PHARMACISTS Playing a **PIVOTAL** Role

EXPERTS BELIEVE THAT PHARMACISTS ARE IDEALLY POSITIONED TO HELP PATIENTS BETTER MANAGE THEIR DRUG THERAPIES, AS SUCH THEY PLAY A PIVOTAL ROLE HELPING SENIORS NAVIGATE THE NEW MEDICARE PART D PRESCRIPTION DRUG PLAN.

harmacists across the United States continue to expand their business models to include patient care services.

"The pharmacy industry is making big investments in its ability to move from a product-oriented business to more of a service-oriented business in order to provide treatment and education services to patients," says Dave Nussbaum, VP of SDI. "Some of these capabilities include direct mail, interactive voice response, call centers staffed with pharmacists and nurses, in-store displays for disease awareness programs, and a variety of onsite consultation and screening services."

No one healthcare practitioner has the ability to touch patients the way the pharmacist does, says Donald J. M. Phillips, Pharm.D., principal and CEO of Vox Medica.

"Data suggest there might be potential for up to 3 billion pharmacist interactions a year in this country," he says. "If the pharmaceutical industry wants to talk about developing an ally that could help restore trust, pharmacists are the answer."

The pharmacist has access to more information about pharmaceuticals, their interactions, and other considerations than most physicians.

"The pharmacist has the ability to connect with patients and fill in the gaps in the continuum of care that occurs when physicians are seeing patients with limited amounts of time," says Roger Edwards, Sc.D., a managing consultant in the Life Sciences & Healthcare Practice at PA Consulting Group.

In fact, a provision of Medicare Part D allows the pharmacist to be reimbursed for medication therapy management (MTM). These MTM programs can include elements that promote enhanced understanding of medication use, adherence to therapy, and detection and reduction of adverse events.

Under Part D, the MTM programs are administered by prescription drug plans or the managed care organization, but experts say pharmacists are in a better position to provide these services.

The American Pharmacists Association Foundation, a nonprofit organization, designs programs that seek to create a new medication use system. One such program was launched in December. The foundation is working with more than 30 employers in 10 cities across the country, which are joining forces with local pharmacists to help change healthcare in their communities through the Diabetes Ten City Challenge, which is conducted with support from GlaxoSmithKline.

The APhA Foundation has another initiative, Project ImPACT (Improving Persistence And Compliance with Therapy) in three other areas: depression, hyperlipidemia, and osteoporosis. Pharmacists are compensated for their patient-care services related to improving persistence.

"An educational charge of pharmacists is

to drive persistency for the health of their patients," says Jay Carter, senior VP, director of client services, at AbelsonTaylor. "Irrespective of the products that patients are taking, the aim is the same: to drive the patients' health. Pharmacists have the desire and the training to do this, but frankly, there probably isn't the money for it."

He says initiatives that make therapy management economically feasible have the potential to be the wave of the future.

"I am skeptical that cognitive services can work until large chains embrace the goal," Mr. Carter says. "A chain can derive extra revenue from the services, and therefore will make the time."

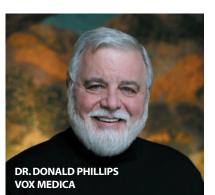
CONSUMERS TRUST PHARMACISTS

A USA Today/Gallup poll released in December 2006 found that 73% of those surveyed rank druggists/pharmacists very high or high in terms of honesty and ethics. The top three ranked professions, among 14 newsworthy occupations, in the latest poll were nurses, druggists/pharmacists, and veterinarians.

The courteousness, availability, and concern exhibited by a pharmacy's staff can have a major impact on overall customer satisfaction with the retail pharmacy experience, according to the J.D. Power and Associates 2007 Retail Pharmacy Cus-



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tomer Satisfaction Study released in April.

There is a positive impact on overall satisfaction when the pharmacy staff asks if the cus-

tomer would like to speak with the pharmacist, but only 63% of customers report that they received such an offer.

"In the highest-ranked pharmacies there were very high levels of satisfaction with both the total time to fill the prescription and the pharmacy staff interaction," says David Stefan, executive director of the healthcare practice at J.D. Power and Associates. "Another finding of this study is that pharmacists are, unfortunately, not able to or don't have the time to have the impact on consumers that perhaps they and the companies they work for want them to because so many customers do not have an interaction with the pharmacist."

This coincides with Dr. Phillips' view that many pharmacists would like to counsel patients.

"Missing from the equation is a culture that supports this interaction," he says. "To make this work, the incentives for everybody have to be aligned; there needs to be incentives for patients, pharmacists, employers, and insurers."

THE PHARMA COMPANY ROLE

In addition to value provided to patients, there is a business benefit for pharmaceutical companies to assist pharmacists.

"Compliance rates and persistency rates are not very good," Dr. Phillips says." Just an increase of

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To blunt the effects of political "pharma bashing," sign up today for *Surviving the Election Wars* at

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Initiatives that make therapy management economically feasible are the wave of the future. I was skeptical that cognitive services would work until large chains embraced the concept.

a few percentage points by enhancing compliance in drug regimens returns a considerable increase in volume and product use. These few percentage points could result in thousands of prescriptions. Our industry chases the new prescription, but the real return might be in the renewal of prescriptions."

According to Nick Colucci, president and CEO of Publicis Healthcare Communications Group, one of the greatest opportunities that exists for the industry is to work on adherence.

"This is a huge problem around the world," he says."Pharmacists already working with physicians and other healthcare professionals are doing a great job in the compliance area. The problem is persistence and adherence, staying on the medication over time. This is where pharmacists have to find new ways to intervene."

Pharmaceutical companies are in a strong position to help pharmacists achieve better medication adherence rates, Dr. Edwards says.

"Pharmaceutical companies and pharmacists can increase compliance through collaborative efforts," he says."The two shareholders should think about providing healthcare in new ways. Many of the materials coming from the companies discuss healthcare more broadly and provide demonstrations across the board. These programs have to come from a disease management perspective."

Mr. Colucci says pharmacists, with the availability of new interactive technologies such as e-mail, mobile text messaging, and computerized telephone services, are in the perfect position to communicate with patients.

"Pharmacists should take the initiative to work with manufacturers to create opportunities for patients to opt in," he says. "This means being able to communicate with patients in the most appropriate way with the pharmacist always being the point person."

Mr. Nussbaum says by reaching out to pharmacists there is an opportunity to move from DTC messaging to direct-to-patient messaging.

"Patients behave very differently depending on whether they've just started on therapy, or if a drug has been added to their regimen, or if their dosage is being titrated, or if they're continuing therapy, or whether there are other factors affecting their disease stage," he says. "The thing that's important is to get the right message to the right patient at the right time. There are a wide range of tactics available to deliver messages. Now we're able to use the most relevant tactic for each patient type."

Dr. Edwards points out, however, that pharma companies need to do more than just provide patient education.

"Patient education is fine, but there needs to be a better relationship between the patient, the pharmaceutical company, and the pharmacist especially for chronic conditions such as asthma, diabetes, congestive heart failure, and so forth. Education is necessary but insufficient. We need to figure out what mes-

sages connect best with what patients and what groups connect with different patient subgroups."

Dr. Edwards says such programs will have to be tailored to meet the specific needs of these different groups.

"We expect that there will be more individualization," he says. "Customized capabilities are available through the Internet and wireless-based interactions. People can customize what they want and how they get their information. These tools aren't being used as much as they could be in healthcare and in medication adherence. Pharmacists have a knowledge base and a position to help in this area."

According to Mr. Carter, within a year the average oral chronic medication is taken by only 48% of the people for whom it was prescribed.

"Right now, we're all looking for something that works," he says." As an agency, we are not even evaluating cognitive services because nobody has put together a program that I am aware of that works. If there were one, it would have my intense interest. I don't see a sure ROI, and I advise my clients to spend money where they know there is an ROI."

Experts on this topic

JAY CARTER. Senior VP, Director of Client Services, AbelsonTaylor Inc., Chicago; AbelsonTaylor is one of the largest independent healthcare advertising agencies. For more information, visit abelson-taylor.com.

NICK COLUCCI. President and CEO, Publicis Healthcare Communications Group, New York; The Healthcare Group is a fully integrated division of Publicis Groupe SA and is one of the largest healthcare communications groups. For more information, visit publicishealthcare.com. ROGER EDWARDS, SCD. Managing Consultant, Life Sciences & Healthcare Practice, PA Consulting Group, Cambridge, Mass.; PA Consulting is an international management, systems, and technology consultancy. For more information, visit paconsulting.com.





It is my belief that the pharmacist working in conjunction with not only the healthcare professional but also with the manufacturers is the key to adherence and persistency.

But Mr. Nussbaum says an ROI can be determined for programs aimed at helping pharmacists address compliance and persistency.

"There are many pieces of data collected by the pharmacist with every prescription filled," he says. "For instance, by looking at the prescription information, we can evaluate whether the patient filled the script, abandoned therapy, or switched to an alternate therapy. There are many important components we use to track ROI, and it's important to develop interventions for patients based on their actual behavior. That's the best way to create meaningful and measurable programs." \blacklozenge

PharmaVOICE welcomes comments about this article. E-mail us at feedback@pharmavoice.com.

DAVE NUSSBAUM. VP, SDI, Plymouth Meeting, Pa.; SDI provides a wide range of healthcare data and market research to pharmaceutical, consumer products, and healthcare-related companies For more information, visit surveillancedata.com.

DONALD J. M. PHILLIPS, PHARM.D.

Principal and CEO, Vox Medica, Philadelphia; Vox Medica is an independent healthcare agency. For more information, visit voxmedica.com.

DAVID STEFAN. Executive Director of the Healthcare Practice, J.D. Power and Associates, Westlake Village, Calif.; J.D. Power and Associates is a global marketing information services firm operating in key business sectors, including market research, forecasting, performance improvement, training, and customer satisfaction. For more information, visit jdpower.com.