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Louisiana's Health Initiative

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No disclosures





Making MTM Work in Community Pharmacy

Presented by Raven Jackson, PharmD



Presentation Objectives

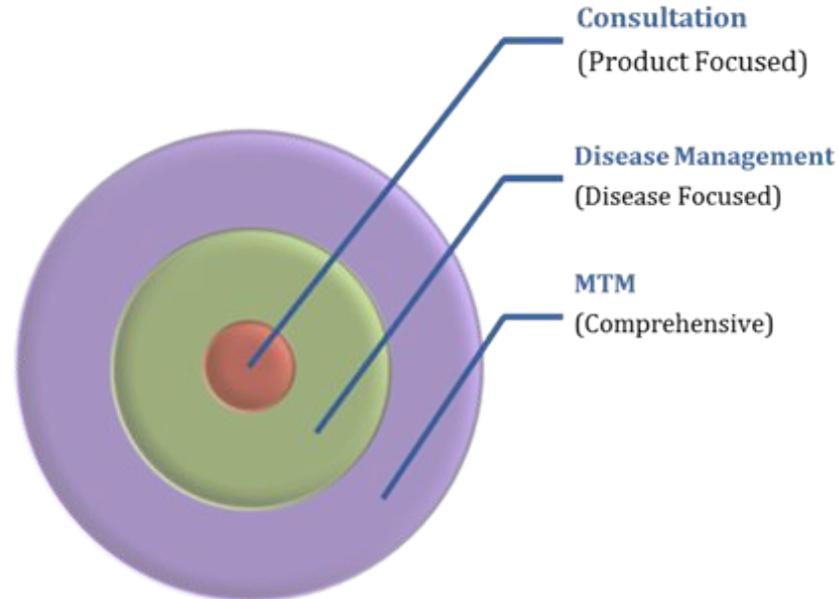
1. Define MTM and discuss how it differs from counseling and disease state management
2. Discuss background regarding Part D MTM services
3. Evaluate differences between CMRs and TMRs and review techniques for effective patient encounters
4. Discuss strategies for successful MTM program implementation
5. Illustrate methods of developing non-Part D MTM programs

What is Medication Therapy Management?





MTM vs Disease State Management vs Counseling





MTM and Part D

Medicare Modernization Act of 2003 (MMA) under 423.153(d) requires that a Part D sponsor must have established an MTM program that:

- Ensures optimum therapeutic outcomes for targeted beneficiaries through improved medication use
- Reduces the risk of adverse events
- Is developed in cooperation with licensed and practicing pharmacists and physicians



CMS Requirements for Part D Plans

For beneficiaries to be MTM eligible, they must:

- Have multiple chronic diseases **AND**
- Take multiple Part D drugs **AND**
- Be likely to incur annual costs for covered Part D drugs that exceed a predetermined level
 - *Changes every year ~\$4,000 (2019)*



CMS Requirements for MTM Providers

1. **Interventions** for beneficiaries and providers
 - a. Usually targeted to a specific Medication Related Problem
 - i. Dose too high
 - ii. Dose too low
 - iii. Needs new therapy
 - iv. Beers criteria
 - v. etc.
2. Annual comprehensive medication review (**CMR**)
 - a. Lengthy (~1 hour for completion)
3. Quarterly targeted medication reviews (**TMRs**), with follow up if necessary
 - a. Short reviews, generally after a CMR



Incorporating MTM into Workflow

- Technology
 - Being able to effectively use your MTM portal
- Synchronization
 - Can your MTM portal be linked to your regular dispensing/verification portal?
 - Consider the impact of POS
- Staff
 - Training all pharmacists
 - Utilizing technicians and students
 - Obtaining background information
 - Scheduling CMRs
 - Managing the MTM portal
 - Submission of documentation and billing
 - Having a designated point person/people



Improving MTM Effectiveness

- Dedicating and blocking off set days and times for CMRs outside of the daily pharmacy workflow.
 - a. Setting a 45- to 60-minute time limit for each CMR session
 - b. Reviewing a patient's medication profile before the CMR session
- Requesting that a patient bring his or her latest diagnostic lab results to the CMR session
- Identifying potential additional clinical service opportunities that could be presented to the patient during the CMR session.
- Following an established protocol for informing physicians and prescribers of identified DTPs
- **Following an established agenda for each CMR session**



Core Elements of MTM

- Steps to completing a CMR:
 - Medication therapy review (MTR)
 - Pharmacist review of medications (OTC and Rx)
 - Development of problem list
 - Personal medication record (PMR)
 - Consolidated list of medications, after reconciliation
 - Medication-related action plan (MAP)
 - Action steps for the patient to continue
 - Intervention and /or referral
 - Action steps for the pharmacist to complete
 - Ex: contacting a provider for a drug change
 - Documentation and follow-up
 - Billing purposes
 - MAP and PMR are sent to the patient if not given during the visit



Effective Patient Interaction Techniques

- Motivational Interviewing
 - Collaborating with the patient for joint-decision making
 - Elicits internal motivation from the patient
 - Responsibility lies with the patient, they develop their own action plan
 - RULE principle
 - Resist the urge to “right” the patient
 - Understand the patient’s own motivations
 - Listen with empathy
 - Empower the patient
- Teach Back Method
- Utilize open ended questions as well as close ended questions



Non Part D MTM Programs

- **Public**
 - State Medicaid
- **Private**
 - Traditional insured groups
 - Managed-care
 - Self-insured employers
 - **Self-paying individual patients**

Creating an MTM Service Model

SWOT Analysis for an MTM Practice

Strengths

- Excellent clinical skills
- Specialized disease state training
- Excellent communication skills
- Experience providing patient care services
- Positive reputation in the community
- Strong relationships with area physicians

Opportunities

- Community with large population of patients with multiple chronic health conditions
- Several physicians in community who are supportive of MTM
- Growing number of patients in the community enrolled in Medicare Part D plans with robust MTM programs

Weaknesses

- Need to enhance documentation skills
- Time constraints
- Unsure how to estimate demand for services

Threats

- Many patients in community are uninsured or do not have third-party coverage for MTM services
- Some regional payers use call lines staffed by nurses to provide services and need education about the value of having services delivered by a pharmacist

MTM = medication therapy management; SWOT = strengths, weaknesses, opportunities, threats.

This SWOT analysis is for use in conjunction with *Medication Therapy Management Services: Developing a Practice as an Independent MTM Pharmacist*, page 1. © 2008 by the American Pharmacists Association. All rights reserved.



Creating an MTM Service Model

When selecting services to offer, consider:

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



Partnering with Self-Insured Employers

- Potential for Success
 - Self insured employers pay for employees health care directly
 - Strong emphasis on health care costs
 - Directly impacted by employee health (i.e. absenteeism, effectiveness)
 - May be room for negotiating reimbursement



Establishing a Self-Pay MTM Service Model

Cost Analysis

- Direct Costs
 - Potentially additional training for staff
- Indirect Costs
 - Personnel
 - Materials and Supplies
 - Equipment/Technology
 - Considerations:
 - Amount of space the service requires
 - Proportion of total sales the service accounts for



Appropriate Patients for MTM Services

- Have been transitioned from one care setting to another and prescribed a new medication regimen.
- Receive care from more than one prescriber
- Take five or more chronic medications
- Have at least one chronic disease or chronic health condition
- Have lab values outside the normal range that could be caused by or improved with medication therapy
- Have demonstrated nonadherence to the medication regimen (including underuse and overuse)
- Have issues of limited health literacy or cultural differences and require intensive communication to optimize care
- Want or need to reduce out-of-pocket medication costs.
- Have recently experienced an adverse event (medication or non-medication related) while receiving care



Points to Consider

Part D has set the framework for MTM, but the opportunities are endless



Utilize your entire team to improve MTM delivery



When conducting a CMR, there is generally always an intervention to be made



Consider what you already have in place, and try to make MTM work around that



References

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Questions?

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