As a trusted resource, pharmacists are uniquely positioned to support and encourage patients to properly adhere to their medication regimens. Through behavioral coaching and engagement, pharmacists can utilize branded or unbranded programs to provide a more thorough understanding of an illness and prescribed treatment.

Adherence. Compliance. Persistence. All terms associated with how well – or not – patients take their medications as prescribed.

While these terms are often used interchangeably, there are key differences that are relevant to encouraging patient engagement to drive lasting behavior change. Compliance typically implies treatment decisions that are physician-directed with a passive or unequal role for patients. However, adherence suggests a collaborative relationship between clinicians and patients and is more respectful of the role patients play in treatment decisions.

This collaboration, where the patient is involved in making and adhering to their own treatment decisions, is a critical distinction. In order to maintain lifestyle changes and be adherent, patients must first be engaged and believe that they can do so.

Pharmacist-patient engagement

This article will explore how community pharmacists have a unique opportunity to help patients adhere to their medication regimens and improve outcomes through behavioral coaching and engagement, giving brands an effective channel to reach patients.

Serving as trusted and accessible resources, pharmacists have the ability to engage with patients through targeted behavioral-based patient conversations delivered in the pharmacy. These conversations are designed to help patients better understand their disease or illness, the role and function of their medication, and the importance of adherence.

Building on the benefits of this patient-centric approach, there are a growing number of opportunities for pharmacies to participate in branded and unbranded programs targeted at improving medication adherence, including pharmacist behavioral coaching sessions, pharmacy reminder programs, and relationship marketing programs provided on behalf of the brand.

Engaging patients in a two-way conversation driven by the patients’ needs involves a shift in approach for many pharmacists.

For example, McKesson’s Pharmacy Intervention Program found patients who received face-to-face behavioral coaching from their pharmacists showed significant adherence benefits. For example, COPD patients who received coaching showed an average of 1.6 incremental fills over 12 months and patients coached by top-performing pharmacies in multiple diabetes programs showed an average of 4 incremental refills over 18 months when compared to patients who did not receive behavioral coaching. It is also worth noting that a statistically significant difference still existed between intervention and control at the 18-month mark, which means a program can drive true and lasting behavior change for many patients.

Driving behavioral change

How is behavioral coaching different than legally required counseling (e.g., OBRA 90), and how can brands leverage this emerging channel to reach patients?

Legally required counseling is essentially a one-way narrative in which a pharmacist describes side effects, dosing guidelines and other medication-specific information patients
need. In contrast, behavioral coaching takes it a step further in encouraging a two-way, patient-led conversation to uncover barriers to adherence, express empathy, and offer personal support that results in a collaborative action plan to maximize adherence.

Research shows that the use of behavioral techniques improves the likelihood of behavior change by 14 to 20%. (See Table 1.)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Positive Clinical Outcomes</td>
<td>Encourage patients to self-monitor (e.g., blood pressure, blood glucose monitoring)</td>
</tr>
<tr>
<td>Enhanced Patient Engagement</td>
<td>Increase knowledge, confidence and skills for self-management</td>
</tr>
<tr>
<td>Increased Positive Coping</td>
<td>Increase the likelihood that patients will incorporate healthier behaviors, such as diet and exercise, into their daily routine</td>
</tr>
<tr>
<td>Perceived Social Support</td>
<td>Provide patients with psychosocial support that they need to change behavior</td>
</tr>
</tbody>
</table>


Evolution of the pharmacist

Having strong relationships with their customers, more and more pharmacists are actively engaged in helping support patient adherence. They perceive adherence programs as a way to not only improve patient care, but also to provide additional revenue from sales and reimbursements and differentiate the pharmacist and pharmacy’s services.

As pharmacists and pharmacy owners are embracing their expanded clinical role, many are adding patient-support services and making physical changes to the pharmacy to accommodate more personalized, one-on-one interactions and counseling. For example, many Health Mart® independent pharmacy franchises are creating more discrete consultation rooms and mini clinics. This new pharmacy design allows for product demonstrations and confidential adherence coaching, and supports a variety of clinical-services solutions such as executing MTM (medication therapy management) or other alternative revenue opportunities.

In addition to being an active participant in the Pharmacy Intervention Program, Christine Jacobson, owner, Wasatch Pharmacy Care in Ogden, Utah, also offers a counseling program for patients seeking individualized informational sessions with her on topics ranging from the advantages of natural hormone replacement, to concerns over sexual dysfunction, to questions regarding medications for depression and pain management, and to options for combatting aging. Jacobson meets with six to seven patients per day in hour-long sessions to discuss their healthcare concerns in detail and is booked several months out.

Building a network of trained pharmacists

Christine Jacobson and others like her are leaders in this new era of pharmacist-based behavioral outreach. But just as no two patients are the same, pharmacists have different levels of interest and training in applying behavioral techniques.

Building an effective pharmacist network that presents brands the opportunity to build relationships with pharmacies and reach patients to drive behavior change requires ongoing training and the ability to operate within the normal pharmacy workflow. Integrating with pharmacy software to alert pharmacists to sponsored clinical opportunities, established networks provide comprehensive training, and many include compensation for offering behavioral coaching sessions to help patients overcome adherence barriers, enrolling patients in savings programs, and providing information about clinical trials to eligible patients.

Patients are often told what to do by healthcare professionals without being asked their opinion and these practitioners rarely look for barriers that may impact patients’ success. Engaging patients in a two-way conversation driven by the patients’ needs involves a shift in approach for many pharmacists. However, pharmacists able to engage in collaborative, patient-centered conversations are proven to be more effective at bringing about and strengthening the motivation for change.

In a busy pharmacy, it can be difficult to sit down with patients for lengthy consultations. Proven motivational interviewing techniques, such as using open-ended questions, help focus the conversation. Reframing questions helps pharmacists gain knowledge about the patient’s attitudes and approach to his or her medication therapy. (See Table 2.)

When the patient reveals insights and information, pharmacists are then able to uncover adherence barriers and help the patient create a plan for his or her medication therapy. This contributes to an effective coaching session, which inspires positive health behaviors that may be measured in additional refill rates from more-adherent patients.

As pharmacists elicit information, they can more effectively probe to uncover potential barriers to medication adherence, monitor the patient’s progress, and look for ways to reinforce adherence in subsequent conversations. They may also gain insight in how to engage the patient and help them visualize what being adherent could mean by tying the reason to take their medicine with their life goals and what’s most important to them. For example, a patient may want to keep

(Continued on page 38)
Drug Coaches (Continued from page 31)

Table 2: How to Use Open-Ended Questions

<table>
<thead>
<tr>
<th>Instead of …</th>
<th>Try saying …</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any questions?</td>
<td>What questions do you have about your medicine?</td>
</tr>
<tr>
<td>Do you understand how to take this medicine?</td>
<td>What instructions were given to you for taking the medication?</td>
</tr>
<tr>
<td>Are you going to take the medicine like you are supposed to?</td>
<td>How do you plan to remember to take it as your doctor prescribed?</td>
</tr>
</tbody>
</table>

their glucose levels under control so that they can prevent future complications from diabetes and see their grandchildren grow up.

Creating a plan for success

While patient engagement is critical to improve adherence, it does not automatically result in behavioral change. To ensure lasting impact, the pharmacist–patient team needs to create a plan with long-term goals. This plan needs to be based on what the patient thinks the next steps should be, how important being adherent is to them, and how the pharmacist can help to support them. Perhaps, most importantly, the pharmacist must encourage the patient to commit to the plan that they helped to create.

Behavioral coaching enables pharmacists to uncover and address potential barriers to adherence. When done well, these coaching sessions allow pharmacists to go beyond the requirements of legally required counseling— to engage patients in ways that can lead to realistic and effective plans that can give their therapy the best chance of working and lead to positive clinical outcomes. DTC

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