Practical Steps for Integrating MTM into Your Daily Practice Routine

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Speaker Disclosure

The speaker is a Health Mart® pharmacy owner. The speaker otherwise does not report any actual or potential conflicts of interest in relation to this continuing pharmacy education activity. Off-label use of medications will not be discussed during this presentation. CEI has taken appropriate action for conflict resolution, including external review by a non-conflicted peer reviewer.
Learning Objectives

- List reasons to start an MTM program
- Describe hurdles pharmacists might face when starting an MTM program
- List techniques to overcome these hurdles
- Discuss ways to engage the entire pharmacy team in providing successful MTM
- Integrate MTM into the pharmacy workflow

MTM: Why is it Needed?

12.6
- Average number of prescriptions per person in the U.S.
60%
- Patients that do not adhere to their prescribed medications
1.5 Million
- Medication errors each year resulting in serious adverse events
$177 Billion
- Annual health care costs tied to medication issues
23%
- Medicare ER visits as a result of medication-related events
100,000
- US deaths each year due to medication-related events

MTM Background

- Concept of MTM services is not new
  - Pharmaceutical Care
  - Cognitive Services
  - Pharmacist Services
- Medicare Part D introduced term, “MTM”
  - Medication Therapy Management was included in the Medicare Part D benefit over a decade ago (Medicare Prescription Drug, Improvement, and Modernization Act of 2003)
  - Variation by payer in what services offered, who is eligible, and how it is delivered
Common MTM Service Types Paid for Today

- Comprehensive Medication Reviews (CMRs)
  - Typically appointment-based
  - Includes all the patients’ medications, over-the-counter products, supplements, etc.

- Targeted Interventions
  - Typically within workflow or via phone
  - Typically focused on one to two medications
  - Adherence
  - Gaps in care
  - Drug interaction
  - Other

Who pays for MTM?

- State Medicaid/Other State Programs
- Medicare Part D plan sponsors
  - Prescription Drug Plans (PDPs)
  - Medicare Advantage Prescription Drug Plans (MA-PDs)
    - But not all pay at a provider level (internal programs by the Plan Sponsor)

- Commercial payers
- Employer groups
- Patients
- Pharmaceutical Manufacturers

Where can MTM fit next?

- The changing landscape of “Risk”
  - Physicians and health care systems (hospitals and their associated PCP clinics, specialists, lab, imaging, etc.) are going “at risk” for total costs of care for their patients
    - Accountable Care Organizations (ACO)
    - Patient-Centered Medical Homes (PCMH)
    - Transitions of Care Initiatives (TOC)
      - Case manager interfaces and referrals to and from pharmacists

  - What does this mean to you? They will be looking for more efficient ways to manage patients – YOU are positioned to be the medication experts on their team!
Medicare is not the only Payer

- Accountable Care Organizations (ACOs) and MTM with local, community-based pharmacists: A Natural Fit
  - 19% of all drugs prescribed to members prior to admission to a hospital being contraindicated
    - Imagine if we PROACTIVELY addressed these medication issues
  - Who has the most up-to-date, accurate account of a patient’s regimen?
    - No one’s data/profile/information is perfect, no one’s is all-inclusive, but the patient’s pharmacy/pharmacist likely has the freshest, timely picture of medications – prescription and OTC.

Examples of MTM Services

- Formulating medication treatment plan
- Selecting, initiating, modifying, or administering medication therapy
- Monitoring/evaluating patient response
- Comprehensive medication review
- Providing education/training to patient
- Others?

STOP! LISTEN! YOU DO THIS EVERYDAY!

- MTM isn’t anything new for you – so STOP trying to make it harder than it really is.
- LISTEN to the following examples – Do you have patients with the following situations everyday (at least weekly or monthly).
Case Studies – Asthma / COPD

- Asthma patient was using her CS inhaler only when her asthma got worse
- COPD – when patient used her Spiriva, she did not pierce the capsules before inhaling
- These are MTM opportunities to:
  1) appropriately educate them when they’re first prescribed this med
  2) Or – catch the inappropriate administration technique and then educate and change behavior

- Are you asking the patient to tell YOU how they’re using a med? Or, are you just asking if they’re using it and their answer is – yes. Which way do you think you’ll uncover a problem?

Case Study - Hypertension

- 65 y.o. African American Female
- She was on 4 different Anti-hypertensive medications
- Her BP was running in the 160/100 range constantly
- In this case, the pharmacist contacted her cardiologist and recommended Clonidine 0.3mg patches
- Physician approved the addition of the patches. Since then, her blood pressure has been in the desirable range

- When you discover a patient’s BP is out of range – what do you do about it?
  - Do you consider medication changes, deletions or additions to get “the numbers” within range?
  - Do you even know if your patients BPs are within or out of range? Are you talking to your patients and asking?

MTM Opportunities Increasing CMS Evolution of MTM Requirements

<table>
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<tr>
<th>Year</th>
<th>2008</th>
<th>2010</th>
<th>2013</th>
<th>2014a</th>
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<tr>
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<td>Multiple</td>
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<td>$6,000</td>
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<td>Same as 2013</td>
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<tr>
<td>Other</td>
<td>- Must target at least 4 of 7 core chronic disease states, 2-3 (minimum)</td>
<td>- Must target at least 4 of 9 disease states, 2-8 (minimum)</td>
<td>- Must target at least 4 of 9 disease states, 2-8 (minimum)</td>
<td>- Must give a standard patient takeaway</td>
<td>- Benefits who impact CORE: Medicaid - Beneficiary Awareness MTM page on Nordic website with contact &amp; program info</td>
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Why Do You Need to Care About MTM?

- Changing healthcare landscape
  - Reimbursement rates continue to decrease
    - Pharmacies need another source of income
  - Quality of care emerging as major focus

Why Deliver MTM Services at Your Pharmacy?

- Important part of continued access to lives
- Great way to help impact patient outcomes and establish emotional connection with patients
- One of the best programs to utilize clinical knowledge
- Opportunity for provider collaboration
- Additional income (clinical services revenue & scripts)

Poor Outpatient Follow up, Drug Therapy Breakdowns are Associated with Readmissions

- Study of 100 consecutive readmitted HF patients at urban medical center
- Major causes for readmission:
  - No outpatient follow up 33%
  - Medication noncompliance 25%
  - Fluid noncompliance 22%
  - Diet noncompliance 21%
  - Other causes had minor contributions
Medication Problems Linked with Readmissions

- Study of 998 patients admitted with HF to an urban academic center
- 72% of patients reporting non-adherence to their medications were readmitted in the year post discharge vs. 29% adherent patients
- Non-adherent patients were 1.7 times more likely to be readmitted ≥3 times in the year post discharge

Potential Contribution of Pharmacists as a Team Member

- A randomized trial of 178 patients being discharged home from the general medicine service found pharmacist counseling reduced the number of preventable adverse drug events from 11% in the control group to 1% in the intervention group.
- Do you REALLY try to appropriately counsel patients on new and changed medications when they are discharged from a hospital? Or, do you ask the obligatory, "Do you have any questions?" Do you ask them questions that lead to assuring they understand? Are they prepared for potential side effects or even symptoms if they’re having complications?
- Weight gain?

Quality-based Pharmacy Networks

- Plans beginning to use these measures to determine quality of services pharmacists are providing in community pharmacy setting
- Establishing preferred networks based in part on how pharmacies impact relevant Star Measures
  - Lots of talk about STAR measures and Medicare...did you know the Blue Cross Blue Shield Association has mandates for the state BCBS Plans with similar metrics around appropriate care associated with CHF and other conditions?
  - There are State Medicaid programs who have mandatory quality metrics for those in managed Medicaid markets – the quality measurements are very similar between programs. You are being measured – whether you know it or not.
- Utilize current quality measures to position your pharmacy well for this shift in reimbursement model
Impact of MTM on Star Ratings

- Pharmacies can help positively impact Medicare plans Star Ratings through providing MTM services
  - Completion of Comprehensive Medication Reviews (CMRs) is currently a Centers for Medicare and Medicaid Services (CMS) display measure
  - In addition other medication-use related measures can be impacted through targeted and comprehensive MTM
    - Adherence (Hypertension, Statins, Diabetes)
    - Appropriate treatment of hypertension in diabetes
    - High-risk medications in the elderly

Impact of MTM on Star Ratings

- PBMs/Health Plans utilize prescription claims data and analyze through rules engines via retrospective drug utilization review (R-DUR)
  - Generate Targeted Medication Reviews (TMR) which create a “to do” or an intervention to act upon
  - The recipient of the intervention may be the patient, physician, case manager, or pharmacist to act up to resolve the identified drug therapy problem or issue

State Medicaid Impact of MTM
Steps for Getting Started

- Education & Training: Complete MTM training and disease specific education as needed
- Enrollment: Contract with one or more MTM vendors
- Pharmacy Operational Considerations

Getting Started: Training

- Complete MTM Training and disease state specific training as needed
  - Consider Medication Therapy Management Certificate Training program (e.g. American Pharmacists Association, State Pharmacy Associations, Power Pak)
  - Complete MTM vendor specific training program
    - Some vendors require training and others are optional
  - Consider disease state specific education on key disease states (Diabetes, Hypertension, Hyperlipidemia, High Risk Medications)
    - Health Mart University, Pharmacy Associations, CE vendors

Getting Started: Enrollment/Contracting

- Enroll/Contract with MTM vendor(s) for your area
  - Mirixa
    - Fastest way to enroll is to call Mirixa at 866.218.6649, 8:30 am to 5:30 pm EST Monday through Friday)
  - OutcomesMTM
    - www.outcomesmtm.com - Click Pharmacy tab on top, then “Getting Started” link)
Working with MTM Network Vendors: Enrollment/Contracting

Check with your state pharmacy association for any state or local MTM or pharmacy quality related opportunities

- Some state Medicaid or Managed Medicaid programs use vendors
- Some have their own fee-for-service billing, such as:
  - MN Medicaid – Medication Management Systems (MMS)

Integrating Targeted Interventions into Pharmacy Workflow

- Integrating interventions into the pharmacy workflow
- Designate a “lead” pharmacy technician who checks MTM portal(s) daily
  - Consider adding to your opening checklist
- Flagging patients with eligible targeted intervention opportunities
  - Within your pharmacy management system
  - With “MTM” cards that follow the patient’s prescriptions
  - Some MTM vendors allow printing of patient specific intervention and/or worksheet that can follow prescription

Integrating Targeted Interventions into Pharmacy Workflow

- For patients who don’t have a current prescription to pick-up consider your potential targeted intervention outreach plan
  - With future refill
    - How will you flag
    - Will it be accomplished within the next week and/or required intervention period
  - Via phone
    - When will calls be placed?
    - Will a pharmacist be scheduled for calls during overlap or otherwise?
Carving Out Time for Comprehensive Medication Reviews (CMRs)

- Scheduling
  - Dedicated staff time needed outside of workflow for CMRs
  - Patient scheduling and printing/prep of paperwork can be done by technician
- Consider specific time blocks for scheduling
  - Overlap
    - Time when patient would already be coming to pharmacy
      - Nice opportunity to tie with medication synchronization pick-ups

Comprehensive Medication Reviews Workflow

- Pre-work in MTM Vendor System(s)
  - Display medications filled via prescription claims processing of which payers share in prep for CMR
  - Some gaps in medication lists exist
    - Non-adjudicated Rx claims
    - OTC therapies
    - Herbals
    - Samples
- Pre-visit review
  - Review meds to determine potential drug therapy problems
  - Some targeted interventions may already have been identified, which can be addressed at the same time of the CMR

Comprehensive Medication Reviews Workflow

- Post-Visit
  - Document Interventions
  - Follow-up
  - Complete Patient Take-Away
    - Mail to patient
    - Fax to prescribers
Common MTM Hurdles

- Wish I had $1 for every:
  - Excuse heard for why pharmacists cannot do MTM
  - Survey asking why pharmacists are not doing MTM

- The List Does Not Change:
  - Fear of failure/liability
  - Lack of resources
  - Prescriber resistance
  - Patient resistance
  - Lack of payment

Common MTM Hurdles

- **Fear of Failure and the Corresponding Additional Liability**
  - MTM services are within our scope of practice
  - You likely do many if not all of the types of interventions already – you just may not be getting paid for it

- **Lack of Resources**
  - MTM vendors may have support services available
  - National and State Associations
    - APhA: [https://pharmacist.com/implementing-mtm-your-practice](https://pharmacist.com/implementing-mtm-your-practice)

Common MTM Hurdles

- **Lack of Time and Support**: Certified Technicians and Pharmacy Student/Interns
  - They can help with the organization and promotion of MTM covered services
    - Schedule CMRs
    - Flag patients who need to be consulted based on a Targeted Medication Review (TMR) received
    - Documentation within software systems
  - With appropriate pharmacist oversight student/interns can help with the pre-work of collection patient information and review
Common MTM Hurdles:

- **Prescriber Resistance**: Contacting Prescribers with Medication Recommendations
  - Usual outreach via phone/fax to address a particular medication issue
  - Proactively send a letter
  - Describe or reinforce what they may have already heard about MTM (MTM vendors have templates)
  - Personalized from pharmacist - Introducing self
  - Describing MTM services
  - Provide your contact info for questions or referrals

- Discuss how YOU can help THEM – LISTEN to what their concerns are about medications and their patients.

Common MTM Hurdles

- **Patient Resistance**: Reasons Patients Decline
  - No clear understanding of how MTM is different from:
    - What physicians do
      - What pharmacy services already cover
    - Do not fully understand the value/benefit
    - Time constraints
    - Language barriers/health literacy
  - How do you present it to the patient? Are you asking them, or are you rather speaking in the affirmative, such as:
    - “We need to schedule your medication review, your plan pays for it, and it gives us more time to discuss how you’re doing, costs, and other questions you may have for me. What date and time works best for you?”

Staff Engagement: Creating a new MTM Culture

- Hire pharmacists and techs who are passionate about educating patients
- Start the MTM program with a meeting and schedule a monthly MTM meeting to discuss best practices
- Marketing and delivery teams engagement is essential
- Invest in technology to make it easier for your team to implement
- Staff appropriately – both pharmacists and support staff
Pharmacist gets a call from an MTM coordinator that he needs to do an urgent MTM for one of our new patients.

Pharmacist went to patient’s home. He asked the patient to check his blood glucose. His level was 420.

Patient was recently discharged from hospital on “sliding scale” insulin. Patient and his caregiver did not understand what “sliding scale” meant.

This is an MTM opportunity to:
1) Appropriately educate them when they’re first prescribed this med
2) Or – catch the inappropriate administration technique and then educate and change behavior

Sliding Scale – GET MORE SPECIFIC INSTRUCTIONS FROM THE PRESCRIBER.

Case Study - Diabetes

This pharmacist basically saved the patient an Emergency Room visit.

Are you willing to explore different delivery models for MTM?
– In-home care and evaluations
– Going to the physician offices at the time of a patient’s appointment
– Bedside delivery in the hospital

Conclusion

Pharmacists who implement MTM programs can gain a lot of benefit from them
– Patient loyalty
– Physician loyalty
– Financial compensation
– Professional satisfaction

MTM pharmacists might face some obstacles – Remove the obstacles – be solution-oriented, not problem-focused.

You ARE being measured on quality – whether you know it or not.
Conclusion

• Quality links to revenue — whether directly or indirectly — whether today or tomorrow
  — If you do not change and focus on these new revenue opportunities, you may be removed from networks before you decide to do it.

• Let’s all get moving!

Questions?

CE Claim Credit Instructions

• CE can be redeemed with The Collaborative Education Institute (CEI) at www.GoToCEI.org
• Follow the instruction sheet and enter the unique code provided for this specific program and date
• Redeem your CE as soon as possible but no longer than 60 days from today

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