

Piloting a Medicaid Population Health Management Intervention in Community Pharmacies: An Implementation Study

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Abstract

The overall objectives of this research were to: (1) examine the determinants of implementation effectiveness of a community pharmacy population health management intervention and (2) compare the implementation process of high- and low-performing community pharmacies participating in a population health management intervention.

We used a sequential mixed-methods research design to examine implementation of the Community Pharmacy Enhanced Services Network (CPESNSM) in North Carolina. Data sources included qualitative interviews and survey data linked with program administrative data from 2016. The first study used a hurdle regression to examine the impact of organizational determinants on implementation effectiveness (e.g., implementation activity and program reach) ($n=191$). Community pharmacy's implementation climate (AME = 2.65, $p = 0.000$) and innovation-values fit (AME = 2.17, $p = 0.037$) was significantly associated with implementation activity (e.g., implementation versus non-implementation). Similarly, pharmacy's implementation climate (AME = 5.05, $p = 0.001$) and innovation-values fit (AME = 11.79, $p = 0.000$) was significantly associated with program reach (e.g., amount of intervention delivered to target population).

The second study identified the role of network ties to support implementation of NC-CPESN and compared network ties among high- and low-performing pharmacies using thematic analysis of qualitative interviews ($n=40$). The study found that high-performing pharmacies had a greater diversity of network ties (e.g., relationships with healthcare providers, care managers, and public health agencies) and were able to use those ties to support implementation of NC-CPESN.

The third study compared the implementation process of high- and low-performing NC-CPESN community pharmacies using thematic analysis of qualitative interviews ($n=40$). Community pharmacies employed implementation strategies such as redefining job responsibilities to ensure pharmacists and pharmacy technicians are working at the top of their license. Findings also revealed differences in the implementation process among high- and low-performing pharmacies, such as low-performing pharmacies omitting strategies used by high-performers.

In sum, organizational- and environmental-level determinants and differences in the implementation process affected implementation effectiveness of a community pharmacy population health management intervention. Payers supporting community pharmacy integration into population health management models should consider these factors affect implementation and develop implementation strategies accordingly.

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