

Q: *I am a patient who takes meds that are on 30-day, 6-week or 90-day refill schedules, depending on prescriber preference and the nature of the medication. How would Medsync help manage patients such as this?*

A: Thrifty White Pharmacy's Medsync system has the ability to sync 30 day fills with 90-day fills, so it can keep those schedules together. If a medication has another schedule, such as 6 weeks, synchronization would be attempted with the 30 days, but the patient would have an additional trip.

Q: *Were vaping/ e-cig products included in the assessment of tobacco use?*

A: Screening was for "any tobacco use" (chew etc.) but did not specify e-cigs. That may vary by pharmacist. Good thought for the next iteration!

Q: *On average, what amount of time is spent by pharmacists on direct intervention with patients/ customers and subsequent after-intervention documentation?*

A: The initial Medsync appointment ranges from fifteen to twenty minutes. Follow-ups were around five to ten minutes. Thrifty White Pharmacy leveraged both pharmacy technicians and technology/automation to remove pharmacists from day-to-day tasks and allow them to focus on clinical services.

Q: *Were the pharmacies compensated by BlueCross BlueShield (BCBS)? If so, flat rate for participation or per intervention?*

A: Thrifty White Pharmacy was compensated for the management of the population and quality performance.

Q: *I do not have a Thrifty White Pharmacy near me. Are there any other pharmacies doing this?*

A: Thrifty White affiliate pharmacies are located throughout Minnesota and are providing these services. BCBS also has other pharmacy partnerships to offer similar services.

Q: *What kinds of data (besides the type of intervention available for each specific member) did BSBC give to Thrifty White Pharmacies? How was this data structured?*

A: Provided data included member identifiers and the member's status on a handful of clinical measures (i.e., does the member meet the requirements for inclusion in the measure and do they have a gap on that measure).

Q: *Was the clinical platform used by Thrifty White a commercial off the shelf product or developed internally?*

A: Initially, Thrifty White managed the program using a vendor platform. In 2019, Thrifty White rolled out an updated dispensing system and clinical services management was integrated as part of this system.

Q: *How were the technological aspects of the intervention opportunities (provided by BSBC) incorporated into the pharmacy management system? How difficult was this?*

A: Thrifty White utilized a flexible, proprietary dispensing system utilizing an internal IT team for support. The IT team was able to build the module and leverage Thrifty White's data warehouse to maintain the data.

Q: *Can pharmacies have access to their state vaccination site to make sure the vaccines they are providing to members get recorded?*

A: Yes, pharmacies are linked to their state IIS system, so this is recorded.

Q: *Were the monthly sync calls done in person or via an automated system?*

A: The monthly automated call/text asks for a patient response. If the patient/customer indicates changes to their medications, then a live call is triggered.

Q: *What organization funded the HbA1c testing?*

A: HbA1c tests were paid for by BCBS without any patient cost share.

Q: *For each site, was the number of patients who started the program but were later lost to follow-up monitored?*

A: Yes, this was tracked, and certain patients were deemed not eligible if they switched pharmacies, became deceased, etc.

Q: *Within the scope of this project, what would you estimate the balance was in performing at the point-of-sale in workflow of dispensing services versus more a more tele-pharmacy intervention working from a queue of interventions that have been received for that given month?*

A: This varied based on the type of task. In general, Medsync is a more in-person task, while other tasks such as ACIP vaccine or tobacco screening can be done via tele-health. Based on the workload, the various pharmacies set their own cadence of in-person vs virtual completion.

Q: *Why was Medsync patient engagement relatively low?*

A: On average, a typical Thrifty White Pharmacy has about 70 percent of eligible patients enrolled in Medsync, which is the highest score in the industry. Based on this patient population, Thrifty White had set an initial goal of 65 percent, which was well exceeded. Some of the affiliate pharmacies were not as familiar with Medsync, so patient engagement was lower. Thrifty White plans to address this with additional training and central sync support.

Q: *If the tobacco use assessment indicated the patient was a tobacco user, was there an intervention or action taken?*

A: If the patient answered Yes to the tobacco use question, Thrifty White used the APhA tobacco cessation program to gauge their interest in quitting, and potentially support that.

Q: *Was there an assessment of ROI to BCBS?*

A: ROI calculations at the health plan have not been completed at this time.

Q: *When comparing Thrifty White Corporate pharmacies versus affiliates, did you have to use different tactics to engage non-affiliated clinicians due to lack of direct administrative oversight?*

A: Both affiliates and corporate pharmacies received a dedicated project manager, who served in a supervisory role, ensuring pharmacies were completing their tasks as well as providing guidance on task completion.

Q: *What types of activities were done between BCBS and their members identified as needing additional interventions to reach better diabetic management and well-being?*

A: BCBS members with diabetes continued to be eligible for other diabetes related services at BCBS as a standard of care. This could include care management services, in-home testing, in home health assessments, and/or medication therapy management.

Q: *Was there a structured formal assessment of social determinants of health? How did pharmacists address SDOH challenges when they heard about them?*

A: There was not a structured formal assessment, but it is something in the works for 2021.

Q: *Were there any studies done related to a lower number of hospitalizations and/or a lower number of physician visits due to this program?*

A: Not specifically on this program.

Q: *Will Pharmacy Technicians be utilized to assist Pharmacists in carrying out direct interventions with customers in the future?*

A: Yes. Thrifty White leverages our pharmacy technicians as much as possible for non-clinical tasks, such as scheduling, data gathering, and even immunizations.

Q: *Will BCBS will be continuing this program with Thrifty White?*

A: Yes, this program will continue!

Q: *How often were the data feeds provided by the health plan?*

A: Data were provided on a monthly basis.

Q: *Would Medsync be available for caregivers?*

A: Yes, we do see caregivers utilizing the Medsync services on behalf of their loved ones!

Q: *Were HbA1c tests a point of care to have results quickly or were they sent to lab for results? Were results shared with the patient's primary care and endocrinology groups?*

A: Thrifty White has been leveraging point of care HbA1c tests and communicating results back to the patient's primary provider. Thrifty White is also working on medical billing capabilities, so results can be documented properly with BCBS.