

## Abstract

**Title:** The Effectiveness and Feasibility of the Appointment-Based Model in a Large Retail Chain Pharmacy

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**Introduction:** The purpose of this study is to determine the effectiveness and feasibility of the appointment-based model (ABM) in a large retail chain pharmacy. The primary objective is to describe the impact of the ABM on medication adherence for select disease states. The secondary objective is to determine patient acceptance of appointments and to determine how long these appointments last.

**Methods:** This prospective study compared three groups of patients enrolled in the pharmacy's medication synchronization program: those who opted in to continued enrollment and agreed to appointments, those who continued enrollment and opted out of appointments, and those who unenrolled. Inclusion criteria were patients taking 4+ chronic medications with a refill history of at least one of the following medications: statins, ACE/ARB, or oral antidiabetics. Exclusion criteria were delivery patients and those currently taking controlled substances, inhalers, or injectable medications. Initial calls determined enrollment preferences. Enrolled patients were offered appointments to review medications prior to synchronization. Primary endpoints: change in proportion of days covered (PDC) at first and second refill post-initial contact compared to baseline, change in PDC at first refill post-appointment, and number of patients who accepted appointments. Secondary endpoints: show-rate of appointments and average duration.

**Results:** (3/18)16.7% of patients accepted an appointment, (5/18)27.8% of patients wanted to continue enrollment but declined an appointment, and (10/18)55.6% opted out of the program. The appointment group had the highest baseline PDC in all three drug classes compared to the other two groups. The largest change in PDC occurred in the opt-out group with statin therapy at  $\pm 7.1\%$ . No patients attended appointments; time spent on appointments was unable to be determined.

**Conclusions:** Due to the lack of appointments, the results of this study likely provides insight into barriers of medication synchronization and improvements needed to the program rather than determining the effectiveness of the appointment-based model.