Medication therapy management: Its relationship to patient counseling, disease management, and pharmaceutical care


**Objective:** To delineate the relationship, including similarities and differences, between medication therapy management (MTM) and contemporary pharmacist-provided services, including patient counseling, disease management, and pharmaceutical care, to facilitate the continued evolution of commonly used language and a standard of practice across geographic areas and practice environments.

**Summary:** Incorporation of MTM services into the array of Medicare-funded services affords an opportunity for pharmacists to develop direct patient care services in the community. Defining the role of MTM within the scope of pharmacist-provided patient care activities, including patient counseling, disease management, and all currently provided pharmacy services is essential to the delineation of a viable and sustainable practice model for pharmacists. The definitions of each of these services are offered, as well as comparisons and contrasts of the individual services. In addition to Medicare-eligible patients, MTM services are appropriate for anyone with medication-related needs. MTM is offered as an all-encompassing model that incorporates the philosophy of pharmaceutical care, techniques of patient counseling, and disease management in an environment that facilitates the direct collaboration of patients, pharmacists, and other health professionals.

**Conclusion:** Defining the role of MTM within the current patient care models, including patient counseling, disease management, and all who provide pharmacy services, is essential in delineating a viable and sustainable practice model for pharmacists.

**Keywords:** Medication therapy management, pharmaceutical care, patient counseling, disease management.
The profession of pharmacy has been integral to the delivery of drug therapy to patients since its inception, yet pharmacists commonly have been dissociated from the use, evaluation, and monitoring of drug therapy. The widely cited reports of the Institute of Medicine (IOM)1-4 articulate an increased awareness of a lack of continuity of care and associated challenges for the provision of health care in the United States. Society has experienced an increase in adverse drug reactions and drug costs, which has prompted a call for an enhanced role for pharmacists in ensuring effective drug use and patient safety. Recently, the U.S. government has begun to formulate a plan for the Medicare population through the passage of the Medicare Modernization Act of 2003 and the Medicare Prescription Medication Benefit (Part D), and this incorporates medication therapy management (MTM) services.

The advent of these changes in health care services has raised important questions for patients, pharmacists, other health care professionals, and payers. How do the functions and activities of MTM differ from current pharmacy services? How is MTM similar to or different from patient counseling and disease management? How are these patient care services related to pharmaceutical care?

Incorporation of MTM services into the array of Medicare-funded services affords an opportunity for pharmacists to develop direct patient care services in the community. The first step toward successfully developing MTM services is to attain an understanding of where MTM fits into the scope of contemporary pharmacy services. This commentary serves to delineate the relationship of MTM to pharmaceutical care, patient counseling, and disease management and suggests a way to envision how each fits into the scope of a pharmacist’s patient care activities (Figure 1). A glossary of key terms commonly used by pharmacists when referring to various patient care services is provided in Appendix 1, as it may be useful in developing a uniform understanding by practitioners, patients, and payers.

Defining MTM services

MTM has been defined by the pharmacy profession as “a distinct service or group of services that optimize therapeutic outcomes for individual patients [that] are independent of, but can occur in conjunction with, the provision of a drug product.”5 Specific desired outcomes of MTM are appropriate drug use, increased patient understanding of appropriate drug use, increased patient adherence with prescribed drug therapies, reduced risk of adverse events associated with drugs, and reduced need for other costly medical services.5 The Centers for Medicare & Medicaid Services describes MTM as a mechanism to ensure that “medications prescribed for targeted beneficiaries are appropriately used to optimize therapeutic outcomes and reduce the risk of adverse events.”6 The American Pharmacists Association and the National Association of Chain Drug Stores Foundation established “core elements” of an MTM service, including medication therapy review, personal medication record, medication action plan, intervention and/or referral, and documentation and follow-up.7 These core elements provide a mechanism to accomplish the comprehensive goal of MTM, which is to focus on and create solutions for patient-specific drug therapy problems and collaborate with other health care professionals. The core elements provide the foundation of an MTM service that allows more robust services to be built based on the specific patient needs of a given community.

Pharmaceutical care

In 1990, Hepler and Strand8 defined a new way to look at the responsibilities of the pharmacist and pharmacy services, applying the term “pharmaceutical care” to this new concept of pharmacists’ services. Over the course of more than a decade, pharmacists have worked to develop pharmaceutical care practices. Many examples of these practices have been published in the literature, suggesting that the inclusion of a pharmacist in the evaluation of a patient’s drug therapy regimen improves outcomes.9-13 However, several practice-management barriers have prohibited the widespread adoption and implementation

At a Glance

Synopsis: The Medicare Modernization Act of 2003 and Medicare Part D have raised important questions for patients, pharmacists, other health practitioners, and payers, including how medication therapy management (MTM) differs from pharmaceutical care, patient counseling, and disease management. MTM can be viewed as a comprehensive framework for all drug-focused patient care service components of the practice of the pharmacist. MTM is driven by the philosophy of pharmaceutical care, which calls for the pharmacist to take responsibility and accountability for the drug-related needs of the patient. Patient counseling, in accordance with the Omnibus Budget Reconciliation Act of 1990, is the expected service provided by pharmacists to ensure that patients have the information they need to use a specific drug product properly. Disease management programs provide patients with the tools they need to manage a specific disease, often through population-based approaches.

Analysis: Clear definitions of pharmacist-provided services become increasingly important as MTM programs evolve and payer groups become more aware of the benefits associated with safe and efficacious drug use. The professionwide success of effective MTM provision requires not only the willingness of individual pharmacists to master a number of behaviors and techniques, but also acceptance by pharmacy networks, pharmacy organizations, the medical community, the federal government, payer groups, and patients.
of pharmaceutical care practices in the community. The physical organization and workflow of community pharmacies, the shortage of pharmacists and other resources, and the lack of a standard payment mechanism for pharmacist–patient care services and targeted pharmacist–patient care training are examples of these barriers.

An updated definition describes pharmaceutical care as “a patient-centered practice in which the practitioner assumes responsibility for a patient’s drug-related needs and is held accountable for this commitment.”

Pharmaceutical care meets the IOM challenge to the whole medical community to provide patient-centered care. The IOM 2001 report, Crossing the Quality Chasm: A New Health System for the 21st Century, called for health care systems that respect patients’ values, preferences, and expressed needs; coordinate and integrate care across boundaries of the system; provide the information, communication, and education that people need and want; and guarantee physical comfort, emotional support, and the involvement of family and friends.

The philosophy of pharmaceutical care focuses on the responsibility of the pharmacist to meet all of the patient’s drug-related needs, be held accountable for meeting those needs, and assist the patient in achieving his or her medical goals through collaboration with other health professionals. Another question often arises as to the relationship between pharmaceutical care and clinical pharmacy. Hepler described the similarities and differences in detail, suggesting the importance of the incorporation of clinical pharmacy practice into the practice of pharmaceutical care. MTM, as intended in the Medicare Prescription Medication Benefit, can be viewed as a strategy, including payment for services rendered, to incorporate the philosophy of pharmaceutical care into everyday pharmacy practice for a defined patient population.

**Patient counseling**

Various iterations of the definition of patient counseling appear in the literature, but two guidelines are most commonly cited. According to the patient counseling standards in the
Omnibus Budget Reconciliation Act of 1990 (OBRA ’90), pharmacists are expected to offer an explanation of the purpose of the prescribed drug: proper administration, including length of therapy, special directions for use, proper storage, and refill instructions; information on common adverse effects, potential interactions, and contraindications to the use of the drug; and guidance on steps to take given specific outcomes.\(^\text{18}\) The Indian Health Service model uses a series of questions to determine a patient’s understanding of his or her drugs, including the following\(^\text{17}\):

- What did your prescriber tell you the medication is for?
- How did your prescriber tell you to take the medication?
- What did your prescriber tell you to expect?

In 2004, more than 3.2 billion prescriptions were dispensed in 53,375 community pharmacies.\(^\text{16}\) According to a 2004 study, on average, only 63% of people received any verbal information about drug therapy from their pharmacists, despite the OBRA ’90 guideline.\(^\text{18}\) OBRA ’90 mandated the “offer” to counsel Medicare recipients,\(^\text{18}\) but even when an offer is given, a simple refusal from the patient halts the counseling service. Thus, despite the high volume of prescriptions dispensed, patients are not routinely receiving individualized information about their drug therapies.

Based on the OBRA ’90 and Indian Health Service models, patient counseling alone does not constitute pharmaceutical care; rather, it is a tool included in the provision of pharmaceutical care. From the payer’s perspective, patient counseling is drug product focused and generally involves one-way (pharmacist to patient or caregiver) transmission of information. Despite the casual use of the term patient counseling to mean more than this, payer groups and the literature support this simple view of patient counseling. This is an important distinction when considering the scope of MTM to encompass more than just patient counseling.

Patient counseling begins with, and focuses on, providing information related to the immediately prescribed drug, with the final responsibility for following the instructions belonging to the patient. The only documentation required is a “yes” or “no” checked on a form next to the patient’s signature to indicate whether he or she accepted the offer to provide this information. Follow-up is not required, and no formal compensation mechanism is in place beyond the dispensing fee.\(^\text{16,20}\)

**Disease management**

Disease management programs were developed and widely adopted in the 1990s, largely due to the establishment of health maintenance organizations. At about the same time, pharmacists began to implement strategies to apply the philosophy of pharmaceutical care to practice. The Disease Management Association of America defines disease management as “a system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant.”\(^\text{21}\) Disease management programs have been developed to ensure that population guidelines are followed. These programs are interprofessional in nature and may be provided by a wide variety of health care professionals, including physicians, nurses, nutritionists, and pharmacists. Disease management focuses on a specific disease, providing patients with the tools and knowledge they need to assume some responsibility for their own care. Multiple health professionals can participate in the management of one patient to achieve his or her health care goals.

Disease management programs meet a variety of patient drug and disease-specific needs. Programs developed by pharmacists include anticoagulation, hypertension, dyslipidemia, asthma, diabetes, and others.\(^\text{16}\) These programs have facilitated considerable improvement in the patient’s ability to meet his or her disease-oriented goals. Payment for disease management services is usually through payer contracts, yet these payment mechanisms are not distinct to any one profession. Pharmacists often have had difficulty obtaining adequate compensation for managing a patient’s drug-related needs because the time is often shared with other health professionals. Table 1 further illustrates the characteristics of disease management and offers a comparison to patient counseling. Disease management goes considerably beyond patient counseling by addressing the patient’s drug and nondrug therapy, as well as lifestyle modifications associated with a specific disease. However, disease management by definition does not address the patient’s entire drug regimen.

**Distinguishing MTM from other pharmacist-provided services**

Using the definitions referenced in this article, the distinctions among patient counseling, disease management, and MTM are presented in Table 1. MTM goes beyond patient counseling associated with the dispensing of a single product or the education and management of a specific disease. The focus of MTM is on the individual patient, with the intention of optimizing the patient’s drug regimen to best achieve appropriate therapeutic goals for that patient. To best understand the patient’s experience with the regimen, the pharmacist must enter into a dialogue with the patient about expectations and current results from their drug regimen. The pharmacist must gather pertinent patient history to understand the scope of the patient’s health needs. If drug therapy problems are identified, the pharmacist works together with the patient and the patient’s health care practitioners to create a solution. Documentation of the consultation provides a basis for follow-up between the patient and the pharmacist to determine the outcome of the devised plan and further optimize the therapy, if needed. The pharmacist’s documentation also serves as a means of communication among health professionals and justification for services provided, and is required by the payer, along with follow-up, to receive compensation for the service.

MTM services offer an opportunity for a patient to engage with his or her pharmacist in a more meaningful and
**Table 1. Similarities and differences among pharmacist-provided patient counseling, disease management, and MTM**

<table>
<thead>
<tr>
<th>Aspects of service</th>
<th>Patient counseling</th>
<th>Disease management</th>
<th>MTM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Drug product information</td>
<td>Disease management and use of population guidelines</td>
<td>Patient drug therapy regimen</td>
</tr>
<tr>
<td>Practitioner–patient communication</td>
<td>One way</td>
<td>Two way</td>
<td>Two way</td>
</tr>
<tr>
<td>Documentation</td>
<td>“Offer to counsel” documentation required</td>
<td>Documentation in patient care record required</td>
<td>Documentation in patient care record required</td>
</tr>
<tr>
<td>Practitioner follow-up</td>
<td>Not required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Practitioner</td>
<td>Pharmacist or other qualified health care practitioner</td>
<td>Physician, nurse, pharmacist, dietitian, or other</td>
<td>Pharmacist or other qualified health care practitioner</td>
</tr>
</tbody>
</table>

Abbreviations used: MTM, medication therapy management.

Effective way. The pharmacist takes the responsibility to prevent or identify and resolve drug therapy problems that arise by using a variety of strategies, including comprehensive medication therapy review, discussion with and education of the patient and/or caregiver, discussion and intervention with other health professionals, and possible referral to other health professionals and pharmacist specialists, as needed. MTM focuses on the whole patient, drug therapy use, and the recognition of a specific patient’s drug therapy needs. It integrates the philosophy and practice of pharmaceutical care and elements of disease management through the pharmacist’s provision of personalized drug-related information and interventions suited to individual patient needs.

**Distinguishing financial factors**

Distinguishing between MTM and other services provided by pharmacists becomes essential when considering their financial impact. Dispensing services are reimbursed individually by drug product, with an associated standard dispensing fee that remains the same regardless of whether a pharmacist provides counseling. Patient counseling is an expected, not reimbursable, service connected with dispensing. To receive payment for disease management services, the pharmacist or pharmacy enters into a contract with a payer group (e.g., employer, health maintenance organization) and the compensation rates are negotiated by individual contract. The competition for these contracts among pharmacists and other health practitioners, such as nursing groups, is strong.

MTM is a distinct service that involves pharmacist review of all of the patient’s drug therapies and diseases; documentation and follow-up are included. Individual contracts between the pharmacist or pharmacy are made with a payer group. Along with the Medicare Prescription Medication Benefit, Current Procedural Terminology (CPT) codes have been developed to provide a standard means of payment for MTM services. The current CPT codes are time based and considered category III codes, meaning they are in a “test and trial” period. Elevating these codes to category I status will provide higher visibility to payer groups and lead to an increased likelihood of their use for payment of services. A petition for this change is pending with the American Medical Association CPT Panel, with a decision imminent.

Suggested compensation rates can include payment by level of complexity and time, similar to systems for billing for physician services. In contrast with patient counseling, both disease management and MTM offer a potential opportunity for growth of pharmacist-provided services by creating mechanisms for new revenue. The Minnesota Department of Health Services offers a distinguishing example of how the number and complexity of drug therapy problems can be delineated in MTM services. Other payment models have been developed through businesses supporting pharmacist services.

**MTM: Framework for all pharmacist-provided care**

MTM can be viewed as a comprehensive framework for all drug-focused patient care service components of the practice of the pharmacist. Figure 1 provides a pictorial description of the relationship among the pharmacist-provided services described in this report. The pharmacist is the ideal health care professional to provide MTM services, based on his or her knowledge of drug therapy and accessibility to patients, especially in the community. The strategy of interprofessional collaboration provides a requisite connection with all other aspects of a patient’s care.

MTM is driven by the philosophy of pharmaceutical care, which calls for the pharmacist to take responsibility and accountability for the drug-related needs of the patient. MTM offers a variety of strategies to meet patient-specific drug therapy needs. A series of techniques and behaviors are required to perform MTM, including patient counseling, motivational interviewing, patient assessment, patient education, documentation, follow-up, and interprofessional collaboration. A specific setting is not required to conduct MTM, but this service may be performed anywhere the pharmacist and patient can conduct a medication evaluation in a comfortable, private area. MTM settings may include, but are not limited to, community pharmacy practice, ambulatory clinics, institutional pharmacy practice, consulting practice, and other community facilities where a private area is available for a pharmacist to meet with a patient.
As MTM programs continue to evolve and payer groups begin to realize the benefits associated with patients achieving optimal and safe use of drug therapies, a clear distinction among the growing number of pharmacist-provided services will become increasingly important. Making differences clear will allow the services to grow and marketing to be conducted in a clear manner. MTM is an all-inclusive review of a patient’s entire drug regimen and a mechanism to refer and connect with other health professionals based on the needs of the individual patient. Patient counseling is a tool used to ensure that patients have the information they need to use a specific drug product properly. Disease management is a mechanism to ensure patients have the education and resources needed to manage a particular disease. Simply stated, patient counseling is drug specific, disease management is specific to one disease in a given patient, and drug therapy management is patient centered, comprehensive, and focused on a patient’s broad drug therapy needs. The commonality among these services is the ability of the pharmacist to provide them and the direct interaction between the pharmacist and the patient. MTM can be provided as a service to a subset of patients identified by a payer group, such as patients with diabetes, as long as the focus of the interventions includes a comprehensive review of the patient’s entire drug regimen in accordance with the components of the MTM core elements.

The overall success of MTM depends on a multitude of factors, including acceptance by the profession (including individual pharmacists, pharmacy networks, and pharmacy organizations), the medical community, patients, payer groups, and the federal government. Defining the role of MTM in relation to other pharmacist—patient care models, including patient counseling, disease management, and all pharmacy services currently provided, is essential to the establishment of a viable and sustainable practice model for pharmacists.

References
Appendix 1. Glossary of terms commonly used by pharmacists when referring to various patient care services

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td><strong>Collaboration</strong></td>
<td>A mutually beneficial and well-defined relationship entered into by two or more individuals or organizations to achieve a common goal through shared understanding of the issues, open communication, mutual trust, and tolerance of differing points of view. This includes a provider–provider relationship within or across disciplines in order to maximize areas of expertise, as well as patient–provider relationship through a combination of the medical care model and patient-empowerment approach to medical care. 1–3</td>
</tr>
<tr>
<td><strong>Community-based care (practice)</strong></td>
<td>A planned, coordinated, ongoing effort operated by a community or for a community that characteristically includes multiple interventions intended to improve the health status of the community. 1</td>
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<td><strong>Compensation</strong></td>
<td>Payment for a service that reflects both reimbursement for the cost of an item or service and the value added by the provider. 4</td>
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<tr>
<td><strong>Comprehensive consultation</strong></td>
<td>In medication therapy management, this term connotes a face-to-face consultative session between a pharmacist and the patient and/or caregiver in which all the patient’s medication and health-related concerns are assessed. A plan is created with the patient and other health care providers. The plan is communicated with the patient verbally and in writing and with the other health care providers verbally, as appropriate, and in writing. Complete documentation and follow-up are required. The session occurs in an area that affords privacy for the patient and usually lasts 15 to 60 minutes, and collaboration with other health care professionals involved in the patient’s care is expected.</td>
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<tr>
<td><strong>Comprehensive medication therapy review</strong></td>
<td>A session between patient and/or caregiver and pharmacist in which all of the patient’s medications (prescription, nonprescription, and dietary supplements such as herbal products and vitamins/minerals) are evaluated to ensure the patient is taking the medications correctly, therapy is appropriate, and medication-related problems are avoided. The pharmacist provides education and information to improve the patient’s self-management of medications. This review aids in identifying new medication-related problems that may require intervention and follow-up. 5,6</td>
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<tr>
<td><strong>Disease management</strong></td>
<td>A system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are important. The goal is to manage and improve the health status for patients with chronic conditions that depend on appropriate pharmaceutical care for proper maintenance. 7,8</td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
<td>The detailed description of a patient–provider or provider–provider interaction. Documentation serves as a record for stating relevant participants, evidence, assumptions, rationale, and analytical methods used in evaluating patient progress and quality of care or outcomes for individuals and populations. Also functions as a means of communication among providers and analysis for billing purposes. 5,9</td>
</tr>
<tr>
<td><strong>Drug-related needs</strong></td>
<td>Any issue perceived by a patient or provider concerning a medication. Includes an appropriate indication, medical benefit, efficacy, appropriate dosage, lack of adverse reactions, and the patient’s ability to take the medication appropriately. 14</td>
</tr>
<tr>
<td><strong>Drug therapy problems</strong></td>
<td>Event or circumstance that involves a patient’s medication treatment that actually, or potentially, interferes with the achievement of the optimal outcome. Drug therapy problems are classified under seven headings: unnecessary drug therapy, need for additional drug therapy, ineffective drug, subtherapeutic dosage, adverse drug reaction (including drug interactions), overdosage, and nonadherence. 10,12,14</td>
</tr>
<tr>
<td><strong>Follow-up</strong></td>
<td>To add continuing care to monitor an established health-related need or to assess for future needs; follow-up is considered and essential component of the patient care process. 13</td>
</tr>
<tr>
<td><strong>Institutional-based care (practice)</strong></td>
<td>Health care provided in a structured setting in which the patient resides overnight.</td>
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Appendix 1. Glossary of terms commonly used by pharmacists when referring to various patient care services (continued)

Interprofessional collaboration
The cooperation between health care decision makers from different disciplines, who assess and plan care in an interdependent, complimentary, and coordinated manner. Decision making to obtain optimal patient outcomes occurs in a joint fashion, and members feel empowered and assume leadership on the appropriate issues, depending on the patient needs and their expertise.

Intervention
A directive or consultative communication (written or verbal) between health care providers, or patient and provider, that alters or enhances the care plan. Pharmacist interventions serve to resolve or prevent medication therapy–related problems and can occur as part of any pharmacy service, including dispensing of medication.5

Medication action plan
Documented decisions created collaboratively between the patient, pharmacist, and/or physician or other health professionals to assist the patient in improving medication self-management and enhancing continuity of care between health care providers. Includes patient identifier and date of birth, pharmacist identifier, physician identifier, date, medication-related issue, proposed action, person responsible for the action, and result of the action and date taken.6

Medication therapy management
Services or programs furnished by a qualified pharmacist to an eligible beneficiary, individually or on behalf of a pharmacy provider, which are designated to ensure that medications are used appropriately by such individual, enhance the individual’s understanding of the appropriate use of medications, increase the individual’s adherence with prescription medication regimens, reduce the risk of potential adverse events associated with medications, and reduce the need for other costly medical services through better management of medication therapy.14,15

Medication therapy review
See comprehensive medication therapy review.

Motivational interviewing
A directive, client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence.16

Patient care planning
A systematic process for assessing a patient’s health-related problems and needs, setting patient-specific goals, performing interventions, and evaluating results.17

Patient-centered care
Applies to the approach to medical care in which the practitioner respects the patient’s needs, wants, and preferences before his/her own. This approach requires the practitioner to treat the patient as a partner in care planning and the ultimate decision maker. The practitioner must individualize population-centered care and/or best-practice guidelines through the consideration of the patient’s health-related and cultural beliefs and values. This process involves coordination across boundaries of the health system in order to provide the information, communication, and education that are desired. A practitioner is to guarantee emotional and physical support and include the involvement of family and friends.13,18,19

Patient counseling
Providing product-specific advice to a patient regarding medications, health-related devices, concerns, or disease states. It is a tool used for providing pharmaceutical care but is not considered pharmaceutical care in and of itself. The patient is accountable for carrying out the information discussed, not the practitioner.20,21

Patient education
The process of teaching a patient and or/caregiver information about a related medication, product, device, or health care topic. This may be a monologue or dialogue and may require patient participation. Education is differentiated from counseling by inclusion of an evaluative component to assess the patient’s level of understanding.

Personal medication record
A portable record generated during a comprehensive medication review. This allows the patient to voluntarily share their medication information with other health care providers to enhance continuity of care. It includes the following components: patient name/identifier; medication name and strength; intended use, directions for use, precautionary information, and start and stop date; pharmacist contact information; prescriber’s contact information; and the date the record was originally created and updated.5
Appendix 1. Glossary of terms commonly used by pharmacists when referring to various patient care services (continued)

**Pharmaceutical care**
The provision of patient-centered practice in which the practitioner assumes responsibility for a patient’s medication-related needs and is held accountable for this commitment for the purpose of achieving definite outcomes through designing, implementing, or monitoring of a therapeutic plan. Medication therapy management is a structure in which to provide pharmaceutical care.\(^{12,13}\)

**Population-centered care**
Applies to the approach to medical care for specific groups identified by a common demographic characteristic, risk factors, or disease states. The focus is on the general guidelines for the whole as opposed to the individual patient.\(^1\)

**Practice guidelines**
A systematic review written by experts in their respective fields that provides the best prevention and treatment information at the time for a given health-related issue. These may be adapted by insurers as a best-practice monitor for participating providers.

**Referral**
The request for additional services from another health care provider outside of one’s own scope of practice.\(^{6,9}\)

**Standards of care**
The level at which a practitioner is expected to provide patient care. This includes behavioral and clinical expectations that are usually set forth by a governing body or expert panel.\(^{13}\)

**References**