



Leveraging the Appointment-Based Model to Expand Patient Care Services:

*Practice Guidance
for Pharmacists*

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- **Candice Allar, MS**
Senior Project Manager
American Pharmacists Association
Washington, DC
- **Anne Burns, BSPHarm**
Vice President, Professional Affairs
American Pharmacists Association
Washington, DC
- **Rebecca Chater, BSPHarm, MPH, FAPhA**
Director, Clinical Healthcare Strategy
Omniceil Inc.
Raleigh, NC
- **Loren Kirk, PharmD**
Director, Stakeholder Engagement
Pharmacy Quality Alliance
Alexandria, VA
- **James Owen, PharmD, BCPS**
Vice President, Practice and Science Affairs
American Pharmacists Association
Washington, DC
- **Tanya Schmidt, PharmD**
Director, Central Operations
Thrifty White Pharmacy
Plymouth, MN
- **Timothy Weippert, BSPHarm**
Chief Operations Officer
Thrifty White Pharmacy
Plymouth, MN

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- **Jann B. Skelton, BPharm, MBA**
President
Silver Pennies Consulting
- **Lindsay Kunkle, PharmD, MBA**
Senior Director, Practice Advancement and Pharmacist Engagement
American Pharmacists Association

TABLE OF CONTENTS

Need for Pharmacists’ Patient Care Services 1

Differentiating the Appointment-Based Model From Medication Synchronization. . . 3

Expanding Patient Care Services Using the Appointment-Based Model 6

Engaging Patients Within Each Stage of the Appointment-Based Model 8

Example Patient Care Service Delivery within the Appointment-Based Model 12

Conclusion. 16

Useful Resources. 16

NEED FOR PHARMACISTS' PATIENT CARE SERVICES

Pharmacists continue to expand the breadth and depth of patient care services and medication management services (MMS) offered to patients. These services are driven by shifts in the U.S. health care system, the increasing focus on costs of care, and the critical role that medications play in treating patients with chronic diseases. The Joint Commission of Pharmacy Practitioners (JCPP) has defined MMS as a spectrum of patient-centered, pharmacist-provided, collaborative services that focus on medication appropriateness, effectiveness, safety, and adherence with the goal of improving health outcomes. Pharmacists' patient care services encompass MMS as well as other services such as health and wellness screenings and chronic disease management. A key element of patient care services and MMS is a patient-centered approach to care, ensuring the service is individualized for a specific patient, focuses on the patient's needs and concerns, and involves the patient in the care process.¹

Medications and Chronic Disease in the United States

The management and treatment of patients with chronic diseases accounts for 86% of the nation's \$2.7 trillion in annual health care expenditures.² Approximately 69 million Americans take three or more prescription medications, requiring multiple trips to the pharmacy each month³. These patients are often managing medications prescribed by numerous physicians and filling multiple prescriptions on many different days each month. For example, patients with cardiovascular disease visit the pharmacy 20 to 43 times each year⁴, making the process of managing

medications both complex and time consuming. Prescription medications are critical in the successful management of chronic diseases; likewise, ensuring that medications are taken as prescribed is critical to achieving positive patient outcomes. Unfortunately, approximately 50% of medications are not taken as directed, and close to 30% of prescriptions are never filled.⁵ In addition, missed or skipped doses of medication cause 125,000 deaths every year and account for 10% to 25% of hospital and nursing home admissions.³

The Changing Health Care Landscape

Because health care costs are increasing at an unsustainable rate, there is now an intense focus on value within the health care system. Issues such as health care quality, safety improvement, and cost reduction have become crucial, and health plans as well as health care providers are assuming increasing levels of risk.⁶ To manage this additional risk, stakeholders are aligning with new partners, utilizing health data in different ways, and prioritizing value in health care decision making.⁷ Preparation for the transition to a value-based payment system has created a renewed focus on the value of community-based pharmacists, who engage with patients more frequently than any other health care provider, support appropriate medication use, manage care, and assist in coordinating patients' health care. Payers can now use advanced data to determine which pharmacies are caring for patients in ways that minimize avoidable costs, thereby providing opportunities for pharmacy practices that provide MMS and other services.⁸



The changing health care landscape also has a direct impact on pharmacists and members of the pharmacy team. For decades, pharmacy workflow has centered on patients bringing in new prescriptions, calling for medication refills, and picking up medications at their convenience. The pharmacy staff spends time answering phone calls, contacting physicians and insurance companies, and filling prescription orders. Patients who take multiple medications visit the pharmacy many times a month, creating inefficiency for both the patient and the pharmacy. Beyond creating inefficiency, neither the current pharmacy workflow nor sustainable payment models have been conducive for pharmacists to provide MMS and other services. These

system inefficiencies limit pharmacists' ability to improve medication appropriateness, adherence, safety, and efficacy.⁹

However, many of these challenges have been overcome by the adoption of a pharmacy workflow model that is built on medication synchronization and the appointment-based model (ABM). Against the changing U.S. health care landscape, pharmacists are uniquely positioned to deliver high-quality, cost-effective, patient-centered care, and the ABM can be the foundation for providing an expanded scope of MMS and other services to help address the costly and widespread health care issues Americans are facing.

PURPOSE

This document addresses opportunities for pharmacists to leverage the ABM at the foundation of their practice and is intended to provide guidance for pharmacists who wish to initiate or expand patient care services as part of the ABM.

DIFFERENTIATING THE APPOINTMENT-BASED MODEL FROM MEDICATION SYNCHRONIZATION

Although the term “ABM” is often used interchangeably with medication synchronization, the process of coordinating fulfillment of a patient’s chronic medications on a regular schedule is only the starting point. Moving from simply synchronizing medication refills to a more patient-focused care model, such as the ABM, is the first step in creating the workflow and practice model needed to layer additional patient care services into a community-based pharmacy practice.

Medication Synchronization

Medication synchronization is a service provided by the pharmacist whereby prescription refills are coordinated so that patients can pick up their medications typically on a single day each month. The pharmacist or pharmacy technician reviews the patient’s prescriptions for chronic conditions and selects an appropriate “sync date” with the patient. For some patients, copay costs can be an issue, and pharmacists may select more than one pick-up date within the month to help patients budget and manage medication costs effectively. Medication synchronization eliminates the need for patients to call in multiple prescription

refills and provides the convenience of fewer trips to the pharmacy.³ Currently, pharmacies are providing medication synchronization services to over 3.5 million patients in the United States.¹⁰ The medication synchronization process can improve patient outcomes, provide convenience benefits for the patient, and create opportunities for expanding patient care services within the pharmacy practice.

Appointment-Based Model

The core components of the ABM include medication synchronization, a pre-appointment call, and a scheduled appointment. The basic tenets of an ABM are the holistic care of the patient, regularly scheduled visits to the pharmacy by the patient, communication with the patient in advance of the scheduled visit to proactively assess needs related to medications and health conditions, and pharmacist–patient engagement on a regular basis to address these needs¹¹. According to the American Pharmacists Association (APhA) Foundation, there are 10 steps in the process of delivering services in the ABM, as detailed in Figure 1.¹²



Figure 1. The Appointment-Based Model

**1
Identify
and Enroll
Patients**

1. The patient brings new or refill prescriptions to the pharmacy.
2. The pharmacy staff explains the ABM and how it can decrease visits to the pharmacy.
3. The patient decides to enroll in the ABM and talks with the pharmacy staff about establishing a synchronized appointment date to pick up prescriptions each month.

**2
Medication
Synchronization**

4. The pharmacy staff reviews the patient's profile to formulate a plan to synchronize all chronic medications, so they can be picked up on the same date.
5. To synchronize prescriptions to the determined appointment dates, the pharmacy staff will perform "short fills" (less than a typical supply) or "long fills" (more than a typical supply) depending upon refill timing and the cost of the medication.

**3
Pre-
appointment
Call**

6. Each month a member of the pharmacy staff will call the patient approximately a week before the appointment date to confirm that the prescriptions should be filled, to identify any changes in therapy, and to facilitate any care.

**4
Appointment
and Medication
Preparation**

7. After reviewing potential changes to the patient's medication regimen, the pharmacy staff prepares each prescription and creates one package for easy pick up on the patient's appointment date.
8. Each month the pharmacist reviews the comprehensive prescription order, evaluates the medication profile, and uses information gathered on the monthly call to identify potential compliance issues and topics to discuss with the patient.

**5
Patient
Appointment**

9. On the selected appointment day, the patient visits the pharmacy to pick up the prescriptions that have been prepared.
10. The pharmacist may engage in medication management or other services, which can include performing a comprehensive medication review, counseling the patient about the prescriptions, asking questions that arose during the medication.

Source: Reference 12.



In many cases, the ABM pre-appointment phone call from the pharmacy to the patient takes place approximately 3 to 7 days before prescription refills are due. The timing may be different based on the pharmacy practice. On the call, the pharmacist or the pharmacy technician typically asks the patient a few standard questions to confirm which medications the patient needs to have refilled, whether the patient has had any changes in his or her medication list or instructions, and whether the patient has been hospitalized since the last refills.

These questions alert the pharmacy staff to potential medication adherence issues, adverse reactions, or medication regimen changes that the patient is experiencing, which places the pharmacist and pharmacy team in a position to proactively address these issues.

The ABM provides the pharmacy team with the opportunity to prepare in advance of the patient's visit to the pharmacy and to identify and resolve medication-, financial-, and health-related problems. The pharmacy team may review the patient's entire profile and proactively communicate with the patient, prescribers, and insurance companies to provide the necessary interventions to improve individual outcomes. Some

pharmacies establish appointment dates, windows of time, or specific times for patients to pick up medications that are filled within the ABM, but these are not a requirement of the model.¹³

The ABM is centered on proactive, patient-centered care, which is a departure from the traditional reactive, transactional, on-demand prescription fulfillment approach. The ABM shifts the pharmacy staff's focus from passively filling prescription orders at the request of the patient on an unaligned schedule to proactively synchronizing a pick-up date for chronic medications, confirming the patient is receiving the needed medications each month, and identifying and resolving issues the patient may be having with his or her medications. In the ABM, the pharmacist can assess medications each month, providing the opportunity to identify therapeutic and adherence issues that patients may be experiencing.⁹ These core components then offer a platform to provide more extensive MMS, including offering a more in-depth comprehensive medication review at a separate time. APhA has outlined some of the benefits of the ABM to patients, pharmacists, the pharmacy practice, and the health care system in [*Benefits of Medication Synchronization and the Appointment-Based Model*](#).

EXPANDING PATIENT CARE SERVICES USING THE APPOINTMENT-BASED MODEL

Efficiencies in the practice created by the ABM allow pharmacists the time and resources to implement and enhance other valuable patient care services. Technology, systems integration, data flow, and sound implementation strategies are enabling pharmacies to transition to the ABM, which facilitates the expansion of patient care services via the JCPP Pharmacists' Patient Care Process.¹⁴ With improved workflow efficiency and processes, pharmacies can provide services separate from medication dispensing. Pharmacists must determine which services to implement, assess their potential impact on the practice and the community, and determine the viability of the service. Included in this process is defining the scope and nature of the services and the specific offerings that will be provided to patients served by the practice.

A pharmacy's practice model can be composed of many services ranging from targeted, quick interventions to comprehensive medication reviews or chronic disease management. Understanding the options along this continuum of care can help a pharmacy determine how to best expand patient care services to fit patient needs and pharmacy workflow. For some pharmacies, this will mean evolving from providing basic dispensing services that include convenience services, such as refill reminder and auto fill, to quick interventions, such as evaluating a patient's immunization status and providing a specific identified

immunization or conducting a health screening as part of the ABM. For other pharmacies, it may mean developing more in-depth services, such as offering chronic disease management, empowering patients to self-manage their conditions, and providing comprehensive health coaching programs.

Regardless of the services offered, pharmacists should focus on being proactive versus reactive in providing services to their patients. Using the ABM as a workflow facilitator allows pharmacists and members of their team to gather information throughout the ABM process, offer and educate patients regarding potential services from which they could derive benefit, and conduct services during patient appointments or at any other time that may be convenient for the patients.

When selecting services to provide, pharmacies should consider pharmacist authority and scope of practice, population needs, patient demographics, reimbursement opportunities, and practice sites, among other factors. Practices should assess the current patient population to determine services that may be of most benefit. Typically, patients with chronic conditions who take multiple medications are more likely to have medication-related problems, such as issues with medication adherence, and they may be more receptive to MMS and other services. Consideration should also be given to ways that the practice can attract new patients with health concerns aligned with pharmacy service offerings.

The tipping point for pharmacies is 50 to 80 patients enrolled in a specific service. At this volume, the pharmacy begins to see increases in workflow efficiency, inventory turns, patient satisfaction, and pharmacist satisfaction.¹⁵

Once the service has been identified, pharmacists should outline distinct goals for the establishment of additional patient care services, including improving operational efficiency, increasing revenue, improving medication adherence, and supporting patients with chronic disease. Expectations for financial return, both direct and indirect, should be clearly determined. Each practice must assess its capabilities and determine the staffing requirements, physical space, opportunity costs, time, and financial resources that are available to support each additional service. Pharmacists should focus on a manageable number of services that demonstrate viability. Additional information to support the establishment

of new pharmacy services may be found in [*APhA Questions to Consider When Expanding Pharmacy-Based Patient Care Services*](#).

Determining the business model for selected patient care services is crucial to long-term sustainability. Payment models specifically for the ABM and medication synchronization are evolving, and there are examples of sustainable payment models through some technology vendors. Additionally, there may be payment for other distinct patient care services (e.g., immunizations, medication therapy management), although these revenue streams can vary based on local and state payer partners. [*APhA's Billing Primer: A Pharmacist's Guide to Outpatient Fee-for-Service Billing*](#) provides a general overview of factors to consider in fee-for-service billing for pharmacists' services. Pharmacists may also consider options for patients to pay cash for patient care services.

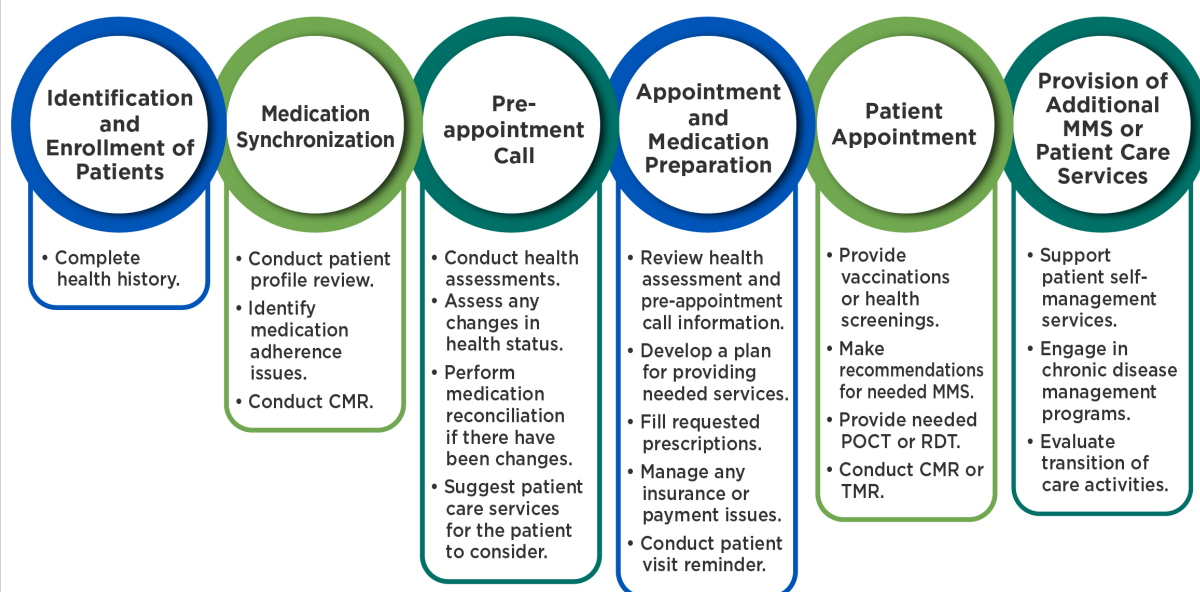


ENGAGING PATIENTS WITHIN EACH STAGE OF THE APPOINTMENT-BASED MODEL

Medication synchronization and the ABM can be the first pivotal steps along the continuum toward providing additional patient care services. It is important to explore how to maximize the steps of the ABM to derive benefit at all potential

points of patient interaction. The general continuum of increasing pharmacist services and patient engagement discussed in this guidance document is illustrated in Figure 2.

Figure 2. Continuum of Pharmacist Services Supported by the Appointment-Based Model



CMR = comprehensive medication review; MMS = medication management services; POCT = point-of-care testing; RDT = rapid diagnostic testing; TMR = targeted medication review.

Identification and Enrollment of Patients

Pharmacy staff must determine which criteria should be used to identify patients who may benefit from the ABM and additional patient care services. According to practice leaders engaged in ABMs, patients who take three or more medications for chronic illness or who have suboptimal medication adherence would likely receive benefit from these services. Enrolling patients into the ABM is often facilitated by technology, with centralized

pharmacy or health plan data analytics driving which patients are identified as optimal candidates for the ABM. Some community-based pharmacies have the capability to identify eligible patients and enroll them within the dispensing software; other practices may use a third-party technology platform or maintain their records in a paper-based filing system. Patients can also be identified for participation through a profile review by the pharmacist.

Occasionally, the patient's health plan may enter into a contract with the pharmacy and notify the pharmacy about which patients are eligible for patient care services, and even what services should be provided for a specific patient. Once identified, a member of the pharmacy staff can review information about the recommended services and ask the patient to opt-in. In some pharmacy organizations, the identification and patient enrollment tasks may be done centrally. Developing a brochure or a flyer with details of your ABM and other patient care services may be helpful in guiding discussions with patients. During the enrollment process, pharmacy staff may prepare for delivering high-intensity services, such as MMS or chronic disease management, by collecting a more robust patient health history that can be used to inform whether these services are needed by the patient.

Medication Synchronization

Some pharmacies have an automated synchronization process that identifies the best mathematical sync date for the patient and executes on that information. For a patient whose plan covers the benefit, a comprehensive medication review (CMR) to assure each medication is appropriate for the patient can help avoid synchronizing medications that the patient no longer needs or that could be optimized to achieve desired therapeutic outcomes. Reviewing the patient profile can also identify potential issues with medication adherence. Collaboration with the patient and his or her prescribers is important during this pre-appointment review and can provide valuable information about other patient factors that may have an impact on the sync date. It also sets the stage

for future collaboration as the patient takes advantage of further services at the pharmacy.

Pre-appointment Call—Transitioning to the ABM

Prior to the scheduled appointment, the pharmacy contacts the patient to confirm the prescriptions to be filled and to identify any adjustments in therapy. The pre-appointment call is often an automated process, using prompts for patients to respond about whether they are still taking medications, their physicians have changed any medications, or they have recently been discharged from the hospital. Depending on their responses, patients can be transferred to the pharmacy staff who can discuss the patients' questions and concerns about their medications that are scheduled to be filled, review any reasons for discontinuing treatments, and become informed of reasons for physician or hospital visits in the past month.^{9,12} If changes have occurred, the pharmacy team may choose to provide covered medication reconciliation services to assure a patient's regimen is accurate.

If warranted for a specific patient, the call provides an opportunity for the pharmacist to counsel the patient by reviewing each medication and talking about why the patient is taking each one. The pre-appointment call can also be expanded and customized to focus on a specific health area by asking brief and specific health screening or assessment questions as part of the discussion. If appropriate for the individual patient, this call can inform what additional MMS or other patient care services, resources, and information could be provided as part of the patient appointment. This type of engagement offers additional ways for



pharmacy staff to connect with patients and for pharmacists to provide valuable information, counseling, and possibly referrals to other health professionals.

The pre-appointment call can also serve as an opportunity to reinforce the scheduling of the appointment. Experts in the ABM share that scheduling an appointment within a block of time, such as inviting the patient to come to the pharmacy between 2:00 PM and 4:00 PM, is more accepted by patients than appointments scheduled for a specific time (e.g., 3:00 PM–3:30 PM). Patients may not yet view pharmacies as a place where appointments are needed, and this more flexible approach decreases the time and resources required by the pharmacy to encourage the patient to attend the appointment.

Appointment and Medication Preparation

In advance of the pharmacy visit, the pharmacist or pharmacy technician reviews the patient record and develops a plan for services that may be needed by the patient. Prescription orders scheduled for pick-up are reviewed and any clinical issues or concerns resolved. Medications scheduled for pick-up are prepared. The pharmacy team may wish to conduct a reminder call or send a text message or e-mail to the patient on the day prior to the scheduled appointment. In this notification, the pharmacy team can inform the patient of any additional services that may have been recommended based on the information provided during the pre-appointment call.

Patient Appointment

When the patient arrives on the scheduled appointment day to pick up his or her medications, the pharmacist

may provide consultation services, address any identified adherence issues, and answer other questions that may arise. The pharmacist may also deliver any patient care services that the patient agrees to take part in based on the pharmacist's recommendation.⁹ The patient appointment can be leveraged to conduct screening and assessment activities, provide point-of-care testing to identify gaps in care, and recommend treatment or referral options.

Most often, the patient appointment consists of a quick consultation lasting 1 to 2 minutes. Depending on the needs of the patient, pharmacists can also conduct a short intervention or deliver a low-intensity service within 5 to 10 minutes as part of the patient appointment. More in-depth services, those expected to take more than 20 minutes, should be scheduled. Sometimes an intervention or service can be provided in conjunction with the patient appointment, and other times a separate appointment may be scheduled.

Provision of Additional MMS or Patient Care Services

It is important for the pharmacist to clearly set expectations for the patient who is receiving additional MMS or patient care services, so the patient understands the time needed to provide the recommended services. Providing patient-centered care allows pharmacists to build and strengthen pharmacist–patient relationships, with the more time spent with the patient allowing opportunities for deeper and more meaningful relationships. Examples of different service levels that can be provided within a range of time frames are outlined in Figure 3.



Figure 3. Potential Patient Care Service Offerings Within a Pharmacy Appointment Based on Available Time Frames



1-2 minutes: Make a vaccine recommendation.

5-10 minutes: Provide a recommended vaccination to the patient.

More than 20 minutes: Conduct a complete vaccination history assessment and make appropriate recommendations.



1-2 minutes: Conduct a readiness to quit assessment.

5-10 minutes: Review over-the-counter smoking cessation options with the patient.

More than 20 minutes: Develop a quit plan and discuss behavioral and motivational factors.



1-2 minutes: Evaluate recent blood glucose readings with the patient.

5-10 minutes: Conduct a point-of-care A1C test.

More than 20 minutes: Provide an in-depth coaching session.

EXAMPLE PATIENT CARE SERVICE DELIVERY WITHIN THE APPOINTMENT-BASED MODEL

Pharmacists' patient care services are delivered using the JCPP Pharmacists' Patient Care Process, which is a 5-step process that includes systematic methods of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, creating and implementing a plan to resolve them, and following up with the patient and providers. All of the Pharmacists' Patient Care Process steps are woven into the ABM.

For example, during the patient enrollment process and the monthly pre-appointment call, pharmacists can collect necessary subjective and objective information about the patient to understand the relevant medical/medication history and clinical status of the patient. When preparing for the appointment, pharmacists can assess the information collected and analyze the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems, determine optimal care, and develop an individualized patient-centered care plan. During the patient appointment, the pharmacist can work to implement the care plan and ensure appropriate follow-up and monitoring for the patient. In considering the example services below, think about how aspects of the proposed services will be performed using the PPCP and how to apply the process to these services within the ABM. Additional information on the JCPP Pharmacists' Patient Care Process can be found at <https://jcphp.net/patient-care-process/>.

Immunizations and Medication Administration Services

Pharmacists provide valuable immunization services and information for patients to improve vaccination rates for vaccine-preventable illnesses. Expansion of many state pharmacy practice acts provides pharmacists with the authority to deliver immunizations beyond influenza and pneumococcal vaccines, including authorizing pharmacist delivery of any vaccine on the immunization schedule recommended by the Centers for Disease Control and Prevention. Based on disease states and prescribed medication therapies, pharmacists should identify patients who could potentially benefit from receiving various vaccines, provide education on the benefits and importance of immunizing against vaccine-preventable illnesses, and directly immunize those patients.

Pharmacy-based medication administration services (MAS) encompass pharmacist administration of medications, support of patient self-administration of medications, and provision of all related care coordination and care management services. Pharmacists have an important role to play in advancing the provision of MAS. There is a significant need to expand access to patients and make MAS an available, predictable, measurable, sustainable, and scalable service provided by pharmacists. APhA has developed [*Practice Guidance for Pharmacy-Based Medication Administration Services*](#) that can help support pharmacists in developing these services.

The ABM supports the assessment and proactive identification of patients with vaccination or medication administration gaps based on information gathered as part of the pre-appointment call or centralized pharmacy data. This information can support the pharmacy staff to incorporate an offer of vaccination or MAS to the patient either during the pre-appointment call or at the patient's scheduled appointment. Engaging to close gaps in vaccination and medication administration will provide patients with important information about their health, provide a convenient way to administer appropriate medications and immunizations, and contribute to improving public health.

Health Screenings and Primary Prevention Services

Due to their accessibility, pharmacists provide a wide range of health, wellness, and public health services to improve care for individual patients in the communities they serve. Pharmacists are well positioned to conduct health screenings for potential diseases or to assist in monitoring current conditions, and communicate, as appropriate, with other health care providers. Examples of health screening services include screening programs for common disease states such as hypertension, diabetes, and cardiovascular disease. Examples of primary prevention services include nutritional planning, weight loss, and smoking cessation counseling. Health screenings assessment questions can be integrated into the pre-appointment call to gather more information and help the pharmacist determine whether the patient may benefit from a health screening or other primary prevention services provided by the practice. Health screenings can be conducted during the

appointment, and results may lead to specific recommendations or referrals to address needs that are identified.

Point-of-Care Testing

Point-of-care testing (POCT) is testing done in proximity to the patient rather than in a remote laboratory. Depending on state regulations, pharmacies may perform tests such as glycosylated hemoglobin, lipid panels, and liver function tests as part of ongoing chronic care management. POCT is a natural fit for an activity that can occur during the patient's appointment using the ABM, and offering these services to patients can be integrated into the pre-appointment call if the pharmacist has previously identified the patient's need for the services. Identifying the need in advance will empower the pharmacy team to schedule an appointment duration appropriate for conducting the POCT and educating the patient on the results.

Rapid Diagnostic Testing

Rapid diagnostic testing (RDT) is a subset of POCT that can be used to inform treatment decisions by determining the probability of presence or absence of disease. RDT can be provided for conditions such as influenza and group A streptococcal pharyngitis. Making patients aware of RDT services can be a key component of the pre-appointment call during months when there is high prevalence of the RDT-related condition (e.g., in the fall and winter during flu season), and the patient appointment offers opportunity to intervene if there are acute issues that can be identified and managed by the pharmacist. Conducting risk assessments during pre-appointment calls or scheduled appointments may also provide guidance regarding services or referrals that the patient may need.



Medication Management

Pharmacists can provide a comprehensive medication review (CMR) with follow-up or a targeted medication review (TMR) focused on optimizing medication therapies. These services should focus on assessing patients' medications in the context of their overall health and working with them and the rest of their health care team to address identified problems and achieve clinical goals. APhA has developed a detailed resource to support pharmacists in providing these reviews entitled [*How to Conduct a Comprehensive Medication Review: A Guidebook for Pharmacists*](#).

Health Coaching and Chronic Disease Management

Health coaching can address medication and non-medication therapies, lifestyle modifications, and patient empowerment to support patients to self-manage their diseases and medications, leading to reduced health care costs and improved quality of life. Disease management programs have been developed for a variety of chronic disease states, such as diabetes, asthma, chronic obstructive pulmonary disease, heart failure, depression, and many others. Pharmacist health coaching and education services establish, reinforce, and sustain behaviors to effectively manage chronic diseases. These programs include focused, high-touch, longitudinal management of specific disease states, with emphasis on closure of treatment gaps.

The nature of comprehensive patient care programs is particularly well suited to the ABM. These services may be introduced to the patient during the pre-appointment call or at a routine appointment using the ABM. If the

patient enrolls in these services, the ABM appointment can serve as the time each month when the patient and pharmacist meet for the health coaching sessions.

Transitions of Care

Community-based pharmacists have demonstrated the ability to prevent unplanned hospital readmissions through the provision of medication reconciliation, efforts to ensure receipt of appropriate discharge¹⁶ medications, and patient check-in calls, as appropriate, during the course of the first 30 days after hospital discharge. When a patient answers "yes" to the pre-appointment call question about being in the hospital since his or her last refills, this can trigger the pharmacist to ensure all appropriate care transition activities have occurred for the patient, including medication reconciliation and coordination of care with the patient's other health care team members. These services may be performed virtually or as part of the patient's visit using the ABM, depending on the specific transitions of care services needed. Payment models for these services also vary and should be explored prior to initiating a service offering.

Leveraging Health Awareness Events

Pharmacies may find that adding health screenings or assessments that align with monthly and weekly health awareness events can support pharmacist services and be well received by patients. Examples of these awareness events and activities are detailed in Figure 4 to stimulate ideas of how this monthly rotation of topics may engage patients in your practice. Additional information and resources can be found online from the sponsoring organization of each of these events.

The pre-appointment call is an opportunity to integrate health awareness events. Pharmacists may focus on a specific health area by asking brief and specific health screening or assessment questions as part of the automated

outreach. Pharmacies may also inform patients about educational activities or health screening events as part of the message provided during the pre-appointment call.



Figure 4. Calendar for Health Awareness Events and Activities

| JANUARY | FEBRUARY | MARCH |
|---|--|---|
| <ul style="list-style-type: none"> • Cervical Health Awareness Month • National Blood Donor Month • National Glaucoma Awareness Month • Thyroid Awareness Month | <ul style="list-style-type: none"> • American Heart Month • National Cancer Prevention Month | <ul style="list-style-type: none"> • National Kidney Month • National Nutrition Month • Sleep Awareness Week |
| APRIL | MAY | JUNE |
| <ul style="list-style-type: none"> • Irritable Bowel Syndrome Awareness Month • Oral Cancer Awareness Month • Stress Awareness Month | <ul style="list-style-type: none"> • Arthritis Awareness Month • Healthy Vision Month • National American Stroke Month • National Asthma and Allergy Awareness Month • National High Blood Pressure Education Month • National Mental Health Month • National Osteoporosis Awareness and Prevention Month | <ul style="list-style-type: none"> • Cataract Awareness Month • Men's Health Month |
| JULY | AUGUST | SEPTEMBER |
| <ul style="list-style-type: none"> • UV Safety Month | <ul style="list-style-type: none"> • Medic Alert Awareness Month • National Immunization Awareness Month | <ul style="list-style-type: none"> • Fall Prevention Awareness Week • Healthy Aging Month • National Alcohol and Drug Addiction Recovery Month • National Childhood Obesity Awareness Month • National Cholesterol Education Month • Pain Awareness Month |
| OCTOBER | NOVEMBER | DECEMBER |
| <ul style="list-style-type: none"> • American Pharmacists Month • Bone and Joint Health Action Week • National Breast Cancer Awareness Month • National Mental Illness Awareness Week | <ul style="list-style-type: none"> • American Diabetes Month • Lung Cancer, Pancreatic Cancer, and Stomach Cancer Awareness Month • Men's Health Month • National Alzheimer's Disease Awareness Month • National Family Caregivers Month • National Home Health Care Month | <ul style="list-style-type: none"> • National Influenza Vaccination Week |

CONCLUSION

The ABM offers tremendous opportunity to deliver value and benefits to pharmacists, patients, the pharmacy practice, and subsequently the health care system. Most importantly, it provides a workflow that supports pharmacist implementation and integration of additional patient care services. The

adoption of this care model can help identify and address gaps in patient care, increase medication adherence, and improve patient outcomes while improving efficiency of operations, increasing customer loyalty, and increasing pharmacy revenue.

USEFUL RESOURCES

For pharmacists who are interested in learning more about the ABM as well as patient care services that can be provided in conjunction with this model, the following articles and resources may be helpful:

- American Pharmacists Association. [*APhA Questions to Consider When Expanding Pharmacy-Based Patient Care Services*](#). September 2018.
- American Pharmacists Association. [*Applying the Pharmacists' Patient Care Process to Immunization Services: A Resource Guide for Pharmacists*](#). January 2017.
- American Pharmacists Association. [*Benefits of Medication Synchronization and the Appointment-Based Model*](#). October 2018.
- American Pharmacists Association. [*Billing Primer: A Pharmacist's Guide to Outpatient Fee-for-Service Billing*](#). March 2018.
- APhA has developed a detailed resource to support pharmacists in providing these reviews entitled [*How to Conduct a Comprehensive Medication Review: A Guidebook for Pharmacists*](#).
- American Pharmacists Association. [*Practice Guidance for Pharmacy-Based Medication Administration Services*](#). December 2017.
- American Pharmacists Association Foundation. [*Pharmacy's Appointment-Based Model: A Prescription Synchronization Program That Improves Adherence*](#). August 2013.
- American Pharmacists Association Foundation. [*Pharmacy's Appointment-Based Model: Implementation Guide for Pharmacy Practices*](#). July 2013.
- Joint Commission of Pharmacy Practitioners. [*Pharmacists' Patient Care Process*](#). May 29, 2014.

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3. American Pharmacists Association Foundation. Align my refills: a simple solution for taking your medication as prescribed. Available at: <https://www.aphafoundation.org/align-my-refills>. Accessed June 25, 2018.
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