

Factors Affecting Participation in a Pharmacist-based Intervention

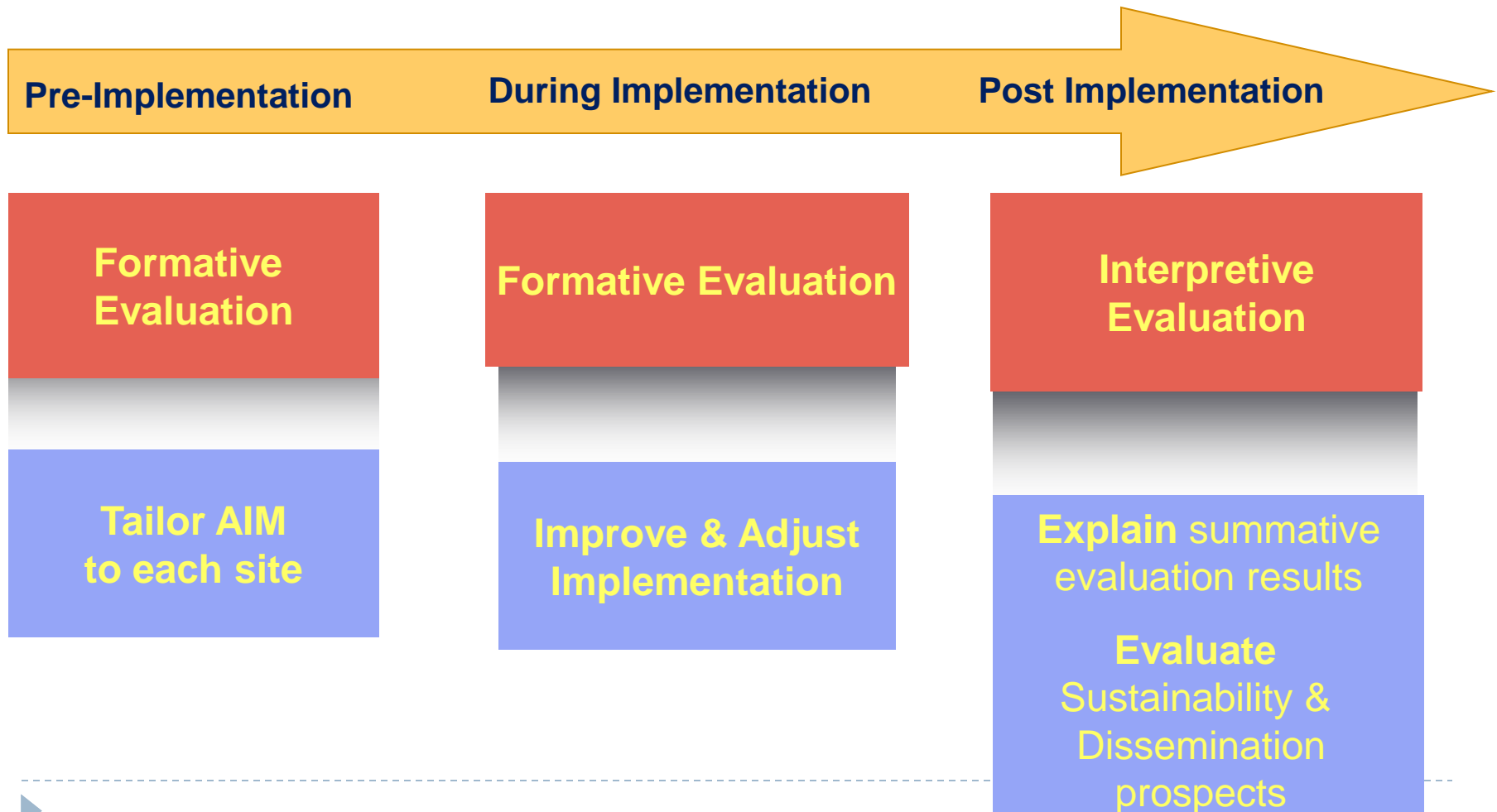
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Formative Evaluation in the Adherence and Intensification of Medications RCT



RE-AIM: Measures the robustness, or consistency of effects across settings and patient subgroups.

Dimension	
Reach	Number, percentage and representativeness of eligible patients who participated in the intervention. <ul style="list-style-type: none">•Is the intervention reaching the target population? Those most in need?
Effectiveness	Intervention effects on targeted outcomes, <ul style="list-style-type: none">•Does the intervention accomplish it's goals?
Adoption	Number, percentage and representativeness of participating settings and providers. <ul style="list-style-type: none">•To what extent are those targeted to deliver the intervention participating?
Implementation	The extent to which the intervention was consistently implemented by staff members.
Maintenance	The extent to which an intervention becomes part of routine organizational practices, and maintains effectiveness.

RE-AIM *Plus*: Mixed Methods Framework To Guide Formative Evaluation

- ▶ Addition of qualitative component to create RE-AIM PLUS
 - ▶ Understand the reasons behind the process measures we were seeing in real time
- ▶ Today: Focus on Reach Dimension
 - ▶ Understand variation in patient participation across sites

Dimension	Quantitative Measures	Qualitative Inquiry
Reach		
Effectiveness		
Adoption		
Implementation		
Maintenance		



Adherence & Intensification of Medications for Diabetes Patients with Hypertension(AIM)

- ▶ **Cluster randomized intervention trial**
 - ▶ 3 VA sites: 2 large academically-affiliated, 1 community-based clinic
 - ▶ 15-month intervention period
 - ▶ **Goal: improve medication adherence and blood pressure control in patients with HTN and diabetes**
 - ▶ **Pro-active identification of eligible patients using administrative data**
 - ▶ Pharmacists given a prioritized list from which to contact and recruit patients
 - ▶ **Clinical pharmacist-based**
 - ▶ Trained in motivational interviewing
 - ▶ Used computerized Medication Management Tool (MMT) to track recruitment and guide and document patient encounters.
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RE-AIM *Plus*: Reach Dimension

QUANTITATIVE MEASURES

QUALITATIVE INQUIRY

How many and what proportion of the target population is being contacted and participating in the intervention?

■ Measures

- # eligibles contacted/# eligibles

- # eligibles participating/# eligibles

- Use measures to track patient contact and participation weekly

- Look at variation across sites.

■ Data Source

- Medication Management Tool (MMT)

Use qualitative methods to understand factors and processes underlying barriers and how to address them.

Data Sources:

- Semi-structured interviews with Key Informants, including AIM Pharmacists

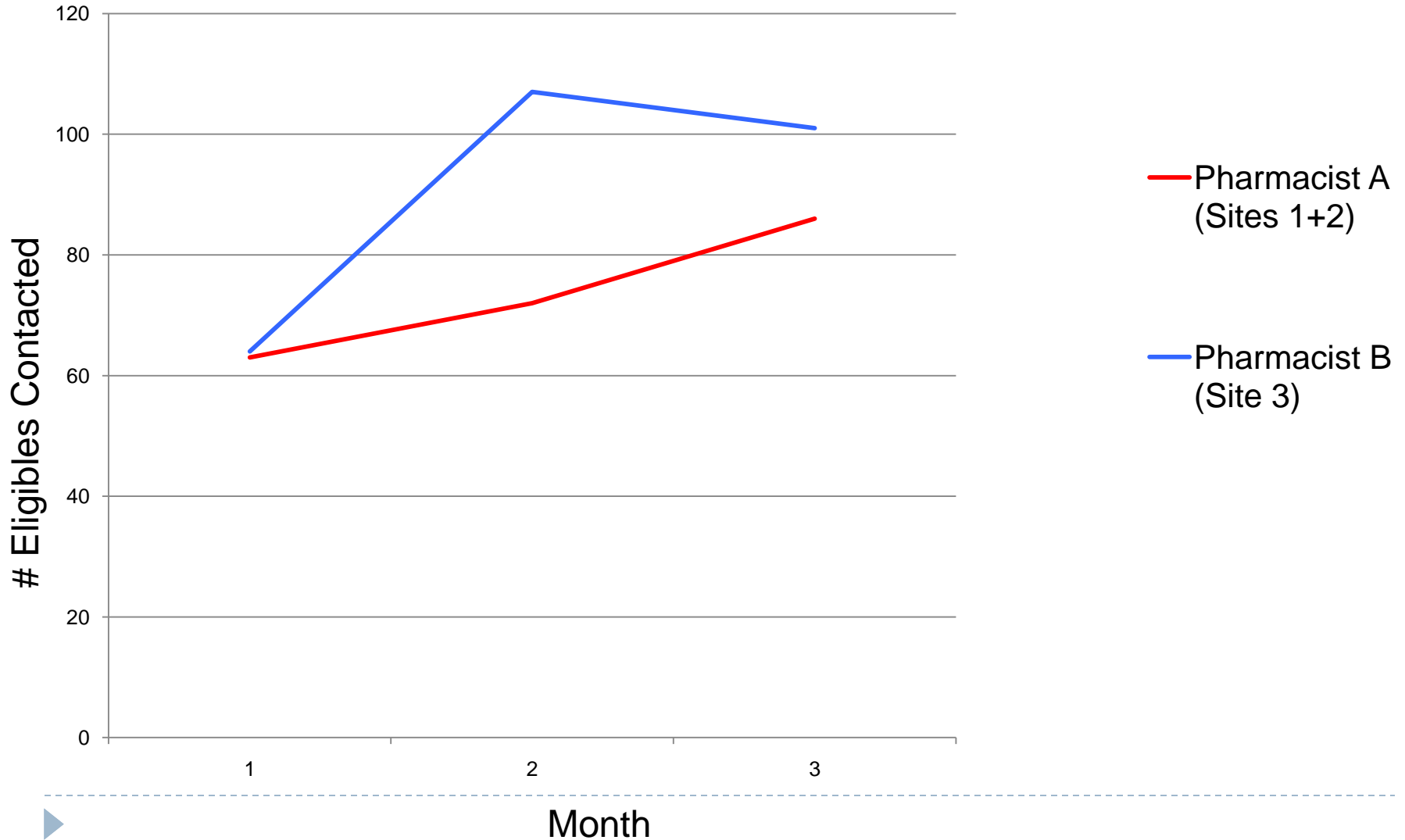
- Site visits and observations

- Webinars with AIM Pharmacists (biweekly)

- E-mails



More Eligibles Contacted by Pharmacist B than Pharmacist A: First 3 Months



What Were the Barriers? What Did We Do About Them?

Barrier	How Barrier Was Addressed
<p>Systems Issues</p> <ul style="list-style-type: none">•Lack of permanent workspace•Pager problems – difficult for patients to reach pharmacist•Additional work for Pharmacist A communicating with non-VA physicians	<ul style="list-style-type: none">•Worked with clinic staff on space issue but this did not improve.•Fixed pager•Work with non-VA physicians non-modifiable•Pharmacist A became adept at surmounting these barriers
<p>Pharmacist Characteristics</p> <ul style="list-style-type: none">•Approach to patient encounters<ul style="list-style-type: none">•Time spent on encounters•Frequency of follow-up	<ul style="list-style-type: none">•Reviewed work processes with pharmacist,•Set recruitment goals•Provided opportunities to exchange experiences with other pharmacists, e.g., webinars

What Were the Barriers? What Did We Do About Them?

Barrier	How Barrier Was Addressed
Intervention Characteristics <ul style="list-style-type: none">•Differential workload of 2 pharmacists	<ul style="list-style-type: none">•Had site 3 pharmacist help site 1&2 pharmacist with recruiting patients and doing phone encounters
Level of Care Already Provided <ul style="list-style-type: none">•Patient use of non-VA physicians as main source of care	<ul style="list-style-type: none">•Did not address



Systems Issues: Lack of Permanent Workspace

▶ Affected Work flow

“She was carrying a big bag with a 3-ring white plastic binder sticking out and the bag was bulging. ..I commented that it appeared she was carrying her office on her back and she agreed that’s pretty much what she does. “ (Site 2 field notes 22May09)

“...she has to trash her [confidential patient]notes and start over again whenever [a patient no-shows and] the appointment is rescheduled. She doesn’t have drawers that belong to her in site 1 so she can’t keep them there a– nor can she carry them out with her. “ (Site 1 field notes 22May 09)

▶ Affected Ability to see patients

“when I have patients scheduled in person...I will switch out with one of the other pharmacists and use their office...and then go back to where I was working. But ... [site 3 pharmacist]... when I went to shadow her...that day alone, she had 1 or 2 patients just pop in...I don’t feel like I have that availability, you know?” (Site 1&2 Pharmacist interview) 8Nov08

Difficult to Address Lack of Permanent Workspace

- We worked with clinic staff on space issue but this did not improve.
- Got a pager and consistent phone number.
- With experience, Pharmacist A became adept at surmounting these barriers



Pharmacist Characteristics: Approach to Patient Encounters

- ▶ Time spent on encounters and encounter notes
 - ▶ Pharmacist A: “...very, very conscientious and just doesn’t want to make any mistakes...she spends a great deal of time reviewing notes from previous encounters, revising her notes...” (Researcher interpretive notes 10/2/08)
 - ▶ “[Pharmacist A] is very meticulous about her visit notes and takes a lot of time after each visit to ensure everything is documented accurately. (Researcher interpretive notes 10/2/08)



Pharmacist Characteristics: Approach to Patient Encounters

▶ Frequency of Follow-up

- ▶ “She felt that she was following patients too closely in quarter 1. She feels that she has more frequent follow ups than Pharmacist B. When she made a medication change, she was calling a patient after 1 week to make sure he received his medications, etc. She is trying to get away from that.”

(Field Notes 12/10/08)



How We Addressed Approach to Patient Encounters

- ▶ Set recruitment goals.
- ▶ Reviewed work processes with pharmacist, e.g., scheduling time for calls to recruit new patients.
- ▶ Webinars provided opportunities to ask questions on e.g, clinical issues, approaches to recruiting and working with patients.



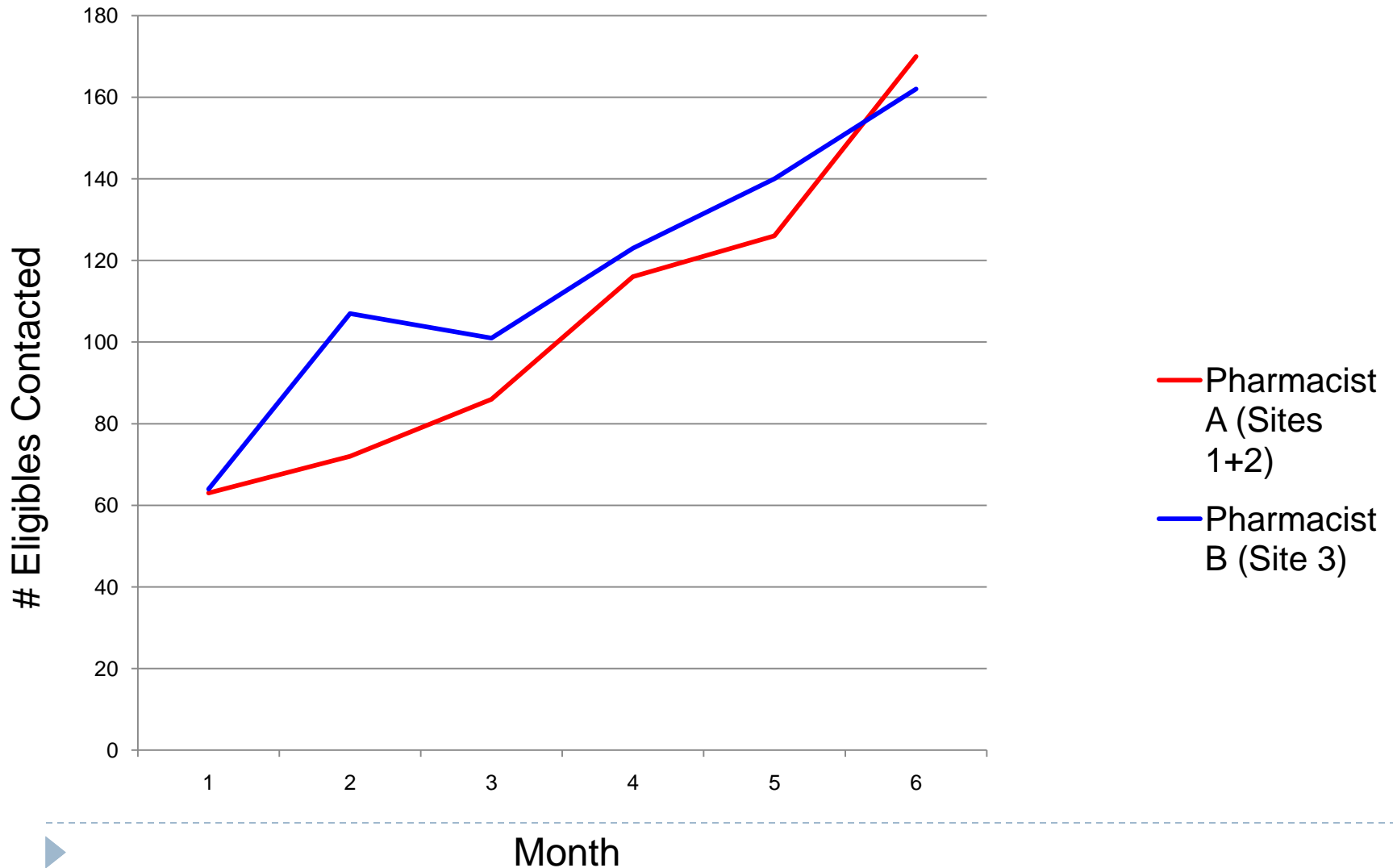
Adaptation: Approach to Patient Encounters

- ▶ “She stated that she is making more of an effort to get through the qtr 2 list. She was upset with herself in quarter 1; she just didn’t get through enough patients. She is working really hard to reach out to more patients this quarter.” (Field notes 12/10/08)

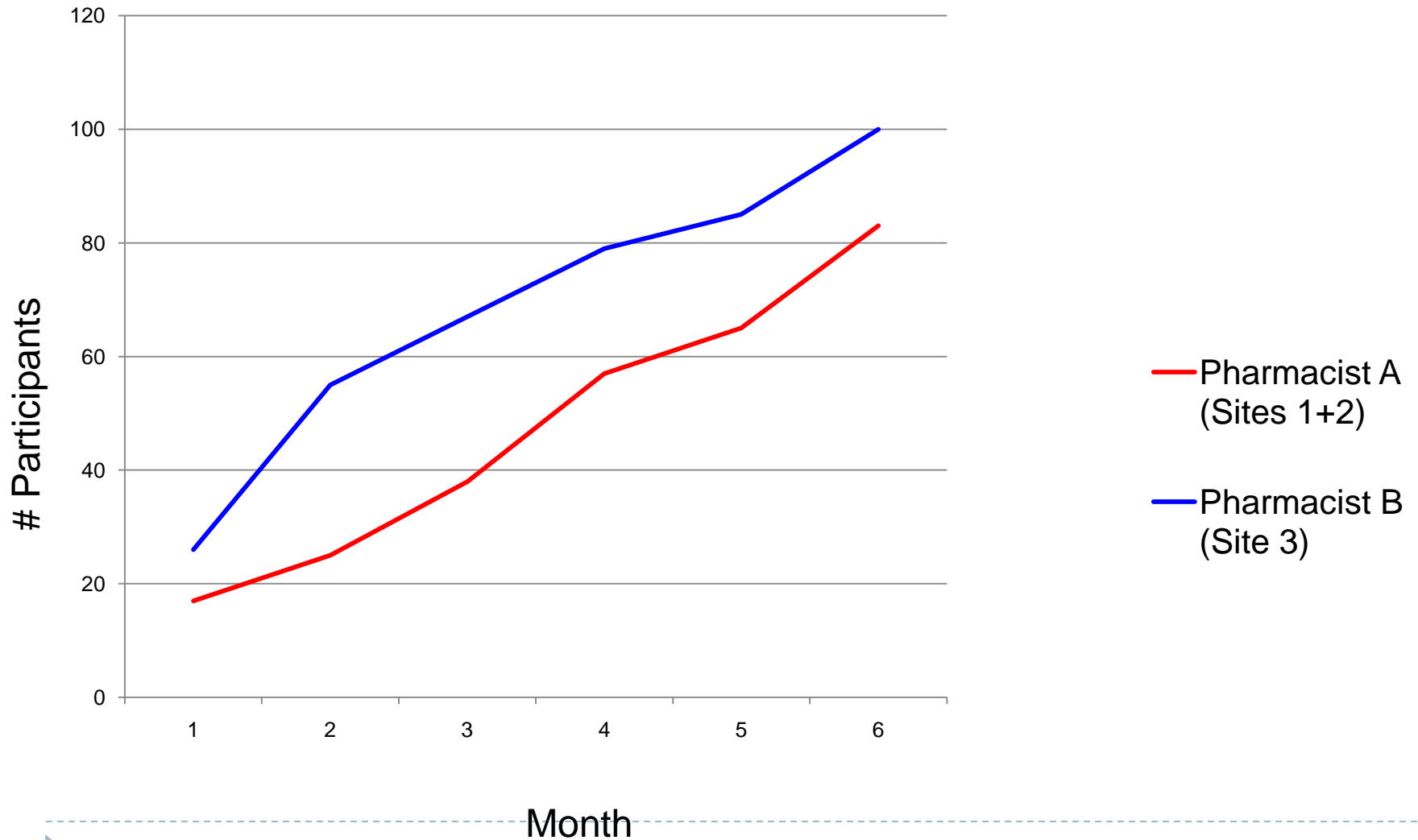
 - ▶ “I’m getting more confident in what I’m doing...it started slower than I anticipated it would...I feel like it’s... picked up more.” (Interview 11/08)
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Eligibles Contacted by Pharmacist A Increased After We Identified and Addressed Barriers



Difference in Participation Narrowed



Conclusions and Implications: Improve Intervention

- ▶ Used a systematic approach in real time to identify barriers to Reach and address them
 - ▶ RE-AIM *Plus* framework: ask questions systematically and document them
 - ▶ Identified potential problems using quantitative process data in real time.
 - ▶ Understand reasons behind measures -- Identify barriers to reach and address them through use of qualitative methods.
 - ▶ We were able to partially address barriers but contextual factors and intervention characteristics somewhat hampered change



Conclusions: Increase Potential for Spread

- ▶ Understand barriers and how we intervened
- ▶ Understand contextual factors that affect implementation success
- ▶ Apply lessons learned to future sites through toolkit
 - ▶ Improve packaging of intervention, e.g., structure and goals
 - ▶ IT support
 - ▶ Pharmacist opportunities for getting questions answered
 - ▶ Strategies for surmounting space issues

