Drugs – Real World Outcomes

Title: Pharmacist Interventions to Improve Specialty Medication Adherence: Study Protocol for a Randomized Controlled Trial

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Call script used to obtain baseline assessment in the intervention arm.

Hello, may I speak with _____?

Hello Mr./Ms. _____My name is_____, and I am a pharmacist calling from Vanderbilt Specialty Pharmacy. I was hoping to take 5-6 minutes to talk to you regarding your specialty medication. Is now a bad time?

(if no, confirm date of birth; if yes, ask when a convenient time would be to call back)

Thank you. I would like to ask you a few quick questions about your [name of medication].

- Can you tell me how you take [name of medication]?
- What concerns do you have about taking the medication?
- Have you experienced any side effects?
- Sometimes we get busy and do not take our medication. What do you do to help yourself remember?
- How many times in the last 30 days have you missed a dose or been late with your dose/ injection?
- Has anything gotten in the way of you being able to take [name of medication]?
- In your own words, can you tell me why [clinician] prescribed [name of medication] for you?

That is all the questions I have today. As a pharmacist, it is important to me that you understand why you are taking your medication and that you have all of your questions answered. Do you have any questions or concerns for me regarding [name of medication]?

I would like to review your answers and see if I have any resources that may be able to assist you. Would you be open to me calling you back in a week or two, or using My Health at Vanderbilt to share any resources I think might be helpful to you?

Thank you. Have a nice day.

Community Engagement Studio Recommendations & Summary

Vanderbilt Specialty Pharmacy
October 8th, 2018

Questions for Community Experts

1. What are your initial thoughts about the project?

- Good idea. For me, days are so long and busy that I forget to take it. It's a waste of money.
- Really good idea. I am supposed to take it, need to take it, but need to be forced
- I'm on 3 different types of medication. I lost a lot of weight since prescribed and my diet impacts how medication impacts me. I work 2 jobs and forget. I won't take if I can't remember if I took it or not.
- Helps everybody – gain for everyone
- Good potential, but you have to be careful about intruding. People might be hoarding / keeping pills if they can't get to the pharmacy.
- Food impacts medication too. I have to take on a full stomach and that can be difficult.
- Intrigued – how to help me develop a way to stick with the schedule (3x/ day)

2. What are some barriers to taking your medication as prescribed?

- Some of it is remembering and they keep changing healthcare and the medication they [insurance] will cover
- It's hard to find out what can be done with insurance
- Lack of understanding of medication / effects – if I don't know what it is going to do or it causes something unexpected
- Print outs help, but must be easy to understand and include short and long term side-effects
    - Not everyone will read paperwork – esp. if 5 pages
- Fear of side effects
- I worry 'Is there an antidote?' If there's a reaction to the medication is there a way to solve this?
- Eating a pill with meals is hard if your schedule does not allow for 3 meals or you don't eat regular meals.
- It would be helpful to know which is worse, empty stomach or full meal
- What food can you eat so that meds don't bother your stomach? What foods count as a meal?
- Transportation – people may not feel comfortable getting meds in the mail – confidentiality concerns
- If mail comes to a post office – not always delivered correctly
- Less expensive for 90 days, but if you don't get it, you are still liable for cost.
- Cost of my meds were $1,700 a month. I initially thought 'I won't take this', but I am on a program now that helps with cost. Still, I worry and think 'Will this program last?' 'Will I have support?'
- Remembering to refill or to get a refill – there's sometimes a gap in having refill approved
    - Not with all pharmacies – some are relentless with calls / text reminders
- Don't always have supply at the pharmacy – you sometimes have to call multiple days in advance
- Lost medication – they [pharmacy] did replace it, but still a challenge

- Size of pills – don't want to choke
- It's hard to remember to take pills if you don't sleep well or have a regular schedule.

3. Do you understand the benefits or why you are taking a particular medication?

- For me, my doctor changes meds so often, it can become confusing. There's not always a conversation about side effects. If you aren't aggressive, you won't get those answers and it all jumbles together over time. It's a lot to mentally process
- I don't want to be sick or deal with it – doctor tells me why I need to take it. I knew I had symptoms but ignored it. I wanted to start with the smallest treatment (e.g. pills vs. infusion) and I have a high pain tolerance.
- Some people don't want to accept that they have those issues and taking meds makes it real. I was never sick as a child and now don't want to be sick as an adult.
- I want to understand how all the meds work together to help – some mediations have the same ingredients – what is it really doing to your body?
- Most of the time – I know what happens when I don't take medication

4. Do you trust the pharmacy / doctor?

- I'm cautious – primary suggested medications, a different doctor prescribed both, then PCP disagreed – I'm going to check everything they say. There should be continuity of care. They should be talking to each other.
    - Happened to me – specialist said how important meds are, but PCP didn't say that
- When they tell you not to cut pills, part of me thinks 'Is this just because you want me to take it?"

5. What suggestions do you have about how to address these barriers?

- Pillboxes for day / night – this seems to help. I sit it on my desk or on purse, but I must remember to refill.
- Keep meds close where I will see them or take at the same time of day (night works best for me because it is less busy)
- Take pills at the least busy time of day
- iPhone reminders, unless you can't see the reminders
    - alarms might be better than reminder, because they keep going off
- Sister has RA, so I'm reminded when I talk to her and seeing how taking meds improves how I feel.
- It's not easy – would be nice to have a pharmacist learn how to do these things.
- YouTube videos to explain important information (e.g. don't cut your pulls, why / techniques to remember, importance of taking meds, alcohol and medication)
    - Should be a pharmacist / doctor or someone familiar with the condition
- Provide detailed reasons for medications and resources to help remember
- Text reminders are helpful, but may not be for everyone – should be able to opt out
    - Also consider email reminders

How can a pharmacist help?

- I take supplements. I would like more information about these interact with medications.

- Some pharmacists will talk to you when you pick up meds and make sure you don't have questions, but not everyone will ask these questions at the time.
- Most pharmacists just don't have time to talk. It's clear that they are busy.
- If I'm taking medications that help, but also harm – are the meds really helping or hurting
- Feel like I'm not told about potential long-term impacts.
- Coupons through pharmacist, generics, referring to services – offering to have a conversation later if the person has questions
- Provide locations for discounted medication
- Would be helpful to have assistance with insurance
- For one of my medications ($500 even with a coupon), pharmacist went to the company to reduce cost
- Help with the schedule – pharmacies run out of different medications at different times of the month

6. What do you do when you get into confusing situations regarding medications?

- If it's 11am, going to skip – feels like it's not going to hurt. I have to be accountable – I would reach out if I'm missing more than 2x / week, but I'm on a low dosage
- Skip and then pick back up – I think about asking for help at appointments, but if appointment isn't long I don't want to ask. I would reach out if missing more than 50%
- I'm not upset about missing – I would reach out if pain became bad. I would rather deal with pain than worry about side effects (e.g. chest pain). Have had bad effects in the past and changed medication on my own.

7. How should staff approach patients with adherence problems about providing support?

- Would not say "non-adherent"
- Say "challenges" with medication - you are just following up to see if there's anything we can do to support or to see if you are having any challenges
- Depends on when you call – be sure to ask 'Do you have a moment?'
- Tell people quickly why you are calling

Comment Form:

General thoughts about the project:

- Interested in knowing final suggestions for remembering to take Rxs

What challenges do you think the project will have in the community (weaknesses)?:

- Communicating information in "layaman's terms"

Clinic stratification based on historical rates of nonadherence

High (>15%[a])	**Medium (10-15%[a])**	**Low (<10%[a])**
Pediatric Rheumatology	Multiple Sclerosis	Idiopathic Pulmonary Fibrosis
Pediatric Endocrinology	Pediatric GI/IBD	Lipids
Cool Springs Rheumatology	Dermatology	Pulmonary Arterial Hypertension
Adult Rheumatology	Hematology	
	Adult Endocrinology	
	Neurology	
	Asthma, Sinus & Allergy	

[a] Percentage of patients receiving specialty medication with PDC <80%