



The Impact of Patient Familiarity with their Pharmacy Care Team on Medication Adherence and Communication Effectiveness in Disease Management



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Background

The quality of the relationship between patients and their healthcare team is crucial for improving patient outcomes cultivated through continuous and consistent communication.¹ In large healthcare settings, the continuity of care may be disrupted as patients engage with different staff members, leading to a lack of stable, long-term relationships with providers.² Stable, long-term relationships with healthcare providers promote trust, open communication, and a deeper understanding of patient needs.^{1,3}

A rare disease is defined by the U.S. Food & Drug Administration as a disease or condition affecting fewer than 200,000 Americans which may necessitate tailored, personalized care that is often less accessible locally.⁴ This highlights the need for a coordinated care network and an environment that builds lasting, trusting relationships between patients and their healthcare team, specifically their pharmacy.^{3,5} In cases where patient outreach is frequent and personalized care is essential, such relationships can have a profound effect on adherence to complex treatment regimens. This study examines how a single point-of-contact model impacts medication adherence, patient engagement, and communication in rare disease management, which requires high-touch patient-centered support.

Objective

To determine if a single point of contact model at a national rare disease pharmacy impacts medication adherence and patient engagement in rare disease management.

Methods

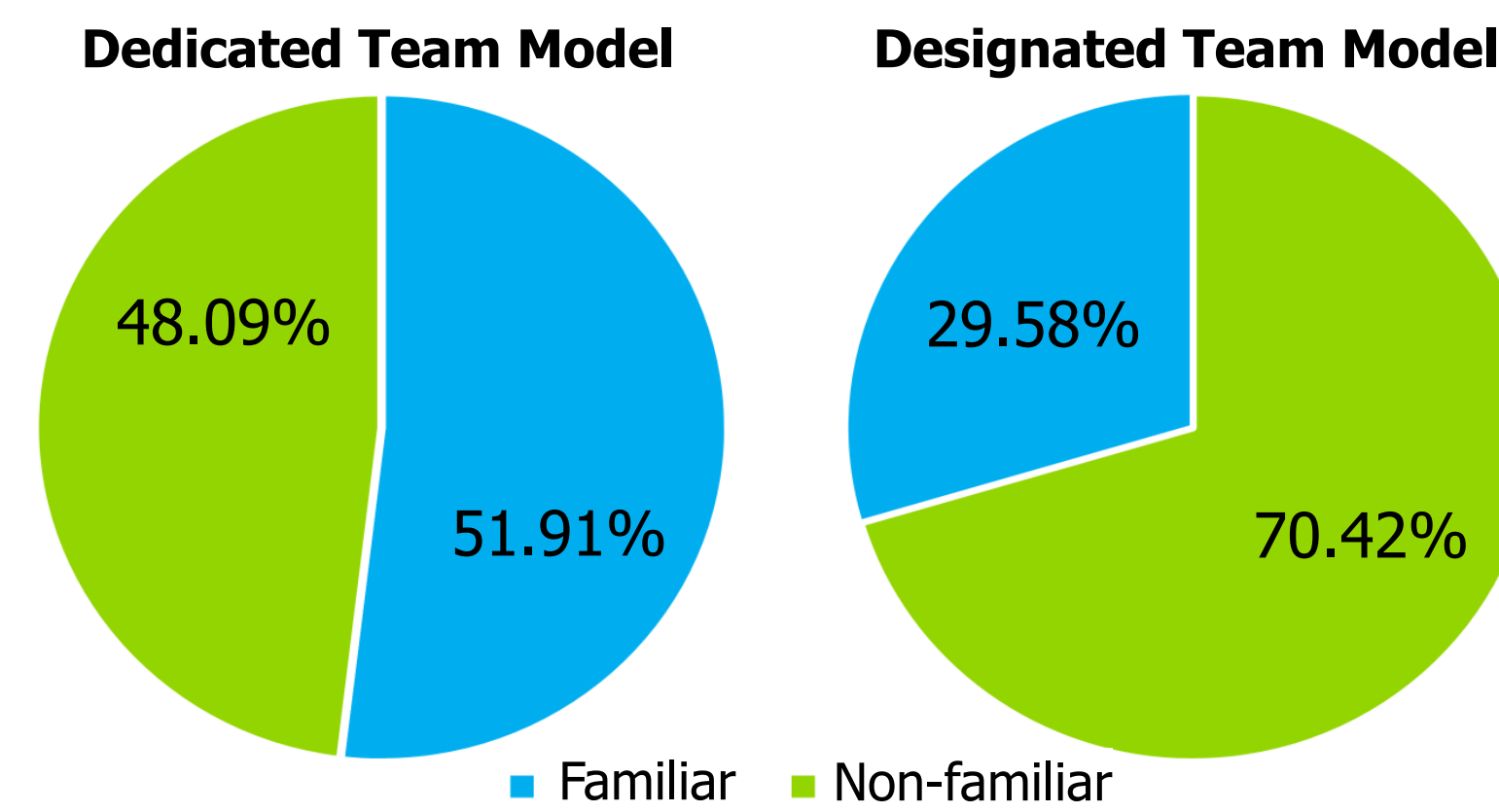
This retrospective observational study used a national rare disease pharmacy database to analyze patients receiving therapy from December 1, 2023 through December 1, 2024. Patients were classified into two groups based on their familiarity with the care team: "familiar" and "non-familiar." Familiarity was defined as having interacted with the same care team member at least three consecutive times or six non-consecutive times. Outcomes related to adherence, communication, and customer service were compared between these two groups to examine how familiarity influences patient outcomes. A sub-analysis was completed comparing two models of patient care, designated team model where the care team focuses on three to four therapies, and dedicated team model where a single point of contact works with patients on one specific therapy. Medication adherence was assessed through refill data and a gap day analysis calculated by subtracting the previous dose start date from the next shipment day then adding therapeutic days. Persistence on therapy was assessed by tracking the duration of continuous treatment. Communication effectiveness was evaluated based on the number of voicemails left during monthly outreach and the average phone call length. Customer service interactions were assessed using cloud-based call center software to evaluate service levels through length of call.

Results

Table 1. Eligible Study Population

Cohort	Distinct Patient Count	Sum of Interactions
Familiar	5,130 (35.5%)	37,913 (35.4%)
Non-familiar	9,320 (64.5%)	69,126 (64.6%)

Figure 1. Familiarity by Team Model



Adherence & Persistence*

Table 2. Gap Day Comparison

	Average Gap Days					P-value
	Fill 2	Fill 3	Fill 4	Fill 5	All Fills	
Familiar	4.91	3.62	3.28	3.10	2.81	<0.05
Non-familiar	5.73	4.20	3.79	3.56	3.37	

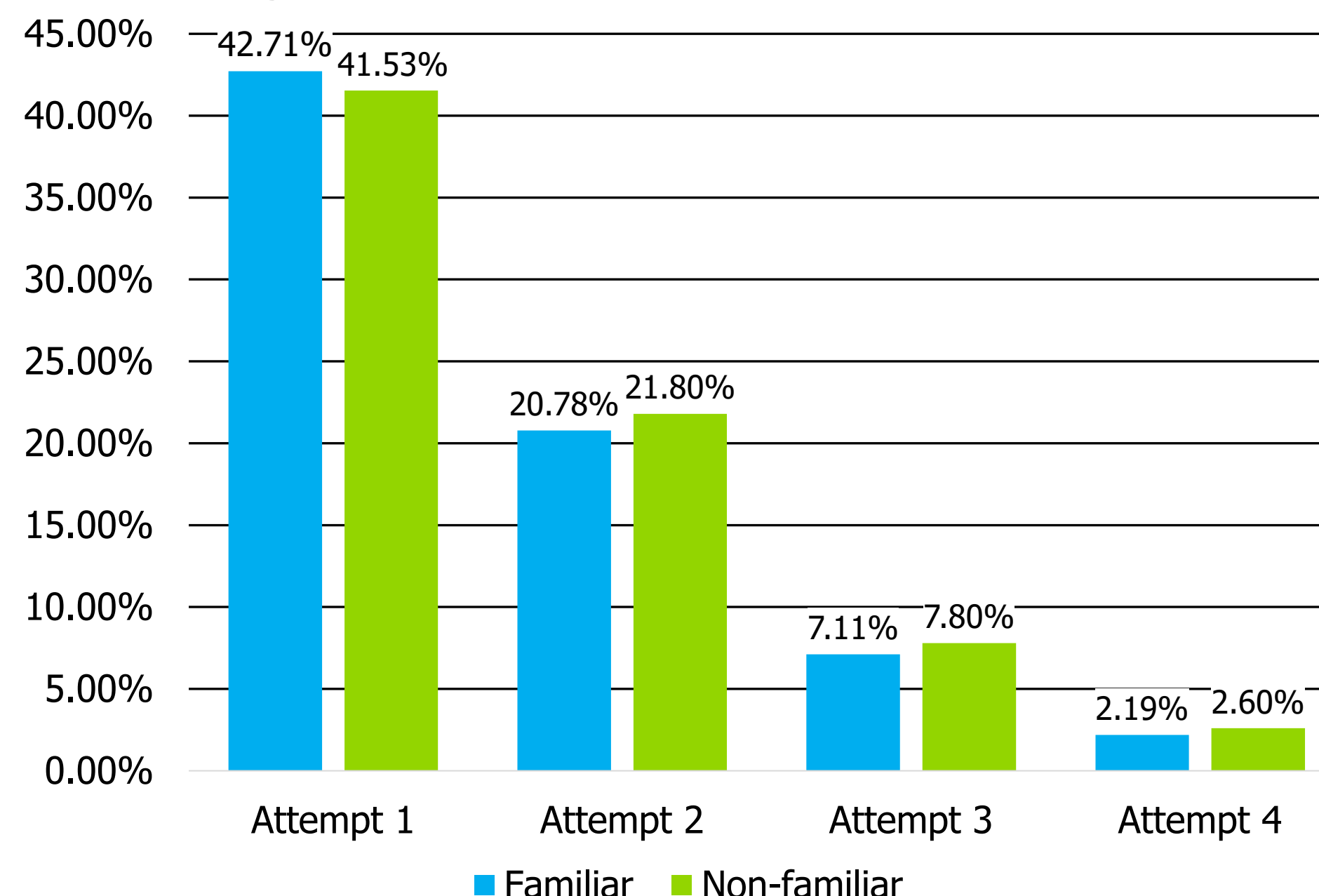
Table 3. Persistence Comparison

Cohort	Average Number of Fills	Median Number of Fills	P-value
Familiar	9.48	11.5	P<0.001
Non-familiar	7.27	10.5	

*Population size limited due to more specific call type distinction

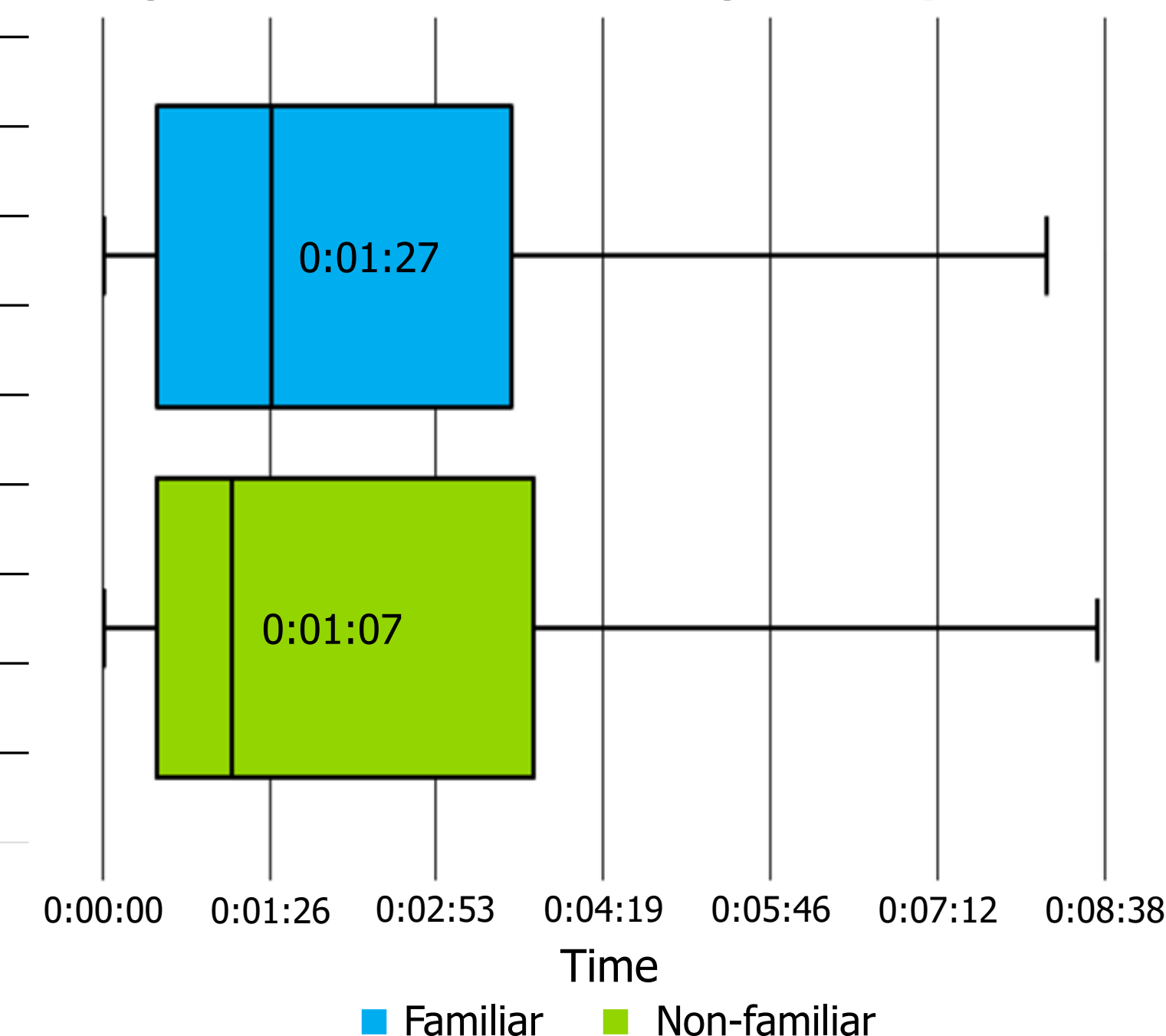
Telephonic Interaction Metrics**

Figure 2. Call Success on Outreach Attempt



**Population size limited due to restricted data fields

Figure 3. Median Call Length Comparison



Discussion

Of the 14,450 eligible patients, 5,130 (35.5%) were classified as familiar and 9,320 (64.5%) as non-familiar. A total of 107,039 patient interactions were recorded, with 37,913 interactions (35.4%) occurring in the familiar group and 69,126 interactions (64.6%) in the non-familiar group. While the non-familiar group contained a larger proportion of the patients, the familiar group also represented a significant share of total interactions. Further analysis showed that familiar patients were more commonly associated with the dedicated team model, whereas non-familiar patients were more often in the designated model (Figure 1).

The familiar group demonstrated significantly better adherence, with lower average gap days across all fills (2.81 vs. 3.37, p<0.001) (Table 2). They also had significantly higher treatment persistence, with an average of 9.48 fills with a median of 11.5, compared to 7.27 and 10.5 in the non-familiar group (p<0.001) (Table 3).

Regarding communication, the familiar group had a slightly higher success rate on first-call attempts, though the non-familiar group had higher success in later attempts (Figure 2). Both groups followed a similar trend, with the highest success on the first attempt and declining rates thereafter.

Call duration analysis indicated that while the non-familiar group had longer average calls (2:51 vs. 2:37) and more calls per patient (8.95 vs. 8.34), they had a lower median call length, suggesting greater variability in interaction time (Figure 3). While these results may indicate a higher need for support among non-familiar patients, further research is needed.

Only a subset of the population was evaluated for adherence and persistence measures because we required specific types of calls be completed for consistency. Telephonic metrics were also pulled from a subset of the population due to certain restricted phone data fields and an inability to tie specific call data back to the patient. Call duration was used as a proxy for relationship strength, assuming longer calls reflected higher engagement, though other factors may have influenced call length. Similarly, adherence was measured through refill data, which does not confirm actual medication use.

Conclusion

Study results suggest that familiarity with the care team improves adherence and persistence, highlighting the importance of continuity in relationships. Patients who were familiar with their care team showed stronger engagement in their treatment regimens, evidenced by fewer gap days, more fills, and successful communication. This underscores the benefits of fostering trust and consistency in healthcare interactions, particularly in managing complex therapies for rare diseases. The single point of contact model appears to be an effective strategy for enhancing patient outcomes.

References

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