respondents rated the “patient’s refusal to participate” as a significant barrier.

Survey results showed that older patients waived the consultation 50% of the time “sometimes”, “often” or “always”. Patients in the focus group mentioned that sometimes they felt embarrassed when the pharmacist “makes the long journey from behind the counter, around the corner to talk to me”. Policy roundtable participants discussed how the design of consult spaces may affect senior comfort levels.

Time & Compensation Recommendations

- **Consider changing the pharmacist-pharmacy technician staffing ratio.** Currently, the pharmacist-technician ratio limits small, independent pharmacies from maximizing technician assistance. Other states have less stringent or no ratios regulating the staffing of pharmacy technicians. The National Association of Boards of Pharmacy surveyed pharmacists and found that “having more technicians available to assist with dispensing duties would increase pharmacist time for patient counseling.”¹⁵
- **Continue to examine California regulations that might discourage the use of technology.** Stakeholders at the policy roundtable expressed interest in examining current policies and regulations that affect technology use in California. Participants noted that the promotion of technology did not have to come at the expense of pharmacists, but that technology can assist pharmacists by freeing them from administrative and other activities.
- **Create financial incentives based on pharmacists’ performance.** As is occurring with hospitals and physicians, financial incentives awarded to pharmacists can encourage continued quality improvement. Performance measures could include patient satisfaction, dispensing efficiency, and additional services such as medication compliance monitoring, disease management counseling, medication profile review among others.

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Pharmacist-Physician Communication

Survey results reveal that nearly a third of the respondents spend between 10-25% of their time communicating with physicians. Focus group results indicated that this communication is inefficient at best: sending and receiving faxes, calling and leaving messages. Both pharmacists and physicians described frustration at communication with each other and shared the opinion that improvement was necessary in order to better deliver care.

Communications Recommendations

- **Develop an integrated, common message around the patient's right to a consult.** While multiple groups (e.g., state agencies, patient advocacy groups, pharmacist associations) have been working to improve patient education, the delivery is often through "pilot" projects limited to specific cities. A concerted statewide campaign, involving numerous stakeholders and multiple delivery methods, may improve education to both patients and physicians about the "patient's right" to a consultation and its clinical value.
- **Examine methods to improve communication between pharmacists and clinicians.** Outreach among stakeholders is vital to improving communication. Policy roundtable participants, particularly the California Medical Association and the

One pharmacist noted that as the "last man on the totem pole", all of the consumer's frustrations came to him.

California Pharmacists Association, spoke of the need for continued forums in order to work on communication issues and develop strategies to improve. Pharmacy and medical school curriculum can be improved to promote better communication and team efforts for delivering care.

- **Promote technology to reduce inefficiencies.**

Policy roundtable participants considered the use of ePrescribing as a method of reducing the communication inefficiencies between pharmacists and physicians. Adoption of ePrescribing may simplify formulary complexities, as the physician could check prior to writing a prescription whether the medication is covered by the patient's insurance. ePrescribing built into an ambulatory computerized provider order entry system may also lead to reduced medication errors.¹⁶

- **Explore a process of patient follow-up that shares the results among the care team.** Currently certain pharmacies and physician offices use follow-up phone calls to patients regarding use and potential prescription side effects. Within a quality initiative, the sharing of the results between pharmacists and physicians, can improve communication among the three parties, promote coordinated care and improve compliance.



Center for Health Improvement

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