

Capitalizing on Opportunities for Reaching Patients: Utilization of Providers In Delivering Medication Therapy Management (MTM) Services

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BACKGROUND

- Medication therapy management (MTM) is a service or group of services designed to optimize therapeutic outcomes for patients.¹ MTM is underutilized given that only about 11% of Medicare beneficiaries receive these services.²
- MTM services are provided in various ways (e.g., face-to-face, telephonic) directly as patient outreach. However, patient outreach is not always feasible in some situations.
- Communication between pharmacists and providers during the provision of MTM services is challenging in some outpatient settings.
- Interprofessional communication is essential in providing comprehensive, quality healthcare for patients.³
- It is crucial that innovative, interprofessional programs integrating pharmacists and providers are developed to facilitate MTM service provisions for patients who cannot directly participate.⁴

GOAL AND PURPOSE

- Goal:** To determine if outreach via facsimile was an efficient method of engaging providers in completing comprehensive medication reviews (CMRs) via telephone for patients whom were unable to directly participate (e.g. cognitive impairment) in the MTM process.
 - SinfoniaRx, in collaboration with the University of Arizona Medication Management Center (UAMMC) and The Ohio State University Medication Management Program (OSUMMP), developed the Provider Outreach Program (POP) to address this deficiency (e.g., CMR completion) in patient care.
- Purpose:** The intent of the POP was to maximize patient outcomes via a collaborative, interdisciplinary healthcare process to:
 - Deliver personalized, pharmacist-delivered CMRs via telephone.
 - Resolve pharmacotherapy-related medication problems.
 - Obtain information and resources needed (e.g., active medications) from providers to facilitate the CMR on the patient's behalf.

PROGRAM DESCRIPTION

Identification

- A compiled list of patients who were not reachable by telephonic means or who were not able to participate in an MTM consultation directly with a pharmacy staff member were obtained.
- Prescription drug claims were provided by the patient's health plan and uploaded into the RxCompanion[®] software.
- Patients who were receiving multiple medications from a particular provider were identified based on claims history.
- The prescriber most often used by a patient receiving multiple medications was "designated" as the primary care provider (PCP).
- Provider offices were contacted via facsimile to establish a line of communication to allow CMR completion for eligible patients.

Outreach

- Facsimiles were generated and sent to identified PCPs containing:
 - A brief program description and purpose of the communication
 - A list of patients under the provider's care
- The facsimiles requested patient information consisting of:
 - An up-to-date medication list
 - Allergies
 - Cognitive impairment status
- PCPs were able to designate a preference for date, time, and telephone number for subsequent contact by a pharmacy technician.
- UAMMC pharmacy technicians and registered nurses established initial communication with PCPs prior to triaging the call to the UAMMC pharmacist.

CMR Completion

- UAMMC pharmacist completed the medication reconciliation and documentation of allergies and cognitive impairment status for each patient.
- Discrepancies between the "designated" PCP's medication list and the medication list loaded into the RxCompanion[®] software were noted and addressed immediately.
- UAMMC pharmacist-lead interventions targeted pharmacotherapy-related medication problems with the use of evidence-based medicine.
- Collaboration between the "designated" PCP and the UAMMC pharmacist enhanced the MTM process by incorporating recommendations into the individualized therapeutic patient plan.

RESULTS

CMR Completion

Table 1 displays the number of successfully completed CMRs accomplished through the POP during the timeframe of 8/10/16-09/09/16.

- Of the total 4253 faxes sent, 589 medication lists were received (13.9%) from providers.
- Of the 589 medication lists received, a total of 322 (54.7%) CMRs were completed on follow up with the PCP.

Table 1: Response Rates for Medication Lists and CMRs Completed by Participating State

Participating State	Faxes Sent N (%)	Medication List Received N (%)	CMRs Completed N (%)
TX	219 (5.2)	63 (28.8)	40 (63.5)
CA	946 (22.2)	153 (16.2)	67 (43.8)
WA	444 (10.4)	57 (12.8)	24 (42.1)
ME	116 (2.7)	34 (29.3)	14 (41.2)
WI	76 (1.8)	16 (21.1)	16 (100.0)
NH	75 (1.8)	21 (28.0)	15 (71.4)
NY	2,243 (52.7)	240 (10.7)	146 (60.8)
MI	134 (3.2)	5 (3.7)	0 (0)*
Total	4,253	589 (13.8)	322 (54.7)

*CMRs through the POP were completed after the specified timeframe

Table 2 compares the total number of CMRs completed by the UAMMC/OSUMMP call center to the total number of CMRs completed by the POP during the timeframe of 8/10/16-09/09/16.

- The POP implementation showed a higher success rate of CMR completion compared to the standard MTM program.

Table 2: Total CMR Completion Rate vs. POP CMR Completion Rate

Total Outbound Calls	Standard CMR Completion N (%)	Total Facsimiles Sent	POP CMR Completion N (%)
564,691	22,603 (4.0)	4,253	322 (7.6)

No Provider Response

Table 3 outlines reasons why providers declined to participate in POP after initial facsimile contact.

- The most common reason given was the patient was no longer under the care of the provider contacted via facsimile.

Table 3: Reasons for Denial of Communication for Provider Outreach Program

Reasons for Denied Response	Total N (%)
Patient is no longer under the care of the PCP	16 (40.0)
Patient is not known to the PCP	10 (25.0)
Release of information required	5 (12.5)
Inaccurate fax number	5 (12.5)
Patient has not been seen yet	2 (5.0)
Provider states patient does not require a CMR	1 (2.5)
Patient was deceased	1 (2.5)

POP Success Story

- Upon completing a medication review for a patient with the primary care provider, the pharmacist determined that the patient had uncontrolled breathing and was taking CARVEDILOL.
- The pharmacist presented the concern and the provider agreed the patient should not be taking CARVEDILOL. The provider agreed to follow up with the patient regarding the concern.
- The provider was also informed that the patient was taking two medications that his office was not aware of: DULOXETINE and LOSARTAN (as prescribed by different providers). The provider took note of the omissions, adding the medications to his active list for the patient.
- This interprofessional collaboration identified gaps in information that was critical to the patient's care.

DISCUSSION

- The POP established communication with providers to facilitate CMR completion rates to improve patient outcomes.
- Coordinating and collaborating with providers is an effective way in providing comprehensive care to patients.
- Patients that are unreachable by traditional methods for MTM programs may benefit from such Provider Outreach Program.

Limitations

- The POP is ongoing thus, the results may not reflect the full extent of program success.
- The program's faxing capabilities (e.g., manual fax line) may not have been adequate in contacting PCPs.

Future projects to explore:

- Differences in various avenues of provider-pharmacist communication by state.
- Opportunities to expand the POP and establish future relationships with providers to serve a multitude of patients.

CONCLUSIONS

- The results indicate that there was a higher completion rate of CMRs observed for the POP compared to standard MTM service.
- Further investigation is warranted to determine if PCP refusal of the POP was significant and to identify reasons why providers chose not to participate.
- Additional work is needed to determine whether other provider outreach programs produce similar results when implemented with diverse populations.

REFERENCES

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