The Minnesota MTM Experience

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Pharmacist Thought Process

• Indication
  – Additional therapy needed
  – Unnecessary therapy

• Effectiveness
  – Ineffective therapy
  – Dose too low

• Safety
  – Adverse drug reaction
  – Dose too high

• Convenience
  – Adherence to therapy
History of the MN MTM Benefit

• Evidence to support legislation
  – 2001 study of clinical and economic outcomes
  – Improved hypertension (71% v. 59%) and dyslipidemia (52% vs. 30%) control
  – 12:1 ROI

History of the MN MTM Benefit

- Legislation passed in 2005
- Combined efforts of several stakeholders over 12 years
- Projected cost savings was key
- Established advisory group to define benefit and evaluate outcomes
Description of Service

• Expectations of care
• Patient eligibility
• Provider eligibility
• Payment for service
Evaluations

- 2007 mandated evaluation of first year
  - 34 pharmacists caring for 259 patients
  - 431 claims resolving 789 DTPs
  - Diabetes cohort
    - 36% of DM patients met goals (vs. 6% overall)
    - Projected $15,325 cost savings
Evaluations

• 2014 Claims Analysis
  – 29,080 Total Claims
    • 12,551 (43%) initial visits
    • 16,529 (57%) follow up visits
  – 11,048 unique patients
  – 110 organizations
    • 88% from integrated care systems
    • 45% of total from a single health system
  – 201 pharmacists
Current State

• Program experiencing continued growth
• Cost-savings projections have been exceeded
• Challenges with enrollment and engagement
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