

Clinical Briefing

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

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ABSTRACT

BACKGROUND: Patients receiving psychiatric services at community mental health centers (CMHCs) are often prescribed medication that is critical to the treatment of behavioral health conditions, including schizophrenia, bipolar disorder, anxiety, and depression. Previous studies have shown correlation between rates of medication adherence and risk of hospitalization, but potential differences in medication adherence and other outcomes for patients of CMHCs by pharmacy type have not been widely studied.

OBJECTIVE: To determine potential benefits of placing a pharmacy within a mental health service delivery setting on both adherence to medication and health outcomes.

METHODS: A retrospective cohort analysis of medication adherence rates, hospital and emergency department (ED) use, and related costs between patients of CMHCs was conducted using integrated pharmacies versus community pharmacies. Data were from Medicaid claims paid by Southwest Michigan Behavioral Health for all (behavioral and nonbehavioral) inpatient and outpatient services as well as pharmacy prescriptions filled from April 1, 2014, through April 30, 2015. The primary study analysis was composed of an adult dataset representing persons served from 1 of the 2 CMHCs who had filled at least 2 prescriptions for a specific medication from 1 of 2 Genoa pharmacies located in a CMHC during the study period. Each unique patient dataset in the treatment group was matched to a corresponding control patient dataset prescribed the same medication using a modified version of the Gale-Shapley algorithm. The primary analysis compared medication possession ratio, which is a measure of adherence that indicates gaps or oversupply in a patient's medication use history. Statistical tests were performed using the R statistical programming language and Microsoft Excel.

RESULTS: Patients using pharmacies integrated within the CMHCs had higher medication adherence rates, lower rates of hospitalization, and lower ED use than those filling their prescriptions at community pharmacies. These results were associated with a cost savings of \$58 per member per month (approximately \$700,000 per 1,000 patients annually).

CONCLUSIONS: Pharmacies integrated within CMHCs not only can improve medication adherence but also can reduce the need for other expensive health care services.

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What is already known about this subject

- Poor adherence to medication is a major problem across all disease categories, including behavioral health diagnoses, and a leading cost driver for health plans and payers.
- There is considerable industry-focused attention driving ways to address this problem, including performance-based metrics.
- One reason for poor medication adherence is physical barriers to obtaining medication.

What this study adds

- Locating integrated pharmacies on-site at community mental health centers improves medication adherence and health outcomes.
- Improvements in health outcomes such as lower hospitalization rates and lower emergency department utilization translate into lower overall costs.

To read the full study visit [our website](#).

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