



Report of the Task Force on Medication Synchronization

Members Present:

Richard Palombo (NJ), *chair*; Todd Barrett (MS); Gayle Cotchen (PA); Don Johnson (CO); Michael Lonergan (KS); Suzanne Neuber (OH); Tejal Patel (DE); Patti Smeelink (MI); Joyce Tipton (TX).

Others Present:

Gary Dewhirst, *Executive Committee liaison*; Nadia Bhatti (IL pharmacist), Rebecca Chater (Ateb), Carolyn Ha (NCPA), Joel Kurzman (NACDS), David Searle (Pfizer), *guests*; Carmen Catizone, Eileen Lewalski, Maureen Schanck, Cameron Orr, *NABP staff*.

Introduction:

The Task Force on Medication Synchronization met October 8-9, 2014, at NABP Headquarters. This task force was established in response to the Executive Committee's recommendation to explore this concept.

Review of the Task Force Charge:

Task force members reviewed their charge and accepted it as follows:

1. Review existing state laws and regulations pertaining to the provisions of medication synchronization services within the legal scope of pharmacy practice.
2. Identify circumstances where medication synchronization services should be offered and/or provided.
3. Identify factors that may impact access to medication synchronization services.
4. Review and, if necessary, recommend amending the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* language addressing medication synchronization.

Recommendation 1: NABP Should Amend the Model Act

The task force recommends that NABP amend the *Model Act*. The amendments recommended by the task force are denoted by underlines and ~~strikethroughs~~.

- (a4) “Medication Synchronization” refers to a component of Medication Therapy Management that ~~provides~~ recognizes the authority of the pharmacist, at the patient’s direction, ~~for the pharmacist~~ to adjust the medication quantity or refill schedule and engage in proactive communication ~~and the authority to provide the patient with a~~

~~one-time synchronization refill~~, to manage a patient’s maintenance medications and coordinate the ~~dosing~~ refill schedules to improve patient outcomes, ~~unless deemed inappropriate by the prescribing Practitioner.~~

(See comment list.)

- (b4) “Medication Therapy Management” is a distinct service or group of services that optimize therapeutic outcomes for individual patients. Medication Therapy Management services are independent of, but can occur in conjunction with, the provision of a medication or a medical device. Medication Therapy Management encompasses a broad range of professional activities and responsibilities within the licensed Pharmacist’s scope of practice. These services may include, but are not limited to, the following, according to the individual needs of the patient:
- (1) performing or obtaining necessary assessments of the patient’s health status;
 - (2) formulating a medication treatment plan;
 - (3) selecting, initiating, modifying, or administering medication therapy;
 - (4) monitoring and evaluating the patient’s response to therapy, including safety and effectiveness;
 - (5) performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events;
 - (6) documenting the care delivered and communicating essential information to the patient’s other primary care providers;
 - (7) providing verbal education and training designed to enhance patient understanding and appropriate use of his or her medications;
 - (8) providing information, support services and resources designed to enhance patient adherence with his or her therapeutic regimens, such as Medication Synchronization;
 - (9) coordinating and integrating Medication Therapy Management services within the broader health care management services being provided to the patient; and
 - (10) such other patient care services as may be allowed by law.

Section 105(d4). Comment.

Medication Synchronization can be effective in improving medication adherence and eliminating gaps in therapy by reducing the number of Pharmacy visits for patients on multiple-medication regimens. Patients receive their synchronized refills by appointment with their Pharmacist each month, which allows for increased patient-Pharmacist interaction and the provision of comprehensive Medication Therapy Management services for chronic illnesses. In addition to facilitating medication adherence, ~~and~~ maximizing health benefits, and improving patient outcomes Medication Synchronization may also offer Pharmacies a mechanism to improve workload and inventory control. Other demonstrated possible advantages of medication synchronization include minimization of overall health costs and increased convenience for patients.

“Medication Refill Consolidation,” “Medication Schedule Synchronization,” and “Medication Refill Synchronization” are other terms used for these types of services.

Medication Synchronization is used in the Dispensing of maintenance medications (excluding controlled substances or those designated “as needed”) for patients with chronic illnesses. Chronic illnesses are those diseases or conditions that are of long duration, require ongoing treatment, and can be controlled but not completely cured. The US National Center for Health Statistics defines a chronic disease as a condition lasting for three or more months. According to the Centers for Medicare and Medicaid Services, the most common chronic conditions among Medicare beneficiaries are hypertension, high cholesterol, heart disease, diabetes, and arthritis. Other common chronic illnesses include, but are not limited to, heart failure, depression, chronic kidney disease, osteoporosis, Alzheimer’s disease, chronic obstructive pulmonary disease, atrial fibrillation, cancer, asthma, and stroke.

Background

The task force reviewed in detail the current *Model Act* definition of medication synchronization and determined that the definition should be amended to recognize the existing authority of the pharmacist to provide better patient-centered care through the implementation of a medication synchronization program. Members also agreed that the *Model Act* definition should emphasize enhanced communication between the patient and pharmacist in order to maximize drug therapy adherence and outcomes.

The task force members also determined that the medication synchronization definition should be amended to allow the pharmacist to adjust refill schedules without having to seek approval from the prescriber for each scheduling adjustment. Furthermore, the task force members agreed that the definition of medication synchronization should be broader than just defining it by one refill adjustment, since ongoing changes may be necessary as chronic drug therapy is altered by the addition or discontinuation of prescribed drugs. Along those lines, members stressed that medication synchronization must be clarified so as to not be confused with emergency fills, auto-refills, or simply adding refills beyond what the prescriber has authorized.

Members discussed the concept of medication synchronization being based on an “anchor drug,” which would generally be a patient’s most expensive maintenance medication and the practice of syncing the other medications around that. The task force agreed that the *Model Act* language should explicitly state that medication synchronization programs are specifically tailored for maintenance medications, but do not apply to controlled substances or prescriptions that are taken on an as needed basis or “PRN”.

Recommendation 2: NABP Should Encourage the State Boards of Pharmacy to Adopt the NABP Medication Synchronization *Model Act* Language.

The task force recommends that NABP encourage the state boards of pharmacy to adopt the NABP medication synchronization *Model Act* language in order to foster universal acceptance of medication synchronization.

Background

The task force determined that state boards of pharmacy should review their practice acts and regulations to determine if medication synchronization authority presently implicitly or explicitly

exists. If it is determined that regulatory language is necessary to allow for medication synchronization, the task force recommended that the boards adopt the NABP *Model Act* or similar language and consider any additional language that will help facilitate the incorporation of medication synchronization into standard pharmacy practice.

The task force identified a lack of uniformity among state boards of pharmacy acts and regulations for providing explicit authority for pharmacists to adjust a patient's chronic medication quantity as a barrier to medication synchronization. Whereas implicit authorization may exist in many states, the task force suggested that NABP communicate adopting medication synchronization regulatory language with the boards in order to develop uniform acceptance across the country. The task force suggested that NABP disseminate information to the boards via NABP "mailbag memos" and other various NABP communication vehicles.

Recommendation 3: NABP Should Collaborate with State and National Pharmacy Groups to Facilitate the Acceptance and Incorporation of Medication Synchronization into Pharmacy Practice.

The task force recommends that NABP work with state and national pharmacy groups to facilitate the acceptance and incorporation of medication synchronization into standard pharmacy practice to improve the overall patient care service experience.

Background

The task force members supported NABP collaborating with other professional pharmacy associations such as American Society of Health-System Pharmacists, American Pharmacists Association, and the National Community Pharmacists Association to educate pharmacists and their employers about the value driven benefit of medication synchronization. The task force also suggested that NABP work with the American Association of Colleges of Pharmacy so that the practice of medication synchronization can be introduced to future pharmacists as part of their pharmacy education.

The members agreed that the medication synchronization appointment-based model elevates the professional role of the pharmacist by incorporating more patient-pharmacist communication into daily practice. The pre-appointment phone call and scheduled face-to-face meeting between the pharmacist and patient was viewed as a positive advancement in pharmacy practice. The task force members agreed that NABP should work with pharmacy groups to communicate the benefits of implementing medication synchronization programs such as increased medication adherence and patient satisfaction. Task force members discussed studies and recognized that most patients prefer the appointment-based model because it decreases cost and decreases trips to the pharmacy while providing patients with individualized attention from the pharmacist.

Recommendation 4: NABP Should Collaborate with State and National Health Care Stakeholders to Provide Education Regarding Medication Synchronization.

The task force recommends that NABP collaborate with state and national health care stakeholders to provide education regarding the positive impact medication synchronization has on patient outcomes in order to encourage understanding and interprofessional collaboration.

Background

The task force members agreed that NABP should promote medication synchronization as a patient care service, which improves adherence and outcomes while reducing health care costs. Members stressed that since the medication synchronization model integrates comprehensive medication therapy maintenance reviews into the dispensing process, the resulting patient benefits from increased pharmacist attention must not be undervalued.

The task force; however, identified third-party-payer reluctance as a barrier to medication synchronization implementation. The members unanimously agreed that reimbursement and/or coverage policies should support and not impede a patient's participation in medication synchronization programs. Therefore, task force members encouraged NABP to collaborate with the Pharmaceutical Care Management Association, corporate employers, and other stakeholders in order to inform them about the health benefits and decreased health care costs resulting from medication synchronization programs that have already been recognized by Centers for Medicare and Medicaid Services.