

The Impact of Pharmacist-Provision of a Telephone MTM Program to Medicare Part D Beneficiaries: A 12-Month Follow-Up

Abstract

The Medicare Modernization Act of 2003 requires the provision of medication therapy management (MTM) to eligible Medicare Part D beneficiaries (i.e., beneficiaries with multiple chronic diseases, multiple Part D drugs, and high annual prescription drug costs). MTM is intended to optimize medication regimens by increasing patient adherence, preventing adverse medication events, and decreasing medication costs. Pharmacists were the only healthcare professional explicitly recognized by CMS as MTM providers; however, other healthcare professionals can provide these services. As pharmacists pursue MTM provider recognition by Part D plans, there is a need for information regarding the long-term outcomes of MTM. The purpose of this study is to examine 12-month outcomes from a pharmacist provided telephone medication-therapy management (MTM) program to Medicare Part D beneficiaries. The study objectives are to: 1) Describe the type of medication and health-related problems identified and resolved by pharmacist provision of a telephone MTM program; 2) Determine if patients receiving MTM services (intervention group) have improved resolution of medication and health-related problems compared to patients who did not receive MTM services (control group); 3) Determine if the intervention group has improved medication adherence compared to the control group; and 4) Determine if the intervention group has decreased total Part D drug costs compared to the control group. The study sample consists of 60 Medicare Part D beneficiaries who participated in Scott & White Health Plan's Medicare Part D 2007 MTM program (intervention group) and 60 beneficiaries that were eligible to participate in the MTM program, but did not enroll (control group). The Andersen Model for Health Services Utilization, which consists of predisposing, need for care and health behavior factors, will be the theoretical framework used in this study. Predisposing factors include age, gender, and race, and need for care factors include number of medications, number of chronic diseases, and medication regimen complexity. The health behavior in this study is MTM utilization, and it will distinguish the intervention and control groups. Finally, the health outcomes are change in number of medication and health-related problems, medication adherence measured by the medication possession ratio, and total Part D drug costs. A quasi-experimental, nonequivalent control group design will be used to measure the outcomes in this study, and study participants will be matched on number of medications and number of chronic diseases to control for selection bias. Descriptive statistics and multivariate regression will be used for group comparisons of outcomes.