

## HEALTH MART SUCCESS STORY



# Embedding pharmacists in provider clinics: thriving in partnership with an ACO

THRIVE PHARMACY SOLUTIONS, PLANO, TEXAS



# Embedding pharmacists in provider clinics: thriving in partnership with an ACO

Thrive Pharmacy Solutions’ co-founders Tony Willoughby and John Gregg, who had worked together in different capacities for years — including at McKesson — saw the potential to create a new type of community pharmacy.

Together, in December 2015, Willoughby and Gregg purchased an open door community pharmacy located in a clinic building in Plano, Texas. At the time the pharmacy was filling about 300 prescriptions per week.

They reopened the pharmacy in early 2016 as Thrive, with a unique focus and business model. Thrive serves a 60-mile radius and works in partnership with multiple providers.

## Challenges & opportunities

Based on their experience in the industry, Willoughby and Gregg saw the challenges facing community pharmacies. They realized that with declining reimbursement and intense competition, just filling prescriptions was not a sustainable model.

At the same time, based on trends within healthcare, they saw a significant opportunity to create an entirely new kind of pharmacy. Key aspects of this opportunity included:

- **Focusing on patients with chronic diseases** such as diabetes, cardiac diseases, COPD, and behavior health issues, with a particular focus on patients with adherence issues.
- **Delivering an “integrated practice” where pharmacists work closely with physicians.** Willoughby and Gregg saw the opportunity for a different delivery model, where pharmacists are embedded into primary care clinics and work closely with physicians to improve adherence and decrease costs.

- **Participating in new reimbursement models.** Value-based reimbursement is causing healthcare providers to think and act differently. In the Plano, Texas, area a physician group formed an accountable care organization (ACO) to pursue value-based contracts. Willoughby helped the ACO’s leader understand how medication management could impact value-based contracts. For the ACO, the opportunity was to leverage Thrive’s expertise to better manage patients, improve outcomes, and lower costs.

For Thrive, the opportunity was to partner with an ACO to impact value-based contracts—and in doing so create a new type of pharmacy business model.



## Action taken

Thrive’s first step was to embed a pharmacist in the clinic of the primary care group in the building where Thrive was located. After just three months Thrive expanded to a second clinic, and just one year later Thrive has pharmacists at six clinic groups.

In these clinics pharmacists review medications with patients, identify gaps in care, offer to fill prescriptions, enroll patients in Thrive’s medication synchronization program (“Simple Sync”), and monitor patients.

Key actions in this integrated model include:

- **Coordinated workflows.** Thrive bases its schedule on how each clinic operates, so it can set appointments with patients and still handle in-the-moment referrals from the providers.
- **Electronic medical record (EMR) access.** Thrive pharmacists communicate with providers and access lab reports and other information through patients’ EMRs.
- **Thorough assessment.** After ensuring access to the patient’s complete medication list, Thrive’s pharmacists use behavioral coaching to help patients overcome adherence barriers and look for ways to simplify regimens, reducing the number of drugs, costs, and side effects, when possible.
- **Monthly calls.** For the first 90 days the pharmacist makes a monthly call to each patient. After that a technician calls each patient monthly, with the pharmacist checking in at least quarterly. In addition to checking adherence, the pharmacy staff asks about any upcoming appointments and changes or issues with medications.
- **Sharing success stories.** Thrive worked hard at becoming effective storytellers to give providers examples of how Thrive’s pharmacists and clinical processes impacted the ACO’s patients. This included stories about improving outcomes and impacting the ACO’s operations by taking work off their plate. Success stories are shared:
  - Daily the pharmacists note for providers a victory with a patient.
  - Weekly newsletters for larger practices feature “Stories of Collaboration.”

- Monthly meetings with provider groups begin with a story about the impact on a patient. Thrive then reviews providers’ referral rates to the med sync program, quality measures such as adherence, and results of specific patient cohorts, such as the A1C results for diabetic patients.

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**We launched with the vision and mission that we could use medication management to impact value-based contracts and patient outcomes within an ACO group. We have spent the past year learning how to scale and operationalize that process.**

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TONY WILLOUGHBY  
*Thrive Pharmacy Solutions*

## Results

Thrive Pharmacy’s model is growing its business while improving patient care.

- **Financially:** Sales from the first quarter of 2017 exceeded total sales from 2015. One way Thrive is boosting its revenues is that as part of its arrangement with the ACO, Thrive receives a small per member per month (PMPM) fee for ACO patients enrolled in its medication synchronization program. One payer also pays a PMPM fee for Thrive’s clinical services and a per member per year payment when the pharmacy meets quality measures.
- **Clinically:** In just one year Thrive enrolled nearly 1,000 patients in its med sync program. ACO data on a subset of patients found that between 2015 and the end of 2016 adherence<sup>1</sup> had risen from:
  - 67% to 95% for patients with hypertension

- 72% to 95% for patients with hypercholesterolemia
- 50% to 92% for patients with diabetes

Among patients with an A1C level greater than 9 when they enrolled in the med sync program, the average A1C level was 9.99. After 75 days, the average A1C level had decreased to 7.55.

In addition to these financial and clinical results, by working with an ACO, Thrive is developing data to demonstrate the pharmacy's value. This data will show differences in the cost of care between patients enrolled or not enrolled in Thrive's programs, looking at both medical and pharmacy costs.

These initial results are producing additional opportunities for Thrive. Payers are beginning to identify providers and employers that could benefit from Thrive's services, which bodes well for Thrive's longer-term results.

## Lessons learned

While still very early in Thrive's journey important lessons have been learned. Among them are:

- **Relationships are the key.** The relationship between patients and primary care providers is the crux of healthcare. However, while patients trust their primary care provider, they see their doctor infrequently. Pharmacists can augment this relationship through additional touch points. For pharmacists it is important to build trust with both providers and patients.
- **Find providers' pain points and provide value.** Before explaining to providers what your pharmacy can do, first ask providers about their goals and challenges. Listen carefully and tailor your approach to their needs. For example, Thrive discovered that nearly 30% of inbound calls at one provider's office were for prescription refills. The patients it enrolled in med sync previously averaged 17 calls per year to their physician's office just for refills; Thrive cut that to 4.

- **Identify early adopters.** When providers start referring patients, it typically takes three to four months to start seeing the benefits the pharmacy provides. So, start with providers who strongly believe that integrated pharmacy services should be the standard of care. "We had to build a group of evangelists who could help tell our story for us, help influence peers," Willoughby said.
- **Build slowly.** Thrive starts with a pharmacist working part-time in a clinic and within a few months the onsite position is full time. The business maintains a separate profit and loss statement for each site, in part to ensure staffing levels are appropriate.



- **Measure and be data driven.** Telling success stories is important, but even more important is measuring the results and providing hard data that shows the value your pharmacy delivers.

The ultimate lesson is that the future of pharmacy is not about filling prescriptions. It is about understanding the changes in the healthcare landscape—particularly the shift to value-based reimbursement—and partnering with providers to deliver better outcomes at lower cost. Those pharmacies that adopt new models and partner with providers have the opportunity to thrive.

<sup>1</sup> Based on patient refills for at least an 80% proportion of days covered.