

Policy

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Pharmacists Phone Home for MTM Service

Strategy yields care and cost benefits, but challenges remain

by Karen Blum

A telephone-based medication therapy management (MTM) program directed by pharmacists in Texas successfully lowered drug costs and resolved medical issues for participating Medicare Part D beneficiaries, according to reviews of the program.

A sample of 60 Medicare Part D beneficiaries who received a pharmacist-provided telephone MTM consultation through the program, administered by the Scott & White Health Plan, had nearly twice as many medication and health-related problems resolved than did individuals in a control group who did not opt in to the program. Total Part D drug costs decreased by \$588 for the intervention group and increased by \$207 for the control group. There were no differences in medication adherence between the two groups.

These results were presented this spring at the International Society for Pharmacoeconomics and Outcomes Research's annual meeting, in Baltimore, where lead author Leticia R. Moczygemba, PharmD, PhD, assistant professor of pharmacotherapy and outcomes science at the School of Pharmacy at Virginia Commonwealth University in Richmond, received a Best New Investigator Podium Research Presentation Award. Dr. Moczygemba worked with Evelyn R. Gabrillo, PharmD, the Scott & White MTM coordinator, to help the plan evaluate its MTM program, including recruiting patients and collecting and analyzing the data. Her efforts, a follow-up study to her doctoral dissertation, were supported by a junior investigator research grant from the American Society of Health-System Pharmacists Research and Education Foundation.

Focus on Chronic Disease

The program, which began in 2007, was aimed at plan members taking at least two medications, who had at least two chronic diseases and Part D medication costs of at least \$1,000 per quarter, regardless of where they obtained their medications. Eligible beneficiaries were mailed a brochure about the program inviting them to call and participate. Of 1,999 eligible Medicare beneficiaries, 123 (6%) received a Scott & White pharmacist-

directed MTM consultation.

The plan followed the guidelines recommended by the American Pharmacists Association and the National Association of Chain Drug Stores Foundation, including a comprehensive medication therapy review (MTR), which identified any medication-related symptoms or difficulties. Following the consult, pharmacists mailed patients a personal medication record and a medication action plan summarizing their problems and providing instructions on how to take their medications. Pharmacists also intervened with providers or referred patients to additional providers if necessary, and documented and followed up on all consults within three months. Dr. Moczygemba said that although she was pleased with the overall results, further data evaluation is needed to assess how to increase enrollment in the program and to determine why medication adherence was not higher in the intervention group. It could be that some patients opted to go outside the plan to purchase \$4 generic medications from chain stores, so future studies that measure adherence should consider this in the study design, she noted.

"Almost 100% of plans are using telephone as one mode of MTM delivery," Dr. Moczygemba said. "I do think you can do it in a quality manner."

In a patient satisfaction survey mailed to participants, the overall mean satisfaction score on a 5-point scale was 4, according to results published last year in the journal *Research in Social & Administrative Pharmacy* (2010;6:143-154).

"We are not recommending telephone as the preferred method, but the way Scott & White structured their program was very beneficial to the patients," some of whom had mobility or transportation issues, said Jamie C. Barner, PhD, professor of pharmacy administration at the University of Texas at Austin College of Pharmacy, and senior investigator of the study. "The goals of the program aligned with CMS' [Centers for Medicare & Medicaid Services] goals for MTM, which include optimizing treatment outcomes through improved medication use among eligible Part D beneficiaries."

Dr. Barner added, "This was comprehensive MTM." Phone calls lasted an average of 60 to 75 minutes, she said, and in addition to medication review, pharmacists asked patients about receiving preventive health screenings, such as diabetic eye exams and colonoscopies.

Hello, Detroit

Telephone MTM also is working well for Detroit's Henry Ford Health System/Health Alliance Plan (HFHS/HAP), according to Vanita Pindolia, PharmD, vice president of ambulatory clinical pharmacy programs at HFHS. Between 2006 and 2010, 2,894 Part D plan

participants (24%) enrolled in their program. In patient surveys between 2006 and 2009, 91% of respondents reported that the service was convenient, and 87% reported that their drug costs had been reduced. Although MTM there initially was set up to meet CMS requirements, specific employer groups within the health plan and multidisciplinary clinics within the health system soon expressed interest in the service. As a result, Dr. Pindolia and colleagues have launched additional telephone MTM programs for these entities. They are in the process of starting an additional program for hospital readmission avoidance.

MTM is conducted by ambulatory clinical pharmacists within HFHS, all of whom have been trained by Dr. Pindolia in telephonic delivery of MTM. Each case, on average, takes 90 minutes, including time with the patient, time with the physician, researching any problems and documentation. The pharmacy team works on Health Alliance Plan (HAP; an HMO in Michigan that is part of HFHS) and additional HFHS insurers.

Pharmacists conducting MTM integrate patients' personal health care goals, Dr. Pindolia said. For example, an 85-year-old patient with diabetes may have very different goals from a 65-year-old patient with the same disease. When working with physicians to modify patients' medications, she said, integrated health-system physicians accept the pharmacists' recommendations 80% of the time, and health plan–contracted community physicians accept their recommendations about two-thirds of the time. They have achieved positive clinical outcomes and demonstrated cost savings.

The program is portrayed so positively in the community that they have received calls from more than 50 patients per year who were not insured by HAP (which also is a subsidiary of the HFHS) but who heard of the program through family or friends. For them, pharmacists performed a simple 20-minute assessment, she said.

A Phone Call Not Always the Answer

Still, telephone MTM programs are not ideal for every population, according to Mary Ann Kliethermes, PharmD, associate professor and vice chair of ambulatory care for Northwestern University's Chicago College of Pharmacy in Downers Grove, Ill. From 2001 to 2008, she directed a referral-based MTM clinic at the University of Illinois Medical Center (UIMC) at Chicago, where many of her 150 patients did not have sustained access to telephones or had poor cognition and would not have been good candidates for telephone consultations.

At UIMC, patients taking multiple long-term medications were scheduled for monthly, face-to-face visits with pharmacists, who timed the refills of the medications to coincide with these visits. Pharmacists would do medication review, fill pill boxes for patients and provide patients with a medication list describing the pills' appearance and when best to take them.

Psychiatric patients and some other patients were scheduled weekly, to improve medication adherence.

At Midwestern, Dr. Kliethermes is establishing MTM programs for patients in the Chicago suburbs who have access to computers and are overall more knowledgeable about their health but still struggle with how to adjust taking medications to their lifestyle. Telephone MTM could be an option for those who can understand the directions by phone, she said.

MTM Reimbursement Still Problematic<2029>

Some challenges remain with reimbursement, pharmacists say. At Henry Ford Hospital, Part D MTM services are covered by an administrative fee submitted by the plan. For other HFHS divisions, Dr. Pindolia said she develops business cases and has physician groups, health plans or employer groups sign off for payment of services.

The UIMC program was largely unreimbursed for MTM services, Dr. Kliethermes said, although they did bring additional business to the outpatient pharmacy by encouraging patients to get all of their medications filled there. She said, however, "Most of the Medicare patients we saw had prescription drug plans that had internal programs and that did not give us an option for billing or payment for MTM."

—Karen Blum

Suggested Reading

Moczygemba LR, et al. Patient satisfaction with a pharmacist-provided telephone medication therapy management program. *Res Social Adm Pharm.* 2010;6:143-154.

Moczygemba LR, et al. Development and implementation of a telephone medication therapy management program for Medicare beneficiaries. *Am J Health Syst Pharm.* 2008;65:1655-1660.

Pindolia VK, et al. Mitigation of medication mishaps via medication therapy management. *Ann Pharmacother.* 2009;43:611-620.

Kliethermes MA, et al. Model for medication therapy management in a university clinic. *Am J Health Syst Pharm.* 2008;65:844-856.
