Medication Therapy Management Digest

Tracking the Expansion of MTM in 2010: Exploring the Consumer Perspective

March 2011

Developed by:

American Pharmacists Association
Improving medication use. Advancing patient care.
Dear Colleague:

The expansion of medication therapy management (MTM) services continued with several important advances in 2010, ushered in by inclusion of MTM services in the passage of the Affordable Care Act. This legislation codified into law more robust MTM program requirements for Medicare Part D plans that are closely aligned with those advanced by the Centers for Medicare and Medicaid Services for 2010 plans. Other significant provisions have the potential to stimulate expanded utilization of pharmacists’ patient care services, including MTM, in a variety of settings.

Further progress was made in various aspects of the infrastructure of MTM, including the refinement of quality measures and the development of health information technology systems to support service provision.

The American Pharmacists Association (APhA) continues to promote the advancement of MTM services that improve patient outcomes and provide value to health care systems. This digest reports on our fourth annual “environmental scan” to assess the development of these services.

Our survey findings revealed expansion and maturation of MTM services in several areas, particularly the number of patients treated, and year-to-year stability in many aspects of service provision. APhA is proud to have implemented an MTM benefit for our own employees and their eligible dependents in 2010; this benefit has yielded several success stories, including one profiled in this digest.

However, even with these positive developments, patient receptivity to MTM services and their enrollment often remains a challenge. Findings from other research and anecdotal reports indicate that many patients are unaware of the value they could derive from participating in MTM services—yet once they receive the service, they have a very favorable impression of it. APhA is engaged in various initiatives to increase patient awareness of pharmacists’ contributions to their care. As more patients interact more closely with pharmacists, we anticipate an important and continuing shift in patient perceptions of pharmacists and the services they provide.

The positive perception that patients develop after working closely with their pharmacists, either during MTM services or other patient care activities, is a welcome reflection of the expert work pharmacists do every day. APhA applauds pharmacists in their work to provide excellent patient care and advance the profession. In addition, I extend great thanks to the researchers who were involved both in the expert advisory panel for the environmental scan as well as in the development of this digest for their insight and guidance to advance MTM services.

Sincerely,

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Medication Therapy Management Survey Advisory Board
Executive Summary

The Medicare Modernization Act of 2003 put medication therapy management (MTM) on the health care map. This legislation created Medicare Part D including MTM services, which were first required for Medicare Part D beneficiaries in 2006. Since that time, many stakeholders, including patients, providers, and payers, have been exploring opportunities to implement services and ensure that they derive value from them. In 2007, the American Pharmacists Association (APhA) began an annual environmental scan of MTM services. Data from these surveys allow researchers to track progress and developments in the provision of MTM services over time. Selected data from this environmental scan are presented here; a comprehensive report including historical data and some analyses by practice site will be available to APhA members at www.pharmacist.com/mtm in Spring 2011.

Data collected for the first environmental scan in Fall 2007 showed that providers and payers varied widely on how they implemented MTM service offerings at that time and, typically, they did not use specific measures to quantify the costs and benefits of MTM. In addition, they did not use systematic methods for assessing value from providing MTM services to their patients. Payers associated value of these programs with cost avoidance/minimization, improved member medication compliance/adherence, and quality indicators such as the Healthcare Effectiveness Data and Information Set (HEDIS) and the National Committee for Quality Assurance (NCQA).1-3

Results from the second environmental scan, conducted in Fall 2008, were similar to the 2007 data with some notable differences. For example, MTM programs and services were more clearly defined by greater numbers of respondents in 2008, revealing maturation among service providers and payers as they experimented with practice and payment models that would produce the greatest value. However, the results from 2008 were similar to 2007 findings regarding: (1) MTM service structure, (2) value assessment of MTM services, (3) financial aspects (e.g., costs, billing, payment), and (4) barriers to provision of MTM.4

The third environmental scan, conducted in Fall 2009, revealed that the progression and maturation of MTM service provision may have slowed to an extent in some sectors. Although the reasons for valuing MTM services, as well as the challenges and barriers, remained the same, many payers reported a reluctance to dedicate resources to MTM services. It is unknown if the finding was a result of a challenging economy, variations in survey respondents from year to year, or a true shift in MTM development.
Anecdotal evidence suggested that providers and payers who were not already invested in MTM services may have pursued a more conservative strategy in 2009, electing not to pursue new, innovative services in a time of economic uncertainty. Conversely, in pockets of the country where MTM services were established, pharmacist-provided MTM services may have been embraced as a cost-saving strategy for overall health care systems through improved patient outcomes and efficient use of health care dollars. Several developments in 2010 have the potential to help realize the promise of MTM. One of the most important developments was the passage of health care reform. On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (Public Law 111-148), a lengthy, comprehensive bill. On March 30, 2010, President Obama signed into law the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), a much smaller bill that amended the Patient Protection and Affordable Care Act. The enactment of the reconciliation bill was the last major step in the legislative phase of health care reform. Collectively, these laws are referred to as the Affordable Care Act (ACA). The law aims to improve the quality, safety, and cost-effectiveness of health care and includes many provisions that address pharmacists’ patient care services such as MTM.

The ACA adds new required interventions to the Medicare Part D prescription drug benefit’s MTM program. Many of these requirements are similar to those implemented by the Centers for Medicare and Medicaid Services (CMS) for plan years beginning in 2010 through the 2010 Call Letter to plans (available online at https://www.cms.gov/prescriptiondrugcovcontra/) and discussed in the previous digest. As reported last year, many providers and payers began preparing for these enhanced requirements in 2009. Results presented this year demonstrate that these requirements have resulted in an expansion of MTM service provision. The ACA gives these requirements the status of law. According to the ACA, starting in 2013, Part D plan sponsors must offer MTM services to targeted beneficiaries that include, at a minimum, strategies to improve adherence to prescription medications or other goals. (Many of these requirements are consistent with those required by the CMS Call Letter for 2010 plans.) Services and strategies must include:

- An annual comprehensive medication review furnished person-to-person or using telehealth technologies (e.g., telephones, videoconferences) by a licensed pharmacist or other qualified provider. The comprehensive medication review must include:
  - A review of the individual’s medications.
  - This review may result in the creation of a recommended medication action plan or other actions in consultation with the individual and with input from the prescriber to the extent necessary and practicable.
  - A written or printed summary of the results of the review.
  - CMS, in consultation with relevant stakeholders, will develop a standardized format for the action plan and the summary.
- Follow-up interventions as warranted based on the findings of the annual medication review or the targeted medication enrollment and which may be provided person-to-person or using telehealth technologies.

Medicare Part D plan sponsors must have a process to:

- Assess, at least on a quarterly basis, the medication use of individuals who are at risk but not enrolled in the MTM program, including individuals who have experienced a transition in care (e.g., a hospitalization or stay in a skilled nursing facility), if the prescription drug plan sponsor has access to that information.
- Automatically enroll targeted beneficiaries, including beneficiaries identified in the quarterly assessment.
- Permit beneficiaries to opt-out of enrollment in the MTM program.

Additionally, several sections of the law address the provision of MTM services to patients outside Medicare Part D and create important potential opportunities for pharmacists. These include the creation of an MTM grant program (currently awaiting funding), the development of accountable care organizations, emphasis on patient-centered medical homes, establishment of the Center for Medicare and Medicaid Innovation within CMS (which will be testing MTM, among other models), an “Independence at Home” demonstration program, and transition of care activities, including medication reconciliation and other activities to reduce hospital readmissions. For further discussion of these provisions, see APhA Pharmacy Law Matters 2010: Focus on Selected Provisions of the Affordable Care Act, in the December 2010 issue of Pharmacy Today, available at http://www.pharmacytoday.org/index.html.

As reflected in this year’s digest, MTM program expansion and the support of pharmacists’ activities in health care reform, from CMS and other decision makers, continues to stimulate the growth of MTM programs. However, despite these many important advances, there is still much work to be done to bring MTM to all patients who could benefit from it.
Tracking the Expansion of MTM in 2010: Exploring the Consumer Perspective

Survey Methods

APhA, under the direction of an independent advisory board, conducted two distinct surveys in October and November 2010 as part of the fourth annual environmental scan for monitoring MTM service provision in the United States. The primary goals of this year’s surveys were to determine:

1. What is the value associated with pharmacist-provided MTM services from the provider and payer perspectives?
2. What specific measures, if any, are providers and payers using to quantify MTM costs and benefits?
3. How are providers and payers monitoring the value of MTM services in 2010?
4. What barriers to providing MTM services are providers and payers encountering?
5. What implementation strategies have been employed by providers and payers for providing MTM services to individuals?

In addition, results from the surveys conducted in 2010 were compared with those conducted in 2007, 2008, and 2009 to assess changes taking place in the market.

Provider Survey

- Data were collected via a self-administered online survey e-mailed to participants.
- The survey was distributed to 10,700 providers who were likely to have direct involvement with pharmacist-provided MTM services.
- 367 (3%) e-mails were returned as undeliverable; of the 10,333 presumed to be delivered, 7,057 (68%) of the e-mails were never opened, leaving 3,276 (32%) of the e-mails being viewed by the recipient.
- 755 providers (23% of those who viewed the e-mails) submitted online surveys containing usable data and were included for analysis.

The numbers of respondents (n values) reported for individual questions in this digest may be lower due to item nonresponse.

Payer Survey

- Data were collected via a self-administered online survey e-mailed to participants.
- The survey was distributed to 949 individuals who were likely to be involved in their organization’s payment for MTM services.
- 219 (23%) e-mails were returned as undeliverable; of the 730 presumed to be delivered, 588 (81%) of the e-mails were never opened, leaving 142 (19%) of the e-mails being viewed by the recipient.
- 45 payers (32% of those who viewed the e-mails) submitted online surveys containing usable data and were included for analysis.

The numbers of respondents (n values) reported for individual questions in this digest may be lower due to item nonresponse.

Small sample sizes should be considered when evaluating payer responses.

Unless otherwise noted, a chi-square analysis was used to compare survey results from 2010 with those from previous years. This digest illustrates selected data from 2008, 2009, and 2010, which are compared with the National Pharmacist Workforce Survey where applicable.

Survey Definition of Medication Therapy Management

Both the provider and payer surveys used the pharmacy profession’s consensus definition of MTM, agreed to by eleven national pharmacy organizations. In this definition, MTM is described as a service or distinct group of services that optimize therapeutic outcomes for individual patients. MTM services are independent of, but can occur in conjunction with, the provision of a medication product. MTM encompasses a broad range of professional activities and responsibilities within the licensed pharmacist’s or other qualified health care provider’s scope of practice.

It is acknowledged that some health plans/organizations use other terms (e.g., medication use management, drug therapy management) to describe the same services as those in the MTM definition. For the purposes of these surveys, such terms are considered synonymous with MTM.

In these surveys, MTM services encompass those being provided either face-to-face or telephonically by a pharmacist or other qualified health care professional, but do not include mailings to members. MTM services were not required to conform to the core elements model of MTM services, but in many cases they did. The core elements model of MTM services includes five components:

1. A comprehensive medication therapy review.
2. A personal medication record.
3. A patient medication-related action plan.
4. Intervention (including patient education and/or recommendations to a prescriber) and/or referral.
5. Documentation and follow-up.
Providers Responding to Our Survey

Provider Characteristics
- Characteristics of providers responding to the survey have been similar from 2007 through 2010, which allows for comparison among findings and monitoring of trends.
- The most common job titles were staff pharmacist, clinical pharmacist, pharmacy manager, and pharmacy owner.
- 47% of providers held a PharmD degree, which is much higher than the 24% seen in the 2009 National Pharmacist Workforce Survey.
- 22% had completed a residency, compared with 9% in the 2009 National Pharmacist Workforce Survey.
- 29% had participated in the MTM Certificate Training Program developed by APhA and the American Society of Consultant Pharmacists; 7% had earned a credential from the Board of Pharmacy Specialties.

Provision of Services
- Overall, 74% of respondents reported providing MTM services as defined in the consensus definition.
- Those who practiced in ambulatory care/outpatient settings were the most likely to provide MTM services (88%), followed by managed care/PBM and supermarket pharmacy (86%), independent pharmacy (75%), and chain pharmacy (75%). Those in mass merchandiser pharmacy were least likely to provide MTM services (23%).
- 28% of pharmacists had been offering MTM services for 5 years or more, 44% for 2 to 4 years, 19% had been offering services for 1 year or less, and 11% did not know.
- Among nonproviders (n = 188), 26% reported that they were providing other types of patient care services that did not meet the definition of MTM used in the survey. These services included:
  - Disease state management (10%)
  - Immunizations (9%)
  - Medication adherence services (9%)
  - Tobacco cessation (6%)
  - Educational mailings (5%)
  - Nutrition and weight loss (3%)
  - Health and wellness screenings (3%)
- 32% of nonproviders (n = 139) reported that they were very likely or somewhat likely to begin providing services in the next 12 months. This percentage was similar to that reported in previous years (36% in 2009 and 33% in 2008).

Capacity to Provide Services
- Providers were asked to estimate the number of patients their practice could provide MTM services to each day.
  - The mean number of patients was 35 (range 0.25 to 4,000), which was an increase from a mean of 20 in 2009.
  - The median number of patients was 7, an increase from 5 in 2009.

Why Did Providers Begin Offering Services?
- As in previous years, responsibility as a health care provider, patient health needs, and recognized need to improve health care quality were the top three reasons for providing services.
  - The highest-ranked factors were those that are professional/altruistic, whereas business and economic factors (e.g., need for other revenue sources, competitive pressure, decreased prescription volume) were the least important.
Payer Characteristics
- As seen in previous years, health maintenance organization/managed care organization was the most common type of organization represented in the survey.
- State Medicaid program representation increased from 2009, but was similar to 2008 and 2007 levels. The proportion of payers identifying as prescription benefit management companies (PBMs) remained close to 2009 levels, which were significantly lower than those in 2008 (P<.01).

Payer Provision of Services
- 86% of payer respondents reported offering MTM services as defined in the consensus definition.
  - This percentage has shown a steady increase from 62% in 2007, 78% in 2008, and 84% in 2009 (P<.05).
  - It should be noted that these findings were generated from a sample of individuals likely to be engaged in providing MTM services and thus are not representative of all health care payer organizations in the United States. Rather, they provide insight from payers who are engaged in MTM service provision or are considering it for their organization.

Factors Affecting the Decision to Implement Services Among Providers (mean rankings)

<table>
<thead>
<tr>
<th>Category</th>
<th>Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>Responsibility as a health care provider (4.5)</td>
</tr>
<tr>
<td></td>
<td>Patient health needs (4.5)</td>
</tr>
<tr>
<td></td>
<td>Recognized a need to improve health care quality (4.5)</td>
</tr>
<tr>
<td>Important</td>
<td>Contribution to health care team (4.4)</td>
</tr>
<tr>
<td></td>
<td>Professional satisfaction (4.3)</td>
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<tr>
<td></td>
<td>Reducing health care system costs (4.1)</td>
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<tr>
<td></td>
<td>Primary business mission (3.7)</td>
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<tr>
<td></td>
<td>Reducing health insurer costs (3.7)</td>
</tr>
<tr>
<td>Neither important nor unimportant</td>
<td>Need for other revenue sources (3.3)</td>
</tr>
<tr>
<td></td>
<td>Competitive pressure (2.8)</td>
</tr>
<tr>
<td></td>
<td>Decreased prescription volume (2.7)</td>
</tr>
<tr>
<td>Unimportant</td>
<td>(No items ranked in this category)</td>
</tr>
<tr>
<td>Very unimportant</td>
<td>(No items ranked in this category)</td>
</tr>
</tbody>
</table>

Organizations Represented in the Payer Survey

- HMO/managed care organization
- State Medicaid program
- Insurer
- Prescription benefit management company
- MTM program administrator
- MTM contract vendor company
- Self-insured employer
- Medical home
- Accountable care organization
- Claims administrator
- Insurance co-op
- Benefits coalition

HMO = health maintenance organization.
Who Is Receiving Services?

Eligibility by Insurance Coverage—Providers

- Providers reported providing MTM services to patients with diverse types of insurance.
- In 2008, 2009, and 2010, the four most common insurance types that patients had were:
  - Medicare Advantage plans
  - Medicare supplemental plans
  - Commercial health insurance (health and/or prescription coverage)
  - Stand-alone prescription drug plans

### Insurance Types of Patient Populations Receiving MTM Services From Providers

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>2010 (n=466)</th>
<th>2009 (n=432)</th>
<th>2008 (n=284)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Advantage plans</td>
<td>44% (21)</td>
<td>38% (16)</td>
<td>42% (12)</td>
</tr>
<tr>
<td>Medicare supplemental plans</td>
<td>32% (15)</td>
<td>34% (15)</td>
<td>39% (12)</td>
</tr>
<tr>
<td>Commercial health insurance (health and/or prescription coverage)</td>
<td>29% (13)</td>
<td>35% (16)</td>
<td>33% (10)</td>
</tr>
<tr>
<td>Medicare stand-alone prescription drug plans</td>
<td>29% (13)</td>
<td>26% (12)</td>
<td>31% (9)</td>
</tr>
<tr>
<td>HMO/managed care plans</td>
<td>19% (9)</td>
<td>24% (11)</td>
<td>25% (9)</td>
</tr>
<tr>
<td>State Medicaid program</td>
<td>18% (8)</td>
<td>18% (9)</td>
<td>17% (6)</td>
</tr>
<tr>
<td>Self-pay (fee-for-service)</td>
<td>15% (7)</td>
<td>15% (7)</td>
<td>14% (4)</td>
</tr>
<tr>
<td>Hospital discharge patients</td>
<td>14% (7)</td>
<td>15% (7)</td>
<td>14% (4)</td>
</tr>
<tr>
<td>Acute care patients</td>
<td>15% (7)</td>
<td>15% (7)</td>
<td>14% (4)</td>
</tr>
<tr>
<td>PPO plans</td>
<td>32% (15)</td>
<td>22% (10)</td>
<td>25% (9)</td>
</tr>
<tr>
<td>Specific employer benefit group</td>
<td>24% (11)</td>
<td>23% (10)</td>
<td>22% (7)</td>
</tr>
<tr>
<td>Long-term care / assisted living patients</td>
<td>15% (7)</td>
<td>15% (7)</td>
<td>14% (4)</td>
</tr>
<tr>
<td>Traditional health indemnity plans</td>
<td>15% (7)</td>
<td>14% (6)</td>
<td>13% (4)</td>
</tr>
<tr>
<td>Health savings accounts</td>
<td>15% (7)</td>
<td>16% (7)</td>
<td>16% (5)</td>
</tr>
<tr>
<td>Patients as part of medical homes</td>
<td>15% (7)</td>
<td>16% (7)</td>
<td>16% (5)</td>
</tr>
<tr>
<td>Home care</td>
<td>15% (7)</td>
<td>15% (7)</td>
<td>14% (4)</td>
</tr>
<tr>
<td>Medicare SNPs</td>
<td>10% (5)</td>
<td>10% (5)</td>
<td>10% (3)</td>
</tr>
<tr>
<td>Federal sector (DoD, PHS, VA)</td>
<td>9% (5)</td>
<td>8% (4)</td>
<td>9% (3)</td>
</tr>
<tr>
<td>Patients as part of accountable care organizations</td>
<td>8% (4)</td>
<td>7% (3)</td>
<td>7% (3)</td>
</tr>
</tbody>
</table>

*Not measured in 2008 or 2009

Percent of respondents

<table>
<thead>
<tr>
<th>Percentage</th>
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<tr>
<td>0</td>
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</tbody>
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DoD = Department of Defense; HMO = health maintenance organization; PHS = Public Health Service; PPO = preferred provider organization; SNP = special needs plans; VA = Veterans Administration.

Strategies for Identifying Patients—Providers

- In both 2008 and 2009, the top three ways that providers identified potential candidates for MTM services were:
  - Patients having specific disease states (e.g., asthma, diabetes)
  - Patients with a specific health plan
  - Patients taking a specific number of medications
- In 2009, 20% of responders listed “other” as a way to identify patients; written comments indicated that these methods were often coordinated or dictated by a third party, and many providers had multiple contracts, each of which had unique patient eligibility and identification patterns.
- In light of these findings, the question was changed in 2010 to evaluate how patients were referred for MTM services.
  - The most common method was for patients to be referred by an MTM vendor (53%) followed by health plan or PBM referral (41%), prescriber or physician referral (37%), or through self-referral (35%).

### Sources of Patient Referral to MTM Services/Programs

- **Referred by an MTM Vendor**: 53% (2010: n=466)
- **Referred by a health plan or PBM**: 41% (2009: n=432)
- **Referred by a prescriber or physician**: 37% (2008: n=284)
- **Patient self-referral**: 35% (2010: n=466)
- **Referred by other source**: 19% (2009: n=284)
- **Other** 12% (2010: n=466)

Percent of respondents

<table>
<thead>
<tr>
<th>Sources of Referral</th>
<th>2010 (n=466)</th>
</tr>
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<tbody>
<tr>
<td>Referred by an MTM Vendor</td>
<td>53%</td>
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<td>Referred by a prescriber or physician</td>
<td>37%</td>
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<tr>
<td>Patient self-referral</td>
<td>35%</td>
</tr>
<tr>
<td>Referred by other source</td>
<td>19%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
</tr>
</tbody>
</table>

*Similar data are not available from previous years.*

Referred by other source included: adult children of patient, anticoagulation clinic, Area Agencies on Aging, case managers, employers, friends, home care programs, nurses, pharmacists, screening events, social workers, and others.

Other included: chart reviews, screenings, types of medications the patient uses, and others.

PBM = prescription benefit management company.

Reflections From an MTM Provider

“We have earned the respect of the physicians and patients in our clinic.”
Eligibility by Insurance Type—Payers

- As seen in 2008 and 2009, Medicare Advantage plans were the most frequently reported coverage type conferring eligibility for MTM services, followed by Medicare stand-alone prescription drug plans.
- Payers continued to offer MTM services to patients with a diverse set of coverage types.

Eligibility by Patient Characteristics—Payers

- Payers were most likely to report patient eligibility based on a specific number of medications (83% of payers).
- As in 2008 and 2009, other common strategies for determining patient eligibility were specific numbers of disease states, specific drug spends, and specific disease states.

Determining Patient Eligibility—Payers

- Payers reported several strategies for identifying patients eligible for services. Health plans were most likely (70%) to identify patients in 2010, compared with 50% in 2009.
- Pharmacists identified patients for 40% of payers, and physicians identified patients for 20% of payers.
How Are Services Provided?

Use of the Core Elements Model—Providers
- In 2008, 2009, and 2010, the majority of providers included components of the core elements of MTM services in the services they “often” or “always” provided.
  - The most common elements were maintaining documentation, educating the patient, and conducting a medication therapy review.
  - Patterns of service delivery were similar across practice settings.

Use of the Core Elements Model—Payers
- As in previous years, at least half of the payers reported that seven of the eight activities studied were provided “often” or “always.”
- Other activities that payers reported offering as part of MTM services included:
  - Medication adherence services (67%)
  - Disease state management (61%)
  - Educational mailings (53%)
  - Smoking cessation (33%)
  - Nutrition and weight loss (27%)
  - Immunizations (23%)
  - Health and wellness screenings (22%)
- These rates were generally similar to those reported in 2009.

Reflections From an MTM Provider
“Patients have come to value the relationship they develop with the pharmacist. They know there is someone looking out for them and someone who understands their needs. Patient satisfaction has increased.”

Reflections From an MTM Payer
Delivering the Services—Payers

- As in 2008 and 2009, “pharmacists in-house” was the most commonly used provider for the delivery of MTM services.
  - Data from CMS indicate that 99.9% of Medicare Part D plans use pharmacists to deliver services, and 80% reported utilizing outside personnel, which includes PBMs, MTM vendors, and community pharmacists.\(^{11}\)
- Utilization of in-house nurses declined from 29% in 2008, to 20% in 2009, and 7% in 2010. However, the small sample sizes must be considered when interpreting these findings.
- Written responses to “other” included the term “certified pharmacist,” which was a newly reported term in 2010.

Service Delivery Methods—Payers

- Services were delivered telephonically for 83% of payers, and face-to-face for more than half.
- 20% of organizations used a tiered approach to service provision in which some members received a phone intervention, followed by a face-to-face intervention for a subset of patients.
- As in previous years, the majority of payers reported that only a subset of patients who are eligible for services actually participate in the services.

Reflections From an MTM Provider

“The physicians I work with state they believe patients are getting better care because I’m providing MTM services that are complementary to the goals physicians are trying to reach with patients.”
Looking at Challenges and Barriers for MTM Services

Challenges and Barriers for Providers

- The greatest challenge/barrier for providers was a lack of insurance companies paying for MTM services. Providers were not queried about this issue in previous years.
- The next most prominent barrier was “billing is difficult,” which was also the most important barrier in previous years.
- “Pharmacists have inadequate time” also was first added to the survey in 2010; this barrier was rated as significant by providers.

- Among those not currently providing services, time and staffing issues were the greatest barriers to providing the service.
  - Difficulty billing and documenting for services were other prominent issues.

### Challenges/Barriers When Providing MTM Services Among Current Providers

**(mean rankings)** (Based on 5-point scale where 1 = very insignificant and 5 = very significant; n = 466)

<table>
<thead>
<tr>
<th>Very significant</th>
<th>Significant</th>
<th>Neither significant nor insignificant</th>
<th>Insignificant</th>
<th>Very insignificant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of insurance companies paying for these services (3.8)</td>
<td>Billing is difficult (3.5)</td>
<td>Payment for MTM services is too low (3.4)</td>
<td>Management does not support provision of MTM services (2.1)</td>
<td>(No items ranked in this category)</td>
</tr>
<tr>
<td>Pharmacists have inadequate time (3.5)</td>
<td>Staffing levels insufficient (3.4)</td>
<td>Dispensing activities are too heavy (3.3)</td>
<td>Distributed training (2.6)</td>
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<td>Documentation for services is difficult (3.3)</td>
<td>Trouble communicating/marketing to patients (3.1)</td>
<td>Eligible patients do not really need it (2.5)</td>
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<td>Patients are not interested/decline to participate (3.1)</td>
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<td>Lack of collaborative relationships with prescribers and physicians (2.9)</td>
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<td>Technology barriers (2.9)</td>
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<td>Local physician resistance expressed (2.8)</td>
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<td>Too few MTM patients to justify the cost to maintain the service (2.7)</td>
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<td>Too difficult to determine patient eligibility (2.7)</td>
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<td>Inadequate space is available (2.7)</td>
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<td>Unable to collect needed patient information (2.7)</td>
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<td></td>
<td>Too few MTM patients to justify the start-up cost (2.6)</td>
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<td>Inadequate training/experience (2.6)</td>
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<td></td>
<td></td>
<td>Eligible patients do not really need it (2.5)</td>
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Challenges and Barriers for Payers

- The four most common challenges reported by payers in 2008, 2009, and 2010 were:
  - Patients are not interested or decline to participate; this was the only challenge ranked as significant.
  - Skeptical that these types of services would produce tangible outcomes.
  - Providers do not have the training/experience.
  - Insufficient MTM providers in the market area to meet needs.

- Written comments from 2010 indicate that payers have challenges related to patient awareness of MTM, how to engage patients in the service, how to enroll members, maintaining consistent quality for MTM programs, and conducting outcomes assessments.

**Reflections From an MTM Payer**

“[MTM provides] immediate ROI on cost-effective product switches; longer term ROI in improving health outcomes and HEDIS measures. Helps to differentiate my health plan from others in the marketplace. It has been an effective sales tool.”
### Current Payers’ Challenges When Deciding Whether to Offer MTM Services to Members (mean rankings)

<table>
<thead>
<tr>
<th>Level</th>
<th>Rankings</th>
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<tbody>
<tr>
<td>Very significant</td>
<td>(No items ranked in this category)</td>
</tr>
<tr>
<td>Significant</td>
<td>(No items ranked in this category)</td>
</tr>
</tbody>
</table>
| Neither significant nor insignificant | Patients are not interested or decline to participate (3.2)  
Skeptical that these types of services would produce tangible outcomes (2.8)  
Providers do not have the training/experience (2.7)  
Local physician resistance expressed (2.7)  
Insufficient MTM providers in the market area to meet needs (2.6) |
| Insignificant                | Too few MTM patients to justify the cost (2.4)  
Eligible patients do not really need it (2.2)  
Too difficult to determine patient eligibility (1.8) |
| Very insignificant           | (No items ranked in this category)                                       |

### Factors Preventing Payers Not Currently Offering MTM Services From Implementing Services (mean rankings)

<table>
<thead>
<tr>
<th>Level</th>
<th>Rankings</th>
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<tbody>
<tr>
<td>Very significant</td>
<td>(No items ranked in this category)</td>
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<tr>
<td>Significant</td>
<td>(No items ranked in this category)</td>
</tr>
<tr>
<td>Neither significant nor insignificant</td>
<td>Too difficult to determine patient eligibility (2.5)</td>
</tr>
</tbody>
</table>
| Insignificant                | Patients are not interested or decline to participate (2.3)  
Providers do not have the training/experience (2.3)  
Insufficient MTM providers in the market area to meet needs (2.3)  
Local physician resistance expressed (2.3)  
Skeptical that these types of services would produce tangible outcomes (2.0)  
Too few MTM patients to justify the cost (1.5) |
| Very insignificant           | Eligible patients do not really need it (1.3)                           |

- Among payers not currently offering services, none of the factors that were listed as potential barriers were ranked as significant or very significant. This finding is in contrast to those in 2009, when factors that were identified as significant were:
  - Patients are not interested or decline to participate.
  - Too few MTM patients to justify the cost.
- These results are difficult to interpret due to the low number of respondents to these questions. However, the data provide some insight into the barriers experienced by those payers.

**Reflections From an MTM Payer**

“Clinically, I know that the eligible members are better off having their prescriptions reviewed and intervened upon, even if no change in treatment has occurred.”
Financial Aspects of MTM Services

Costs to Implement MTM
- As seen in previous years, staff training was the greatest cost associated with implementing MTM services.
- Staffing issues, including changes in schedules and the hiring of pharmacists and technicians, were other common investments.
- Infrastructure investments—installing technology, purchasing equipment, and remodeling facilities—were generally less common responses.

Pharmacist Compensation
- Payment for providing services as part of the standard pharmacist salary continued to be the method of compensation for the overwhelming majority of providers.
- Responses in the “other” category included academic affiliation, clinical contracts, fee per patient, and profit sharing.

Payment for Services
- 68% of providers (n = 449) reported billing for MTM services, which was similar to the 57% in 2009, and 70% in 2008.
  - Of these (n = 353), 46% use Current Procedural Terminology (CPT) codes for claims processing.
    Among payers (n = 30), 23% used CPT codes for MTM claims processing.
  - Among those who reported billing, 38% reported that 100% of visits were being paid for by patients or plans; another 28% reported that payment was received for 76% to 99% of visits.
  - Providers may not have billed for services if they were part of a provider’s in-house network.
- As in previous years, providers reported a variety of fee structures for MTM services, including:
  - 11% use a capitation rate
  - 43% use a fee-for-service basis
  - 47% use a flat rate per service
- Reasons for not billing included providing MTM through the Veterans Administration or other organization funded by the government and working as a pilot program under grant funding. Others reported administrative challenges with establishing billing mechanisms.

Return on Investment for Payers
- 22% of payers were able to report a return on investment (ROI) for services.
  - This was an increase from only 9% in 2009.
- Those who were able to provide an ROI provided answers ranging from 2:1 to 3:1.
What Value Has Emerged From Service Provision?

Perceptions of Value—Providers
- As seen in previous years, the greatest value of providing MTM services was increased professional satisfaction, followed by increased patient satisfaction and increased quality of care/outcomes based on performance measures.
- Revenue generation and other financial factors were not rated as highly.
- Written comments indicated that MTM service development during 2010 was helping pharmacists become more integrated with their patients and with the overall health care team by:
  - Building connections with patients
  - Building professionalism
  - Creating collaboration
  - Enhancing the pharmacist’s image with the public and colleagues
  - Obtaining a new level of respect from patients
  - Increasing patient–prescriber–pharmacist interaction
  - Establishing trust with patients
  - Feeling more a part of the health care team
  - Increasing patient loyalty
  - Improving patients’ perception of the value of the services offered by pharmacists

Value From Services—Payers
- As in previous years, all factors associated with value were rated as “significant” by payers.
- However, there was a reordering in the significance assigned to each factor.
  - Increased quality of care/performance measure outcomes was the primary factor for payers, followed by reduced total health care costs.
- Written comments indicated that payers derived value from:
  - ROI
  - Clinical outcomes
  - Avoidance of emergency department visits, duplication of therapy
  - Increased compliance and improved adherence
  - Significant savings in drug costs over a 4-year period
  - Improved clinical outcomes in controlled studies
  - Reductions in total cost of care
  - Clinical marker improvement
  - Immediate ROI on cost-effective product switches
  - Longer term ROI through improved health outcomes and HEDIS measures
  - Increased patient satisfaction
  - Improved outcomes for the most vulnerable populations served
  - Increased patient awareness
  - Increase in collaborative working relationships
  - Follow-up through intentional, system-wide implemented strategies

Reflections From an MTM Provider
“Our MDs and other providers have noticed our MTM patients are more adherent and reach therapeutic goals vs. usual care.”

Value to Provider Organizations Resulting From MTM Services (mean rankings) (Based on 5-point scale where 1 = very insignificant and 5 = very significant; n = 477)

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Very significant</td>
<td>Increased professional satisfaction (4.5)</td>
</tr>
<tr>
<td>Significant</td>
<td>Increased patient satisfaction (4.3)</td>
</tr>
<tr>
<td></td>
<td>Increased quality of care/outcomes (4.3)</td>
</tr>
<tr>
<td>Neither significant nor insignificant</td>
<td>Revenue generated from MTM services (3.3)</td>
</tr>
<tr>
<td></td>
<td>Increase in patient traffic (3.2)</td>
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<tr>
<td></td>
<td>Increase in prescription volume/soles (3.1)</td>
</tr>
<tr>
<td>Insignificant</td>
<td>(No items ranked in this category)</td>
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<tr>
<td>Very insignificant</td>
<td>(No items ranked in this category)</td>
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</table>
Monitoring the Outcomes—Payers

- In contrast to previous years, overall medication costs and the number of medication-related problems resolved were the outcomes most commonly measured by payers.
- Several outcomes were shown to be improved by MTM services, including inappropriate medications in elderly patients (Beers criteria) (37%), HEDIS (33%), and PQA measures (30%).

The greatest value of MTM services to payers is that they increase the quality of care and reduce total health care costs.
2010 MTM Changes Experienced by Providers and Payers

Changes Experienced in 2010—Providers
- In general, providers saw an increase from 2009 to 2010 in the number of patients receiving MTM services.
- Several providers made changes in their practice to accommodate increased MTM service demands.
  - 21% adjusted pharmacists’ schedules to facilitate service delivery
  - 18% added full-time pharmacist employees
  - 17% added full-time pharmacy technicians
- Contract opportunities generally increased from 2009 to 2010 and from 2010 to 2011.

Changes Experienced in 2010—Payers
- Many payers (45%) reported a significant increase in the number of patients receiving MTM services.
- Many payers’ organizations made modifications from 2009 to 2010. These included:
  - Enhanced MTM program offerings to beneficiaries for 2010 (48%)
  - Increased in-house provider staff (24%)
  - Contracted with MTM network service provider to administer program for 2010 (21%)
  - Increased contracted provider staff (17%)
- Payers also were asked to indicate the percent of their beneficiaries receiving MTM services that will have the service provided by contracted community pharmacists.
  - 48% responded “none” and another 31% indicated less than 25%.
  - Only 14% reported more than 75%.

Impact of the 2010 CMS Part D Requirements
CMS released a fact sheet that described the Part D MTM programs for 2010, which included 585 Medicare Advantage prescription drug plans and 93 prescription drug plans. Among the findings of this review were:
- Pharmacists are the leading provider of MTM services across all MTM programs and are utilized by 99.9% of plans.
- Sponsors are continuing to refine their criteria for identifying beneficiaries.
- An estimated 25% of Medicare Part D beneficiaries are eligible for MTM services, compared with 10% to 12% in previous program years.

CMS will be exploring meaningful performance measures for the evaluation of Medicare Part D MTM programs.

Reflections From an MTM Provider
“MTM service provision has engendered respect of the pharmacist by the medical community, realigned consumer expectations of what their pharmacist can do for them, and has positioned the pharmacist as health care provider, rather than dispenser.”
Integrating Pharmacy in Electronic Health Records

For patients to receive optimal care, pharmacists need to have the ability to access and contribute to relevant, patient-specific information in patients’ electronic health records (EHR). Several activities in 2010 have helped advance this goal.

The American Recovery and Reinvestment Act of 2009 (often referred to as “the stimulus”) included several provisions related to health information technology (HIT) and has been integral to many of the efforts underway to develop EHR. This law provides $19 billion to implement HIT—including incentive payments to physicians and hospitals to develop a complete system of EHR for all Americans by 2014—and funds for developing and improving HIT infrastructure. The intent of the law was not simply to create electronic records, but to encourage “meaningful use” of the records to improve patient care.

In 2010, several final regulations were released for implementing this law, including the meaningful use rule, which established the requirements for receipt of incentive payments. Release of these regulations was an important step toward setting the foundation for a comprehensive nationwide system of interoperable, certified EHR technology. However, an important challenge remains: ensuring that the developing EHR systems integrate pharmacy’s requirements and contributions, including those for MTM services.

In September 2010, APhA and eight other national pharmacy organizations announced the launch of the Pharmacy e-Health Information Technology Collaborative. This group will focus on assuring meaningful use of EHRs that support safe, effective, and efficient medication use, continuity of care, and access to the patient care services of pharmacists. Their intention is to create a comprehensive and unified approach for integrating pharmacy in EHR systems.

To support the desired benefits of HIT, it is essential that pharmacy’s contributions to the health care system—including MTM and other patient care services—are recognized and accounted for in EHR. EHR should address issues relating to MTM, including pharmacists’ ability to access patient data and laboratory values and capacity to exchange clinical information with other provider EHRs. Creating an interconnected, comprehensive EHR that provides all health care providers—including pharmacists—the highest level of meaningful use of these records will help achieve this goal.

Finally, many patient and consumer groups are making their voices heard to ensure that their interests (e.g., privacy and ownership of the records) are addressed in the development of EHR systems. Pharmacy is also partnering with these groups to support a more unified approach to system development. For example, the iHealth Alliance is a not-for-profit organization whose mission is to protect the interests of patients and providers as health care increasingly moves online, and includes pharmacy representation on the board of directors.
Kaiser Permanente of the Mid-Atlantic States Partners With APhA

Develops Innovative MTM Services That Benefit Wide Range of Patients

“The leadership of Kaiser Permanente of the Mid-Atlantic States recognizes the value that pharmacists bring to the health care team,” notes Cynthia Adams, RPh, MBA, the organization’s director of Pharmacy Operations and Clinical Services. When approached by APhA, they were excited about the opportunity to work on the creation and development of an MTM service for APhA employees and their eligible dependents.

Kaiser Permanente pharmacists have been providing MTM to Medicare Part D members since 2006. In 2010, approximately 2,300 of their Medicare Part D members were participating. The service includes telephonic outreach to assess a member’s medication therapy to identify any potential medication-related problems and quarterly follow-up based on CMS criteria for MTM for Medicare Part D members. Any recommendations are made via the organization’s advanced electronic medical record system, known as Kaiser Permanente HealthConnect®. This unique integrated medical record system allows the seamless coordination among members and providers.

APhA collaborated with Kaiser Permanente’s Pharmacy Department to develop an MTM program for all APhA employees and their eligible dependents ages 18 years and older. The new service was implemented as a 1-year pilot program on August 16, 2010. APhA employees who are interested in participating submit their health-related information; the pharmacist assigned then reviews the member’s medical history and medication record and contacts the APhA employee to conduct a comprehensive medication review by telephone. Follow-up is scheduled as necessary, and the pharmacist may recommend an in-person review rather than a telephonic review.

The Kaiser Permanente MTM service for APhA includes a comprehensive medication review that assesses all prescription and over-the-counter medications, vitamins and minerals, as well as dietary supplements or herbas that the member may be taking. In addition, the review identifies any medication-related problems such as under- or overutilization, side effects or adverse events, potential drug interactions, disease contraindications, appropriateness of therapy, and adequacy of dosage. Through the Kaiser Permanente HealthConnect system, pharmacists are able to access additional information such as diagnoses, laboratory findings, allergies, and health care team notes. Any recommendations are sent to the member’s physician via Kaiser Permanente HealthConnect and the member is provided with a complete personal medication list and a medication-related action plan, if warranted.

As a clinical pharmacy specialist at Kaiser Permanente, Aisha Hussain, PharmD, BCPS, has been involved in providing MTM services to APhA employees. “I am excited to participate in this initiative,” reports Hussain. “Many patients are overloaded with information from the media and online resources and look to the pharmacist for expertise.” Hussain notes that patients recognize the value that the pharmacist provides in managing a problem such as an adverse drug reaction or drug interaction and they truly appreciate the service. Additionally, she reports that physicians who have interacted with the service “absolutely see the need for it and request pharmacist input on medication issues on a weekly basis.”

Sharon Corbitt, the director of External Communications at APhA, participated in the MTM service for assistance evaluating her options to manage an acute health care issue. She already had an understanding of MTM from her work at APhA but did not have any personal experience with it. Prior to her MTM visit, Corbitt and her physician had discussed various courses of treatment for managing the issue, including pharmacologic options, however she still had lingering questions. During her MTM visit, “we had a very thorough conversation about the pros and cons of the medication, and [Aisha Hussain] discussed the medication and its side effect profile in much greater depth,” she explains. Corbitt described this education as very helpful for alleviating her fears and concerns about the medication.

“Even though I already knew what MTM was, I was very impressed with the whole experience,” Corbitt recounts. “My perception was that MTM was best for those with complex medication regimens, but my experience demonstrated that MTM can be very helpful for someone who is weighing options for managing a short-term problem.” Not only did Hussain discuss the medication issue, but “we also had a conversation about my overall health. I can only imagine how much more helpful such a service would be if I were taking multiple medications from multiple providers and needed assistance managing my whole regimen,” Corbitt remarks.

Kaiser Permanente is tracking a number of measures to evaluate the benefit that the MTM service provides, as well as the cost to provide the service, and is in the process of collecting these data. Their long-term vision is to expand the MTM program for it to be provided by community pharmacists and their clinical pharmacists. Kaiser Permanente also is investigating strategies to increase patient communication with pharmacists as part of their overall efforts to promote a healthy informed population that is engaged with their health care.
The Patients Pharmacists Partnerships (P³) Program

Demonstrating That Successful Pharmacist Interventions Are Scalable to Broader Populations

The Patients Pharmacists Partnerships (P³) Program is a partnership between the University of Maryland and the Maryland Pharmacists Association (MPhA) in collaboration with the Maryland Department of Health and Mental Hygiene. It works with specially trained pharmacist coaches to provide patient-centered health education and support chronic disease self-management. This program, which participated in the Diabetes Ten City Challenge project, helps improve employees’ clinical outcomes and reduces overall health care costs through the provision of disease state management and MTM services.

The P³ Program began in 2006 with one employer in western Maryland. The program improved blood glucose levels and blood pressure control, increased the attainment of the recommended American Diabetes Association goals, and reduced overall health care costs. Based on its initial success, the program has since been expanded to many self-insured employers across the Mid-Atlantic region. “Scaling the program to meet the needs of additional employers has allowed us to continue to improve clinical outcomes, reduce health care costs, and demonstrate the role of the pharmacist in medication therapy management,” notes Magaly Rodriguez de Bittner, PharmD, professor and chair of the Department of Pharmacy Practice and Science at the University of Maryland School of Pharmacy and director of the P³ Program.

MPhA manages the pharmacists’ network and is an important partner that is essential to the success of the program. “We have been able to expand and advance the program because we have a great partnership and collaboration with MPhA, the Maryland Department of Health and Mental Hygiene, the business coalitions, and the Maryland legislature,” commented Rodriguez de Bittner. “This is a team effort and a great example of the power of collaboration.” Butch Henderson, BPS, past president and chairman of the MPhA Board of Trustees added, “Collaboration between state pharmacists associations and academic units can be an essential component to the success of MTM programs.”

Employees with diabetes who enroll in this program meet regularly with their pharmacist coach for a health assessment, medication monitoring, and development of self-management skills. Self-insured employers participating in the program waive participants’ copays for diabetes-related drugs and supplies.

Other efforts to market the P³ Program include informing patients about this benefit during annual open-enrollment periods for selecting health care coverage. In addition, P³ university personnel regularly participate in employer health benefit fairs, handing out brochures and discussing the program with employees. To date, six employers and approximately 500 patients have enrolled in the program.

Cherokee Layson-Wolf, PharmD, an assistant professor at the University of Maryland School of Pharmacy, is a member of the pharmacists network that delivers services through the P³ Program. “Obtaining the employer buy-in and support for the program was crucial for enhancing patient awareness about and understanding of the services that we provide,” remarks Layson-Wolf. “The patients already understand that we are here to help them with their medications at the beginning of the service.”

The service is specifically marketed to employees who have diabetes, however a comprehensive MTM review is provided to address all of their medication needs and comorbid disease states, explains Layson-Wolf. “Many patients do not understand how their medications work; they want to learn more so they can better manage their conditions,” she notes. “I think that because they are well-informed about the benefits of the program by their employer, it creates an excellent venue for providing the service because the patients are very engaged.”

Although some patients initially enter the program to obtain copay waivers, many come to recognize the value of the
education that they receive and promote the service to their colleagues. “In addition to the educational initiatives from the employer, many of the patients come to us through word-of-mouth promotions from their coworkers,” remarks Layson-Wolf. “I’ve had several patients tell me that they’ve recommended this service to others,” she continues.

The P3 Program has been responsive to the needs of employers in an effort to scale up the program by accommodating a broader audience. “Some employers have requested that the pharmacists focus on care of other chronic diseases, such as depression, asthma, and chronic obstructive pulmonary disease. Meeting these requests requires flexibility in areas such as training and benefit design,” notes Rodriguez de Bittner. However, by being amenable to these requests, the program also expands patient access to a valuable service that meets the needs of diverse employee populations.

Looking to the future, the P3 Program will continue to adapt to the changing health care environment. For example, the pharmacist coaching program could be incorporated into medical home and accountable care organization initiatives that were authorized in the Affordable Care Act. Exploring opportunities with other potential partners and payers is essential to help the program remain viable as the environment changes in response to ongoing health care reform initiatives.

MTM Resources

MTM e-Communities
To join, APhA members can:
- go to www.pharmacist.com
- log-in
- click on “e-Communities”

Agency for Healthcare Research and Quality
Effective Health Care Program
http://effectivehealthcare.ahrq.gov

American Pharmacists Association’s MTM Central
www.pharmacist.com/mtm

iHealth Alliance
www.pdrnetwork.com/partners/ihealth.html

MTM Connections
www.mtmconnections.org/final/2215100.asp

National Association of Boards of Pharmacy
www.nabp.net

PQA
www.pqaalliance.org

Pharmacy e-Health Information Technology Collaborative
www.pharmacye-hit.org

Pharmacy e-Health Information Technology Collaborative
Bohlman Pharmacy

Providing Cutting-Edge Services With a Small Town Feeling

The pharmacy staff at Bohlman Pharmacy has a long history of providing excellent patient care services in Boscobel, a small town in rural Wisconsin, reports co-owner and managing pharmacist Michelle Farrell, PharmD. The pharmacy was established in 1937 by pharmacists who were pioneering with the provision of patient care services and active in Wisconsin’s state pharmacy association. “The relationships with the community that these pharmacists developed have served as the underpinning for the implementation of the services we have today,” explains Farrell. In addition to Farrell, the professional staff at the pharmacy currently includes John and Mary Pat Bohlman, Erin Schoenfelder, PharmD, Lisa Witter, RPh, and Casey Zimpel, RN.

The small town atmosphere has nurtured strong relationships among the pharmacy staff and patients over many years. As a result, the patients the pharmacy serves know and trust their pharmacists. “I grew up here, so everyone knows me,” explains Farrell. “When I call patients to offer a service to them, they know that I am not a telemarketer trying to sell them something; they recognize me as a service-oriented health care provider.”

Bohlman Pharmacy is a progressive practice that offers a diverse set of services developed to meet the needs of patients in a rural community. In addition to MTM services, the pharmacy provides disease state management for cancer pain, asthma, diabetes, and dyslipidemia; screenings for hypertension, dyslipidemia, and osteoporosis; compounding; durable medical equipment; nursing home and residential care consultations; oxygen respiratory therapy; home medication monitoring systems; adult immunizations; intravenous infusions; and nutritional support.

“Other providers in the region know that they can rely on our consultations as well as our products,” Farrell notes. Services are compensated through a variety of sources including the Wisconsin Medicaid program, county agencies, and Medicare Part D.

When the pharmacy team at Bohlman Pharmacy began providing MTM services, “patients were receptive to the service,” reports Farrell, and their response to the service has been largely positive. “They appreciate having an accurate medication list and understanding how their medications work.” Furthermore, having

the self-care aspects of managing their disease states explained to them was well received. “It was eye-opening for them to understand important monitoring activities, such as monitoring weight for heart failure patients. The MTM services have definitely helped them appreciate what the pharmacist can offer them and the type of education and empowerment provided.”

Therese Freeland is one of many patients who has received MTM services from Farrell and provided a glowing review. “That was the first time anyone had ever taken the time to look at my medications this way for me. I wasn’t aware of the issues that could occur if I combined my medications with OTCs and vitamins, and it was wonderful to have someone explain everything to me,” she explains. “[Michelle Farrell] is a very special person who is so kind to everyone, and I feel very lucky to have her as my pharmacist,” she continues. Freeland reports that she would definitely recommended MTM to her friends. “Everything was explained, and it was very helpful to get that knowledge, and know what I need to about my medications, as well as what I need to talk to my doctor about.”

Physicians are appreciative when the pharmacy staff informs them of various medication-related issues their patients have. “We see the patient every month, but physicians usually see [their patients] every 6 months, so they welcome information from us when patients experience adverse events or are nonadherent for various reasons.” Farrell continues to describe the positive impact MTM services have had on the pharmacy’s relationships with physicians in the area. “Performing MTM full consultations has elevated the level of respect from other providers, by demonstrating the value we provide to the patient’s care.”
Studying Patient Perceptions

Both providers and payers are becoming increasingly aware that lack of patient demand for MTM services represents an important barrier to the delivery of services that could improve outcomes and control costs. Although the data to support the provision of MTM are strong enough to warrant its inclusion in the Affordable Care Act as one of the strategies to reform health care in this country, more work must be done to educate patients about MTM's value.

The MTM environmental scan described in this digest found that payers indicated “patients are not interested or decline to participate” was the most significant challenge to offering services, and was the highest rated barrier for the past several years. Other research also has found this issue to be an important barrier. Perceived barriers to the provision of MTM were assessed by Blake and Madhavan, who surveyed 906 community pharmacists in West Virginia. The researchers found that “patients’ willingness to participate” was the most important factor for facilitating MTM services. Interestingly, the vast majority of survey respondents reported that, if given the choice, they would prefer to work in a pharmacy that offers MTM services. These findings point to the need to better understand patient perceptions of MTM to increase their receptivity to the service.

Several researchers have explored patient perceptions of pharmacist provision of MTM services. Friedrich and colleagues assessed the perspectives of 683 patients at grocery store chain pharmacies in the Chicago area. This investigation found that patients were interested in MTM services, recognized pharmacists as the providers of the services, and would be willing to pay for the services. Patients were interested in the service regardless of their age or the number of medications they were taking daily. The amount that they reported being willing to pay would not be enough to support a self-pay MTM service; however, if they had insurance coverage, it would be enough to support copays for the service.

Kuhn and colleagues surveyed 214 patients who had received a comprehensive medication review at grocery store pharmacies in Ohio. This survey found that patients often did not see a distinction between the medication review and the prescription counseling they receive at the point of dispensing. Thus, this research points to an increased need to educate patients about the value of the medication review. The researchers concluded that patients’ expectations of the types of services that pharmacists provide must shift to increase patients’ awareness of how they can work with pharmacists to improve outcomes. An increased understanding of pharmacists’ services would stimulate patients’ interest in participating in an MTM service.

Truong and colleagues conducted a survey to determine patients’ perceptions and expectations of MTM services in the community pharmacy setting in Maryland and Delaware. In this survey, 49 of 81 patients had never heard of MTM services, and only 16 patients had personally received a medication therapy review. However, more than half (n = 45) reported perceiving the value of the service, and believed that the service could improve medication use.

APhA has embarked on an independent study that is being supported by Anthurium Solutions, Inc. (POET), that looks at the value of MTM services from the consumer perspective. As of March 4, 2011, 295 responses had been received and analyzed. These data indicate that patients have a positive view of MTM services. Patients were asked to rate several items on a scale of 1 to 5, where 1 = “I strongly disagree” and 5 = “I strongly agree.” The results are shown in the table below:

### Patient Perceptions of MTM Services in the APhA-Anthurium Survey

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree or Strongly Agree</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>My pharmacist treated me with respect while providing MTM services.</td>
<td>98%</td>
<td>4.7</td>
</tr>
<tr>
<td>My pharmacist explained my medications clearly.</td>
<td>98%</td>
<td>4.7</td>
</tr>
<tr>
<td>My pharmacist answered all my questions during my MTM visit.</td>
<td>98%</td>
<td>4.7</td>
</tr>
<tr>
<td>I am happy with the care my pharmacist provided during my MTM visit.</td>
<td>97%</td>
<td>4.7</td>
</tr>
<tr>
<td>My pharmacist is an important health care provider for me.</td>
<td>97%</td>
<td>4.6</td>
</tr>
<tr>
<td>My pharmacist knows a lot about medications and about health problems.</td>
<td>97%</td>
<td>4.6</td>
</tr>
<tr>
<td>The care I get from my pharmacist will help me be healthy.</td>
<td>97%</td>
<td>4.5</td>
</tr>
<tr>
<td>I understand my medications better because of my MTM visit.</td>
<td>96%</td>
<td>4.6</td>
</tr>
<tr>
<td>My pharmacist gives me help that I can’t get from anyone else.</td>
<td>89%</td>
<td>4.3</td>
</tr>
</tbody>
</table>

(n = 295)
Collectively, data from these studies indicate that patients may be receptive to MTM services. However, ongoing educational and marketing efforts may be needed to increase patient awareness of pharmacists as providers of such a service. Furthermore, achieving buy-in from other sources, such as employers who in turn recommend the service to their employees, may help stimulate additional interest in MTM services.

Moving Closer to Quality Measurement for MTM Services

A central theme of the Affordable Care Act is improving the quality of health care. However, defining and measuring quality in health care is not as straightforward as it initially appears and many organizations are involved in developing the framework needed to support these goals of quality care.

Several initiatives are underway to define, assess, and improve the quality of pharmacy services, including MTM. PQA, a pharmacy quality alliance, has led several of these initiatives to develop and test pharmacy measures, and to create “report card” systems for communicating performance on quality measures. Several of these measures are currently being tested in pharmacy practice.

In 2009, PQA completed Phase I demonstration projects of pharmacy quality measures. Phase II projects are currently in progress with initial results expected in 2011 and overall outcomes in 2012. These Phase II projects include:

- A unique point-of-dispensing adherence intervention that could easily be implemented in any community pharmacy. The impact of improved adherence on health care spending will be assessed.
- An assessment of pharmacist-provided MTM on adherence to chronic medications and subsequent health care utilization. This project will employ both telephonic and face-to-face MTM consultations.
- The effectiveness of telephonic MTM interventions that will be triggered by clinical rules from a centrally located pharmacy claims database.

Outcomes from these demonstration projects will be used to guide development of report cards and generate outcomes data to help shape future models for MTM service delivery. PQA also is involved in projects to assess innovative strategies that expose patients to new services, such as targeted adherence interventions, develop best practice models, and survey patients about the perceived quality of services.

The Agency for Healthcare Research and Quality (AHRQ) also has been integrally involved in assessments of quality. AHRQ examines the comparative effectiveness of medications, devices, and interventions, including MTM and other clinical services provided by pharmacists. As a component of AHRQ’s research, pharmacists’ clinical services have been noted to be efficient, cost-effective methods for delivering quality health care.

Other AHRQ-funded research projects that evaluate the importance of MTM services are underway. Innovative models being studied include accountable care organizations and medical homes, which provide opportunities for pharmacist involvement.
Discussion

Over the 4-year course of the environmental scan (2007–2010), the value associated with pharmacist-provided MTM services has shown that the most important factors for deciding to provide MTM services have remained similar. More than 50% of provider respondents reported the following factors as being very important: (1) responsibility as a health care provider, (2) patient health needs, (3) recognized need to improve health care quality, (4) contribution to health care team, and (5) professional satisfaction.

In general, payers are not using CPT codes for billing. In some cases, this may be attributable to “in-house” delivery of services, and thus billing codes are not required. In other cases, submission of service documentation is sufficient for payment from MTM vendors and specific billing codes are not required of pharmacists. Although the majority of respondents could not provide an ROI, it appears that those who did were becoming more sophisticated in monitoring their services.

Both payer and provider survey respondents generally reported an increase in the provision of MTM services. These findings, against a backdrop of continued economic uncertainty, indicate that MTM is likely to continue to be an integral service element for pharmacists. These data may reflect the effect of 2010 regulations for CMS, which required more substantial MTM services from Medicare Part D prescription drug plans. Similar robust regulations became law in 2010 through the signing of the Affordable Care Act and may become an important model for other third-party payers as MTM services continue to evolve.

Furthermore, data indicate that MTM service provision is aligning with the MTM definition and core elements service model. From 2007 (when the environmental scan survey was first conducted) to 2010 (as reported in this current digest), the proportion of payers providing MTM services that meet the consensus definition has risen from 62% to 86%. Majorities of both providers and payers report providing seven of eight elements “often” or “always.”

Other requirements of the Affordable Care Act also may stimulate increased use of MTM services. Although the MTM grant provision of the law has yet to be funded, provisions that are designed to reduce hospital readmissions, Independence at Home demonstration projects, patient-centered medical homes, and accountable care organizations potentially may include pharmacist-provided MTM services as a strategy to improve clinical outcomes and control costs.

Research on the national pharmacist workforce has assessed the time spent on patient care services and medication dispensing activities. The authors reported that 43% of the workforce contributed to patient care service provision. They also found that more than 10,000 pharmacists are trained and become licensed each year in the United States. These newly-degreed pharmacists have earned PharmD degrees, indicating that their training has had an increased emphasis on providing patient care. The shifting competencies of the workforce will continue to increase the capacity for patient care service provision, including MTM.

The findings from the 2010 MTM services environmental scan and comparisons with previous years indicate that MTM continued to grow and mature in 2010. In addition, consistencies among findings from year to year indicate that some aspects of MTM have become established within the organizations that are providing and paying for these services. However, the findings also reveal that more work remains to better integrate MTM between organizations and patients serviced, with greater outreach efforts needed to enhance patient receptivity.

Many initiatives are underway to further assess the effect of MTM on patient outcomes and the quality of health care services. Data generated from these initiatives can be used to guide the development of future programs and help pharmacists further refine their services to provide the best possible outcomes for patients. Ongoing efforts to build patient awareness and demand will likely support expanded service uptake and implementation.
References


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