

# Medication Therapy Management Services – Opportunities to Collaborate

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## Objectives

1. Describe key considerations for pharmacist provision of Medication Therapy Management services at a given practice site
2. Compare and contrast existing Medication Therapy Management opportunities available for pharmacists in South Dakota





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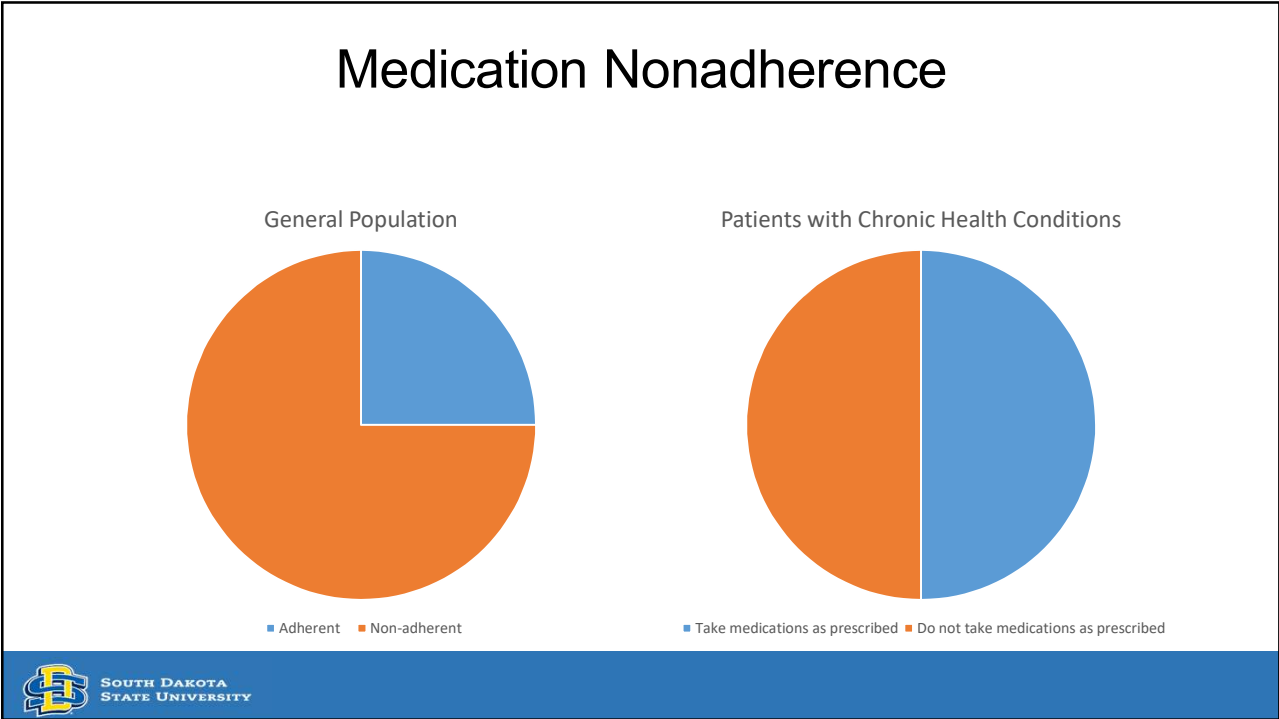
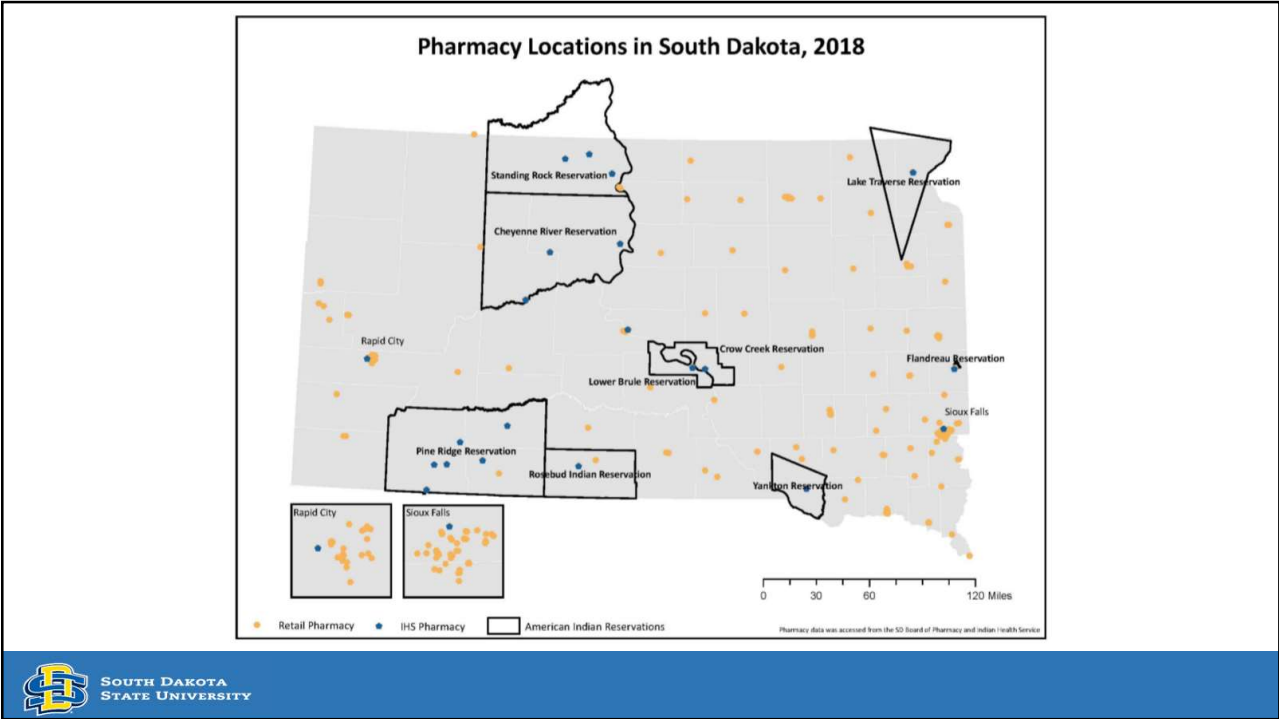
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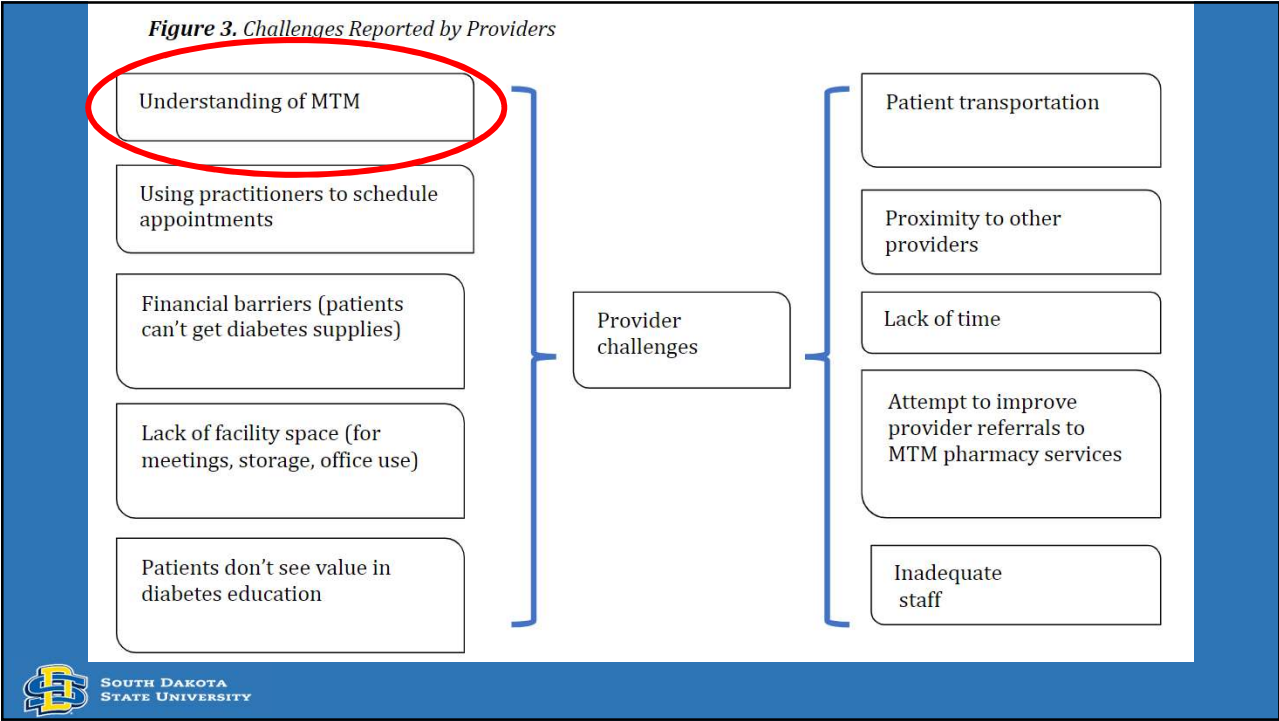



**Pharmacy Practice in South Dakota**





# Year One Landscape Analysis: Selected Excerpts



## Health Plan Perspective

- Webinars to educate on MTM reimbursement
- Educational tools for providers and health plan employees on MTM
- Educational efforts for providers to understand the role of pharmacists and what services they can provide for their patients
- Policies on MTM reimbursement



“The thing is... you see the pharmacist way more than a doc,” *-Patient*

Pharmacists often mentioned a basic understanding of MTM but had not had adequate training in a professional capacity.

Overall, there continues to be lack of awareness of MTM services and the enhanced role that pharmacists could play within the healthcare system. This unawareness was present among participants in all three groups of the project; once it was explained more, there was a general consensus that MTM services would be a welcomed addition to chronic disease management.



## Training Opportunities

- SDSU is offering the following American Pharmacists Association training:
  - This summer:
    - APhA Delivering Medication Therapy Management Services
      - **\*\*Next session offered June 3rd\*\***
  - Starting this fall:
    - APhA Pharmacy-Based Cardiovascular Disease Risk Management
    - APhA The Pharmacist & Patient-Centered Diabetes Care
- Recorded Webinars:
  - Role of the Pharmacist on the Healthcare Team
  - MTM and Health Home
  - <https://doh.sd.gov/diseases/chronic/heartdisease/MTM.aspx>



## Medication Therapy Management Background



## Medication Therapy Management

- Original consensus definition from the pharmacy profession:
  - Medication Therapy Management (MTM) is defined as a “distinct service or group of services that optimize therapeutic outcomes for individual patients” that are “independent of, but can occur in conjunction with, the provision of a medication product”
    - Medication Therapy Reviews
    - Pharmacotherapy Consults
    - Anticoagulation Management
    - Immunizations
    - Health and Wellness Programs
    - Other Clinical Services

Bluml BM 2005



## Medication Therapy Management

- Since this time, the term Medication Therapy Management has evolved to mean a specific group of services payable by both Medicare and some private insurances based on definitions in codified laws and regulations
- A revised and expanded definition in line with the intent of this original definition was approved in March 2018 by the Joint Commission of Pharmacy Practitioners (JCPP) Board of Governors utilizing the term Medication Management Services:
  - “Medication Management Services are a spectrum of patient-centered, pharmacist-provided, collaborative services that focus on medication appropriateness, effectiveness, safety, and adherence with the goal of improving health outcomes”

JCPP 2018



## Medication Therapy Management

- Medication Therapy Management as a distinct, payable group of services officially began as part of the Medicare Prescription Drug, Improvement, and Modernization Act
  - Commonly referred to as the Medicare Modernization Act (MMA) of 2003
- The main focus of this act was to create prescription drug coverage through Medicare known as Medicare Part D
  - Part D coverage was also an option added to the newly termed Medicare Advantage Plans (MA-PDs)
- Medicare Advantage Plans must provide at the very least the same benefits as Original Medicare (Part A & Part B) but can have different rules for cost/pricing and coverage restrictions
  - Also known as Medicare Part C



## Medication Therapy Management

- Goals of MTM per the MMA act:
  - (i) enhanced enrollee understanding to promote the appropriate use of medications by enrollees and to reduce the risk of potential adverse events associated with medications, through beneficiary education, counseling, and other appropriate means;
  - (ii) increased enrollee adherence with prescription medication regimens through medication refill reminders, special packaging, and other compliance programs and other appropriate means; and
  - (iii) detection of adverse drug events and patterns of overuse and underuse of prescription drugs.

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## Medication Therapy Management

- Required elements of MTM per the MMA act:
- (i) An **annual comprehensive medication review (CMR)** furnished person-to-person or using telehealth technologies (as defined by the Secretary) by a licensed pharmacist or other qualified provider. The comprehensive medication review-
  - (I) shall include a review of the individual's medications and may result in the **creation of** a recommended **medication action plan (MAP)** or other actions in **consultation with the individual** and **with input from the prescriber** to the extent necessary and practicable; and
  - (II) shall include **providing the individual** with a written or printed **summary of the results** of the review.

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## Medication Therapy Management

- Required elements of MTM per the MMA act:
- (ii) **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 (as defined by the Secretary).

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## The Stakeholders in MTM

- **Patients**
- Pharmacists
- Centers for Medicare & Medicaid Services (CMS)
- Medicare Advantage Plans/Medicare Part D Insurance Plans (MA-PD/PDP)
- MTM Vendor/MTM Intermediary



## The Stakeholders in MTM: Patients

- Minimum qualifications for automatic enrollment into MTM programs per CMS:
  1. 3+ core chronic conditions (plan must list at least 5 of the 9 categories below):
    - Alzheimer's Disease
    - Chronic Heart Failure (CHF)
    - Diabetes
    - Dyslipidemia
    - End-Stage Renal Disease (ESRD)
    - Hypertension
    - Respiratory Disease (Asthma, COPD, others)
    - Bone Disease (Osteoporosis, Osteoarthritis, Rheumatoid Arthritis)
    - Mental Health (Depression, Schizophrenia, Bipolar Disorder, others)
  2. 8+ medications billed through MA-PD/PDP
  3. Annual drug spend of \$4255+ (2020 threshold)
- Many MA-PD/PDPs will expand these minimum criteria to enroll more patients

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## The Stakeholders in MTM: Pharmacists

- Receive patient lists from MTM intermediary on a regular basis detailing which patients qualify for what service(s):
  - **Comprehensive Medication Review (CMR)**
  - **Targeted Medication Review (TMR)**
- Minimum MTM service requirements (completed by pharmacist or “other qualified provider”):
  1. Interventions discussed with both patients and prescribers
  2. Yearly **CMR**; if patient unable to participate, can do CMR with caregiver, prescriber, etc.
    - A. Written summary of discussion during CMR in CMS’ format for patients and provider
    - B. Updated personal medication record (comprehensive medication list)
    - C. Creation of medication action plan (MAP) for therapy changes to optimize care
  3. Quarterly **TMR** with follow-up as needed



## Comprehensive Medication Review (CMR)

- Defined by CMS as “a systemic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the patient, caregiver, and/or prescriber”
- Can be completed in many care settings, but generally provided by community pharmacist
- Designed to be interactive and ideally face-to-face (patient home, pharmacy, etc.)
- Given the patient population that qualifies for PDPs, caregivers are invited to participate in the CMR as applicable/necessary



## Comprehensive Medication Review (CMR)

- Review patient actual use and understanding of each prescription and non-prescription medication (OTCs, vitamins, herbals, etc.) they have
  - Actual use is key here – allows you to assess medication adherence for scheduled medications as well as frequency of use for PRN medications
  - Allows creation of **personal medication record** (comprehensive medication list)
- Discussion of medications should involve:
  - Actual or potential positive effects on goals of therapy (therapeutic outcomes)
  - Actual or potential negative effects (adverse drug reactions)
- From this discussion, a **medication action plan** is created that documents:
  - Any current or potential problems with existing therapy
  - Changes that can should be considered to resolve these problems
- A **written summary** of the CMR is created and shared with patient & prescriber (usually mailed to patient within ~7-14 days)



## Targeted Medication Review (TMR)

- Differ from CMRs in that they are focused on identifying and resolving one single medication therapy problem strictly based on clinical guidelines/standards of care rather than a comprehensive, patient-directed review of all medications
- MA-PD/PDP insurers analyze claims data and other health data at least quarterly to determine which actual or potential drug therapy problems need addressing via MTM
- TMR medication therapy problems may be addressed with the patient:
  - Separately from a comprehensive medication review on their own
  - During a comprehensive medication review



## Drug Therapy Problems

## Medication Therapy Problems

## Medication-Related Problems



## Drug Therapy Problems

- “A Drug Therapy Problem (DTP) is an event or circumstance involving a medication, or lack thereof, that actually or potentially interferes with the optimal therapeutic and/or economic outcome(s) of the medication.”  
-National MTM Advisory Board, 2013

National MTM Advisory Board 2013



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-National MTM Advisory Board, 2013
- The newer terminology for Drug Therapy Problem (DTP) is Medication Therapy Problem (MTP) or Medication-Related Problem (MRP)
  - These terms are interchangeable for all practical purposes
    - Partly due to the fact that biologics and biosimilar products are not technically drugs

National MTM Advisory Board 2013



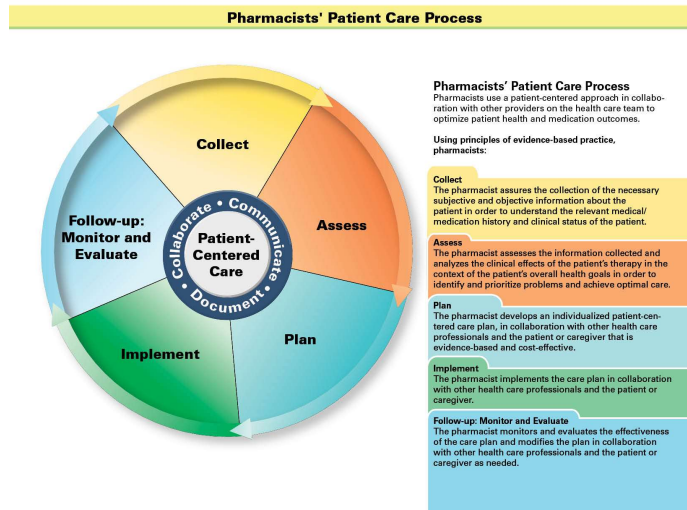
## Drug Therapy Problem Categories

- Indications/Appropriateness
  - Needs Therapy
  - Unnecessary Therapy
- Efficacy/Effectiveness
  - Suboptimal Drug
  - Dose Too Low
  - Cost Efficacy
- Safety
  - Adverse Drug Reaction
  - Drug Interaction
  - Dose Too High
- Adherence
  - Overuse
  - Underuse
  - Inappropriate Administration

National MTM Advisory Board 2013



# Pharmacists' Patient Care Process



JCPP 2014

SOUTH DAKOTA  
STATE UNIVERSITY

## Pharmacists' Patient Care Process: ASSESS

- The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care. This process includes assessing each medication for:
  1. **Appropriateness**
  2. **Effectiveness**
  3. **Safety**
  4. **Patient adherence**
- Health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care
- Immunization status and the need for preventive care and other health care services, where appropriate

JCPP 2014

SOUTH DAKOTA  
STATE UNIVERSITY



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  - Drug Interaction
  - Dose Too High
- Adherence
  - Overuse
  - Underuse
  - Inappropriate Administration

National MTM Advisory Board 2013



## Drug Therapy Problems: Indications/Appropriateness

- Needs Therapy: missing a drug based on PMH
  - Missing statin therapy if they have concomitant diabetes
  - Missing SL nitro PRN if they have angina history
- Unnecessary Therapy: no valid indication or too long of duration
  - BID PPI when patient reports no current GERD symptoms/ulcer history
  - Loop diuretic discontinued but potassium supplement is not discontinued too



## Drug Therapy Problems: Efficacy/Effectiveness

- Suboptimal Drug: better option available for that medical condition
  - Elderly female patient with uncomplicated UTI prescribed ciprofloxacin
  - Patient with only essential HTN prescribed clonidine twice daily
- Dose Too Low: lower dose unlikely to achieve optimal outcomes for condition
  - T2DM patient prescribed multiple oral agents but has metformin less than 1500 mg TDD
  - HFrEF patient on carvedilol 3.125 mg BID who has no bradycardia/other ADRs has never had dose increased
- Cost Efficacy: less expensive option available that is also safe and effective
  - Asthma patient prescribed ICS/LABA combo inhaler that is not on formulary
  - Patient prescribed pitavastatin for moderate-intensity statin and has yet to try anything else



## Drug Therapy Problems: Safety

- Adverse Drug Reaction: medication-induced side effect or negative outcome
  - T2DM patient with history of frequent yeast infections taking SGLT-2 inhibitor
  - Elderly HTN patient controlled by HCTZ prescribed oxybutynin for OAB
- Drug Interaction: drug-drug, drug-disease, drug-food, drug-OTC
  - Patient complains of muscle pain while taking gemfibrozil and simvastatin
  - AF patient on warfarin reports taking OTC ibuprofen regularly for aches/pains
- Dose Too High: higher dose is currently/may cause ADRs or negative outcomes
  - Female patient recently started zolpidem 10 mg as initial insomnia therapy and reports residual morning drowsiness
  - T2DM patient on glargine 100 units daily monotherapy reports BG highs postprandial but BG lows preprandial/fasting



## Drug Therapy Problems: Adherence

- Overuse: prescribed correct drug but takes more frequently than directed
  - Asthma patient has 'refill too soon' on albuterol MDI; second refill this month
  - Patient reports taking sumatriptan daily for migraines
- Underuse: prescribed correct drug but takes less frequently than directed
  - Hyperlipidemia patient prescribed lovastatin and forgets to take at bedtime
  - COPD patient doesn't see immediate benefit from tiotropium so doesn't take it
- Inappropriate Administration: prescribed correct drug but uses improperly
  - Asthma patient prescribed ICS has frequent prescriptions for antibiotics and nystatin rinse
  - Patient takes weekly bisphosphonate pill and promptly returns to bed



Indications/ Appropriateness	<ul style="list-style-type: none"> <li>• <u>Needs Therapy</u>: missing a drug based on PMH</li> <li>• <u>Unnecessary Therapy</u>: no valid indication or too long of duration</li> </ul>
Efficacy/ Effectiveness	<ul style="list-style-type: none"> <li>• <u>Suboptimal Drug</u>: better option available for that medical condition</li> <li>• <u>Dose Too Low</u>: lower dose unlikely to achieve optimal outcomes for condition</li> <li>• <u>Cost Efficacy</u>: less expensive option available that is also safe and effective</li> </ul>
Safety	<ul style="list-style-type: none"> <li>• <u>Adverse Drug Reaction</u>: medication-induced side effect or negative outcome</li> <li>• <u>Drug Interaction</u>: drug-drug, drug-disease, drug-food, drug-OTC</li> <li>• <u>Dose Too High</u>: higher dose is currently/may cause ADRs or negative outcomes</li> </ul>
Adherence	<ul style="list-style-type: none"> <li>• <u>Overuse</u>: prescribed correct drug but takes more frequently than directed</li> <li>• <u>Underuse</u>: prescribed correct drug but takes less frequently than directed</li> <li>• <u>Inappropriate Administration</u>: prescribed correct drug but uses improperly</li> </ul>



## The Stakeholders in MTM

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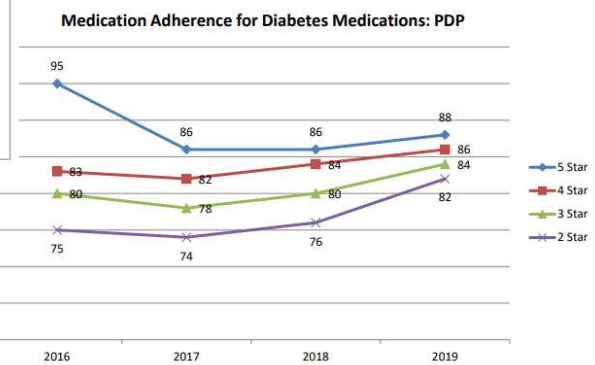
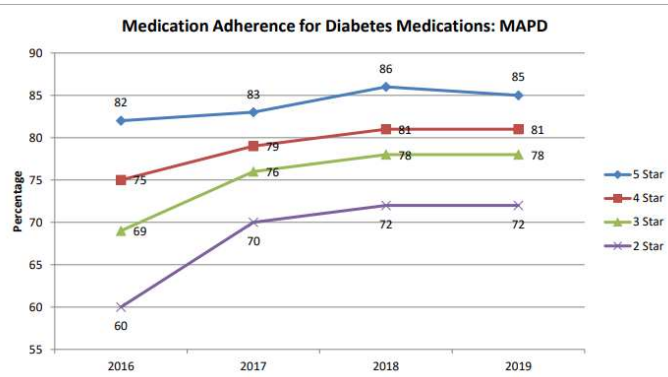
## CMS Performance Measures

- Adopts weighted performance measures to rate plans on annually
  - 33 measures Part C; 14 measures Part D (2020)
- 2019 Part D performance measures of interest to pharmacists include:
  - 3x weighted: Medication Adherence (PDC ≥80%) for Diabetes Medications (non-insulin)
  - 3x weighted: Medication Adherence (PDC ≥80%) for Hypertension (RAS antagonists)
  - 3x weighted: Medication Adherence (PDC ≥80%) for Cholesterol (statins)
  - 1x weighted: MTM Program Completion Rate for Comprehensive Medication Reviews
  - 1x weighted: Statin Use in Persons with Diabetes (formerly display measure, may be updated to 3x weighted in the future)
- Assigns Star rating to plan (1-5 stars) based on overall performance on measures
  - All measures rated individually then totaled for overall rating
  - Individual ratings for 3x weighted measures can influence overall rating heavily

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## CMS Performance Measure Data: DM Medication Adherence

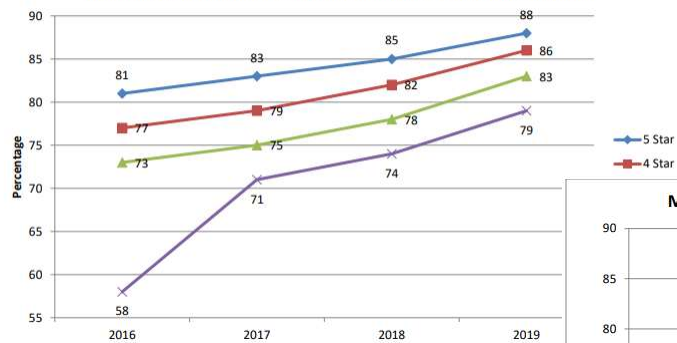


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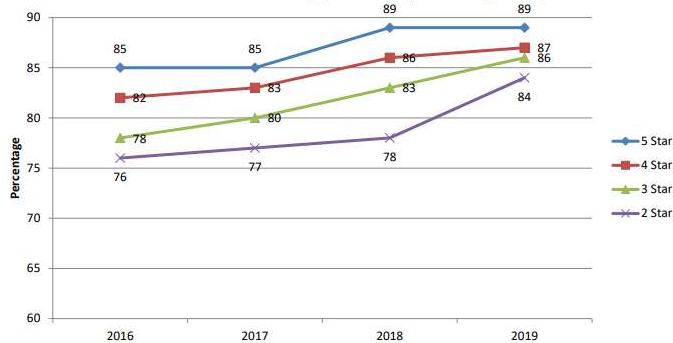


## CMS Performance Measure Data: RAS Antagonist Medication Adherence

Medication Adherence for Hypertension (RAS antagonists): MAPD



Medication Adherence for Hypertension (RAS antagonists): PDP

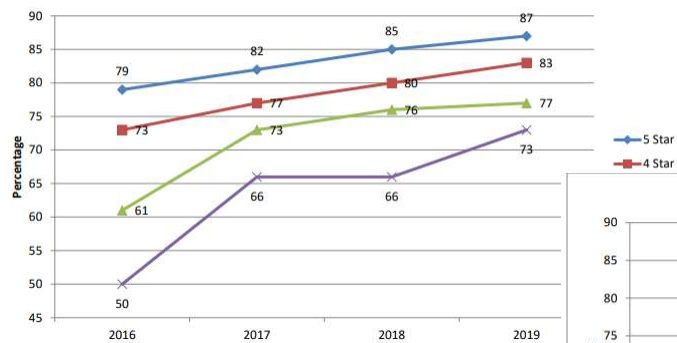


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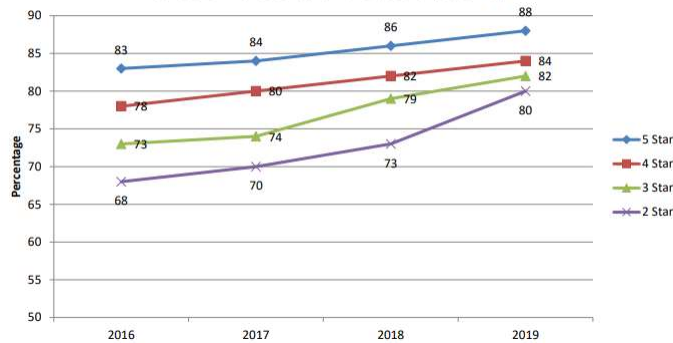


## CMS Performance Measure Data: Statin Medication Adherence

Medication Adherence for Cholesterol (Statins): MAPD



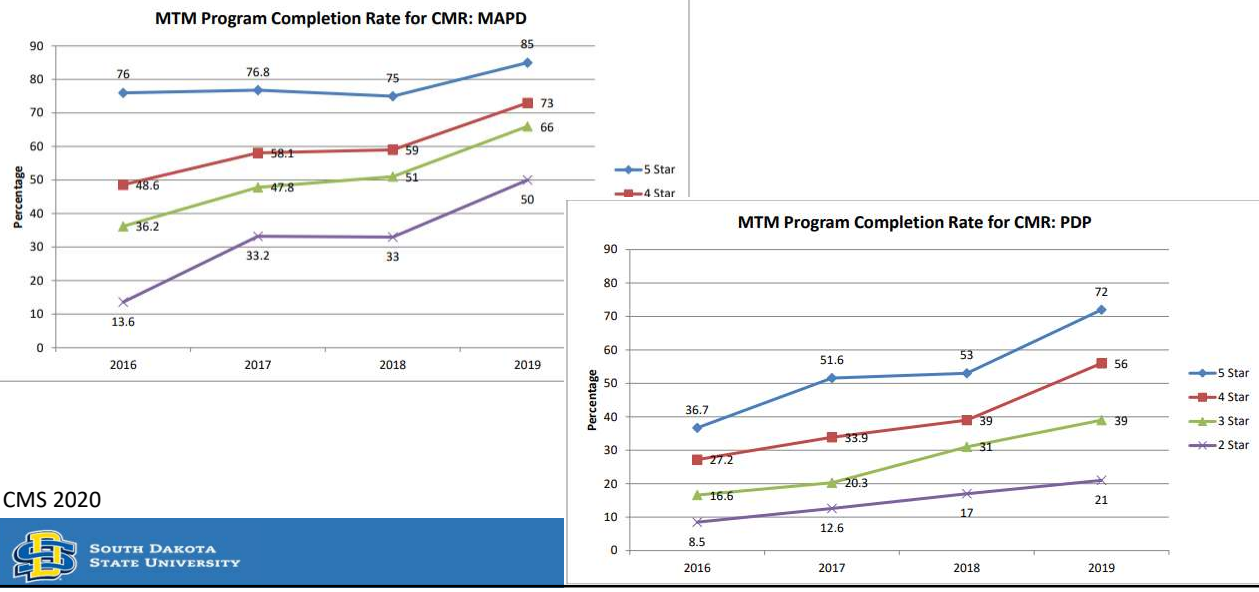
Medication Adherence for Cholesterol (Statins): PDP



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## CMS Performance Measure Data: CMR Completion Rate



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## CMS Performance Measure Data: Statin Use in Patients with Diabetes

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< 72%	≥ 72% to < 76%	≥ 76% to < 80%	≥ 80% to < 83%	≥ 83%
PDP	< 73%	≥ 73% to < 77%	≥ 77% to < 79%	≥ 79% to < 82%	≥ 82%

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## CMS Display Measures

- CMS also adopts display measures where data is collected/reported but does not impact ratings
- 2020 Part D display measures of interest to pharmacists include:
  - High Risk Medications – 2+ fills of same HRM on different dates (mostly based on Beer’s list)
  - Drug-Drug Interactions – ‘level one severity’ (major inducers/inhibitors, NSAID + anticoag, etc.)
  - Diabetes Medication Dosing – higher than daily recommended dose for oral medications
  - Rate of Chronic Use of Atypical Antipsychotics by Elderly Beneficiaries in Nursing Homes
  - Antipsychotic Use in Persons with Dementia
  - Use of Opioids from Multiple Providers and/or High Dosage in Persons without Cancer (split into three separate measures):
    - Use of Opioids at High Dosage in Persons without Cancer – daily dose of 120 mg MME for 90+ consecutive days
    - Use of Opioids from Multiple Providers in Persons without Cancer – receiving opioids from 4+ prescribers AND 4+ pharmacies
    - Use of Opioids at High Dosage and from Multiple Providers in Persons without Cancer – both of the above combined

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## CMS Display Measures

- CMS also adopts display measures where data is collected/reported but does not impact ratings
- 2020 Part D display measures of interest to pharmacists include:
  - Transition Monitoring – failure rate for drugs within classes of clinical concern
    - Monitoring “transition fills” when a drug is no longer covered and patient must be switched to another
  - Transition Monitoring – failure rate for all other drugs
  - Reminders to Fill Prescriptions
    - “In the last 6 months, did anyone from a doctor’s office, pharmacy, or your prescription drug plan contact you to make sure you filled or refilled a prescription?”
  - Reminders to Take Medications
    - “In the last 6 months, did anyone from a doctor’s office, pharmacy, or your prescription drug plan contact you to make sure you were taking medications as directed?”

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## CMS Display Measures

- CMS also adopts display measures where data is collected/reported but does not impact ratings
- Proposed Part D display measures of interest to pharmacists include:
  - Polypharmacy Measures
    - Use of Multiple Anticholinergic Medications in Older Adults – use of 2+ unique anticholinergics
    - Use of Multiple CNS-Active Medications in Older Adults – use of 3+ unique medications that can ↑ fall risk
    - Concurrent Use of Opioids and Benzodiazepines
  - Medication Adherence Measures
    - Adherence to Non-Warfarin Oral Anticoagulants
    - Adherence to Non-Infused Disease Modifying Agents Used to Treat Multiple Sclerosis
  - Asthma Medication Ratio
    - Ratio of asthma controller medications to total asthma medications
  - Medication Management for People with Asthma
    - PDC with asthma controller medications

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## CMS Display Measures

- CMS also adopts display measures where data is collected/reported but does not impact ratings
- Proposed Part D display measures of interest to pharmacists include:
  - MTM: Medication Therapy Problem Resolution
  - Inappropriate Duplicate Therapy
  - Immunization Status Assessment within MTM
  - ACIP Compliance Following Immunization Status Assessment
  - ACIP Schedule Completion in Patients with Diabetes
  - Use of Disease Modifying Therapy in Patients with Relapsing Forms of Multiple Sclerosis

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## The Stakeholders in MTM

- Patients
- Pharmacists
- Centers for Medicare & Medicaid Services (CMS)
- **Medicare Advantage Plans/Medicare Part D Insurance Plans (MA-PD/PDP)**
- MTM Vendor/MTM Intermediary



## MAPD/PDP Plan Performance

- Plans with 1-2 stars for 3 years in a row are designated as low performing and patients cannot enroll online using Medicare Plan Finder tool
- Plans with 4 stars or better receive a QBP (quality bonus payment) PMPM (per member per month) for that contract period retroactively:
  - 2019 QBPs awarded based on 2018 star ratings
  - 2018 star ratings based on data published in 2017
  - 2017 published data based on data from 2016-17
- Plans with 5 stars are allowed a special enrollment period
  - Normal open enrollment: October 15-December 7
  - 5 star special enrollment: December 8-November 30 (nearly all of the year)



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- **MTM Vendor/MTM Intermediary**



## MTM Vendor/MTM Intermediary

- Enter into contractual arrangements with insurance providers (third party insurance plans, self-insured employers, etc.) for targeted activities that promote positive results in performance measures
- Also enter into contractual arrangements with pharmacies to provide payment for MTM services to those pharmacists provide eligible patients on a fee-for-service basis
- Provide support for both parties through MTM tools and human resources
  - Common MTM vendors utilized in South Dakota include OutcomesMTM and DocStation
- Insurance providers may also create their own MTM service division within their organization



## Perspectives on Medication Therapy Management

- What are the positives you see with this existing structure for provision of MTM services?
- What are the challenges/barriers you see with this existing structure for provision of MTM services?



## Enhanced Medication Therapy Management



## Enhanced Medication Therapy Management

- The Enhanced MTM has a five-year performance period that began January 1, 2017. CMS is testing the model in 5 Part D regions:
  - Region 7 (Virginia)
  - Region 11 (Florida)
  - Region 21 (Louisiana)
  - Region 25 (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming)
  - Region 28 (Arizona)

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## Enhanced Medication Therapy Management

- Only basic stand-alone PDPs in these regions can participate (not MA-PDs)
  - Upon approval from CMS, these PDPs can vary the intensity and types of MTM items and services based on beneficiary risk level and seek out a range of strategies to individualize beneficiary and prescriber outreach and engagement.
- Participants can accomplish these goals by leveraging the core competencies of their own organizations, and of their network pharmacy providers, with those of medical prescribers to accurately identify and effectively intervene with all beneficiaries whose issues with medication management have caused, or are likely to cause, adverse outcomes and/or significant non-drug program utilization and costs.

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## Enhanced Medication Therapy Management

- OutcomesMTM
  - Medication Reconciliation
    - Perform at pharmacy and document within 30 days after discharge
  - Medication Assessment (warfarin; insulin; opioids)
    - Bleed/clot risk & self-management knowledge
    - Hypo risk & self-management knowledge
    - Proper storage/disposal of opioids; role of naloxone
  - Comprehensive Medication Review
    - Same, but different format for patient printed materials
  - OTC Therapy (aspirin in age 50+ with DM)
  - Adherence Monitoring (anticoagulants; antiplatelets; bisphosphonates)
  - Needs Medication Synchronization

OutcomesMTM 2016  
OutcomesMTM 2020



## Enhanced Medication Therapy Management

- DocStation
  - Medication Reconciliation
    - Perform at pharmacy every 6 months for patients on multiple medications
  - Transition of Care
    - Identified based on claims from medical/medications associated with hospitalization
  - Blood Pressure Monitoring & A1c Monitoring
    - Documenting recent BP/A1c readings and making appropriate recommendations
  - New Medication Education
    - Providing follow-up education on key chronic disease state medications newly prescribed
  - Immunization Screening
    - Assessing patient profile and eligibility for immunizations they have yet to receive
  - COVID-19 Risk Assessment



## Provision of Medication Therapy Management Services



### Provision of Medication Therapy Management

- Medication Therapy Management may be provided by pharmacists (or other qualified providers) in a variety of outpatient settings
- Matching MTM opportunities to existing workflow is key for wide dissemination
- Utilization of appropriate staff at the practice setting can assist in streamlining the process of delivering MTM services with pharmacist supervision
  - Licensed pharmacy interns depending on level of education may assist in provision of MTM patient care services and technical aspects
  - Pharmacy technicians may assist with technical aspects of providing MTM services such as scheduling, basic data collection, and basic documentation
  - Clinic support staff may assist with scheduling and other technical aspects
- Collaboration with other local healthcare providers is key to make sure unmet patient needs are being addressed and potential interventions are well-received



## OutcomesMTM Claim Documentation

- CMR and TMR opportunities are “pushed” to contracted pharmacists to complete for their current patients
- Depending on the insurance plan, pharmacists may be allowed to submit additional Drug Therapy Problems they find using the ‘Start a Claim’ functionality on the patient profile for each problem they identify during a patient encounter
  - Pharmacists receive reimbursement for each issue documented based on the claim type, result of the intervention, and severity on a fee-for-service basis
  - This reimbursement can help support pharmacists spending additional time with more complex patients who have more issues where the pharmacists can intervene on the patient’s behalf
- TMR and additional claim documentation include a ‘severity level’ focused on medical cost avoidance from pharmacist intervention



## Questions?

Contact our team at:  
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## References

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