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RESEARCH

Prescriber acceptance rate of pharmacists' recommendations

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ABSTRACT

Objectives: To determine the prescriber acceptance rates of pharmacists' recommendations, specifically related to 2 Medicare Part D Star ratings: appropriate use of high-risk medications (HRMs) in elderly patients and use of statins for primary prevention in patients with diabetes. The secondary objective was to assess factors associated with prescriber acceptance.
Design: Retrospective cohort.
Setting and participants: Medicare Part D beneficiaries at a regional grocery store chain pharmacy in Michigan from January 2014 to October 2015.
Main outcome measures: Prescriber acceptance rate of recommendations related to HRM use or treatment with a statin in patients with diabetes.
Results: Data were collected and analyzed for 200 patients, of which 100 were recommended to discontinue an HRM (HRM group) and 100 were recommended statin therapy owing to diabetes (statin group). Out of the 200 pharmacist-initiated recommendations, 100 were directed to a prescriber and therefore included in the calculation of prescriber acceptance. Overall, 35.0% of those recommendations were accepted, with individual group rates of 58.9% (23/39) and 19.7% (12/61) in the HRM group and statin group, respectively. Patients who were prescribed a statin for primary prevention of cardiovascular events were more likely to have concurrent dyslipidemia.
Conclusion: The prescriber acceptance rates observed in this study were similar to those reported in published literature. The results of this study might suggest that prescribers and patients with diabetes may be reluctant to initiate statin therapy for primary prevention without a concurrent diagnosis of dyslipidemia. Although further research is required, strategies to optimize communication and augment patient education may be useful to increase prescriber as well as patient acceptance of recommendations made by community pharmacists.

The United States health care system spends nearly $300 billion each year on morbidity and mortality resulting from medication misuse, with more than $177 billion due to avoidable adverse drug events.[1,2] Efforts to reduce this deficit include improving coordination of care, increasing medication adherence, and reducing hospital readmissions. Community pharmacists, some of the most accessible health care professionals, are helping to bridge the gaps in care and achieve desired health outcomes with the use of medication therapy management (MTM).[3]

Medication therapy management services are primarily designed to improve medication adherence and ensure safe, effective, and appropriate use of medications through a patient-centered, interdisciplinary, and evidence-based approach.[2,4] Indeed, MTM services provided by pharmacists are effective in managing high-risk populations, improving patient-centered outcomes, and reducing overall health care costs.[5-7] Payers have recognized the value of pharmacists in improving the quality of patient care and have made pharmacist-led comprehensive medication reviews (CMRs) a covered service for Medicare Part D beneficiaries.[8]

As of 2016, the Centers for Medicare and Medicaid Services (CMS) include MTM program completion rate for CMRs as a quality measure for Medicare Part D Star ratings. Quality measures affected by pharmacists include appropriate use of high-risk medications in patients 65 years of age and older, ensuring that patients with diabetes and hypertension are

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Key Points

Background:

- There have not been any studies on patient characteristics influencing the effect of MTM interventions. Furthermore, rates of prescriber acceptance remain low (30%-60%) when community pharmacists' recommendations are conveyed via phone or fax.
- Identifying the patient populations for whom prescribers are more likely to accept recommendations by pharmacists may assist MTM providers in working with prescribers to optimize medication regimens and improve health outcomes.
- Knowledge of which factors are associated with prescriber acceptance of pharmacist-initiated recommendations may be useful to further refine patient eligibility criteria and pharmacist efficiency while also better understanding how to increase prescriber response and approval of recommendations intended to improve patient outcomes.

Findings:

- Overall, 100 of the 200 pharmacist-initiated recommendations were directed to the prescriber. Of these, 35 recommendations (35.0%) were accepted. The prescriber acceptance rates were 58.9% (23 of 39 recommendations) and 19.7% (12 of 61 recommendations) in the high-risk medication group and the statin group, respectively. The remaining 100 recommendations were documented as rejections by the patient.

treated with renin-angiotensin system (RAS) antagonists (angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, and aliskiren), and adherence to diabetes medications, statins, and RAS antagonists.[5,7] In addition, the Pharmacy Quality Alliance developed a new measure to support the 2013 American College of Cardiology/American Heart Association blood cholesterol guidelines, which recommend a moderate- to high-intensity statin for primary prevention for patients 40 to 75 years of age with diabetes. This measure was tested through 2015, and CMS is evaluating the addition of this measure as a future Part D Star rating.[9]

A CMR allows patients the opportunity to meet annually with a pharmacist and discuss their medications. During this meeting, the pharmacist can address medication nonadherence, ensure optimization of drug therapy, identify gaps in care, and detect adverse drug events.[1-7] Recommendations for interventions made by the pharmacist, which are vital to the success of these encounters, are then communicated to the patient's prescriber. However, open communication must exist between prescribers, pharmacists, and patients for the interventions to be implemented and CMRs to be effective.[2,7,10]

Numerous studies have assessed prescribers' perceptions, attitudes, and preferences in regard to pharmacist-provided MTM services in hopes of improving communication and collaboration with prescribers.[2,10-14] Although most prescribers find MTM to be beneficial for their patients and value such services offered by pharmacists, prescriber acceptance rates of pharmacists' recommendations remain fairly low, at around 50% and ranging from 30% to 60%.[2,6,10-19] In a nationwide survey of third-party payers of MTM, prescriber resistance was one of the most frequently reported barriers to MTM services.[7,15] Overcoming this resistance is critical for pharmacists' interventions to be effective and MTM to be successful.

Pharmacists' time and resources must be allocated appropriately to be efficient in conducting CMRs. Third-party payers focus on high-risk patients who are most likely to experience poor clinical outcomes based on chronic disease states and number of chronic medications and would therefore benefit most from a CMR with a pharmacist.[1,15,19] Identifying the patient populations for whom prescribers are more likely to accept recommendations by pharmacists may assist MTM providers in working with prescribers to optimize medication regimens and improve health outcomes.[2,15,19]

Knowledge of which patient factors are associated with prescriber acceptance of pharmacist-initiated recommendations may be useful to further refine patient eligibility criteria. Such information may also help to improve pharmacist efficiency and to better understand how to increase prescriber response and approval of recommendations intended to improve patient outcomes.[7,14] To our knowledge, there have not been any studies on patient characteristics influencing the effect of MTM interventions.[8,15]

Objectives

The primary objective of the present study was to determine the prescriber acceptance rates of pharmacists' recommendations, specifically related to 2 Medicare Part D Star ratings: the use of statins for primary prevention in patients with diabetes (statin group) and appropriate use of high-risk medications (HRMs) in elderly patients (HRM group). The secondary objective was to determine factors associated with prescriber acceptance of these recommendations.

Methods

Study design and population

This was a retrospective cohort study of Medicare Part D beneficiaries in Michigan who may or may not have received a CMR at a regional grocery store chain pharmacy from January 1, 2014, to October 31, 2015. The study received approval from Ferris State University's Institutional Review Board, and it was determined that the study meets Federal Regulations Expedited-Category 2E.

Patients were included in the study if they were 65 years of age or older and had been identified for 1 of the 2 Star ratings. After determining eligible participants, we randomly selected 100 patients from each population (statin group and HRM group), which were examined separately. If a patient was deemed to be ineligible after further review, he or she was excluded from the study and replaced by the next patient on the list of eligible claims. Common reasons for exclusion were mostly the patient lacking an OutcomesMTM profile at the time of data collection, inappropriate claim initially included