Quality Improvement Project Title:

Improve the Percentage of Patients for Whom the Initial Assessment Process is Completed

Authors: Scott Ross, Mallory Harris

Background

The Patient Monitoring Program (PMP) is currently provided for patients enrolled in the AIDS Drug Assistance Program (ADAP) at MSDH Pharmacy. These services are performed via phone and include introducing patients to our program, reviewing ADAP requirements, compliance and adherence tracking/monitoring, patient counseling, and clinical intervention if necessary. Pharmacists also have the option to create "care plans" to follow up with patients who are at higher risk on noncompliance, newly diagnosed patients, complicated patient cases who are not fully controlled with their current regimen, and other patients who the contacting pharmacist deems appropriate.

The PMP Program is vital to providing a higher level of patient care since we do not have in-person contact with patients. This is a relatively new program that was implemented in December 2020. Since then, numerous changes have been made to improve the program. We are seeking to further improve the program by increasing the percentage of patients the pharmacy successfully contacts and completes an initial assessment for. The months of April 2021 through September 2021 were used as a baseline measurement. During this period, we had 225 new patients with a successful initial assessment rate of 36.73%. We are attempting to increase this percentage by 10% by March 2022.

Aim Statement

By March 2022, we, The Mississippi State Department of Health Pharmacy, will improve the level of care provided to patients enrolled in the AIDS Drug Assistance Program (ADAP) by increasing the percentage of patients for whom we successfully complete the initial assessment process for. We will increase the percentage of successful initial assessments by ten percent.

Benefits of Successful Completion

By improving the rate of successful initial intake calls, we will improve the relationship with our patient population, improve patient outcomes, ensure patients are able to take advantage of all services we offer, and improve patient satisfaction with the ADAP program.

Improving the rate of successful initial intakes will have a positive effect on all patients newly enrolled in the ADAP program. Patients benefit from the call in many ways: they are introduced to the program and pharmacy staff; ADAP program requirements are reviewed with the patient; and a pharmacist gathers/confirms the patient's medication list, past medical history, and other pertinent information. During this time, we also ensure the patient has the information needed to contact us if needed by giving the patient the pharmacy's phone number as well as the phone number to our automated refill line. Aside from the direct information gathered during these calls, the patients benefit from having the opportunity to meet and connect with the pharmacy staff to build a relationship. In doing so, the patients will have more trust in the program which could potentially improve their outcomes.

SWOT Analysis

Strengths	Weaknesses
• Competent pharmacy team who are eager to assist in the MTM process • Implementing the project will not require any additional resources	• No consistent process for workflow or documentation currently exists • No dedicated time to implement MTM module currently exists
Opportunities	**Threats**
• Implement monitoring of opportunistic infections • Monitor HIV regimen to ensure appropriateness • Monitor for DDIs • Assess and improve medication adherence	• Potential for resistance in constant changes/updates from pharmacy team • Difference of opinion between staff members regarding best practices

Methods

Program Goal

The goal of this project is to improve the number of successful initial assessments by 10% or more by March 2022.

Timeframe of Project

This project will occur from September 2021 – March 2022 (six months total)

Issues to Address

- Lack of systematic structure/processes regarding documentation and workflow
- Time management for completion of initial intake calls
- Inconsistencies between pharmacists and pharmacy technicians in terms of how the calls are handled and what topics are covered

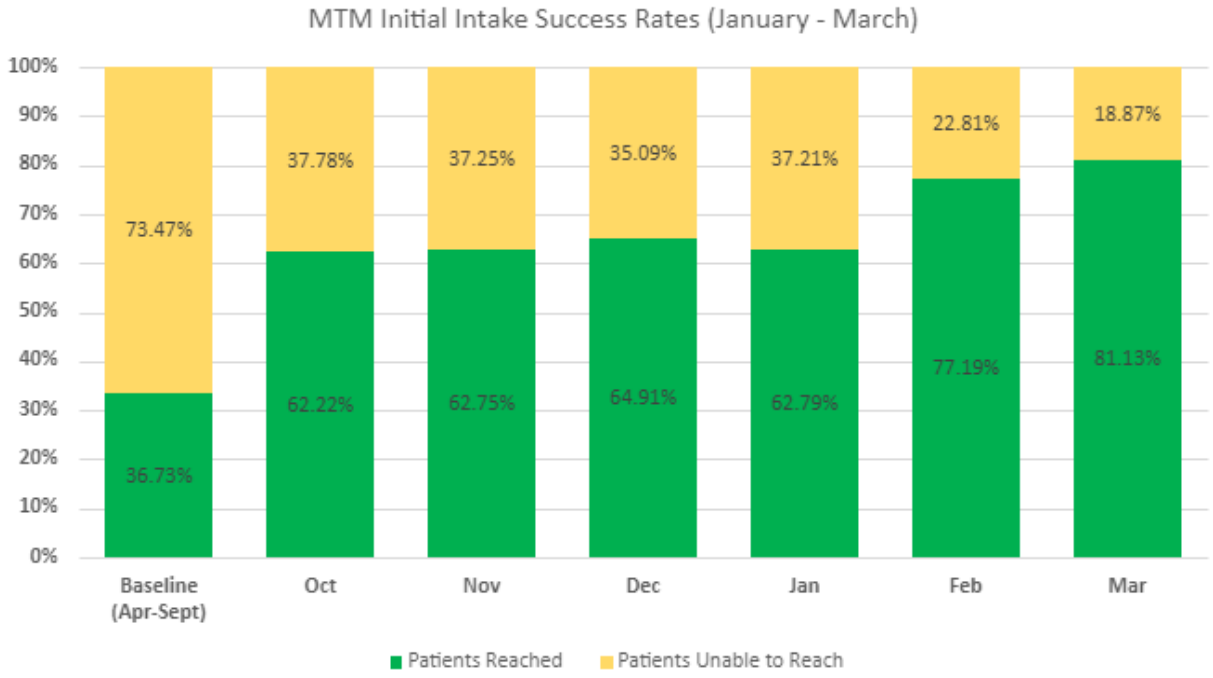
Interventions Made

- Developed a MTM pharmacy module to work into the pharmacy schedule. This allowed pharmacists to have dedicated time to contact patients.
- Gave pharmacists sole responsibility for completing initial intake. This increased efficiency and consistency as well as reduced confusion between staff members. Furthermore, this reduced the amount of calls a patient received during the initial intake process.
- Staff training occurred to review MTM workflow processes as well as discuss any updates to workflow. During this time, the pharmacists collaborated to determine aspects of the workflow that could be improved. Over the course of this project, multiple updates were made to the workflow to improve the daily workflow.
- Audits were performed to determine accuracy and consistency in documentation efforts.

Results and Conclusions

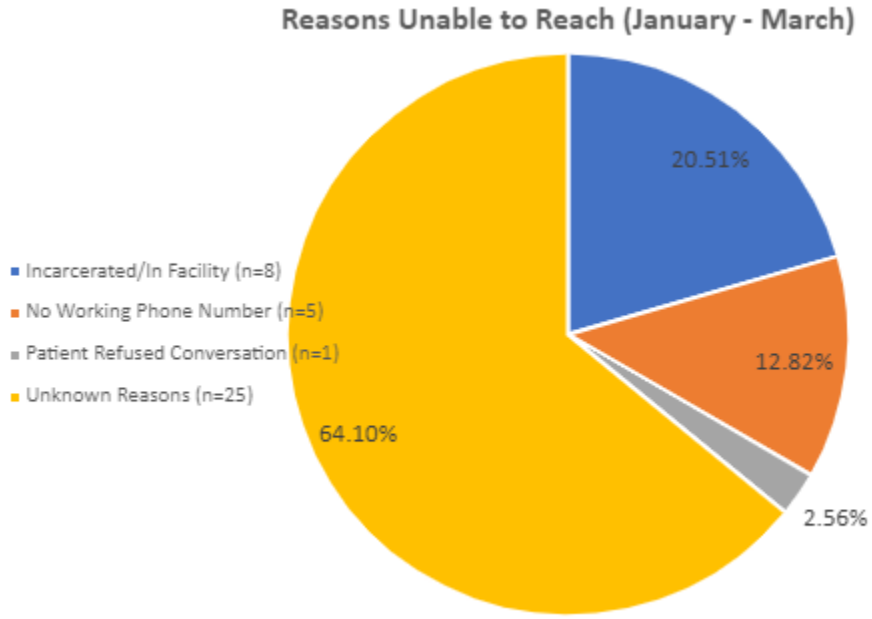
As shown in *Figure 1*, we were able to increase the rate of successful initial intake calls by 72.83% in the first month (from 36.73% at baseline to 62.22% in October). The drastic increase seen in the first month is likely attributable to implementation of the MTM module. Throughout the six-month period, we were able to consistently increase the rate of success. This is likely multifactorial and due to many of the interventions made over the last six months. By the last month of review, we were able to increase the rate of successful initial intake calls by 120.9% (from 36.73% at baseline to 81.13% in March).

Figure 1.



After the six-month period concluded, an analysis was performed to determine common reasons for unsuccessful initial intake (shown in *Figure 2*). Since documentation of this nature was uncommon in the beginning of the six-month period, the analysis only covered the months of January through March. During this time, we had a total of 39 patients who we were ultimately unable to reach. Of these patients, 64.10% of patients listed as "unable to reach" did not have a clear rationale for why it was unsuccessful. Many of these patients possibly had incorrect or outdated phone numbers associated with their account. Another likely possibility is the patient simply did not answer the phone calls due to not recognizing the number. It is possible that some patients chose not to answer due to not wanting to speak with the pharmacy, but since most patients on the MTM list are new to the program, this is unlikely to be a significant reason. The most common reasons listed for why the team was unable to reach patients were either, a) the patient was in a treatment facility or incarcerated, or b) the phone number on file was disconnected or no longer in service. This means 33.33% of patients the pharmacy staff was unable to reach was due to reasons outside of the pharmacy staff's control. Lastly, we had one patient who was documented as "refused to speak to pharmacy." Considering that there were 153 patients that pharmacists attempted to call during this period, it is encouraging that only 1 patient directly refused pharmacy MTM services.

Figure 2.



In conclusion, we were successful in our attempt to increase the rate of initial intake calls in the MTM program. We were able to increase the rate from 36.73% at baseline to 81.13% during the final month of evaluation (see *Figure 1*). In the future, we will continue to monitor the MTM program success rates and seek other opportunities to further improve these outcomes. We have plans to utilize RedCap in the future. This will help organize the complex documentation that is associated with the MTM program as well as consolidate all documentation into one software (we currently utilize Microsoft Excel, QS1 Pharmacy Software, and paper documentation). We could also expand on this project by ensuring all staff members give an explanation as to why they were unable to reach a patient. This already occurs sporadically, but we need to implement this step as a mainstream process given how informative this can be.

There are other aspects of the MTM program that could benefit from monitoring and intervention as well. Potential areas to monitor in future projects include:

1. Personal staff metrics such as rate of follow-up, rate of care plan creation, and number of calls made per pharmacist.
2. Usage and appropriateness of opportunistic infection prophylaxis.