Introduction

- The Medication Management Center (MMC) is a telepharmacy program that delivers medication therapy management (MTM) services for Medicare Part D plans, commercial insurers, self-insured employers, and directly to consumers.
- Addressing medication concerns can help to save the patient and the insurance provider money in the long run.1,2
- Guideline recommendations are sent to providers as either faxed prescriptions or informational faxes.
  - The prescriptions are for the specific recommended new medication that the provider can sign and forward to the patient's community pharmacy.
  - The informational faxes contain the information about the guidelines that recommend certain medications or reasoning for trying generic medications.
- MMC health information technology is used to determine the success of a recommendation through an evaluation of claims up to 120 days after the intervention.

Methods

Design

- Retrospective analysis using outcomes data from January 1st to December 31st, 2012.

Subjects

- All outcomes associated with interventions made by MMC pharmacists that can result in an informational or prescription fax were used.
- The only interventions that were excluded were those that did not have enough post intervention data to determine success or failure.
- An intervention was considered to be measurable if the member had data 120 days after the intervention.
- The presence of any claim during this 120 day look back period was used to determine that the member was still active within the health plan.

Data Analysis

- Percentages of acceptance were determined for the two types of faxes and then compared to determine statistical significance using Chi square analysis.
- The a priori alpha level was set at 0.05.

Objective

To assess the use of prescription faxes and informational faxes and determine which method results in more medication therapy changes.

Results

- The success rate of the interventions made by pharmacists at the MMC was 20.83% (70,947/340,405).
- There was not a significant difference comparing all informational faxes to all prescription faxes (20.83% vs. 20.84% respectively). (P > 0.05)
- There was a significant difference in the proportion of accepted guideline recommendations comparing prescription faxes (13.08%) and informational faxes (9.3%) (P < 0.001).
- Prescription faxes recommending the addition of an angiotensin converting enzyme (ACE) inhibitor for hypertension control in diabetic patients was significantly more accepted compared to informational faxes in two different patient demographics: females over 60 years old (14.8% vs. 10.00%, P < 0.001) and males (13.5% vs. 9.3%, P < 0.001).
- Overall cost saving acceptance rates were 20.00% (20.89% vs. 20.84% respectively) for all alerts.

Discussion

- While the composite results that compare the success rates of all informational faxes to all prescription faxes was not statistically significant, comparison of the acceptance rates for certain types of interventions was statistically significant.
- Both prescription and general informational faxes could be used to further improve the communication between prescribers and pharmacists that provide MTM services, however providers may prefer specific prescription faxes for certain treatment recommendations.
- Limitations included:
  - Lack of a control group
  - Assumes the only difference between outcome is method of provider communication
- Additional studies should be completed on subsequent years of data to ensure consistency of the results and in other MTM settings to determine if one fax type is more accepted over another.
- Future research studying the physician characteristics could be helpful in determining beforehand which physicians may prefer one type of fax over another.

Conclusions

Specific alerts may benefit from one type of fax over the other. Based on this data, using prescription faxes for all alerts could increase the acceptance of the pharmacists’ recommendations.

References


Author Disclosure

The authors have no disclosures to report.

Acknowledgments

This project was supported by a grant from the Arizona State Tobacco Settlement Tobacco Settlement, Department of Pharmacy Practice & Science, University of Arizona College of Pharmacy, Department of Pharmacy Practice & Science; zak.cerminara@pharmacy.arizona.edu
