

Medication Management Podcast – Transcript
Techniques on Managing Complex Medication Regimens

Host: Hello, this is John DeStefano from the New England QIN-QIO. Thank you for joining today's podcast. Our topic for today is:

“Techniques on Managing Complex Medication Regimens”

I'm pleased to have seasoned leader in the pharmacy community, Marghie Giuliano, R.Ph., CAE, and Executive Vice President of the Connecticut Pharmacists Association as our guest speaker today. Marghie is here to help us better understand Medication Therapy Management, and how patients can benefit from it.

Guest: Thank you John, I'm glad to participate in this podcast.

Host: Let's start by talking about what exactly Medication Therapy Management is?

Guest: Medication Therapy Management, or MTM, is a range of services aimed at optimizing therapeutic outcomes for patients. It is designed to improve collaboration among those on the patient's healthcare team to optimize medication use for improved patient outcomes. MTM is a process by which pharmacists meet with patients to identify and resolve medication-related problems. During face-to-face discussions with patients, we perform a comprehensive medication review to assess a patient's medical history, clinical status, and medication experiences. Then, we collaborate with other members of the patient's health care team to create and implement plans to resolve drug-related problems, maximize the therapeutic value of medication therapy, and help patients move towards their therapeutic goals. MTM really aims to empower patients to take a more active role in managing their medications.

Host: That sounds pretty comprehensive. How would you go about selecting a patient?

Guest: While MTM is something that any patient who takes medication can benefit from, those who appear to benefit most are those who:

- Have experienced a transition of care and his/her medication regimen might have changed
- Are receiving care from more than one prescriber
- Patients who might be taking five or more chronic medications
- Have at least one chronic disease or chronic health condition
- Have laboratory values outside the normal range that could be caused by or may be improved with medication therapy, or
- Have demonstrated non-adherence to a medication regimen

Host: Thank you. Once patients are selected, how can you engage them?

Guest: Patients with a potential need for MTM services can be identified by the pharmacist, any other member of the healthcare team, the health plan, or even the health system (ACO) can identify patients

through parameters set in a health record, or the patients themselves when medication-related problems are suspected. Engaging patients to take advantage of MTM services starts with education about the benefits of MTM services to their health. Patient waiting time can be transformed into learning time in both community pharmacy settings as well as in a medical office. Waiting room videos, patient-ready literature, and short educational prompts are examples of ways we can encourage patients to become involved. As with other health-related decisions, it is important to involve the patient in shared decision making related to medications.

Host: Thank you. So now that you have engaged with the patient, can you describe how you go about providing the service?

Guest: MTM services can be provided in many settings. My opinion is that following a consistent approach to the service delivery process is far more important than the venue where the care is being delivered, although venues that allow efficient access to comprehensive patient records and the patient's prescribers are likely more desirable.

Host: Interesting. Can you give us an example?

Guest: Sure. For ambulatory patients, MTM services typically are offered by appointment similar to how a patient would encounter his or her medical care provider. In other patient care settings, the environment in which MTM services are delivered may differ because of variability in structure and facilities design. Videoconference-based MTM is being explored in our state for its application. This method has the advantage of improving access to pharmacist services in rural and medically-underserved areas and to patients with access-related barriers. For example someone who is homebound or has challenges getting to a physicians office, although it likely won't replace the need for face-to-face pharmaceutical care visits for all patients.

Host: What are some of the outcomes you'd expect?

Guest: Previous research has demonstrated that MTM programs lower total health expenditures. MTM programs can also play an important role in helping health plans and health-related organizations meet quality, safety, and financial benchmarks by effectively assisting in the management of high-risk patient populations.

Host: So it sounds like there might be some variability by state. Do you have any information about how the outcomes are broken down by state?

Guest: Yes, in Connecticut, a Medicaid Demonstration Program in 2009, demonstrated an annual savings of \$1500 per patient, which was realized through reductions in costs related to medications, medical care, hospitalizations, and emergency room visits. In other states, integrated medication management services have improved achievement of therapy outcomes such as the percentage of diabetes patients optimally managed (composite of A1c goal, LDL goal, BP goal, aspirin use, and no smoking; see JMCP 2014;20:1152-1158).

Host: That's great. Let's switch gears to the topic of medication adherence in MTM. Is this something you monitor for? If so, if a patient is non-adherent, what are some techniques you can do to improve adherence?

Guest: As medications truly work best in patients who take them, adherence should absolutely be a focus of MTM visits. Adherence questionnaires can be useful to elicit information about patient's medication-taking behaviors. For patients who forget to take medication, the pharmacist can utilize medication calendars and pill boxes, or help patients to identify things that she or he does each day at roughly the same time so as to pair it with a medication administration. Some patients will respond to more detailed information about reasons why taking the medication will improve their health, prevent a complication.

Host: I'm sure this is an issue that comes up all the time, but what if the patient has an issue paying for their medication?

Guest: If cost is a barrier, the pharmacist can research less-expensive alternatives when possible. This might include recommending a switch to a medication in the same therapeutic class that is available generically, or researching the patient's specific insurance plan to determine if there are formulary medications whose use results in a lower out of pocket expense for the patient. As plans are updated regularly, a medication that was "covered" or in a "lower copay tier" in the last plan year, may change each new calendar year, so it definitely is a challenge.

Host: This all sounds great, so how do I access this service?

Guest: Some states, like Minnesota, have very mature team-based care models, where medication management services are consistently available every day and pharmacists are working alongside other members of the healthcare team. Connecticut has had success with several MTM pilot programs and there are several emerging comprehensive MTM models either in use or being developed at Connecticut's hospital-affiliated clinics, large accountable care organizations, and within primary care physician organizations. More and more prescribers are learning the value of pharmacist-provided MTM services, and requesting such services for their patients. Additional outreach to the community through public service announcements and direct advertising can also encourage patients or their caregivers to request these services on a regular basis.

Host: So this sounds like a really comprehensive program, and there are a lot of facets to it. I'm wondering, who pays for it?

Guest: That's a good question. Payment arrangements vary based on the location of care. Pharmacists practicing in a hospital outpatient or physician office setting may bill for services under a mechanism that is tied to supervision by a licensed independent provider such as a physician or advanced practice nurse (called facility fee billing or incident-to billing). Options for community pharmacy-based pharmacists to receive reimbursement for direct patient care services is still quite limited.

Host: What could you do to address the challenges that community pharmacists face regarding payment arrangements?

Guest: There are Medicare Part D MTM service codes through which pharmacists in the community setting may obtain reimbursement, but the services allowed are limited and not generally comprehensive and they vary by payer. Factors that would facilitate broader reimbursement of pharmacist services and would therefore improve access to vital services such as comprehensive MTM include:

- Statutory recognition of pharmacists as healthcare providers under federal Medicare Part B;
- Standardization of billing methods for specific direct patient care services described in pharmacist scope of practice regulations, and
- Improved coordination between the pharmacy and medical benefit

Efforts need to be made to better connect pharmacists practicing in community settings with more robust, real-time health-related information used by other healthcare providers on the patient's care team. Expanding access to comprehensive MTM relies on better exchange of health information.

Host: Sounds like there is a little bit of work to be done. That being said, it sounds like MTM is very effective. What are some other ways that MTM can improve patient care?

Guest: Previous research has shown that dollars are wasted every year because of the misuse of medications. Comprehensive medication reviews can eliminate unnecessary medications, when different medications are needed or doses are too low for effect, when patients are experiencing adverse drug reactions or doses are too high for safety, or when patients are not able to adhere to prescribed therapies. When left undetected or unresolved, these medication problems may result in adverse drug events that cause additional health problems for patients, doctor's visits, emergency room visits, hospital admissions and readmissions, all which can contribute to higher costs of care.

Host: This was a great overview. It seems like MTM is a vital service for patients.

Guest: It really is. Ensuring the safe and effective use of medications is a critical need for patients and for the health plans that insure them. Success can be found through teamwork. By leveraging the distinct skillset of pharmacists to help patients make the most of their prescribed therapies, the team can produce improved clinical, quality, and financial outcomes. And most importantly, patients get more value and satisfaction from their care.

Host: I agree, and thank you for being here today to discuss this important topic. Where can our listeners go to find more information and latest updates about MTM?

Guest: There are several places listeners can go to get more information about MTM.

- The American Pharmacists Association (APhA) has a great resource that is very complete and user friendly that can be found at www.pharmacist.com

- The Connecticut Pharmacists Association is another great resource that listeners can contact if they have any questions about MTM.

Host: I would like to thank Marghie Giuliano, from the Connecticut Pharmacists Association, for sharing her insight into MTM. That concludes today's podcast. I'd like to thank Marghie again for sharing her experience and helping us understand what MTM is and why it is so important. Thank you to everyone for listening, we hope you have found this podcast useful.

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