Medication Management Services in Connecticut

Connecticut Department of Public Health, UConn School of Pharmacy and Community Pharmacies

Mehul Dalal, MD, MSc, MHS - Chronic Disease Director, CT Department of Public Health
Thomas Buckley, MPH, RPh – Associate Clinical Professor, UConn School of Pharmacy
CT 1305 Pharmacy Initiative

**Objective:** To Increase the engagement of community pharmacists in the provision of medication-/self-management for adults with high blood pressure and adults with diabetes

**Key Activities:**
- Implement a medication therapy management (MTM) pilot program at community pharmacies in collaboration with the UConn School of Pharmacy targeting patients with hypertension & diabetes.
- Build capacity by providing professional development and training to community pharmacists.
- Work on policy solutions to identify sustainable financing opportunities for reimbursement for pharmacy MTM services.
Public/Private Partnerships: CT DPH/ UConn SoP/ Pharmacies

• Strong history of collaboration
  • CDC/CT DPH/UConn immunization project
    • Focus: reduce disparities in vaccine rates for pneumococcal & herpes zoster in underserved urban communities
    • Arrow Pharmacies – urban Hartford sites
    • Identified/engaged community: significant increase in vaccine rates, esp. in AA pop.

• UConn/Arrow Colorectal Cancer Screening
  • Pharmacist trained/credentialed to increase awareness of CRC risk factors & screening
  • Offer FIT test & follow-up with Medicaid or uninsured populations: in-store kiosks
UConn School of Pharmacy Role

• Identify/engage/train/certify community pharmacists servicing urban or underserved communities to provide comprehensive MTM for HTN/DM pts

• Using Arrow in Hartford as pilot, create/expand community pharmacy network in urban communities

• Identify opportunities for sustainable financing of service through engagement w/Medicaid, insurance exchange, State Employee Health Plan, State Office of Health Reform & Innovation
Community Pharmacy Partnerships

- **5-year statewide CDC grant**
  - Years 1-2: Arrow pilot – optimize screening, engagement, documentation tools
  - Years 2-4: Cultivate independent pharmacy network
  - Years 2-5: Reimbursement strategies: multi-payer

- MTM certification provided – ongoing QI w/faculty
- Database screening: prior 6 months Rx for HTN/DM
  - Pilot: ~1200 initial (excl. 30% delivery pts), engage up to 800
- Patient engagement strategies identified
  - POS most effective (from prior study)
  - Patient notification of MTM study on Rx for HTN or DM
  - Arrow: 125 pts (up to 4 visits over 12 months), incl. gift cards
  - Additional pharmacies: less patients, same # encounters
Pharmacy Initiative Methodology

- Core elements of MTM service model:
  - Comprehensive med review
    - Identifying med-related problems (MRPs)
    - Appropriateness-Effectiveness-Safety-Adherence *(in that sequence)*
    - Prioritize plan for MRP resolution
  - Personal medication record
  - Med-related action plan
  - Intervention and/or referral
  - Documentation & follow-up
Arrow Pharmacy Pilot

- Success of engagement – English/Spanish, no exclusion for insurance (80% Medicaid or Dual Eligible); word of mouth success

- Logistics within community pharmacy:
  - Space; scheduling; time constraints
  - Scheduled for initial 60 minutes; f/u 30 minutes x 3 prn
  - Develop comprehensive med profile – include meds outside of Arrow – potential for Rx transfer to 1 pharmacy
  - Create patient action plan – on every visit prn
  - Create PCP report – faxed – comprehensive med profile (including vaccine history), MRPs identified, recommendations for MRP resolution
Adherence Patient Example

- Non-adherence to metformin (refills show 100% - PDC)
  - Patient c/o “sick from metformin” (pt. had flu); A1C = 9.3%
  - Patient kept refilling because didn’t want to disappoint MD
  - Flu resolved; patient consultation to try metformin, continual weekly communication w/pharmacist
  - Adherence achieved w/metformin with 4 month follow-up
    - A1C = 7.8%

- Other effective adherence tool: BP logs, “keeping score”
- Beliefs About Medicine Questionnaire (BMQ)
  - “General” vs “Specific” beliefs – correlates with Morisky survey
Opportunities/Challenges:
MTM in Community Pharmacy

• Job satisfaction

• Connection with patient and provider on closer clinical level

• Time constraints – designated time, flexible scheduling
  • Business model changes may be necessary

• “Spillover” effect: increased patient volume in pharmacy – strong word-of-mouth impact in community (esp. Spanish-speaking community)
Keys to Sustainability of MTM Service

• **Demonstrated workforce development**
  - Credentialing key for provider/payer
  - Development of community pharmacy network
  - Underserved populations have highest health costs, complex med regimens, fragmented access to care, *potential for high ROI*
  - CDTM authority may assist in payer acceptance

• Current sustainability initiatives:
  - CT Medicaid MTM legislation (not part of 1305)
    - Credentialed pharmacist as Medicaid provider for complex patients
  - Other payers: self-insured employers, commercial payers, Medicare

• Evolving models of care/reimbursement
  - FFS to value-based contracts (shared savings, PMPM)
Contact

Mehul Dalal, MD, MSc, MHS
Mehul.Dalal@ct.gov