



# PHARMACY CARE: Why You Need A Patient Follow-Up Program

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# PHARMACY CARE

Why You Need A Patient Follow-Up Program



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## Patient-Centered Care



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## Collect

### **Collection of necessary subjective and objective information**

- Relevant medication history
- Clinical status of the patient
- Allergies
- Nonprescription medications, herbal products, dietary supplements
- Physical assessment findings
- Patient lifestyle
- Medical devices

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## Assess

### Assess the information collected

Analyze the clinical effects of the patient's therapy  
Identify and prioritize problems and achieve optimal care.

- Medication for appropriateness
- Complete DUR (Drug Utilization Review)
- Health and functional status
- Risk factors
- Health data
- Cultural factors

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## Plan

### Individualized patient-centered care

This process includes establishing a care plan that:

- Addresses medication-related problems
- Optimizes medication therapy
- Sets goals of therapy for achieving clinical outcomes
- Engages the patient through education, empowerment, and self-management
- Supports care continuity, including follow-up

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# Implement

## Implement the Care Plan

Health care professionals and the patient or caregiver.

- Addresses medication/health-related problems
- Preventive care strategies
- Initiates, modifies, discontinues, or administers medication therapy as authorized
- Provides education and counseling
- Contributes to coordination of care
- Schedules follow-up care to achieve goals of therapy



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# Follow-Up

## Monitor and evaluate the care plan

Modify the plan as needed.

The continuous monitoring and evaluation of:

- Medication appropriateness
- Effectiveness
- Safety
- Patient adherence
- Patient feedback
- Outcomes of care
- Goals of therapy



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## Follow-Up

- Follow-up in pharmacy should be routine, not extraordinary
- Regular monitoring and follow-up is not common
- Regular monitoring and follow-up is critical in disease management
- Regular monitoring and follow-up is helpful in almost all circumstances of chronic disease management
- There are many barriers to routine monitoring and follow-up
- Patients are losing out
- You are losing out

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**Physician-Related Factors:** [According to a study published on NCBI](#), *49 seconds* is the average time a doctor spends explaining a prescription. It means that most doctors spend around 26 seconds discussing guidelines and 23 seconds talking about “all other aspects of new prescription medication.”

Returning patients get even less time.

Leaving a tremendous opportunity for you to connect with your patients.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2582184/>

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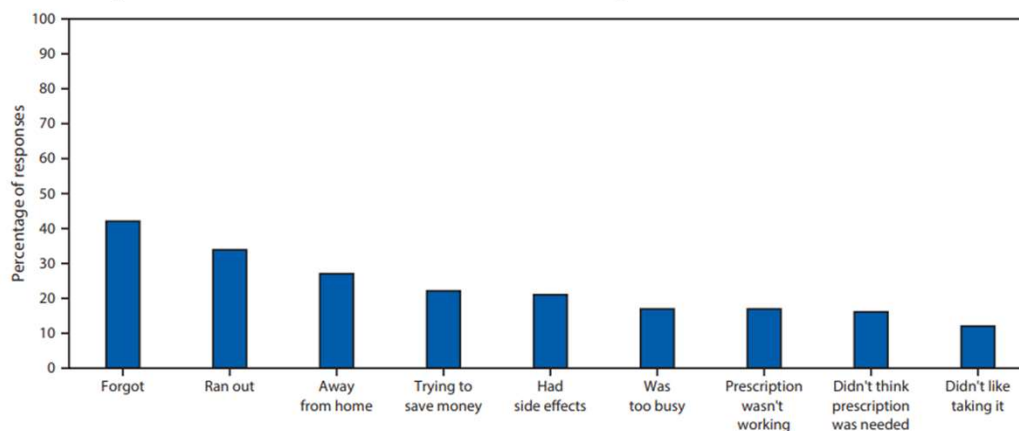
## Critical Role of Follow-Up

- Establishing a personal connection with the patient
- Teaching the importance of adherence
- Continuity of care
- Recognizing the importance of taking their medication as prescribed
- Inquiring about and mitigating side effects
- Helping patients cope with costs
- Encouraging/providing health information
- Feeling informed about their health



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FIGURE. Self-reported reasons\* for nonadherence to recommended medication regimens — United States, 2013



Source: Medication Adherence in America: A National Report Card, 2013. Adapted with permission. [https://www.ncpanet.org/pdf/reportcard/AdherenceReportCard\\_Abridged.pdf](https://www.ncpanet.org/pdf/reportcard/AdherenceReportCard_Abridged.pdf).

\* Participants could provide more than one response, and as such, categories are not mutually exclusive.

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**Statistically speaking: The problem of not taking medicine as prescribed**

- 20 to 30 percent of new prescriptions are never filled at the pharmacy.
- Medication is not taken as prescribed 50 percent of the time.
- For patients prescribed medications for chronic diseases, after six months, the majority take less medication than prescribed or stop the medication altogether.
- Only 51 percent of patients taking medications for high blood pressure continue taking their medication during their long-term treatment.

Source: Centers for Disease Control and Prevention (CDC)

Significantly, the study authors found the strongest evidence yet that improved medication adherence was accompanied by pharmacist-led high blood pressure management. In addition, the study showed that "education with behavioral support; reminders; and pharmacist-led, multicomponent interventions enhanced adherence..." <https://www.nacds.org/news/the-cost-of-medication-non-adherence/>

One research company found that 25 percent of patients don't get their refills on time.

[https://www.ncpa.co/adherence/AdherenceReportCard\\_Full.pdf](https://www.ncpa.co/adherence/AdherenceReportCard_Full.pdf)

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## Follow-Up Reasons

- Follow through on referrals
- Mitigate side effects
- Monitor early questions and concerns
- Monitor health
- Reinforce knowledge and action plans
- Confirm medicine regimens
- Share lab results

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## Follow-Up Reasons

- Maybe need a consultation
- Setup next refill
- Discuss cost concerns
- Schedule appointments
- First step to adherence program
- Offer other items, vitamins, supplements, etc.
- Record the successes for the prescribers

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## How

- Identify who will follow up with patients
  - Pharmacists, Interns, Technicians
- Choose the ways your pharmacy will follow up
  - Mail, Phone, Text, Email, Third Party Software (HIPAA)
- Pick targeted criteria
  - HRT, Hair Growth, LDN, Chronic Conditions
- Initiate and track follow-up
- Track Your Progress

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## When

- Immediately after first fill
- Within a certain number of days after first fill
- 5 days after first fill
- 30 days after first fill
- 7 days after not getting a refill

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## Other Times

- Dosage change
- Strength change
- After receiving new labs
- After a new consultation
- New medication prescribed
- Whenever you decide or is needed

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## Make a Plan

- Generate a template to be able to use for follow-up
- Generate a dispensing report to get phone numbers of patients and assigned therapies
- Send out personalized messages via texting, email, etc.
- Schedule a phone call if they prefer
- Have interns or technicians call patients
- Schedule call with a pharmacist if patient requests

## Texting Option

- Mass campaign message can be generated
- Target patients with reporting.
- Track the progress of who has been reached out to
- Texting can be a form of documentation
- A widely accepted form of communication
- Time saving

## Loss Potential

- \$69.00 is average price of compound
- For 100 compounds a month: \$1200 per year
- $100 \times \$69.00 = \$6900$  per month
- $1200 \times \$69.00 = \$82,800.00$  per year
- 25% do not fill properly
- $75 \times \$69.00 = \$5175$
- $900 \times \$69.00 = 62,100$
- POSSIBLE LOSS per month = \$1725.00
- POSSIBLE LOSS per year = \$20,700.00
- AVERAGE OF 5 CALLS A DAY (20 texts a week)



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## Contact Information

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