

# Creating a Patient Care Process



Module 4

## MEDICATION THERAPY MANAGEMENT SERVICES

Creating a Patient Care Process for MTM in Your Practice



Professional education monograph series for pharmacists from APhA



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## Learning Objectives

After reading this monograph, the pharmacist will be able to:

1. Explain what medication therapy management (MTM) is and how it has been defined in consensus by 11 national pharmacy organizations.
2. Describe a model for delivering baseline MTM services.
3. Explain the factors to consider in implementing a patient care process in the practice setting.
4. List resources and tools that are available for pharmacist practitioners to utilize to effectively prepare for and initiate MTM services, and identify how and where these resources can be obtained.

## What Is MTM?

Medication therapy management (MTM) services focus on identifying, preventing, and solving drug-related problems to optimize therapeutic outcomes for individual patients. MTM services encompass a broad range of professional activities and responsibilities that are within the pharmacist's scope of practice.

MTM services are distinct from the counseling that occurs as part of the medication dispensing process required by the Omnibus Budget Reconciliation Act of 1990 (OBRA-90).<sup>1</sup> MTM services should be patient-centered and generally involve analysis of the patient's entire medication regimen, rather than focusing on a specific product. Effective MTM attends to the patient as a whole and includes activities designed to improve patients' use of medications and overall health. Services should focus on the needs of individual patients, and may be targeted to a specific clinical issue when appropriate. MTM visits should not be one-time events; pharmacists should establish a continuous therapeutic relationship with patients who are enrolled in the MTM service.

A definition of MTM services, which includes a list of related activities, was created by a consensus of 11 national pharmacy organizations in 2004.<sup>2</sup> Since that time, MTM implementation into pharmacy practice has been occurring successfully, transforming practice settings and revolutionizing patient care. There remains a critical need, however, for more widespread implementation of standardized MTM services across all patient care settings nationwide.

## OBRA-90 Compared With MTM

The Omnibus Budget Reconciliation Act of 1990 (OBRA-90) made pharmacists legally responsible for ensuring that patients receive an offer to have certain basic information provided to them about their medications, including the following:

- Name and description of the medication
- Route of administration, dose, and dosage form
- Duration of therapy
- Special directions and precautions for preparation, administration, and use of the medication by the patient
- Common severe side effects, adverse effects, or interactions
- Techniques for self-monitoring of drug therapy
- Proper storage
- Refill information
- Appropriate action in the event of a missed dose

In contrast, MTM goes beyond provision of basic information about the use of a medication to developing a relationship with the patient to help optimize therapeutic outcomes. While OBRA-90 counseling is limited to a single transaction, MTM may foster the development of a long-term therapeutic relationship with patients. OBRA-90 counseling involves transfer of information while dispensing a drug product. MTM may be independent of this process and involves a thorough review of the patient's medications, including medication use history, medical history, and adherence to therapy to identify and resolve drug therapy problems with the patient and/or in collaboration with other health care providers.

Source: Reference 3.

# What Are the Basic Components of MTM?

To help define MTM in pharmacy practice, the American Pharmacists Association (APhA) and the National Association of Chain Drug Stores Foundation created a document that describes a baseline set of core elements for an MTM service. (The second version of this document was distributed in draft form for public comment in September 2007, and is expected to be published in early 2008.<sup>4</sup>) The five core elements described below form this framework of MTM.

**1. Medication therapy review (MTR).** The MTR is conducted between a patient or caregiver and the pharmacist. In a comprehensive MTR, the patient presents all current medications, including prescription and nonprescription products, herbals, and other dietary supplements. The pharmacist assesses the patient's regimen to identify any medication-related problems, and then works with the patient and/or prescriber to resolve the problems. Targeted MTRs can be performed to address new problems or follow-up and monitor previously identified issues.

**2. Personal medication record (PMR).** At the end of an MTR, the patient receives a comprehensive list of all medications including prescription and nonprescription products, herbals, and other dietary supplements, or the patient's existing PMR is updated. The PMR is an important information tool. Patients should be encouraged to share it with other health care providers—and pharmacists may forward the PMR to patients' physicians—to help promote continuity of care.

**3. Medication action plan (MAP).** Patients receive an MAP at the end of their MTM visit. The MAP is a patient-centered document designed as a simple guide for patients to keep track of their medications and health concerns, what they need to do to address those concerns, and associated actions that already have been taken. The MAP is completed by the patient working collaboratively with the pharmacist and other health care providers.

**4. Intervention and/or referral.** During the MTM visit, the pharmacist provides consultative services and intervenes to address medication-related problems. Interventions may include working with the patient to address specific medication problems and/or collaborating with other health care providers to monitor or resolve existing or potential medication-related problems. Interventions should be designed to meet the unique needs of each patient to optimize outcomes. Goals of therapy should be established in collaboration with the patient or caregiver. It is not always necessary or possible to solve drug-related problems in a single visit. Pharmacists should prioritize goals

and plan follow-up treatment as needed. When necessary, the pharmacist may refer the patient to other health care providers, such as a physician or a pharmacist with specialized training.

**5. Documentation and follow-up.** MTM services should be documented in a consistent manner that is sufficient and appropriate for evaluating patient progress, billing purposes, and informing other health care providers about the care provided to the patient. The patient is scheduled for a follow-up visit if necessary, or the patient is transitioned from one care setting to another.

Pharmacists should keep in mind that these core elements represent a proposed baseline of MTM. Multiple other programs, such as health and wellness services, disease management programs, and other specialty services (e.g., anticoagulation clinics) may be built upon this framework.

## Preparing to Implement a Service

There are several factors to consider when developing an MTM service and determining whether pharmacists and support staff are ready to begin providing services. Implementation of the service will take time and require commitment and persistence.

Thorough preparation is required for pharmacists to begin providing MTM in their patient care settings. It is essential to have a clear vision of the service, its goals, and plans for achieving those goals. Pharmacists also need to think about how the service will be incorporated in the current care setting.

### Selecting Services to Offer

One of the first steps for starting an MTM service is to define a vision of the services to provide. For example, pharmacists must specify whether they will provide medication reviews only, or offer such services along with comprehensive disease state management services. Pharmacists may want to consider the following when selecting services to offer:

- Health care needs of patients in their pharmacy and larger community
- Needs of other health care providers in the community
- Needs of payers
- Goals of the service (e.g., improve medication adherence, patient satisfaction, clinical endpoints, reduction in health care costs)
- Pharmacists' training and expertise in various clinical and communications issues
- Whether to begin by offering a subset of all envisioned services
- Current payer opportunities

## Physical Resources

MTM implementation plans must include a description of the physical facilities required for the program, and a strategy for creating or obtaining necessary physical resources. Regardless of the services offered, patient care must be provided in a private or semi-private setting that complies with Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy requirements. The area also should be equipped with a table and chairs that are comfortable for the patient, caregiver, and the pharmacist.

A filing or storage system is necessary to manage MTM-related materials and supplies. Each patient should have an individual chart and these patient-specific MTM records must be stored in a manner that complies with HIPAA regulations. The patient chart may be kept in a paper or electronic format. Storage for supplies needed to conduct the service (e.g., educational materials, testing supplies) is also needed.

Access to clinical information resources should be available for the pharmacist to refer to during appointments. A few authoritative hard copy resources may be useful but can become quickly outdated. Ideally, pharmacists should select and subscribe to online resources to access current information. Several such resources are downloadable to handheld devices, making the information portable and eliminating the need to have a computer with Internet access in the patient care area.

Pharmacists may opt to supply patients with printed materials on a variety of topics, including a description of the MTM service and its benefits for them, the importance of using medications wisely, education on specific diseases, and wellness issues.

## Comprehensive Documentation System

Documentation is a requirement for any patient care service and a standardized documentation system is an essential component of an MTM service. It creates a record of the care that was provided to the patient, becomes a permanent source of information that can be shared with other health care providers (in accordance with HIPAA regulations), and serves as a legal record. Documentation is also necessary for follow-up care and monitoring, outcomes assessment, billing, and reimbursement.

This system can be electronic, paper based, or a combination of the two. (Electronic documentation systems are distinct from, but may be integrated with, electronic health records, which may include data generated throughout the health care system.) When

using a combination of systems, specific types of information should be in either the paper or electronic record—not duplicated in both places. No matter which system is used, information should be readily accessible and retrievable. It should be standardized so that data entered by different pharmacists follows the same format. In addition, pharmacists should check with third-party payers to ensure that each payer's required parameters are included in the standardized documentation.

A standardized documentation process assists the pharmacist in addressing key aspects of the MTM service, such as maintaining the pharmacy's internal records (e.g., SOAP notes), communicating with other health care providers (e.g., form letters), and providing records to patients (e.g., PMR, MAP). All pharmacists who practice within a facility should document all encounters in the same format, using the same system for charts and notes. For example, if SOAP notes are used, all pharmacists should include SOAP notes in their documentation and should

receive training to ensure that they use a similar style to write the SOAP notes.

Developing and selecting forms and tools that allow the service to

run effectively and efficiently is an important task. (Sample forms are provided in the training programs listed in the MTM Resources section.) The MTM core elements model framework suggests several categories of information for inclusion in the patient record (Table 1).<sup>4</sup> In some cases, third-party payers may require additional parameters in the documentation.

The documentation process begins before the first visit. Pharmacists may use several methods to gather pertinent information prior to the patient's appointment. Welcome packets containing forms can be mailed to the patient prior to the visit, or handed to the patient if the appointment is scheduled in person. With sufficient lead time, return envelopes can be employed so pharmacy staff can review the forms before the visit. This process may facilitate more comprehensive information gathering by allowing requests for additional reports or records that the pharmacist can review during the visit. Alternatively, the patient can be asked to arrive approximately 15 minutes early to do the paperwork. Forms that patients may be asked to complete prior to the visit include:

- A medical history form that includes the patient's medication history.
- Authorization for medication review.
- Consent for release of medical records.
- Instructions for gathering all medications, including prescription and nonprescription products and dietary supplements.

*“A standardized documentation system is an essential component of an MTM service.”*



**Table 1. Elements of Documentation for Medication Therapy Management<sup>a</sup>**

<b>Documentation Category</b>	<b>Examples</b>
Patient demographics	Basic information: address, phone, e-mail, sex, age, ethnicity, education status, patient’s special needs
Personal medication record	A record of all medications, including prescription and nonprescription medications, herbal products, and other dietary supplements
<u>S</u> ubjective observations	Pertinent patient-reported information: previous medical history, family history, social history, chief complaints, allergies, previous adverse drug reactions
<u>O</u> bjective observations	Known allergies, diseases, conditions, laboratory results, vital signs, diagnostic signs, physical exam results, review of systems
<u>A</u> ssessment	Problem list, assessment of medication therapy problems
<u>P</u> lan	Provider-specific plan for resolution of identified problems; therapeutic monitoring, interventions, continuity of care
Education	Goal setting and instruction provided to the patient with verification of understanding
Medication action plan	Patient-centric document focused on goals and actions planned for medication self-management that allows patients to keep track of their medications and health concerns
Collaboration	Communication with other providers: referrals and correspondence with other providers (cover letter, SOAP note)
Follow-up	Establish transition plan or schedule next follow-up visit
Billing	Amount of time spent, level of complexity, amount charged

<sup>a</sup>The patient record may include, but is not required to include nor limited to, the items listed.

Source: Reference 4.

Documenting patient care information for other health care professionals—including other pharmacists involved in the care of the patient—and for charting a course for “next steps” are crucial for successful MTM services. MTM providers should establish an infrastructure to support regular communication with other providers and mechanisms for receiving feedback. Communication may involve several formats, including faxes, e-mails, phone calls, letters, and electronic health records. The process can be streamlined by developing a set of standardized forms for communicating with other providers as well as payers and other third parties. These forms can serve multiple functions, including follow-up and feedback, transition of care, intervention, and referral. (Sample communication forms can be found in several of the programs listed in the MTM Resources section.)

Finally, the documentation system should have a process for generating invoices and tracking payment. This system should be designed to handle all third-party payers as well as self-paying patients.

## Workflow and Scheduling

MTM services require adjusting pharmacists’ schedules to create dedicated time to provide such services. Typically, a thorough analysis of available personnel and physical resources is needed to ensure that all available staff are being utilized optimally in providing the service.

A central consideration is the amount of time to allot for each patient encounter. The duration is driven by patient need and third-party payers. Some payers may specify the amount of time that is covered for the patient care service. However, in general, comprehensive MTRs require approximately 30 to 60 minutes to perform. Targeted and follow-up MTRs often require less time, yet should be scheduled in advance. If pharmacists have time available in their workflow, they can attempt to accommodate walk-ins. In some care settings, thorough review of comprehensive resources (e.g., electronic health record, patient chart) prior to the visit may streamline the process and result in a shorter period of direct pharmacist-patient interaction.

An MTM service also requires an infrastructure for scheduling patients, accumulating appropriate patient data prior to the visit, and explaining to patients the importance of bringing all prescription medications, nonprescription products, and dietary supplements with them if they are receiving a comprehensive MTR. (Having patients bring all medications with them allows the pharmacist to observe their level of familiarity with the medications, verify that they are taking the correct medications—as opposed to those of another household member, for example—and allow for review of administration technique, when applicable.) Many pharmacists also may want to establish a system for placing reminder phone calls prior to the visit, and a process for tracking patient no-shows.

## Training for Pharmacists and Other Staff

Depending on the care setting, pharmacy technicians or other supportive personnel can be trained to perform many MTM-related tasks thereby allowing the pharmacist to dedicate more time to direct patient care. Although state practice acts may specify certain requirements, in general, technicians can perform any function that does not require

professional judgment. For example, technicians can compile patient charts and manage the filing system, perform data entry, manage scheduling, and explain to patients what to expect during a visit.

Ensure that all members of the pharmacy staff understand the service and the processes involved. For the service to be successful, the pharmacy staff needs to know the value that the service provides and support its goals. Training should include an orientation about MTM concepts, terminology, and benefits. Trainees can be provided with scripts that illustrate how to explain the service to patients as well as a list of responses to frequently asked questions. The pharmacy also should have a process for scheduling patients and handling inquiries when the pharmacist is not available.

Training should be provided to clerks who work at the front of the store and may field questions from potential patients. Clerks should be able to briefly describe the service to interested patients, direct patients to a source of additional information, and explain how to schedule an appointment for the service.

All pharmacists and appropriate support staff should receive training in the use of each element of the documentation system. (Training programs listed in the MTM Resources section may be useful for

teaching staff about documentation.) All staff members should be aware of the pharmacy's marketing efforts and present a unified message when explaining the service to potential patients, payers, and other health care providers.

Pharmacists should ensure that they have appropriate training and confidence in communication and assessment prior to delivering services. Their training should include the use of patient-centered communication strategies, which account for the patient's unique needs such as cultural considerations, literacy level (including health literacy), psychosocial issues, and health belief model. Pharmacists should be comfortable obtaining information not only about patients' medication use, but also their attitudes, preferences, concerns and expectations about their medications, and adherence. Furthermore, communication with caregivers and other health care providers may be necessary to gather comprehensive information about the patient.

Although pharmacists do not perform a complete physical examination during MTM, they should be trained in patient assessment techniques such as measuring blood pressure, heart rate, and respiratory rate. Pharmacists also should be prepared to assess the patient's overall appearance for signs that could indicate potential problems.

For example, if a patient appears jaundiced, factors that could be affecting hepatic function should be assessed and addressed with the patient's physician.

Because many patients who receive MTM are elderly,

emphasis on communication and assessment techniques that are most appropriate for this age group should be included in training. For example, elderly patients are more likely than younger patients to have visual and/or hearing impairments, as well as cognitive declines such as short-term memory loss. Pharmacists should be prepared to tailor their communication strategies to patients with special needs such as these.

## Financial Considerations

To be successful, the MTM service must be financially sustainable over the long term. Appropriate planning is required to ensure that services are delivered efficiently. In most cases, pharmacists will benefit by developing a business plan that lists all sources of revenue and all costs, and describes a method for generating profit. Because services may not be profitable immediately, it is necessary to establish periodic benchmarks to measure economic progress and to

*“Pharmacists will benefit by developing a business plan that lists all sources of revenue and all costs, and describes a method for generating profit.”*

identify sources of funding to cover expenses until profitability is achieved.

Several specific factors that contribute to the financial success of MTM services are reviewed here. For guidance on writing a business plan, pharmacists should consult additional resources, including those listed in the MTM Resources section.

Standardized processes, such as those discussed in this program, should be utilized to ensure that the service runs efficiently. However, it is also essential for pharmacists to establish a fee that covers the cost of providing the service and to identify parties who are willing to pay that fee. Finally, there must be a system to bill for services when they are provided.

## Identifying Payers

Payers for MTM include Medicare Part D plans, some state Medicaid programs, private health plans, self-insured employers, and patients themselves. To bill third parties for MTM, most insurers require pharmacists to have MTM-specific contracts. The types of MTM services and requirements for patient eligibility vary among third-party payers. Medicare Part D plans are required to offer MTM services to select, qualified patients. However, these programs cover only a small proportion of patients who could potentially benefit from such services. Unlike other Medicare services, pharmacists may offer and charge for MTM provided to Medicare beneficiaries who do not qualify for MTM under their plans. However, if pharmacists charge Medicare for MTM, they may not provide the service to others for free.

Some state Medicaid programs cover selected MTM services. Third-party payers that provide coverage for both medical and drug expenses also may show interest in MTM services; these entities take into account the entire cost of the patient's health care, rather than only medication costs, which have the potential to rise with increased adherence.

Self-insured employers may be prime candidates for establishing programs, and represent a largely untapped market for third-party payment of MTM services. Self-insured employers pay for employees' health care out of their own assets, rather than through a private insurance company. Thus, they have a strong focus on overall health care costs, which can be positively impacted by MTM. Furthermore, they are interested in other outcomes such as effects on absenteeism, productivity at work, and employee morale.

Pharmacists who want to demonstrate outcomes to potential payers can refer to published studies of the impact of pharmacists' services, including articles about the Asheville Project.<sup>5-7</sup> Other employers are now working to replicate this program in the Diabetes Ten City Challenge.<sup>8</sup>

Government-funded programs will likely have established criteria that providers must meet to receive payment for MTM services. On the other hand, private third-party payers may not be familiar with MTM services or understand the benefits. For such potential payers, pharmacists need to establish an educational/marketing program to explain the purpose of the service, the qualifications of pharmacists providing the service, what happens during the service, and the benefits that the service provides. Once potential payers understand the service, negotiations about details and payment rates can proceed. Pharmacists should open a dialogue with payers regarding their skills and the payers' needs, and then tailor a package of services that will best fit those needs.

Patients also may self-pay for MTM. Ensure that payment for the visit is discussed prior to the visit and that patients have a clear understanding of their financial responsibilities.

## Establishing Payment Rates

Several factors need to be considered when determining a payment rate that will be financially viable. The cost of providing the service is one of the primary drivers of payment rates. When determining this cost, bear in mind the pharmacist's time, overhead expenses, administrative expenses, and start-up costs associated with the service such as pharmacy redesign, software purchases, training, etc.

The amount that third-party payers and self-paying patients are willing to pay also affect the establishment of fees for the service. Some large payers, such as state Medicaid programs, set their payment rates for the service with little room for negotiation. Pharmacists should carefully examine whether the rates offered by such programs will cover their costs for providing the service. Pharmacists may have more success negotiating rates with private third-party payers. The Lewin Group report, commissioned by APhA, provides additional information about establishing pharmacists' fees for MTM services.<sup>9</sup> Pharmacists should refrain from discussing specific rates with other providers of MTM services because this could be considered price fixing in violation of antitrust laws.

Finally, when analyzing the financial impact of the MTM service, pharmacists may consider factoring in the potential for increased revenue from improved patient adherence and the sale of ancillary products used for certain chronic conditions.

## Billing System

MTM services require an efficient billing system to manage payment. Many billing systems involve the use of a superbill—a single form that can be used to bill any of the services provided by the pharmacy. Superbills generally include administrative information

## Table 2. Patients Who May Be Appropriate for MTM Services

Appropriate patients for MTM services may include those who:

- Have been transitioned from one care setting to another and prescribed a new medication regimen.
- Receive care from more than one prescriber.
- Take five or more chronic medications (including prescription and nonprescription medications, herbal products, and other dietary supplements).
- Have at least one chronic disease or chronic health condition (e.g., heart failure, diabetes, hypertension, hyperlipidemia, asthma, osteoporosis, depression, osteoarthritis, chronic obstructive pulmonary disease).
- Have laboratory values outside the normal range that could be caused by or improved with medication therapy.
- Have demonstrated nonadherence to the medication regimen (including underuse and overuse).
- Have issues of limited health literacy or cultural differences and require intensive communication to optimize care.
- Want or need to reduce out-of-pocket medication costs.
- Have recently experienced an adverse event (medication or nonmedication related) while receiving care.

Source: Reference 4.

such as the date of service, receipt number, patient name, description of service, amount charged, and amount paid by the patient. Typically, procedures performed at the pharmacy and the related *Current Procedural Terminology* (CPT) codes are also listed. (Permanent MTM CPT codes have been approved by the American Medical Association (AMA) CPT Editorial Panel. For further information on CPT codes, see <http://www.pstac.org>.) Superbills may be used for both third-party payers and patients who pay out of pocket.

Some payers require the use of Form CMS-1500, which is the universal health insurance claim form issued by the Centers for Medicare & Medicaid Services (available at: <http://www.cms.hhs.gov/cmsforms/downloads/CMS1500.pdf>). Pharmacists need to communicate with each of the third-party payers that they contract with to establish a process for billing.

### Marketing Your Service

Once pharmacists have established the physical resources necessary for MTM services and created an operational plan, it is important to market the service to appropriate patients as well as third-party payers and referral sources. Many patients who could be assisted by MTM may not be aware of the existence of such services or the benefits they may provide. Many potential sources of referrals, including other health care providers, may be equally uninformed. Pharmacists must be proactive in their efforts to educate patients, communities, other health care providers, and third-party payers about the benefits of patient care services provided by pharmacists. Once individuals are aware of the benefits of MTM in gen-

eral, they may be more receptive to a pharmacy's marketing efforts.

Marketing efforts can be directed to existing patients. For example, brochures explaining the MTM service could be inserted into all prescription bags. However, patients may not understand how MTM differs from the medication-specific counseling that is currently offered. Marketing messages should explain to patients that, unlike the education they receive at the pharmacy counter, MTM services are dedicated to private, comprehensive reviews of their entire medication regimen. Pharmacists also should be prepared to explain the service to other interested parties, such as caregivers and individuals with power of attorney who may have concerns about the patient.

More specific interventions can be targeted to selected patients. Pharmacists can review their dispensing records to identify patients who might benefit most from the service (Table 2). Pharmacists can use the prescription database to compile a list and select appropriate prescribers for marketing efforts. Once patients are identified, pharmacists may choose to personally explain the service to them when they next have prescriptions dispensed. Pharmacists also may want to examine how other health care professionals in their area market their services to patients.

Other health care providers are important targets of marketing efforts. They are potential sources of referrals, and may be more receptive to recommendations from pharmacists if they understand the service. Pharmacists should give health care providers written materials, and, when feasible, offer to meet face-to-face to explain the service. When providers express interest in MTM services, pharmacists may want to provide the above listing of potentially appropriate patients and encourage the provider to develop a for-



malized referral process for patients who meet these criteria, or a subset identified by the provider. If providers seem receptive, pharmacists should conclude the meeting by directly asking for referrals. If a provider is not interested in referring patients, probing further to find out why may help in identifying and addressing lingering concerns.

Self-insured employers and large business groups should be regarded as potential targets of marketing efforts. These entities may be willing to pursue innovative strategies to improve employee health and reduce health care spending. When addressing such groups, remember that reduced absenteeism and increased productivity are associated with healthier employees, which are outcomes of interest to employers. As patients enroll in the program, word of mouth should help to perpetuate marketing efforts.

Pharmacists may market to insurance brokers and third-party administrators, who may have influential relationships with both employer groups and insurance company decision makers. If these individuals see MTM services as valuable, they may champion them to key decision makers. In addition to explaining MTM to these individuals, pharmacists can invite them to the practice site's MTM training sessions to gain a more comprehensive understanding of the services. Once they recognize the clinical and economic benefits that MTM provides, these individuals may be interested in assisting with marketing efforts.

Finally, the marketing plan for MTM services should identify the individual(s) who will be responsible for designing and implementing the plan as well as communicating information about marketing initiatives to other members of the staff.

## Delivering MTM

Once all the components of the MTM service are in place, it is important to ensure that pharmacists deliver MTM in a standard, consistent, and reproducible manner.

One or two days prior to the visit, pharmacy staff should call patients to remind them of their appointment, reiterate that they should bring all their medications, and explain what to expect during the visit. Some practitioners also recommend that the pharmacist should contact the patient's primary care providers prior to the visit to explain the service and let them know their patient will be participating. This step may make physicians more prepared for and receptive to any recommendations that are generated.

Before the visit begins, the pharmacist should obtain the patient's chart (if in paper format, usually retrieved and prepared with any necessary forms by support staff), scan the patient data to become familiar with the information, and verify that the patient is aware of any cost sharing that applies. When appro-

priate, patients may be asked to sign a form accepting financial responsibility. (Ideally, any fees should be clearly explained when the patient schedules the visit.) If using a superbill, it can be attached to the chart too.

An MTM visit is similar to that of a visit to a physician. It begins when the patient presents at the pharmacy counter or reception area. (The practice site should have some form of signage that directs patients to the correct place to announce their arrival for an MTM visit.)

A consistent set of processes and procedures should be used by all pharmacists and support staff when interacting with patients to ensure effectiveness and efficiency. However, the sequence of delivery may be modified to meet an individual patient's unique requirements. All pharmacy staff should be prepared to greet the patient, provide any paperwork that the patient should fill out, direct the patient to the waiting area, and inform the pharmacist of the patient's arrival. The patient forms should be standardized, but leave room for variability of individual needs. For example, all patients should be asked to fill out a medical history form at or prior to their first visit. Then, based on the conditions listed on this history form, disease-specific rating scales could be given to the patient for completion.

The pharmacist then greets the patient (and caregiver) and escorts them to the patient care section of the pharmacy. This area should be separate and distinct from the dispensing area. A systematic process, such as that proposed in the core elements model, should be used for conducting and documenting the encounter. Variation among pharmacists should be minimized and all patient visits should all follow the same process when possible.

The encounter should be patient centered, and include all aspects of wellness and health that may affect the patient. Although the process is standardized, the service should be designed to meet each patient's unique needs, rather than applying a one-size-fits-all approach. Many pharmacists recommend asking patients early in the visit if they have any particular concerns to ensure that these concerns are addressed during the course of the visit and/or in follow-up care.

The process may follow the core elements model, beginning with the MTR, development and review of the PMR, review and analysis to identify drug-related problems, and development and implementation of a plan to resolve the drug-related problems. The pharmacist should then work with the patient to develop the MAP so that the patient has his or her own record of the plans to manage each issue identified.

As discussed earlier, documentation is essential for any patient care service, and should be woven throughout the patient encounter to ensure that all relevant patient data are recorded appropriately and

allow the pharmacist to document the service more efficiently.

At the conclusion of the patient care segment of the visit, the pharmacist provides the patient with appropriate forms and paperwork, including the PMR, MAP, other written materials as needed, and a completed superbill, and either directs or escorts the patient back to the check-out area. Pharmacy support personnel can complete the financial transaction and schedule follow-up appointments when appropriate. Irrespective of whether the patient shares any of the cost of the visit, a receipt showing the amount charged should be provided to the patient. The patient also should be given a card that lists the time and date of the next appointment. The pharmacist communicates appropriate information to the patient's physician or other providers and completes documentation; support staff process billing, paperwork, and filing as needed.

Continuous quality improvement measures to evaluate clinical outcomes, the process of providing the care (e.g., time to conduct the visit), and patient satisfaction surveys, should be incorporated to guide modifications to the patient care process. When desired modifications are identified, they should be systematically implemented by all staff involved in the affected aspect of the service.

## Summary

MTM services are a key component of the shift to patient-centered care provided by pharmacists. Many pharmacists have been successful in establishing MTM in their practices, serving as models for other pharmacists who are interested in delivering this aspect of patient care. When developing MTM services, pharmacists should pay attention to a range of operations, including physical resources, training, documentation, payment, and marketing. The outcomes of the services should be tracked to impart additional data when promoting the value of patient care services by pharmacists. All aspects of planning for the service should be designed with the goal of creating a systematic process for delivering patient care. By providing MTM, pharmacists are contributing to the safe and effective use of medications to achieve optimal patient outcomes.

For more detailed discussion and guidance on several issues presented in this monograph, consult *Medication Therapy Management: Training & Techniques for Providing MTM Services in Community Pharmacy* or the certificate training program *Delivering Medication Therapy Management Services in the Community*, which are listed in the MTM Resources section.

## MTM Resources

American Pharmacists Association  
MTM Resource Center  
(Includes MTM Self-Assessment Tool)  
<http://www.pharmacist.com/mtm>

American Pharmacists Association, American Society of Consultant Pharmacists. *Delivering Medication Therapy Management Services in the Community*. Certificate Training Program. 2007.  
<http://www.pharmacist.com> and  
<http://www.ascp.com>

American Pharmacists Association, National Association of Chain Drug Stores Foundation. *Medication Therapy Management. Training & Techniques for Providing MTM Services in Community Pharmacy*. 2006.  
<http://www.pharmacist.com> and  
<http://www.nacdsfoundation.org>

Berger BA. *Communication Skills for Pharmacists*. Washington, DC: American Pharmacists Association; 2005.

Holdford DA. *Marketing for Pharmacists*. Washington, DC: American Pharmacists Association; 2007.

Judy Diamond Associates, Inc.  
National Directory of Self Funded Group Plans  
[http://www.judydiamond.com/cgi-bin/jda/self\\_gold](http://www.judydiamond.com/cgi-bin/jda/self_gold)

Pharmacist Services Technical Advisory Coalition  
<http://www.pstac.org>

Schumock GT, Stubbings J. *How to Develop a Business Plan for Pharmacy Services*. Lenexa, KS: American College of Clinical Pharmacy; 2007.

U.S. Small Business Administration  
Write a Business Plan  
<http://www.sba.gov/smallbusinessplanner/plan/writeabusinessplan/index.html>

## References

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2. Bluml BM. Definition of medication therapy management: development of professionwide consensus. *J Am Pharm Assoc*. 2005;45:566-72.
3. Hogue M. MTM tip of the month. *Pharmacy Today*. June 2005.
4. American Pharmacists Association, National Association of Chain Drug Stores Foundation. Medication Therapy Management in Pharmacy Practice. Core Elements of an MTM Service. Version 2.0. Draft for public comment. 2007. Available at: <http://www.pharmacist.com/mtm/DraftElements>. Accessed October 3, 2007.
5. Bunting BA, Cranor CW. The Asheville Project: long-term clinical, humanistic, and economic outcomes of a community-based medication therapy management program for asthma. *J Am Pharm Assoc*. 2006;46:133-47.
6. Cranor CW, Bunting BA, Christensen DB. The Asheville Project: long-term clinical and economic outcomes of a community pharmacy diabetes care program. *J Am Pharm Assoc*. 2003;43:173-84.
7. Posey LM. Proving that pharmaceutical care makes a difference in community pharmacy. *J Am Pharm Assoc*. 2003;43:136-9.
8. Program aims to leverage the skills of community pharmacists to boost diabetes care. *Dis Manag Adv*. 2007;13:71-2, 61.
9. The Lewin Group. Medication therapy management services: a critical review. *J Am Pharm Assoc*. 2005;45:580-7.

# CE Assessment Questions

Instructions: For each question, circle the letter corresponding to the correct answer on the CE Examination Form. **Please review all of your answers to be sure you have marked the proper letter.** There is only one correct answer to each question.

## 1. MTM services are generally defined as:

- Patient counseling provided at the point of dispensing.
- Population-based services intended to improve medication use.
- Patient-centered services that identify, prevent, and solve drug-related problems.
- Services that are used in making formulary decisions.

## 2. In the second version of the core elements framework, the medication action plan is:

- Developed by the pharmacist to communicate with prescribers about the pharmacist's plan to manage the patient's medications.
- Completed by the patient, in collaboration with the pharmacist and other health care providers, to keep track of his or her medications and health concerns.
- An internal document for the pharmacist, analogous to a SOAP note, that describes the actions taken with respect to each of the patient's medications.
- A list of the patient's medications that describes the pharmacological actions of each medication, in terms that the patient can understand.

## 3. In general, community pharmacy-based MTM services should be provided:

- In a comfortable, private area of the pharmacy.
- At the pharmacy counter.
- Via e-mail.
- Using mailings.

## 4. Documentation of MTM services begins:

- Before the first patient visit.
- When the patient arrives at the pharmacy for his or her appointment.
- When the pharmacist first meets with the patient.
- At the completion of the first visit.

## 5. In general, MTM training provided to front-end store clerks should teach them to:

- Prepare patient charts.
- Bill for MTM services.
- Briefly describe the service and explain how to schedule an appointment.
- Provide education to patients about the appropriate use of nonprescription products.

## 6. Which of the following statements about staff training for MTM services is true?

- Only pharmacists and pharmacy technicians require training for MTM services.
- Pharmacy technicians should be trained to educate patients about the appropriate use of their medications.
- Pharmacists should receive training in communication strategies for patients with a variety of special needs.
- Pharmacists should be trained to perform a complete physical exam.

## 7. Which of the following potential third-party payers is most likely to be interested in the impact of MTM services on absenteeism?

- Medicare Part D plans.
- State Medicaid programs.
- Private insurance companies.
- Self-insured employers.

## 8. Which of the following statements about documentation of MTM services is true?

- SOAP notes should only be used to communicate with other health care providers.
- Patients should be provided with a complete copy of the pharmacist's documentation at each visit.
- All third-party payers require the same documentation elements to support billing.
- Utilizing a standardized set of forms may streamline the documentation system.

## 9. When marketing an MTM service, it is important to remember that:

- It is best to target only one audience at a time, such as patients or physicians.
- Many individuals outside pharmacy are unaware of the benefits of MTM services.
- Health care service marketing efforts are exempt from HIPAA requirements.
- It is best not to discuss with patients the fees associated with the service.

## 10. MTM services will run most effectively and efficiently when:

- The process is modified for the unique needs of each individual.
- A standardized process is consistently used for all patients.
- The pharmacist provides patients with brochures that explain medication-related issues, rather than explaining the issues themselves.
- Continuous quality improvement measures are eliminated.

## CE Credit

To obtain 1.0 hour of continuing education credit (0.1 CEU) for "Medication Therapy Management Services: Creating a Patient Care Process for MTM in Your Practice," complete the assessment exercise, fill out the CE Examination Form at the end of this publication, and return that page to APhA. A Statement of Credit will be awarded for a passing grade of 70% or better. Pharmacists who complete this exercise successfully before November 1, 2010, can receive credit.



The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The ACPE Universal Program Number assigned to the program by the accredited provider is 202-000-07-258-H04-P.

"Medication Therapy Management Services: Creating a Patient Care Process for MTM in Your Practice" is a home-study continuing education program for pharmacists developed by the American Pharmacists Association.



**American Pharmacists Association**  
Improving medication use. Advancing patient care.

# CE EXAMINATION FORM

## Medication Therapy Management Services: Creating a Patient Care Process for MTM in Your Practice

To receive **1.0** contact hour of continuing education credit (**0.1 CEU**), please provide the following information:

- Type or print your name and address in the spaces provided.
- Mail this completed form for scoring to:  
American Pharmacists Association—CE Exam  
P.O. Box 791082  
Baltimore, MD 21279-1082
- The CE processing for grading the assessment instrument and issuing the Statement of Credit is free of charge for all users.

A Statement of Credit will be awarded for a passing grade of 70% or better. If you fail the exam, you may retake the exam once. If you do not pass the second time, you may no longer participate in this continuing pharmacy education program. Please allow 6 weeks for processing. Pharmacists who complete this exercise successfully before **November 1, 2010**, can receive credit.



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### PARTICIPANT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

How long did it take you to read the continuing education program and complete this test? \_\_\_\_\_Hours \_\_\_\_\_Minutes

My signature certifies that I have independently taken this CE Examination:  
\_\_\_\_\_

### CE ASSESSMENT QUESTIONS—ANSWERS

Please circle your answers (one answer per question).

- |            |            |            |             |
|------------|------------|------------|-------------|
| 1. a b c d | 4. a b c d | 7. a b c d | 10. a b c d |
| 2. a b c d | 5. a b c d | 8. a b c d |             |
| 3. a b c d | 6. a b c d | 9. a b c d |             |

### PROGRAM EVALUATION

	EXCELLENT			POOR	
<b>PLEASE ANSWER EACH QUESTION.</b>					
1. Overall quality of the program	5	4	3	2	1
2. The program was relevant to pharmacy practice	5	4	3	2	1
3. Value of the content	5	4	3	2	1
<b>PLEASE ANSWER EACH QUESTION MARKING WHETHER YOU AGREE OR DISAGREE.</b>					
4. The program met the stated learning objectives:				Agree	Disagree
• Explain what medication therapy management (MTM) is and how it has been defined in consensus by 11 national pharmacy organizations.				<input type="checkbox"/>	<input type="checkbox"/>
• Describe a model for delivering baseline MTM services.				<input type="checkbox"/>	<input type="checkbox"/>
• Explain the factors to consider in implementing a patient care process in the practice setting.				<input type="checkbox"/>	<input type="checkbox"/>
• List resources and tools that are available for pharmacist practitioners to utilize to effectively prepare for and initiate MTM services, and identify how and where these resources can be obtained.				<input type="checkbox"/>	<input type="checkbox"/>
5. The program increased my knowledge in the subject area.				<input type="checkbox"/>	<input type="checkbox"/>
6. The program did not promote a particular product or company.				<input type="checkbox"/>	<input type="checkbox"/>
<b>Impact of the Activity</b>					
The information presented (check all that apply):					
7. <input type="checkbox"/> Reinforced my current practice/treatment habits	<input type="checkbox"/> Will improve my practice/patient outcomes	<input type="checkbox"/> Provided new ideas or information I expect to use			
<input type="checkbox"/> Enhances my current knowledge base					
8. Will the information presented cause you to make any changes in your practice?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
9. How committed are you to making these changes?	(Very committed) 5 4 3 2 1 (Not at all committed)				
10. Do you feel future activities on this subject matter are necessary and/or important to your practice?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

### Follow Up

As part of our ongoing quality-improvement effort, we would like to be able to contact you in the event we conduct a follow-up survey to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey.

- Yes, I am interested in participating in a follow-up survey.  No, I am not interested in participating in a follow-up survey.

**You also can go to <http://www.pharmacist.com> and take your test online for instant credit.**