

Medication Therapy Management Solution

A Medicaid Case Report



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Using Medication Therapy Management

Background

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 introduced Medication Therapy Management (MTM) and defined it as “a program of drug therapy management that may be furnished by a pharmacist and that is designed to assure, with respect to targeted beneficiaries...that covered medications are appropriately used to optimize therapeutic outcomes through improved medication use, and to reduce the risk of adverse events, including adverse drug interactions.”¹ Since then, MTM has been successfully implemented in various forms in pharmacies, managed care organizations, state Medicaid programs, disease-specific clinics and third-party insurers.

The core components of MTM include patient education, improved medication adherence, determining patterns of prescription drug use and detection of adverse drug events. The value of pharmacist-centered MTM has been documented in several studies.¹⁻⁴ One study showed that MTM services provided by pharmacists in collaboration with prescribers improved clinical outcomes and lowered total health expenditures.³ Another demonstrated the collaboration of pharmacists and physicians facilitated resolution of drug-related problems in a Medicaid population receiving four or more medications.⁵ And using an electronic prescription database and alert system for high-risk medications – followed by pharmacist outreach – prompted physicians to adjust drug therapies to more appropriate agents.⁶

Given the financial environment of today's state Medicaid programs, it's often challenging to include evidence-based clinical programs that offer financial benefits. However, pharmacotherapy is central to the medical care of the patient, especially those individuals taking more than five medications. A cohort study of Medicare enrollees in an ambulatory clinic setting demonstrated an adverse drug event rate of 50.1 per 1,000 person-years, with 38 percent of the events categorized as severe, life-threatening or fatal.⁷ Furthermore, an adverse drug event in an individual older than 65 is estimated to cost an average of \$1,300 in additional healthcare expenditures.⁸ One approach to managing pharmacotherapy has been through the use of MTM programs focused on inappropriate prescribing.

As a requirement of the Affordable Care Act, awareness of CMS star ratings began in 2007 with the tracking and publishing of quality measure outcomes by CMS for Medicare Advantage (MA) plans with Part D performance metrics and then with Part C metrics in 2008.¹¹ Evidence-based quality metrics are used to establish the quality goals which are then tracked and publicly reported as transparent and easy-to-understand quality of care information about the MA plans in the consumer's area. Through use of star ratings, consumers can become better equipped to make informed decisions when choosing a plan that provides the best services and quality of care.⁹

Our MTM solution is part of a provider web portal. It aggregates pharmacy and medical claims history and clinical data into a central location providing individualized recommendations to pharmacists.



Health Recommendations by Disease Module

Disease Modules	Number of Health Recommendations
Diabetes	1,097,242
Hypertension	1,218,135
Hyperlipidemia	616,538
Osteoporosis	580,050

Pharmacist-Completed Health Recommendations

Disease Modules	Number of Health Recommendations
Hypertension	1,104
Diabetes	924
Hyperlipidemia	407
Asthma	391
Smoking Cessation	330

The focus on higher star ratings is being tied to these measures as incentives shift to payment based on outcomes. This approach aligns with the “Triple Aim” pursuit of improving the experience of care, improving health outcomes and reducing healthcare costs.¹² Beginning in 2016, Prescription Drug Plans and Medicare Advantage Plans will be earning star rating bonuses that are tied to MTM performance.¹⁰ Eventually what is being done with the star rating initiative in MA plans could become part of every Medicaid program and be instrumental in effectively managing high-cost specialty medications.

The Medication Therapy Management Solution from Conduent™

A web-based solution (along with point-of-sale notification) to assist pharmacist guided physician collaboration in MTM was implemented for the MO HealthNet Program (formerly Missouri Medicaid) starting April 1, 2010. It replaced a previously implemented paper-based disease management program. The new user-friendly solution introduced a more convenient process for identifying and completing MTM services.

The MTM solution is part of a provider web portal. It aggregates pharmacy and medical claims history and clinical data into a central location providing individualized recommendations to pharmacists. Prior to participating in the program, pharmacists are required to have a Medication Therapy Services (MTS) Certificate through the Missouri Board of Pharmacy.

Nine clinical areas were targeted initially: general health, asthma, diabetes, hypertension, hyperlipidemia, heart failure, immunization, smoking cessation and osteoporosis. That list soon grew to include fall prevention, gastrointestinal diseases, multiple sclerosis and COPD. In 2015 depression was added; suicidal ideation was on target to be the next clinical area. Health recommendations were classified into eight groups: assessments, education, laboratory monitoring, exams, self-management, therapy recommendations, drug-drug interactions and immunizations. For example, some health recommendations for diabetes included lifestyle modification, adherence with medications, glycosylated hemoglobin (HbA1c) test and vision and foot screenings.

Since February 2010, health recommendations have been identified monthly for MO HealthNet participants. Complete medical and pharmacy claims profiles are made available to pharmacists with actionable alerts at the point of service. Pharmacists are reimbursed for addressing health recommendations based on CMS billing codes and face-to-face encounters of 15-minute increments for up to \$65 per patient per month for the first month and up to \$55 per patient per month thereafter.

Over 200 pharmacists have been trained to use the solution. 3 percent of participants (98,674) received a recommendation out of 770,273 total participants. The largest number of system-generated health recommendations were for hypertension (1,218,135), followed by diabetes (1,097,242), hyperlipidemia (616,538) and osteoporosis (580,050). Pharmacists resolved the most health recommendations relating to hypertension (1,104), followed by diabetes (924), hyperlipidemia (407), asthma (391) and smoking cessation (330).

There were objective measurable changes in patient history pre- and post-intervention, for example: 38 patients had a drop in A1c to within goal post-intervention, 33 patients completed home fall risk checklists and 44 patients received education on smoking cessation and reported success. A total of 3,984 claims were submitted from February 2010 through June 2015 for MTM services by 111 pharmacists for 1,395 participants. The program continues to grow statewide.

Conclusion

Conduent™ is a proven leader in the healthcare technology space, with a full range of solutions to optimize pharmacotherapy and facilitate appropriate prescribing practices. Medication Therapy Management services are a way for pharmacists and other practitioners to understand patients' needs, identify and resolve drug-related issues and customize patient education and counseling for chronic medications. You can implement our MTM solution in a timely manner with personalized online alerts focused on improving the medical care of the patient. Once implemented, the benefits speak for themselves: lower adverse drug events, empowered patients and improved coordination of care. These three integral components can enhance your program.

You can learn more about us at www.conduent.com/pharmacysolutions.

References

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