



Medication Therapy Management

Summary of Partnership-Building Recommendations

Purpose of this Document

An overview of pharmacist integration into primary care with key recommendations, citations, and resources for building a partnership. Pharmacists have a diverse skillset to offer in the management of patients with chronic disease, but have historically been overlooked as integral members of the care-team. This document offers an approach for advocating to include the pharmacist within the care team, including within an Accountable Care Organization. This document focuses on services that impact chronic disease prevention and management, mainly heart disease and diabetes.

Background

A team-based approach with the inclusion of a pharmacist can have a positive impact on chronic disease outcomes.^{1,2} Pharmacists collaboration can be formalized by hiring a pharmacist within the practice, utilizing a Collaborative Practice Agreement, or establishing a Business Agreement. A Business Agreement should outline the responsibilities expected of each partner, any key metrics or reporting that is expected, how communication will occur, and detail financial arrangements. Increasingly, primary care providers are members of an Accountable Care Organization. It may seem more difficult to establish a Business Agreement with an ACO rather than an individual provider, but pharmacists around the country have shown it can be done successfully. Further, these pharmacists have demonstrated the benefits of partnership through their results.³

What does a primary care collaboration look like?

There are many services a pharmacist can offer to a primary care team for the management of patients with chronic disease. For the purposes of this document, we will focus on a subset of those that impact heart disease and diabetes. Medication Therapy Management (MTM), Chronic Care Management (CCM), and Collaborative Practice Agreements (or Collaborative Drug Therapy Management Agreements, CPA/CDTM).

MTM is a patient-centered, collaborative set of services that focus on medication appropriateness, effectiveness, safety, and adherence with the goal of improving health outcomes. Patients with a history of non-adherence, multiple chronic conditions, a recent transition in care, or high risk medications may all be good candidates for MTM services.

CCM is a set of non-face-to-face Medicare billable service that covers additional care management and access to care for eligible high-risk patients. These non-face-to-face services include phone calls

¹ McBane SE, Dopp AL, Abe A, Benavides S, Chester EA, Dixon DL; American College of Clinical Pharmacy. Collaborative drug therapy management and comprehensive medication management, 2015.

² Academy of Managed Care Pharmacy. Practice advisory on collaborative drug therapy management. https://www.amcp.org/sites/default/files/2019-03/Practice%20Advisory%20on%20CDTM%202.2012_0.pdf

³ G Hale, C Moreau, T Joseph, J Phyu, N Merly, N Tadros, MM Rodriguez. Improving Medication Adherence in an ACO Primary Care Office With a Pharmacist-Led Clinic: A Report From the ACORN SEED. Journal of Pharmacy Practice, 0897190020934271



and emails with the patient as well as coordination between providers as a direct result of interaction with the patient. Codes for this service are included in the Medicare Physician Fee Schedule and cannot be billed directly by pharmacists. However, many key components may be conducted by a pharmacist in a clinical staff capacity. Pharmacy staff and office managers can also provide support for non-clinical components. Patients eligible for this service include those with two or more chronic conditions that place the patient at risk of death or functional decline.

CDTM, as defined by the Louisiana Board of Pharmacy: that practice in which a pharmacist, to the extent authorized by a collaborative drug therapy management agreement, voluntarily agrees with a physician registered with the Louisiana State Board of Medical Examiners to manage the disease specific drug therapy of one or more patients of such physician, within a predetermined range of medication selected by the physician and set forth in a written protocol.

Pharmacists can provide expert guidance on current medication guidelines for treatment of individuals with heart disease and diabetes. Ensuring that you are current on these recommendations and able to provide protocols to providers is a way to make an impact and demonstrate your value.

- [American Heart Association Hypertension Algorithm and Guidelines](#)
- [Flip the Pharmacy Change Package: Hypertension](#)
- [2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines](#)

For ideas on more specific activities that overlap with primary care quality objectives related to heart disease and diabetes management, [see this chart](#).

Why an ACO?

Accountable Care Organizations are groups of providers that have voluntarily come together to improve their capacity to deliver high-quality care. This goal is in alignment with a team-based care approach and inclusion of a pharmacist. ACO's succeed by delivering high quality health care at a reduced cost to the health system, through innovative and collaborative approaches. Pharmacists add value to the health system and can reduce costs through reduced hospital readmissions, improved blood pressure and glucose control, and reduced high-risk medications.⁴

How do you approach an ACO?

First of all, think about providers you may already have strong relationships with. These providers can serve as a strong champion or advocate for you to ACO leadership. Primary care physicians may serve on the board of an ACO. Let your partner providers know you are interested in enhancing your partnership and ask if they can facilitate an introduction to ACO leadership.

⁴ Chisholm-Burns MA, Kim Lee J, Spivey CA, Slack M, Herrier RN, Hall-Lipsy E. US pharmacists' effect as team members on patient care: systematic review and meta-analyses. Med Care 2010.



Most primary care providers that are part of an ACO will need leadership approval before entering into this type of Business Agreement. If you don't have an existing relationship with the ACO you can reach out directly to an ACO executive.

If possible, find out before you meet the type of risk model in which the ACO participates. There are two basic Medicare ACO models. Sites participating in the Shared Savings model receive a portion of cost-savings for meeting certain quality standards, but are not penalized for increased spending on patient care. In the Shared Risk model, sites are liable for a portion of spending above certain thresholds, but they are eligible for a higher portion of savings if they meet quality standards. In either scenario, your skills can aid the ACO in meeting these quality measures. Consider whether your business agreement will reimburse you for each patient you see, the minutes you spend with each patient, or a monthly fee that is a portion of the shared savings from the risk model.

When you meet with executives, present a clear vision for partnership highlighting the benefits of pharmacist inclusion. Ask any ACO what their top three concerns are, medication management is likely to be among these. A pharmacist is the team member best equipped to address this issue. The inclusion of a pharmacist can save lives and save money.

How do you prove your value?

It is important to be able to demonstrate your value to the ACO and other partner providers. In an initial meeting, find out with which quality measures they are most concerned. Find out which patients are having the most difficulty with medication adherence. Assess the data available to you in your software that will allow you to show the impact you are having in these areas. If you have the capacity, consider selecting a small group of patients and providing your services for free for a trial period. This will allow you to have a subset of patients to track and show pre and post intervention results. It will also give you time to build your relationship with individual providers. Gaining their buy-in to the partnership will help build your case to ACO or practice leadership. Some outcomes to consider are:

- Provider satisfaction (can be done through a brief survey of partnering providers)
- Patient satisfaction (can be done through a survey at the point of service or as a follow-up)
- Medication adherence
- Disease quality outcomes (A1c control, blood pressure, control, lipid levels)

Key elements to a successful partnership

As you work with the ACO or practice leadership to define the workflow and process, keep in mind several key elements that are likely to help you succeed.

Team-based care means that efficient communication is essential, including ease of access to information. Much of this collaboration, and much or all of the patient interaction, can be telephonic. If the provider group/ACO can provide access to their Electronic Health Record (EHR), even for minimal use such as reading notes and the medical record, this increases the efficiency of the communication process and means less work for all members of the care team. Making sure you have a simple process in place for resolving medication recommendations is essential.



Find a champion within the practice that can help build your relationship with other providers and with patients. A Care Manager may be a good individual to help identify patients who would most benefit from pharmacy services and can facilitate the referral and follow-up with other providers.

Resources

- [ACORNSEED Educational Videos](#)
- [Practical Strategies for Pharmacist Integration with Primary Care](#)
- [Community Pharmacist integration into team-based care provided by an Accountable Care Organization \(ACO\): A toolkit for future partnerships](#)

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