



## INTRODUCTION

UI Health operates seven ambulatory care pharmacies, each of which focuses on different areas of expertise. The pharmacies are located within the campus of the University of Illinois at Chicago (UIC) and serve a mainly indigent and medically underserved patient population. UI Health performs transplants for patients who travel long distances and operates a bedside delivery discharge program. However, UI Health can be costly to attend due to parking and public transportation fees. These are just a few of the barriers the institution faces to retain patients, provide continuity of care, and reduce Direct and Indirect Remuneration (DIR) fees. For these and many other reasons, adherence improvement is a major focus at UI Health.

## OBJECTIVE

McKesson Enterprise software is equipped with a Contact Manager for organizing prescription refill requests and replies. Due to the temporary staffing nature of our resident prescribers at UI Health, many requests are not generated automatically within Enterprise. This places a burden on existing staff to manually manage this queue, a process which is cumbersome and often takes several hours per week. When electronic communication with the clinics fail, pharmacies must resort to long phone calls, paging providers, using outdated fax machines and messaging through the Electronic Health Record to request refills and follow-up on unresolved requests. In order to complete this important process while allowing existing staff to focus on patient care, we implemented a Contact Manager refill pilot program using second- and third-year pharmacy students.

## METHODS

Our Contact Manager refill pilot program consisted of three phases. Phase I began during the summer of 2018 and involved the centralized facilitation on an informal basis of refill management using existing staff with no record keeping or data analysis. Phase II involved the expansion of the program to include three pharmacy students from the UIC College of Pharmacy, each working 2 hours per week. The students were trained on our pharmacy and hospital software, then each assigned to a weekly shift within the pharmacies where help was most needed. Weekly logs were maintained to quantify the number of refill events attempted (engagements with Contact Manager). Phase III involved the further expansion of the program to four students, this time without the training requirement since student externs were recruited, and more expansive records were kept to delineate the types of refill events attempted.

## RESULTS

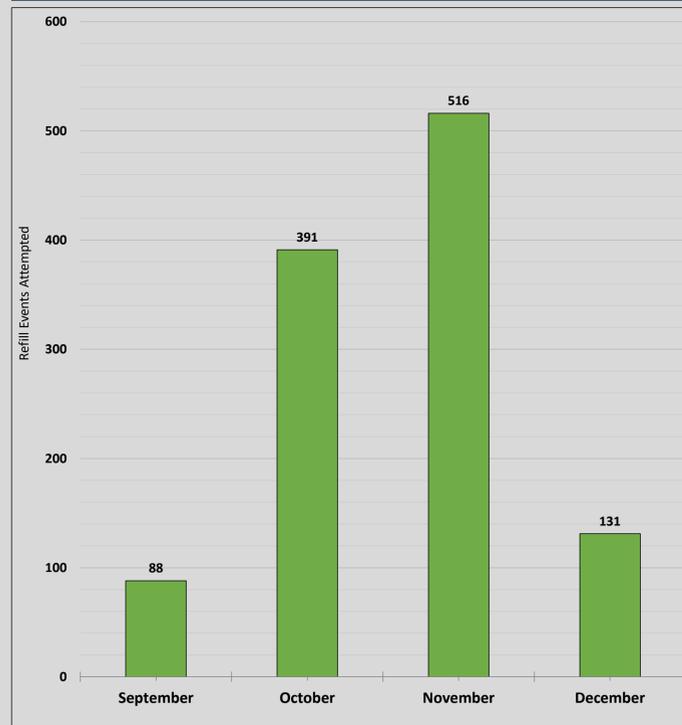


Figure 1: Phase II Refill Events Attempts

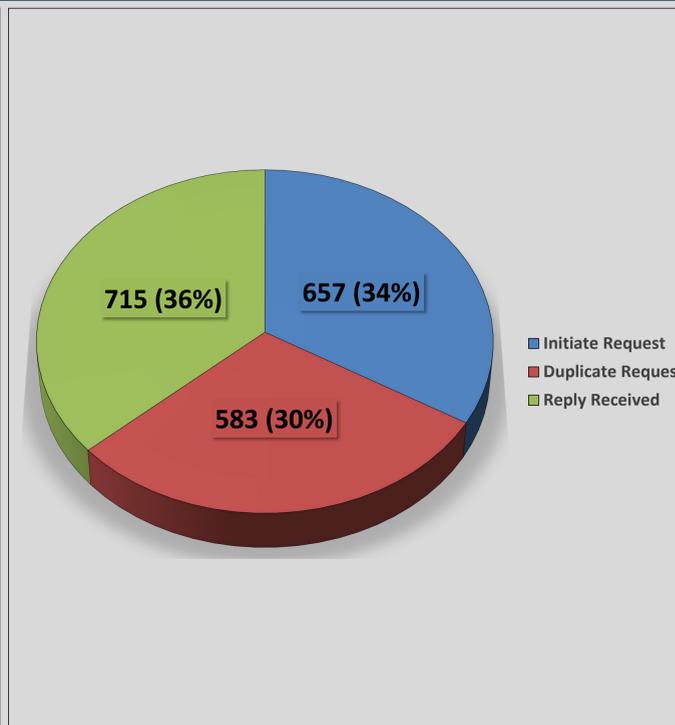


Figure 2: Phase III Refill Events by Type

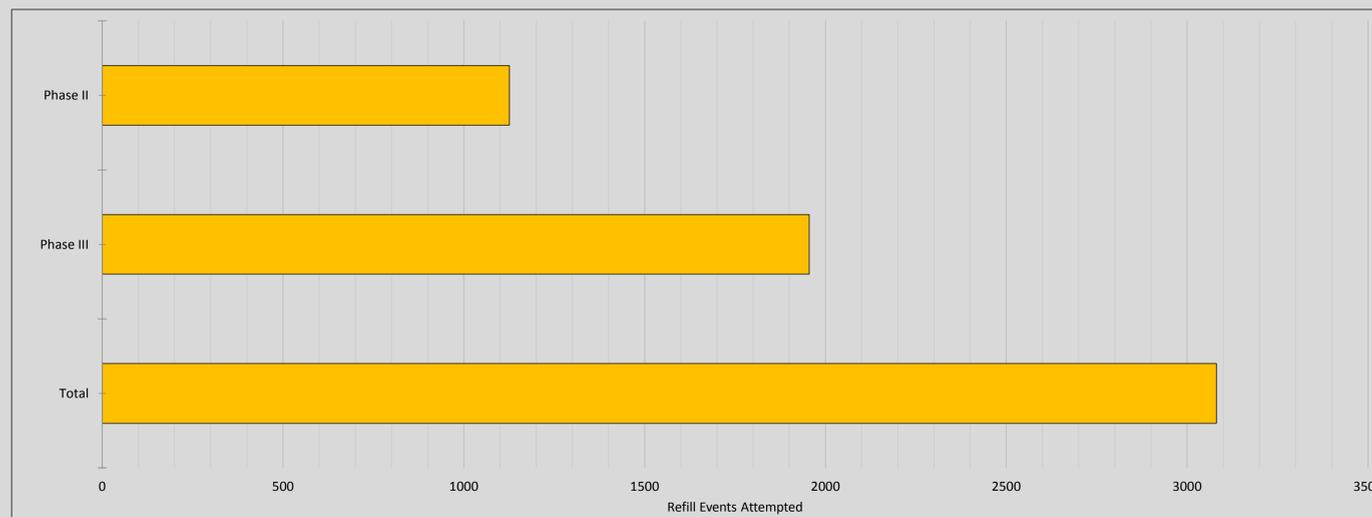


Figure 3: Total Events for Phases II and III

## RESULTS

During Phase II, students engaged with 1,126 refill events from 9/14/2018 to 12/7/2018. During Phase III, students engaged with 1,955 total refill events from 1/23/2019 to 5/3/2019. 657 of these events were newly initiated prescription refill requests, 715 were replies received and 583 were duplicate requests removed from the queue. The students devoted a total of 132 hours to managing the queue, the equivalent of over 3 weeks worth of full-time technician or pharmacist work.

## DISCUSSION

Although adherence data is still being analyzed, feedback from pharmacy staff as well as the students who participated was positive, and raw data clearly show a reduction in workload placed on the full-time pharmacy staff. Pharmacy health systems with limited financial resources that have access to a college of pharmacy can utilize students in a mutually beneficial way to improve patient care while providing a unique learning environment, mentorship and experience.

## REFERENCES

- Lester, C, Chui, M, et al. The prescription pickup lag, an automatic prescription refill program, and community pharmacy operations. Journal of the American Pharmacists Association, 2016; 56(4): 427-432.

## DISCLOSURE/ACKNOWLEDGEMENT

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