

New Opportunities for Reaching Patients in Provision of Medication Therapy Management (MTM) Services: An Update on the Provider Outreach Program (POP)

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BACKGROUND

- Patients with two or more chronic conditions and taking multiple prescription medications are eligible to receive medication therapy management (MTM) services as part of their Medicare Part D or individual prescription coverage.
- MTM is a service or group of services designed to optimize therapeutic outcomes for patients.¹ Typically, these services are provided face-to-face or telephonically, however, direct patient outreach is not always feasible
- MTM is underutilized given that only about 11% of eligible Medicare beneficiaries accept these services.²
- Interprofessional communication is essential for providing comprehensive, quality healthcare for patients.³
- Innovative, interprofessional programs integrating pharmacists and primary care providers (PCPs) are needed to facilitate MTM service provision for patients who cannot directly participate.⁴

GOAL AND PURPOSE

- **Goal:** To determine if PCP outreach (e.g., via facsimile and telephone) was an efficient method for completing telephonic comprehensive medication reviews (CMRs) for patients who were eligible to receive MTM services but 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 by engaging PCPs via a collaborative, interprofessional healthcare process to:
 - ✦ Deliver personalized pharmacist-delivered CMRs via telephone;
 - ✦ Resolve pharmacotherapy-related medication problems; and
 - ✦ Obtain patient-specific information needed (e.g., active medications) from providers to facilitate the CMR on the patient's behalf.

PROGRAM DESCRIPTION

Patient Identification

- Patients met these POP eligibility criteria: (1) receiving multiple medications from a particular PCP (identified from the claims history); and (2) not reachable or unable to directly participate in a pharmacy staff-provided telephone MTM consultation.
- Prescription drug claims were provided by the patient's health plan and uploaded into the RxCompanion[®] software.
- The prescriber most often providing care or prescriptions for a patient receiving multiple medications was designated as the PCP.
- PCP offices were contacted via facsimile to establish a line of communication for CMR completion for eligible patients.

Provider 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 PCP's care
- The facsimiles requested patient information including:
 - ✦ Up-to-date medication list
 - ✦ Allergies
 - ✦ Cognitive impairment status
- PCPs were asked to provide a preferred date, time, and telephone number for subsequent contact by a pharmacy technician.
- Pharmacy technicians and registered nurses established initial communication with PCPs prior to triaging the call to the pharmacist.

CMR Completion

- A pharmacist completed the medication reconciliation and documentation of allergies and cognitive impairment status for each patient.
- Discrepancies between the medication list provided by the designated PCP and the medication list loaded into the RxCompanion[®] software, were noted and addressed immediately.
- Pharmacist-led interventions, utilizing evidence-based medicine targeted pharmacotherapy-related medication problems.
- Collaboration between the designated PCP and the pharmacist enhanced the MTM process by incorporating recommendations into the individualized therapeutic patient plan.

RESULTS

CMR Completion

Table 1 presents the number of medication lists successfully received following PCP contact through POP.

- Designated PCPs in 21 states participated in the POP and received facsimiles requesting patient-related medication lists-placement.
- Of the total 52,170 faxes sent, 9,043 medication lists were received (17.9%) from PCPs.

Table 1: Response Rates for Medication Lists Obtained Following Provider Outreach for Participating States

Participating State	Faxes Sent N (%)	Medication List Received N (%)
Texas	1,372 (2.6)	283 (20.6)
California	2,824 (5.4)	483 (17.1)
Washington	537 (1.0)	112 (20.9)
Maine	116 (0.2)	37 (31.9)
Wisconsin	2,272 (4.4)	485 (21.3)
New Hampshire	913 (1.8)	298 (32.6)
New York	20,972 (40.2)	2,203 (10.5)
Michigan	2,222 (4.3)	318 (14.3)
Massachusetts	913 (1.8)	397 (43.5)
Tennessee	4,912 (9.4)	1,526 (31.1)
Ohio	8,289 (15.9)	1,882 (22.7)
Indiana	1,520 (2.9)	304 (20.0)
Connecticut	1,072 (2.1)	206 (19.2)
Montana	378 (0.7)	63 (16.7)
Virginia	295 (0.6)	44 (14.9)
Kentucky	393 (0.8)	55 (14.0)
Nevada	1,799 (3.4)	245 (13.6)
Colorado	223 (0.4)	28 (12.6)
Hawaii	110 (0.2)	9 (8.1)
West Virginia	227 (0.4)	20 (8.8)
New Jersey	811 (1.6)	45 (5.5)
Total	52,170	9,043 (17.3)

Table 2 compares the number of CMRs completed by the call center (standard MTM) versus the POP.

- There was a 3.8-fold difference in successful CMR completion rates between the POP (16.4%) and the standard MTM program (4.3%).

Table 2: Comprehensive Medication Review (CMR) Completion Rates for Standard MTM versus Provider Outreach Program (POP)

Total Outbound Calls	Standard MTM CMR Completion N (%)	Total Facsimiles Sent to Providers	POP CMR Completion N (%)
2,494,030	107,435 (4.3)	52,170	8,532 (16.4)

POP Nonparticipation

Table 3 outlines some reasons why PCPs failed to respond to communication initiated via facsimile contact.

- For the PCP practices, the most common reason for nonparticipation was lack of a fax number for the respective office.
- In addition to practice-related issues, patients opted out or disenrolled from MTM services were another reason for PCP nonparticipation.

Table 3: Reasons for Nonparticipation in the Provider Outreach Program (N=3,443)*

Reasons for Nonparticipation	Total N (%)
PCP Practice-related Reasons	
No facsimile number provided nor obtained	2,682 (77.9)
Incorrect facsimile information	448 (13.0)
Provider unwilling to participate	111 (3.2)
Release of information or payment requested by PCP	59 (1.7)
Proof of contract requested by PCP	16 (0.5)
Patient-related Reasons	
Patient opted out or disenrolled from Medicare Coverage	127 (3.7)

*Value does not represent total number of facsimiles that went unanswered by PCPs

POP Success Story

- During a medication review with the PCP, the pharmacist determined that a patient was receiving JANUVIA (sitagliptin) 100mg daily and METFORMIN 500mg twice daily from one provider as well as JANUMET (sitagliptin/metformin) 50mg/500mg twice daily from a different provider.
- JANUVIA and METFORMIN taken with JANUMET is considered a therapeutic duplication; the claims data revealed concurrent therapy for approximately 2 years.
- The PCP agreed to follow up with the other prescriber, pharmacy and patient to resolve the duplication in therapy.

DISCUSSION

- The POP established communication with designated PCPs to facilitate CMR completion to improve patient outcomes.
- Interprofessional collaboration and coordination with PCPs through the POP was an effective method for providing comprehensive medication-related care to patients.
- Facsimile and telephonic communication methods improved interprofessional collaboration between pharmacists and PCPs.
- Patients who are unreachable via traditional MTM program communication channels may benefit from a Provider Outreach Program.

Limitations:

- ✦ The lower CMR completion rate of the standard MTM process may have been due to the timeframe of the study and lower patient availability.
- ✦ POP's faxing capabilities (e.g., manual) may have been inadequate for contacting PCPs.
- ✦ Medication lists provided by PCPs after POP completion were excluded from the analysis.

CONCLUSIONS

- The POP can be utilized as a method to strengthen the outcomes of the standard process to increase the number of patients who benefit from MTM services.
- Future investigation is warranted to: (1) determine the significance of PCP's refusal to participate in the POP and to identify reasons for nonparticipation; (2) evaluate differences in provider-pharmacists communication channels by state; and (3) expand the POP to include more PCPs to serve a multitude of patients.
- Additional work is needed to determine whether other provider outreach programs produce similar results when implemented with diverse populations and other settings.

REFERENCES

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