



Alternative Study Approaches: Real World Trials

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What are some “Real World” opportunities for research involving older patients with concomitant illnesses and polypharmacy?

- Programs for All-Inclusive Care for the Elderly (PACE)
- Community pharmacies



- A type of home and community-based service for elderly (mostly dual eligibles)
- Provides medical services and supports everyday living needs
- Full range of services through an interdisciplinary profession team
 - Adult day care
 - Dentistry
 - Emergency services
 - Home care
 - Hospital care
 - Laboratory/x-ray services
 - Meals
 - Medical specialty services
 - Nursing home care
 - Nutritional counseling
 - Occupational therapy
 - Physical therapy
 - Prescription drugs
 - Primary care (including doctor & nursing services)
 - Recreational therapy
 - Social services
 - Social work counseling
 - Transportation

USC / AltaMed Center for Medicare and Medicaid Innovation (CMMI) Healthcare Innovation Award

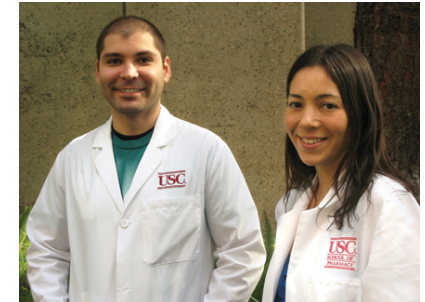


10 teams

Pharmacist + Resident +
Clinical Pharmacy Technician



Telehealth clinical
pharmacy



Resident and
technician training
for expansion

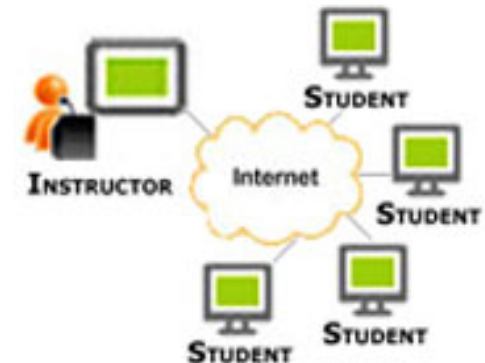
**UNIVERSITY OF
SOUTHERN CALIFORNIA**

**National Conference on Best
Practices and Collaborations to
Improve Medication Safety and
Healthcare Quality**

Feb 2014 & 2016

OUTCOME MEASURES

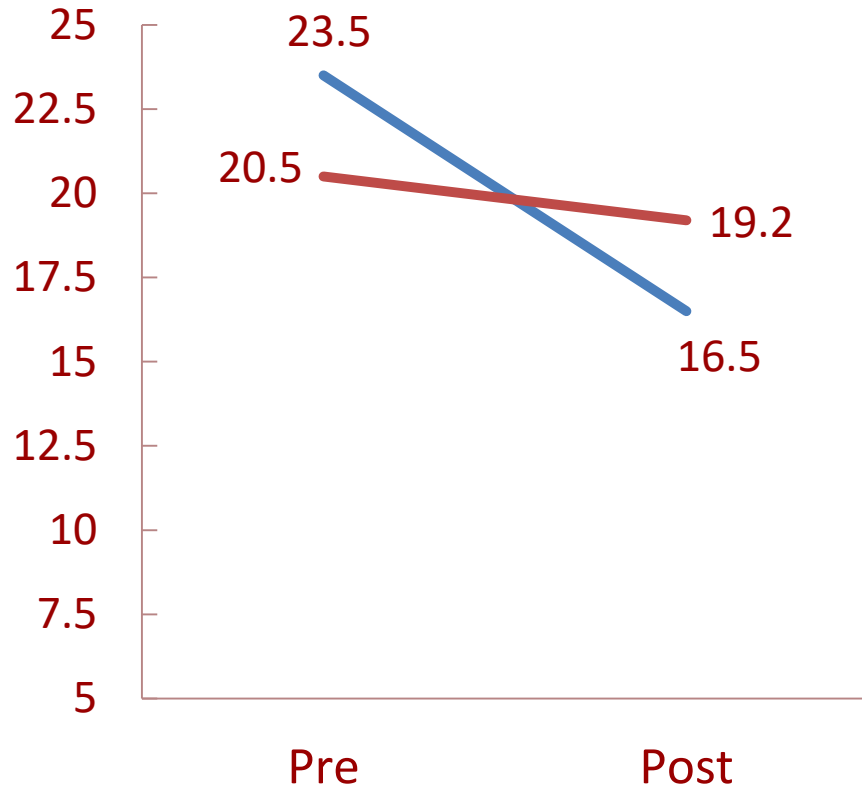
- ✓ Healthcare Quality
- ✓ Safety
- ✓ Total Cost / ROI
- ✓ Patient & provider satisfaction
- ✓ Patient access



Web-based pharmacist training
and credentialing

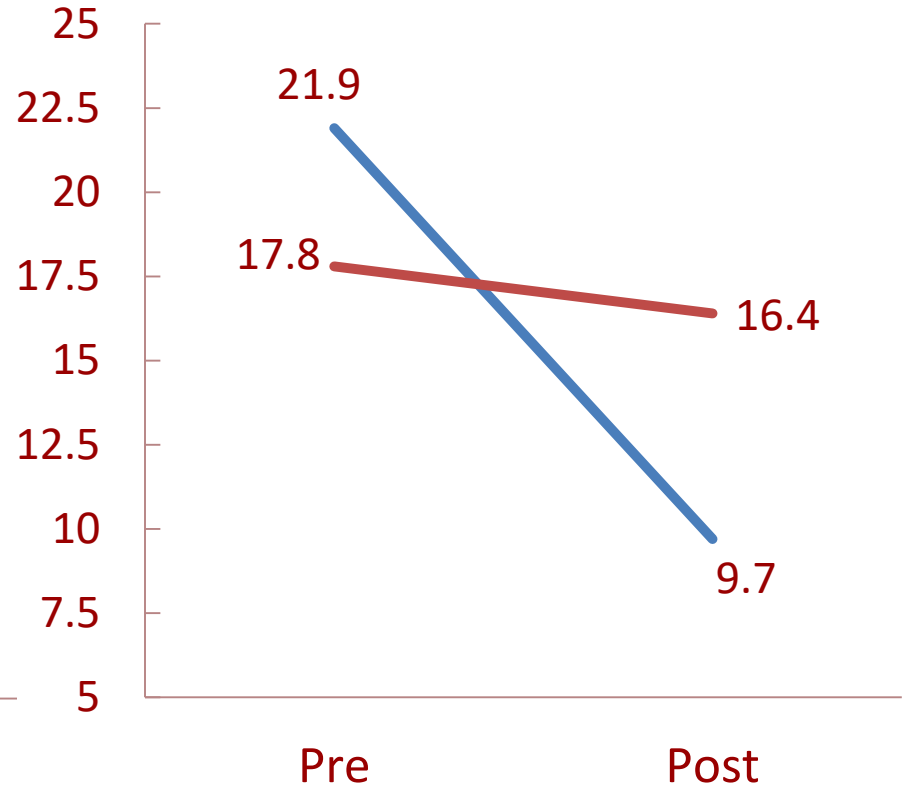
Results: Impact of USC Comprehensive Medication Management on PACE Patients

ED Visit Rates, %



— Treatment — Control

Hospitalization Rates, %



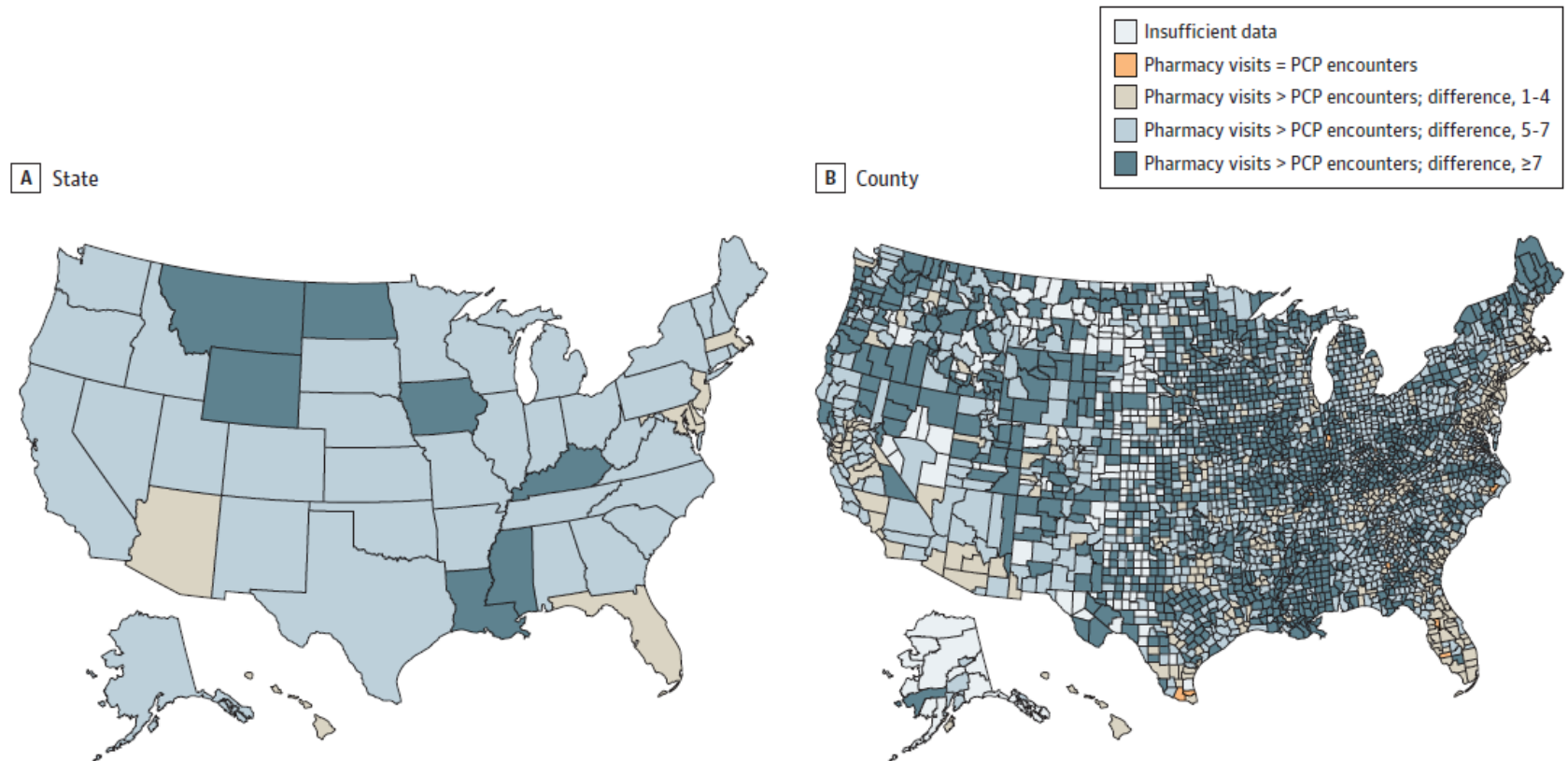
— Treatment — Control

N=200

Evaluation of Frequency of Encounters With Primary Care Physicians vs Visits to Community Pharmacies Among Medicare Beneficiaries

Lucas A. Berenbrok, PharmD, MS; Nico Gabriel, MA; Kim C. Coley, PharmD; Inmaculada Hernandez, PharmD, PhD

Figure 2. Difference in the Median Number of Encounters With Primary Care Physicians (PCPs) and Visits to Community Pharmacies



This figure represents the difference between the median number of visits to the community pharmacy and encounters with primary care physicians by state (A) and by county (B). Pharmacy visits were defined using a 13-day window between claims, as explained in the Methods section. Insufficient data denotes that there were less than 11

beneficiaries in each county, which is the minimum cell size requirement for reporting from the Centers for Medicare and Medicaid Services. Only 9 counties had primary care physician encounters that equaled or outnumbered pharmacy visits. These counties are in Florida, Georgia, Indiana, Kentucky, North Carolina, and Texas.

Community Pharmacies and the Elderly

- Often need assistance with medication safety, appropriate use, etc.
- Less likely to use automated / tech services
- Socially fulfilling
- Many services available, e.g., health screenings, monitoring, education
- Data aggregation: health plans + clinical documentation platforms
- Major impact on medication adherence

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6311651/>

<https://ncpa.org/adherence-research>

https://www.genoahealthcare.com/wp-content/uploads/2018/12/GHM_ADHERENCE_WP08.08.18.pdf

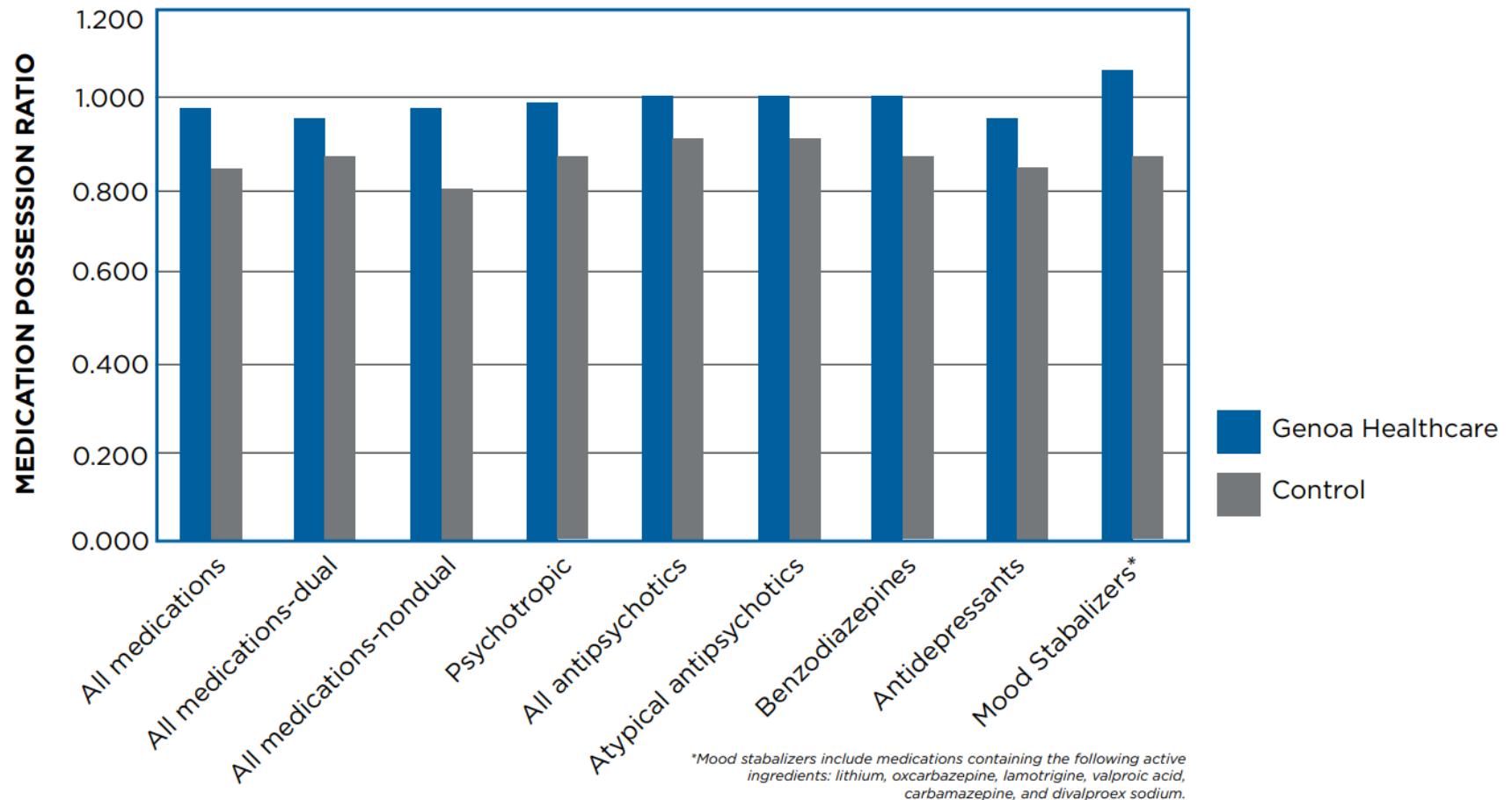
Genoa Healthcare Pharmacy Services

- On-Site Pharmacy Services
- Specialized Dispensing Frequency
- Convenient Adherence Packaging
- Personalized Refill Reminder Calls
- Medication and Refill Synchronization
- Long-Acting Injectable (LAI) Antipsychotic Services
- Clozapine Monitoring
- Putting Pharmaceutical Samples to Good Use
- Coordination with Drug Manufacturer Patient Assistance Programs
- Prior Authorization Assistance
- Enhanced Communication with Providers and Patients
- Flexible Delivery Options

Integrated Pharmacies at Community Mental Health Centers: Medication Adherence and Outcomes

W. Abel Wright, MS; Jack M. Gorman, MD; Melissa Odorzynski, PharmD, MPH;
Mark J. Peterson, RPh; and Carol Clayton, PhD

FIGURE 4: Comparison of Medication Possession Ratio at End of Study



ORIGINAL ARTICLE

A Cluster-Randomized Trial of Blood-Pressure Reduction in Black Barbershops

Ronald G. Victor, M.D., Kathleen Lynch, Pharm.D., Ning Li, Ph.D.,
Ciantel Blyler, Pharm.D., Eric Muhammad, B.A., Joel Handler, M.D.,
Jeffrey Brettler, M.D., Mohamad Rashid, M.B., Ch.B., Brent Hsu, B.S.,
Davontae Foxx-Drew, B.A., Norma Moy, B.A., Anthony E. Reid, M.D.,*
and Robert M. Elashoff, Ph.D.

Baseline Characteristics (95% cohort retention)

Characteristics	Intervention Group (N=132)	Control Group (N=171)
# of Barbershops	28	24
Years in Business	17.3 +/- 14.2	18.1 +/- 8.3
# of Participants	132	171
Age- yrs	54.4 +/- 10.2	54.6 +/- 9.5
Married	47%	50%
Household income < \$25,000	41%	30%
Any health insurance	85%	88%
Regular medical provider	77%	79%
Barbershop Patronage		
Duration- yrs	10.2 +/- 9.6	11.5 +/- 9.0
Frequency of visits (every # of weeks)	2.0 +/- 0.9	2.1 +/- 1.1

Hypertension Investigator Ronald G. Victor, MD, 1952–2018

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https://www.genoahealthcare.com/wp-content/uploads/2018/12/GHM_ADHERENCE_WP08.08.18.pdf
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- Victor RG, Lynch K, Li N, et al. A Cluster-Randomized Trial of Blood-Pressure Reduction in Black Barbershops. New England Journal of Medicine. 2018;378(14):1291-1301.