

Medication Therapy Management 101



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STAR RATINGS:



MTM Matters!



In 2011, Pharmacy Quality Alliance (PQA) endorsed a quality performance measure related to medication therapy management (MTM) services. This comprehensive medication review (CMR) completion measure identifies the percentage of MTM-eligible beneficiaries who have received a CMR during the eligibility period. Completion of a CMR was a Centers for Medicare and Medicaid Services (CMS) Star Ratings display measure for several years and will become a full measure for 2016 for Medicare plans. It's important to note there is a two-year lag between the "action" and "reward" year for the Star Ratings, so 2016 ratings are based on 2014 data. Completion of MTM opportunities is more critical than ever, and what you've already done matters!

CMS requires payers to offer a minimum level of MTM services to each beneficiary including an annual CMR with written summaries in CMS' standardized format, which includes a cover letter, personal medication record (PMR) and medication action plan (MAP). In addition, they require payers to provide quarterly targeted medication reviews (TMRs) with follow-up interventions to patients when necessary. Other medication-use-related pharmacy quality measures can also be impacted through targeted and comprehensive MTM including adherence (hypertension, statins, diabetes), gaps in therapy measures, and high-risk medications in the elderly.

Medicare payers will be directly measured by CMS on their CMR completion rate, not the pharmacy teams. Payers complete CMRs in multiple ways, including using community pharmacists to deliver. Many payers use a third-party MTM portal such as Mirixa or Outcomes to provide CMR opportunities to community pharmacies, so they will also be monitoring pharmacies' CMR case completion rates via the MTM portals. In 2016 EQuIPP™ will begin including CMR Completion Rate performance for select plans with pharmacy-facing MTM programs. Payers will be looking even more closely at what partners and methods help to increase quality measures including CMR completion and ultimately patient outcomes.^{1,2}

MTM Primer

“Medication therapy management is a distinct service or group of services that optimize therapeutic outcomes for individual patients. MTM services are independent of, but can occur in conjunction with, the provision of a medication product,” according to a pharmacy profession-wide consensus definition.³ The core elements of an MTM service include medication therapy review, intervention and/or referral, personal medication record, medication-related action plan, documentation, and follow-up.⁴ Pharmacists have been providing a variety of MTM services for decades; however, recently even more emphasis has been placed on the importance of the completion of MTM services, in particular, comprehensive medication reviews.

In fact, pharmacists are the leading provider of MTM services across all Medicare Part D MTM programs and are utilized by 100% of plans. In addition, an increasing number, almost 70% of programs, have contracted with third-party MTM vendors. Pharmacies can help positively impact both Medicare plans’ Star Ratings and patient outcomes through providing MTM services. Top Health Mart® MTM performers shared some of their common practices and tips for increasing MTM case completion and improving outcomes, which are outlined in this guide.^{5,6}

Key MTM Definitions

TARGETED INTERVENTIONS

- A brief in-person or telephone consultation typically focused on a single medication
- Average time commitment: 5 to 15 minutes
- Depending on the specific program, targeted interventions typically occur in workflow and focus on a specific medication or pharmacy quality measure including but not limited to potential gaps in care (e.g., patients with diabetes who aren’t on a statin); or adherence to cholesterol, hypertension or oral diabetes medication

COMPREHENSIVE MEDICATION REVIEW (CMR)

- In-person, scheduled appointment that includes collecting patient-specific information; assessing prescription and over-the-counter medications 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
- Average time commitment: 45 to 60 minutes
- Patient receives a personal medication record (PMR) and medication-related action plan (MAP) and physician receives follow-up communication that visit occurred as well as requests related to any potential drug therapy problems identified

TARGETED MEDICATION REVIEW (TMR)

- Typically in-person or telephone focused follow-up visit to CMR
- Average time commitment: 15 minutes
- Frequency varies by plan but usually no more frequently than quarterly

Integrate MTM into Your Pharmacy's Daily Workflow

Who are your MTM champions?

- Identify the person (preferably a pharmacist) who will manage/oversee the CMRs. Technicians have a key role in helping pharmacists manage patient schedules and collecting/updating patient demographic and basic clinical information. ^T

Get it on the schedule!

- Consider adding notation to the pharmacy schedule indicating which tech is assigned to the MTM portal each day. Add in CMR appointments by pharmacist too.
- Synergy with sync: If your pharmacy offers medication synchronization, set appointment schedules based on patient's sync date to optimize efficiency.

Check MTM portal(s) daily!

- As part of the morning routine, have the designated pharmacy tech log onto the MTM website(s) and check for cases.
- Open and print out the newly assigned cases.
- Review open cases. If any cases are due within seven days, print list along with patient worksheet (if applicable) and provide to the pharmacist for proactive outreach via phone.

^T Activity that may be performed by technician

Order entry

If your pharmacy-management system isn't already integrated with MTM portals, consider making a notation in the patient profile for each new case.

- In the patient notes or applicable section, the technician or pharmacist can enter "CMR eligible" or similar standard language that everyone in the pharmacy team will utilize and recognize. ^T
- If applicable, consider flagging the note field to pop up when the patient profile is brought up.
- The next time the patient record is accessed (refill, e-prescription, patient call, etc.), the note field will notify the pharmacy staff that a case is available for the patient.

Pharmacy-management system and MTM portal

Technician documents case completion. ^T

- Remove "CMR eligible" note from patient profile in pharmacy-management system. The technician may also modify the note if the patient will be eligible for TMRs in the future.
- Document case within Mirixa platform and submit case by end of day or next morning.

GAINING EFFICIENCY

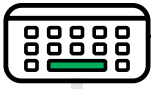
“

You get more efficient at completing and documenting MTM the more consistently you do it. For me, it was just getting through those first 10 or so cases ... and then I was much more efficient.

”

CAROL DEYOE
Palmer Pharmacy
Johnstown, NY

Completing Targeted Interventions



PRESCRIPTION ENTRY

Certain pharmacy-management systems or PSAOs offer in-workflow notifications or edits to alert the pharmacy team of the MTM case opportunity – be aware of what system or alerts are available to your pharmacy to maximize opportunity to complete targeted interventions within workflow.



MTM PORTAL

For those patients who are eligible to receive intervention and are getting prescriptions refilled, consider having technician print patient worksheet or applicable case information and keep it with the prescription throughout the dispensing process (e.g., in basket with prescription). ⓘ



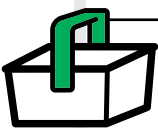
PROSPECTIVE DRUG UTILIZATION REVIEW

- Ideally, prospectively reviewing patients' medications at the time of their refills to identify potential medication issues (e.g., adherence, high-risk medications and medication appropriateness) can help pharmacists focus their efforts and optimize their time with patients to resolve these issues.
- Although these interventions are brief compared to a comprehensive medication review, it is still important to document the problem identified, the pharmacist intervention and result of the intervention.



FINAL VERIFICATION

Pharmacist can review the patient worksheet or applicable information and place the form with the verified prescription in the will-call bag.



PRESCRIPTION PICKUP

As the cashier or technician dispenses the prescription to the patient, notify the pharmacist of the opportunity to complete the case. If patient does not come in (e.g., delivery or caregiver picks up), pharmacist must call the patient. ⓘ



PRESCRIPTION PICKUP

Case completed with patient and pharmacist.

INTEGRATE MTM INTO HOW YOU CARE FOR PATIENTS EVERY DAY

“

Targeted interventions made when drug therapy problems (DTPs) are identified during the dispensing function help to provide clinically relevant information to pharmacists providing CMRs because it gives a clearer picture of the patient's medications and what has happened since the CMR.

”

RANDY McDONOUGH
*Towncrest Pharmacy
Multiple Locations, IA*

OUTSIDE OF WORKFLOW:

- Case deadlines may necessitate calling the patient rather than waiting for them to come in for their next refill.
- Consider blocking out pharmacist's time for calls or complete calls during slower times of the day.

Completing Comprehensive Medication Reviews

Scheduling

- Dedicated staff time needed outside of workflow to complete CMRs.
 - Consider specific time blocks for scheduling.
 - Overlap.
 - Time when patient would already be coming to pharmacy (prescription pickup).
- Patient scheduling.
 - Can be done by technician. ⓘ
 - Often there are higher acceptance rates if the staff member who has the best personal relationship with that patient, whether it's a pharmacist or technician, offers the service.
 - Synergy with sync: Great opportunity to tie with medication synchronization appointment — med sync helps create efficiencies to allow more time for patient-care services such as MTM.

Being efficient with CMR delivery

- CMRs should take no longer than 45 to 60 minutes, and this includes the patient's interview, reviewing their medications, identifying drug therapy problems (DTPs), developing a plan of action to resolve DTPs, and documenting activities.
 - The patient interview should be completed in 30 minutes or less.
 - Identifying DTPs, developing an action plan and documentation should be completed in 30 minutes or less.
- To improve efficiencies of the CMR, pharmacists need to be focused and concise when performing the patient interview.

- Making sure that your pharmacist's therapeutic knowledge is current and evidence-based will help improve your abilities and efficiencies when pharmacists identify and resolve DTPs.

Pre-visit review

- Technician can print patient worksheet, if applicable, or other background forms for review by pharmacist.
- Review medication profile to determine potential drug therapy problems.
 - Pre-visit review of medications with list of questions to ask patient or patient caregiver should be completed prior to patient meeting.
- Some targeted interventions may already have been identified, which can be addressed at the same time as the CMR.
- If applicable, consider asking patients to bring in a copy of their most recent lab work and blood glucose or other home monitoring devices.
- Look for additional service opportunities that could be delivered along with CMR, such as medication synchronization, immunizations, monitoring, or disease state-specific education.

During the visit⁴

- Keep the patient interviews focused on the drug therapy and the information you need to collect to adequately evaluate their medications.
- Interview the patient to gather additional data including demographic information; general health and activity status; medication, immunization and medication history; and patient's thoughts and feelings about their conditions and medication use.

SYNERGY FOR MULTIPLE STORE OWNERS

“

I cover the MTM services across eight of our pharmacies, which makes it easier for us to schedule and ensure the cases, especially CMRs, are executed.

”

BRYAN BROOKS

*Sinks Pharmacy and
Medley Pharmacy
Multiple Locations, MO*

Completing Comprehensive Medication Reviews

continued

- Utilize patient data collection forms to help you keep organized and collect the information you need to evaluate their medications.
- Be methodical and process-oriented to collect the most comprehensive patient history in a relatively short period of time.
- Collecting information during the interview may uncover new DTPs that were not part of your initial assessment — so make sure that you collect any other information needed to fully understand the problem/issue.
- Assess, identify and prioritize medication therapy-related problems.
 - Current and relevant therapeutic knowledge will be key when identifying and resolving DTPs.
 - Although there may be multiple DTPs, it is important for you to use your critical thinking skills and prioritize the DTPs, focusing your attention on the most relevant ones. Remember, you do not have to correct everything all at once.
 - Develop a plan for resolving each medication-related problem identified (these will typically be pre-populated in a MAP if you are using an MTM portal to document as you complete the CMR).
- Provide patient behavioral coaching and medication-related consultation as needed.
- You do not have to give the patients their PMR and MAP while they are there. After the patient interview, inform them that

the next step is for you to look over the information you just collected so that you can identify and resolve any medication-related issues and that you will follow up with them with a PMR and MAP.

Documentation and service billing

- For MTM delivered via phone, consider documenting directly into the portal to avoid extra time to document afterward.
- If your counseling area has a computer terminal, consider documenting your visit while speaking with the patient to avoid duplication and especially during CMRs to make it easier to print PMRs and MAPs.
- You can either provide patient with PMR and MAP at end of appointment or send a copy via mail.
- Communicate appropriate information to the prescriber as needed.
 - Be careful not to overwhelm them with too many DTPs. Act on those DTPs that are most clinically relevant.
 - Make sure that your recommendations are clear and concise and ideally can be answered with a “yes” or “no” response by the prescriber.
- Technicians can assist with documentation and/or case submission for billing. **T**

Note: pharmacist attestation of service delivery is usually necessary after completing documentation.

Additional MTM Tips from High-Performing Pharmacies

Utilize the whole pharmacy team

- Technicians can play a big role by helping to check the MTM portal(s), identifying eligible patients and flagging them in workflow, scheduling CMRs, pre-intervention preparation including printing worksheets, and post-intervention documentation. ⓘ
- Consider having the pharmacist that sees the patients most often complete these cases as they have the best relationship with the patients.

Training is key

- Train the entire pharmacy team about what MTM is and what services are offered at the pharmacy.
- Consider additional vendor-specific training for pharmacists and technicians who will be utilizing the MTM portals. ⓘ
- For pharmacists who want to increase their overall knowledge and comfort level with providing MTM, there are CE and more comprehensive programs available (see Resources section for additional information).
- Know current guidelines. Keep your therapeutic knowledge up-to-date and relevant.
- Know how to do an efficient drug information search for those medication-related issues with which you are unfamiliar.

Communicate with patients in a way they can understand and respond best to

- Utilize behavioral coaching and ask open-ended questions.
- Ability to speak in the patient's primary language or a language they understand (many top performers had multilingual pharmacy staff).
- Remember that 50 to 95% of everything you communicate is communicated non-verbally. So be careful with any facial expressions or body language that may make the patient think you do not care.
 - Make sure to actively listen to patients, and give some feedback/paraphrases so that they know you “heard” them and understand.
 - Good eye contact, frontal pose, leaning in toward the patient and empathetic responding will help you quickly build rapport with patients.

COMMUNICATING WITH PATIENTS AND PRESCRIBERS

“

My patients speak a variety of languages and I need to be able to communicate with them in a way that they understand. Communicating in a way both patients and prescribers can respond to best is key.

”

TONY BASTIAN
Joe's Pharmacy
San Francisco, CA

Resources

There are a variety of MTM vendors and resources your pharmacy can leverage. Below are some of the most commonly used.

MTM vendor contact information

- MirixaPro: www.mirixa.com/for_pharmacists or 866.218.6649
- Outcomes: www.outcomesmtm.com/ or 515.237.0001
- Socrates: <http://socrxates.com>
- Check with your state pharmacy association for any state or local MTM or pharmacy quality-related opportunities

American Pharmacists Association (APhA)

- APhA MTM Central: www.pharmacist.com/mtm
- APhA Delivering Medication Therapy Management Services Training: www.pharmacist.com/delivering-medication-therapy-management-services-training-2015

If you are a Health Mart® member:

You have additional value-added member benefits including:

- EQuIPP
 - Review your pharmacy’s unique quality performance data, compare it to benchmarks, and identify areas for improvement
 - If you are a Health Mart or AccessHealth® member, this tool is available to you at no cost
- Health Mart UniversitySM
 - Training for your pharmacy team including “Practical Steps for Integrating MTM into Your Daily Practice Routine” CE
- *Pharmacist’s Letter*®
 - Variety of MTM-related CE and clinical detail documents
 - Visit the *Pharmacist’s Letter* page in the Health Mart Operations Manual for more information and direct access

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Bellevue, WA

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Multiple Locations, IA



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⁶ American Pharmacists Association. *Medication Therapy Management Digest*. March 2014. Available at: www.pharmacist.com/sites/default/files/MTM%20Digest_2014%20FINAL.pdf. Accessed March 17, 2015.

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