



2015

5

MITM

PREN

FED

©



## MTM TRENDS WITH JESSICA FRANK VP OF QUALITY OUTCOMES MTM

### **Q:** In 2016, CMR completion rate is an official Star measure. What's next?

This is the first, of what will likely be many, MTM-related quality measures. Because all eyes are currently on CMR completion rates, we will quickly see discussion shift to measuring the value derived from MTM—specifically CMRs. Two key initiatives are needed to advance quality measures in MTM: 1) adoption of a standard definition of drug therapy problems and 2) development of standardized data sources, possibly via a standardized coding system, such as SNOMED CT. We envision significant progress in both of these areas in the near future and look forward to being part of the discussion.

### **Q:** MTM is established for Medicare plans. What value do other healthcare payors find with MTM programs?

One of every five Medicare beneficiaries is dual-eligible, covered by both Medicare and Medicaid. These patients often have complex and high-cost healthcare needs, but this population is increasingly difficult to reach. As evidenced by the growing number of MTM programs offering face-to-face consultations—nearly 60% of Medicare MTMP programs in 2014—local pharmacists are best positioned to reach these patients.

Similarly, as more states move to a managed Medicaid system, managed care plans look for innovative ways to manage healthcare utilization—like MTM. A growing number of Medicaid plans are enrolling members into a face-to-face MTM program and seeing positive results in both cost savings and cost avoidance by reducing drug therapy problems. Health Partners Plans in Pennsylvania is a great example that we've featured in this report.

Other organizations are also exploring MTM. A number of quality measures for ACOs and the health insurance marketplace are impacted by inappropriate medication use; PCMH models are integrating pharmacists. We expect more MTM opportunities for local pharmacies to come from these new markets over the next few years.

### **Q:** What stood out to you for MTM in 2014?

2014 was a record year for MTM in many ways. The engagement level of both payors and pharmacies is at an all-time high. Payors are increasingly sophisticated in their buying and have very specific objectives, which influence the evolution of MTM programs.

On the MTM provider side, participation is increasing. Just within our network, 8,500 more pharmacies submitted claims in 2014 than in 2013, and MTM claim volume increased by more than 30 percent. The pharmacy community is realizing the methods used to measure their performance are changing, and pharmacists are stepping up to the challenge—delivering tens of thousands of MTM services to patients every day.





THE FACE-TO-FACE DIFFERENCE	6
KEY FACTS	8
MTM DEVELOPMENTS	10
NATIONAL MTM ADVISORY BOARD	12
MTM SPOTLIGHT: MEDICAID POPULATION	14
POWER OF THE NETWORK	16
TOP MTM CENTERS	18
NETWORK PERFORMANCE	22
MTM IN ACTION	30

# CONTENTS



## The Face-to-Face Difference

**Personal Pharmacist™ Kari Cantrell**, Raley's Pharmacy #115, Reno, NV

Kari noticed her patient's unstable gait as he approached the consultation room for a CMR. As they reviewed medications, the patient appeared extremely dizzy and drowsy. After discussing these symptoms, Kari determined the effects began when the patient initiated a new anticonvulsant therapy. Due to the patient's age and the adverse effects he was experiencing, Kari contacted the prescriber, who agreed with her recommendation to discontinue the therapy. Kari's intervention helped the patient alleviate the side effects and avoid a fall-related emergency room visit.

# KEY FACTS

An analysis of 44 MTM studies found MTM interventions improve medication appropriateness and adherence and reduce medication dosing.

Viswanathan M, Kahwati LC, Golin CE, et al. "Medication Therapy Management Interventions in Outpatient Settings: A Systematic Review and Meta-analysis." JAMA Intern Med. 2014;E1-E12.

Pharmacist intervention improved patient adherence in five medication classes. Patients in the intervention group who were **using diabetes medication experienced a \$341 reduction** in annual healthcare spending while patients **using statin medications experienced a \$241 reduction** in annual healthcare spending.

Pringle, JL; Boyer, A; Conklin, MH; et al. "The Pennsylvania Project: Pharmacist Intervention Improved Medication Adherence And Reduced Health Care Costs." Health Aff. 2014; 33(8):1444-52.

**\$341**  
DIABETES

**\$241**  
STATIN

Low-risk Medicare patients entering home healthcare who received phone-based MTM were three times less likely to be hospitalized within the next two months. Higher risk Medicare patients saw no benefit from phone-based MTM.

3x

In a study of over 21,000 community-based patients, patients with anti-cholinergic burden related to medications experienced significantly higher mortality and incidence of cardiovascular events.

Phyo, KM; Fox, C; Kwok, CS; et al. "Total anticholinergic burden and risk of mortality and cardiovascular disease over 10 years in 21,636 middle-aged and older men and women of EPIC-Norfolk prospective population study." Age and Aging. 2014.



In an ACO setting, the percentage of diabetes optimally managed was significantly higher for those patients who received MTM services as compared to patients who did not.

Brummel, A; Lustig, A; Westrich, K; et al. "Best Practices: Improving Patient Outcomes and Costs in an ACO Through Comprehensive Medication Therapy Management." J Manag Care Pharm. 2014;20(12):1152-58.

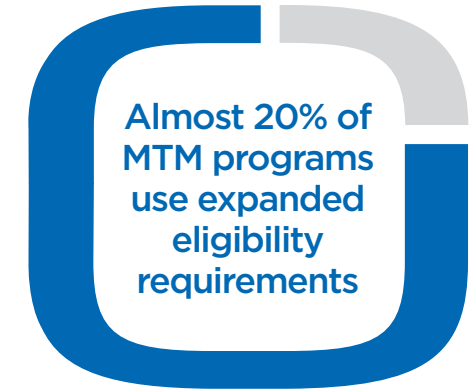
%

# CMS 2014 MTM

Medicare Part D Medication Therapy Management (MTM) Programs Facts from the Centers for Medicare and Medicaid Services (CMS)

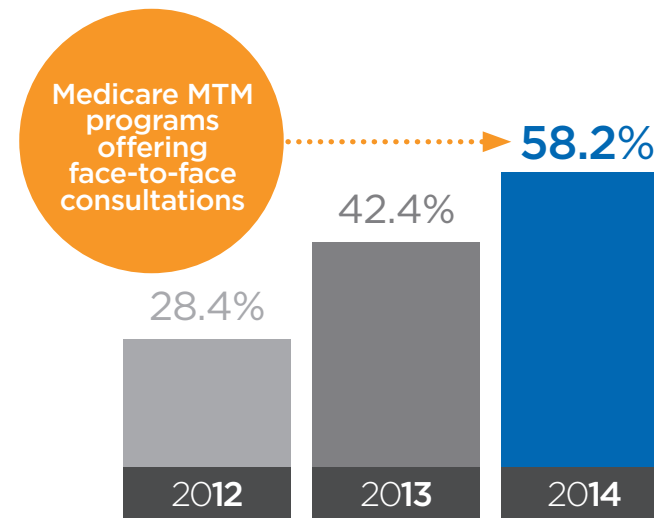
Approximately 85% of 2014 programs target beneficiaries with at least three chronic diseases.

Diabetes, chronic heart failure (CHF) and dyslipidemia were the top targeted diseases in 2014.



Almost 20% of MTM programs use expanded eligibility requirements

to offer MTM services to beneficiaries who do not meet the eligibility criteria under section 423.153(d).



69.7% utilize an MTM vendor



up from 2013, in which 53.8% of programs contracted with an MTM vendor

Source: Centers for Medicare and Medicaid Services (CMS) 2014 Medicare Part D Medication Therapy Management (MTM) Programs Fact Sheet.

## STAR RATING CHANGES THAT IMPACT MTM

In 2014, CMS proposed dozens of provisions, including an expansion of MTM. After further consideration, expansion was not included in the final rule. However, CMS signaled it would revisit MTM for future rules. The draft 2016 Call Letter contained several MTM-related changes.

### PROPOSED REVISIONS TO STAR RATINGS\*

- > **CMR completion rate will become a process measure for 2016 Star Ratings**  
>>> Rating will be based on 2014 performance
- > **Diabetes Treatment measure will be retired as a Star Rating for 2017**  
>>> 2015 performance will not be included in a plan's rating
- > **CMS will reduce the weight to 1.5 for the Medication Adherence for Hypertension measure for 2016 Star Ratings**  
>>> Reduction is for PDP plans only and is based on research into performance differences for dual-eligible/low-income subsidy beneficiaries

**~20%** Average plan performance for the 2015 Comprehensive Medication Review (CMR) Completion Rate display measure

Reprint on <http://aishealth.com/archive/nman031215-02> of Gutman, James. "CMS Star-Rating Changes in Call Letter Would Include Restoring, Retiring Measures." March 12, 2015. Medicare Advantage News, v21:5.

## ON THE HORIZON



### POTENTIAL DISPLAY MEASURES FOR 2017\*

- Medication Reconciliation Post Discharge** - expanding the existing measure to all Medicare Advantage plans  
>>> Pending approval for HEDIS 2016
- Statin Therapy** - for patients with diabetes  
>>> Pending testing and approval by CMS; patient safety reports may be released in Spring 2015
- Opioid Overutilization measures** - three measures that examine multi-provider, high dosage opioid use  
>>> Pending endorsement by PQA; may become display measures for 2017 but are not under consideration for Star Ratings at this time

### OTHER POTENTIAL MEASURES TO WATCH:

- Asthma measure suite** - expanding the age range to include people 65+ for three measures  
>>> Pending review of testing results for inclusion in HEDIS 2016
- Statin Therapy** - for patients with clinical atherosclerotic cardiovascular disease  
>>> Pending field-testing for inclusion in HEDIS 2016
- High Risk Medication** - possible changes to the medication list  
>>> Pending changes to the Beer's criteria by the American Geriatric Society (AGS)

\*All proposed changes to CMS Star Rating measures listed here are pending confirmation by CMS in the final 2016 Call Letter.

# NATIONAL MTM ADVISORY BOARD

## PAYORS

REPRESENTATIVE	TITLE
AultCare	Terra Wonsettler Director of Pharmacy
Blue Cross Blue Shield of North Dakota	Tom Christensen Manager of Pharmacy Management
CareSource	James Gartner Vice President of Pharmacy
Humana, Inc.	Michael Taday Director, HPS Pharmacy Professional Practice
Medica Health Plan	David Coffee Clinical Program Manager - Pharmacy Services
Prime Therapeutics	David Lassen Chief Clinical Officer
Priority Health	Erica Clark Director, Clinical Pharmacy Programs
Security Health Plan	Twila Johnson Director of Pharmacy Services
W-Squared	Winston Wong President

## PROVIDERS

REPRESENTATIVE	TITLE
American Pharmacy Cooperative, Inc.	Jonathan Marquess VP, Professional and Clinical Affairs
Apple Discount Drugs	Geoff Twigg Clinical Pharmacist
Discount Drug Mart	Michele Golob NE Ohio Regional Pharmacy Supervisor/MTM Clinical Specialist
New Albertson's Inc.	Anthony Provenzano Director of Clinical Programs
Pharmacy Administration Strategies, LLC	Leslie Kanofsky Owner, Pharmacist
Thrifty White Drug	Timothy L. Weippert Executive Vice President Pharmacy
Walgreens Co.	Jay Nadas Director of Retail Clinical Pharmacy Programs

## CONSUMERS

National Consumers League	Rebecca Burkholder Vice President of Health Policy
---------------------------	---

## MEDICAL DIRECTOR

Predictive Health, LLC	Joel Brill Physician, OutcomesMTM Medical Director; Chief Medical Officer, Predictive Health, LLC
------------------------	---



Formed in 2010, the National MTM Advisory Board brings together representatives from multiple stakeholder groups to build consensus and influence policy development in the MTM industry. The Board incorporates a diverse mix of viewpoints and experience from payors, consumers, prescribers and pharmacists. As thought leaders, members of the Board address both the short- and long-term positioning of MTM services within the larger healthcare picture. OutcomesMTM provides administrative support.

## Advocacy in 2014

### MTMP Eligibility

The National MTM Advisory Board provided comments on Medication Therapy Management Program (MTMP) eligibility criteria. While Medicare plan-to-plan inconsistency in MTM eligibility criteria has been somewhat limited due to refinements introduced by the Centers for Medicare and Medicaid Services (CMS), wide variability persists. The Board recommended consideration of the establishment of a minimum percentage of a plan sponsor's overall population which must qualify for the MTM program offered by the sponsor.

### P4P Hybrid Model

The Board released its response to "Medicare star ratings: Stakeholder proceedings on community pharmacy and managed care partnerships in quality," from the May/June 2014 issue of *Journal of the American Pharmacists Association*.

The Board agreed with several points made in the article and shared its belief that Pay-for-Performance (P4P) and Medication Therapy Management (MTM) programs are not mutually exclusive but, rather, exist on a continuum. P4P approaches spotlight patient behavior change and meaningful results. MTM provides a framework for achieving desired results, giving providers the resources and best practices necessary to systematically improve performance. The Board sees a hybrid strategy that features elements of both P4P and MTM as superior to approaches from either end of the continuum.

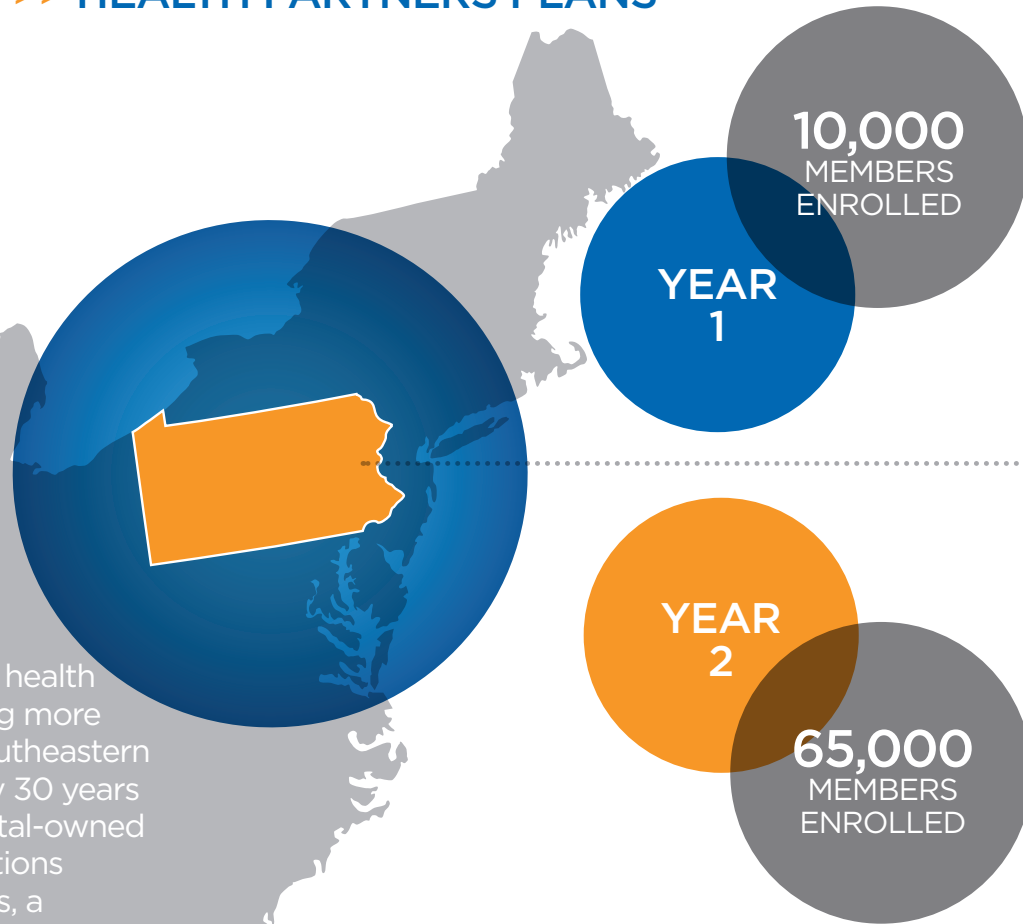
# MTM SPOTLIGHT

Medicaid Population >> HEALTH PARTNERS PLANS

PROGRAM START | 2012

## OVERVIEW

Health Partners Plans is an award-winning, not-for-profit health insurance organization serving more than 190,000 members in Southeastern Pennsylvania. Founded nearly 30 years ago, it is one of the few hospital-owned health maintenance organizations in the country. Health Partners, a HealthChoices Medicaid plan, is recognized as a national model for Medicaid managed care.

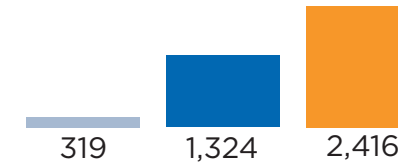


## Y1 RESULTS 8/1/2012 - 7/31/2013

Total MTM services delivered ..... 3,823

MTM services that helped members avert serious events, such as ER visits, hospitalizations and life-threatening complications ..... 108

- ▶ Participating Pharmacies
- ▶ Total Drug Therapy Issues Resolved
- ▶ Eligibles who Received Service



## ROI

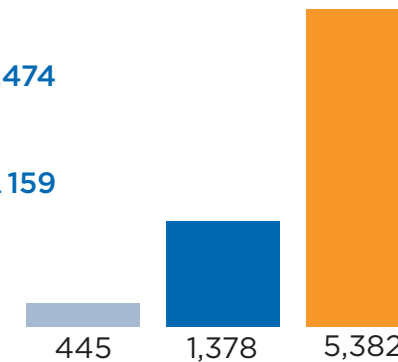
**LEVEL 2**  
Drug Product Cost Savings  
**\$1.15:\$1**

## Y2 RESULTS 8/1/2013 - 7/31/2014

Total MTM services delivered ..... 10,474

MTM services that helped members avert serious events, such as ER visits, hospitalizations and life-threatening complications ..... 159

- ▶ Participating Pharmacies
- ▶ Total Drug Therapy Issues Resolved
- ▶ Eligibles who Received Service



## ROI

**AIM™**  
Total Estimated Cost Avoidance  
**\$5.44:\$1**

**Return on Investment (ROI):**  
Calculated using the OutcomesMTM Actuarial Investment Model (AIM™)

Based on the severity level of the intervention, AIM assigns an estimated cost avoidance (externally validated by an actuarial firm) to each MTM claim.





# POWER OF THE NETWORK

2014

53K

Successful MTM interventions impacting CMS Star Patient Safety measures \*TIPs only

1.5M+ CLAIMS

8,508 MORE PHARMACIES PARTICIPATED IN 2014 COMPARED TO 2013

1/3

of MTM service claims came from pharmacists who joined the network in 2014

\$886

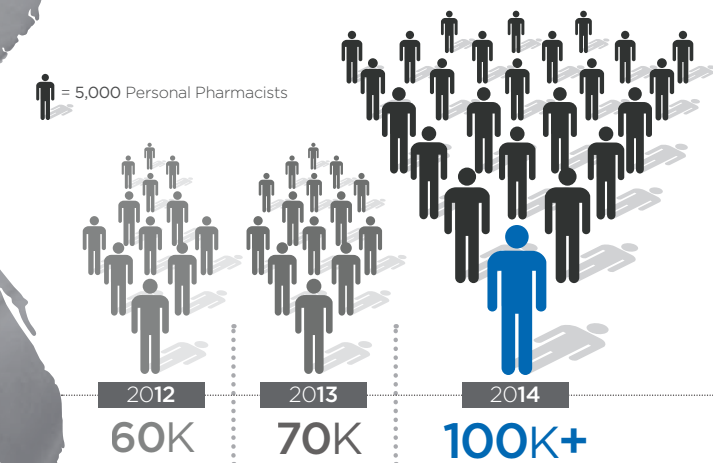
AVG. COST SAVINGS PER LEVEL 2-DRUG PRODUCT COSTS MTM CLAIM

25,572

CONSULTATIONS PROVIDED BY MTM NETWORK PHARMACISTS THAT HELPED MEMBERS AVERT SERIOUS EVENTS, SUCH AS  
> ER visits > Hospitalizations > Life-threatening complications

Provider Resources Help Desk Calls: Incoming phone calls received in 2014:

85,368





# TOP MTM CENTERS

**EACH YEAR,** OutcomesMTM recognizes pharmacies and pharmacy chain organizations with exceptional performance in delivering MTM services to eligible patients. Providers in the Personal Pharmacist™ Network—from independent pharmacies to regional chains to those with a national presence—prove community pharmacists make a difference for patients. Contenders for Top MTM Center and Top Chain categories are evaluated on accessibility, engagement and effectiveness. As pharmacy engagement rises, the bar continues to be raised for top honors.

**Large Chain Category**  
*(Chains with 900+ locations)*



In all four quarters, The Kroger Co. maintained an overall number one rank. The chain displayed consistently high performance and dedication to delivering first-class MTM services, securing its position as Top Large Chain for the second year in a row.

RUNNER-UP



**Medium Chain Category**  
*(Chains with 200-899 locations)*



Consistently ranking first for percentage of patients served each quarter, Fred's Pharmacy continues to lead the way in providing quality MTM services. The chain was also recognized by multiple health plans for its success in key MTM initiatives.

RUNNER-UP



**Regional Chain Category**  
*(Chains with <200 locations)*



Marc's has shown continuous commitment to delivering MTM services at the highest levels. Every Marc's location participated in 2014, and the chain was the leader in TIP completion rate every quarter of 2014.

RUNNER-UP



MOST IMPROVED



Walmart made great strides in operationalizing MTM services. Within a year, all pharmacy locations were contracted and had an OutcomesMTM-trained pharmacist. The chain's completion rates for MTM opportunities were especially impressive for their newly engaged status.

MOST INNOVATIVE

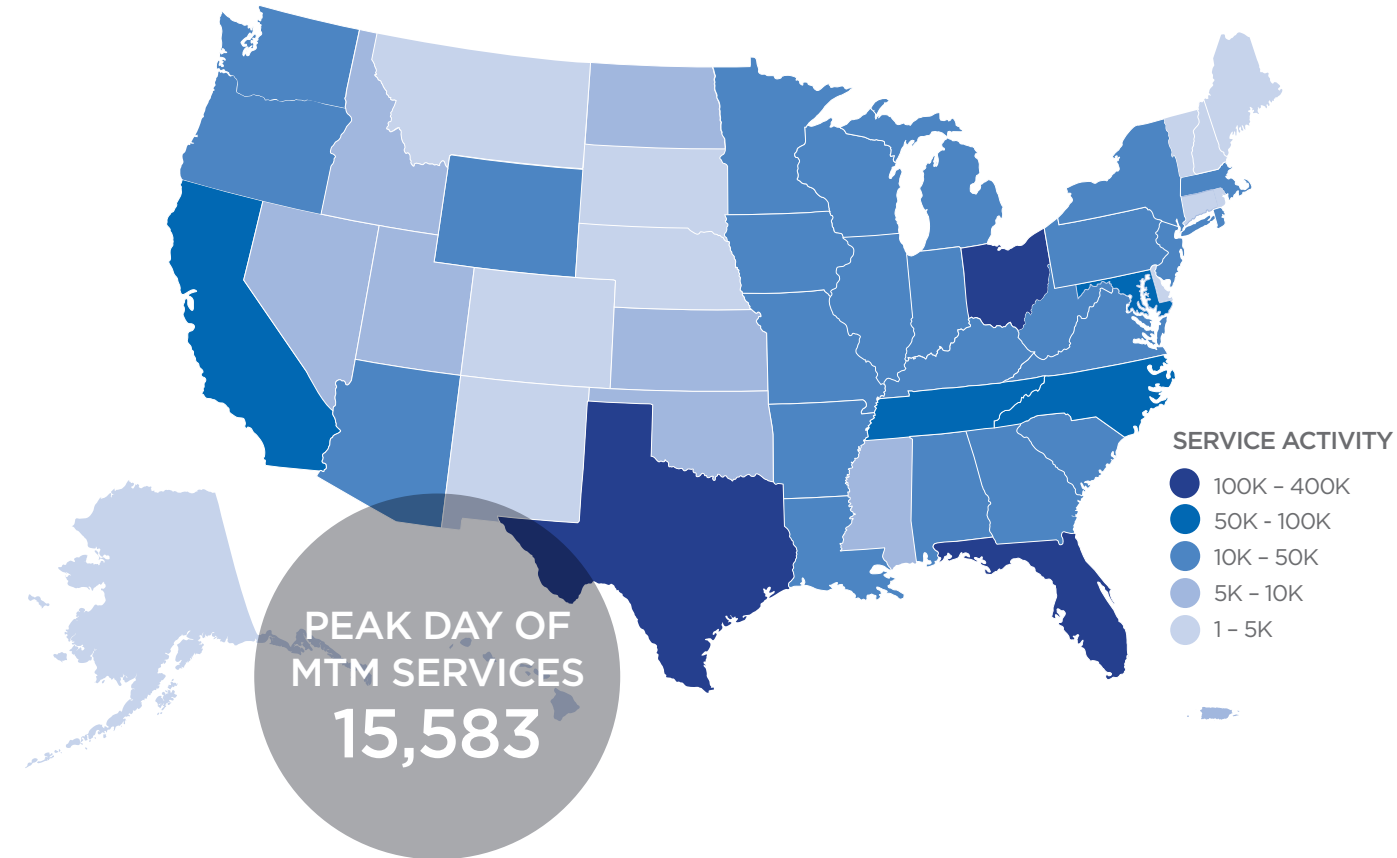


Through technology, SUPERVALU, in conjunction with Albertsons, absorbed MTM service provision into the core of their pharmacy services. Partnering with OutcomesMTM, the chains built data integration and single sign-on capabilities for their pharmacies.

# NETWORK PERFORMANCE

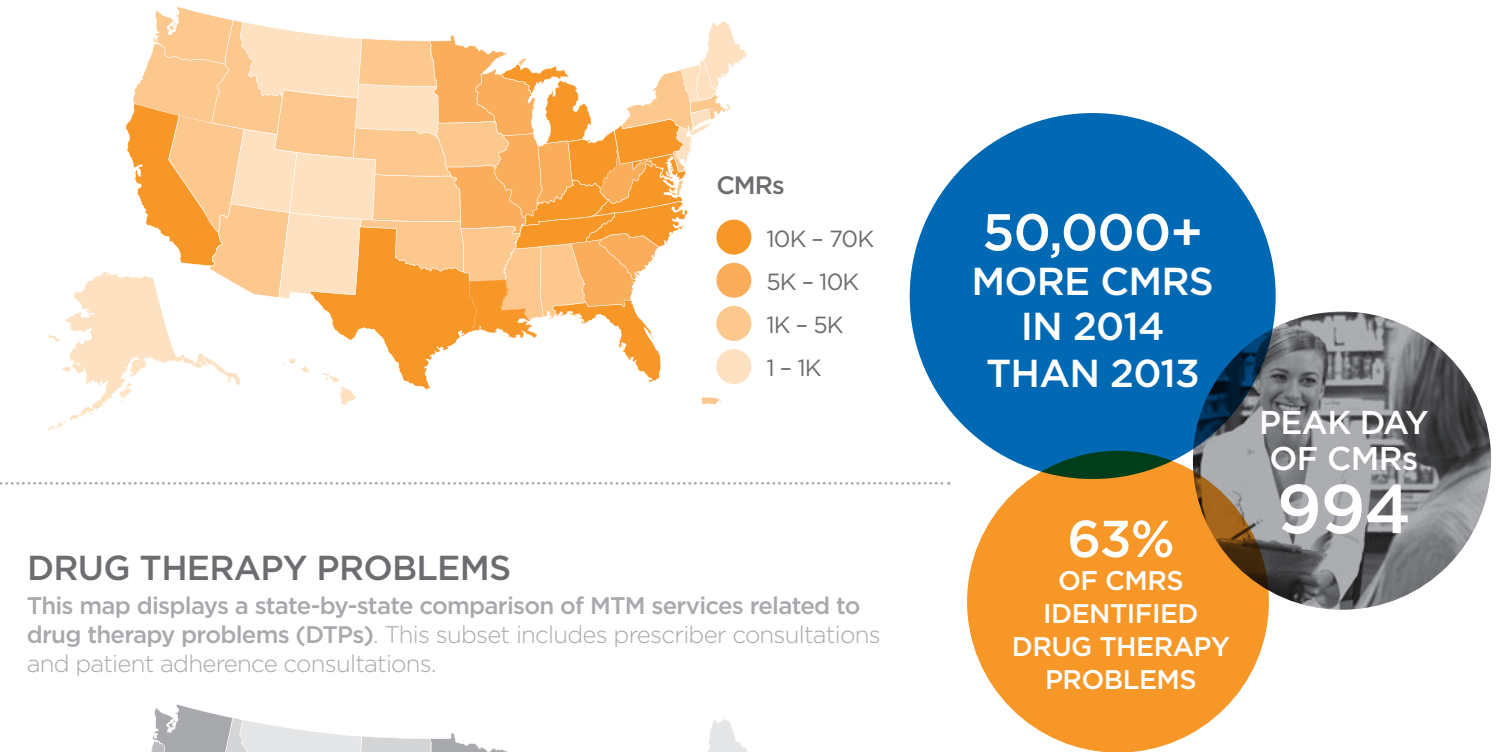
## MTM SERVICE ACTIVITY

This map provides a state-by-state comparison of overall MTM service activity, including all service types: Comprehensive Medication Reviews (CMRs), prescriber consultations and patient consultations for adherence or education and monitoring.



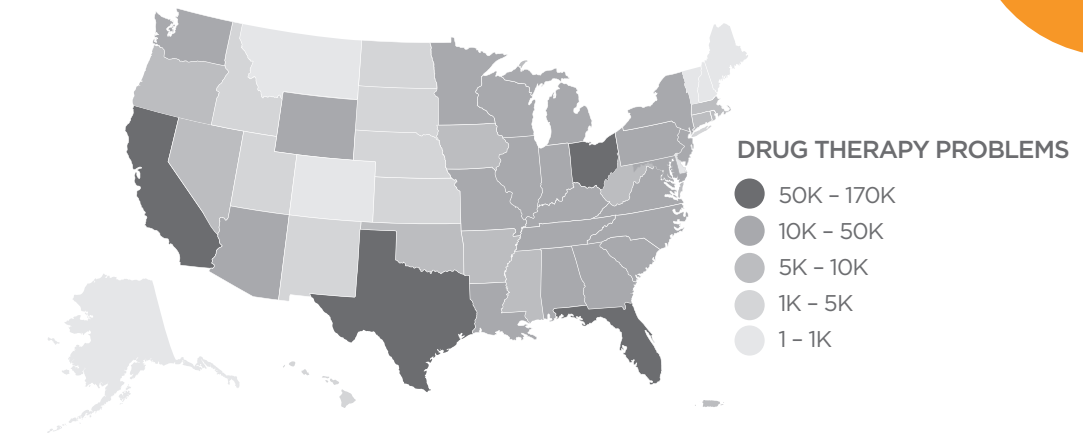
## COMPREHENSIVE MEDICATION REVIEWS

This map details a state-by-state comparison of Comprehensive Medication Review (CMR) activity.



## DRUG THERAPY PROBLEMS

This map displays a state-by-state comparison of MTM services related to drug therapy problems (DTPs). This subset includes prescriber consultations and patient adherence consultations.

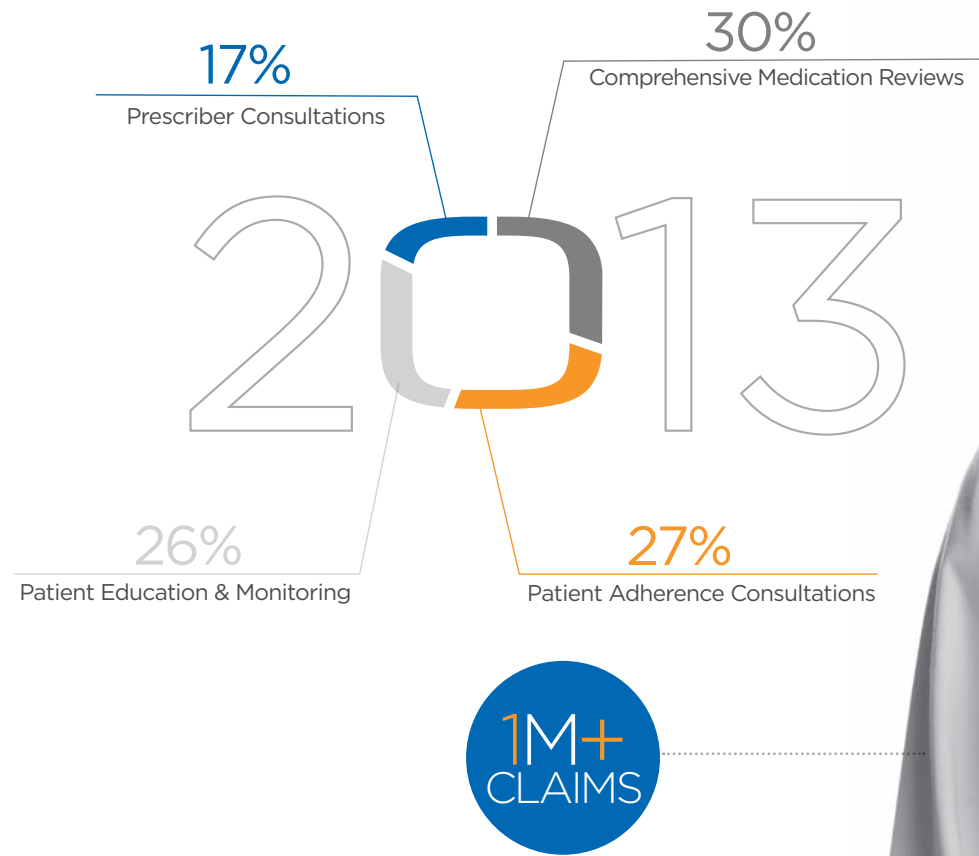


\*Maps represent MTM activity based on MTM service claims from 2014. All data maps were based upon patient's state of residence.

NETWORK PERFORMANCE

# MTM BY SERVICE CATEGORY

The distribution of interventions in 2013 and 2014 reflect the evolving nature of MTM. Many programs have become increasingly focused in their MTM strategies. At the same time, innovative services have been introduced to position pharmacists to assist patients in new and valuable ways.



**KEY OBSERVATIONS:**

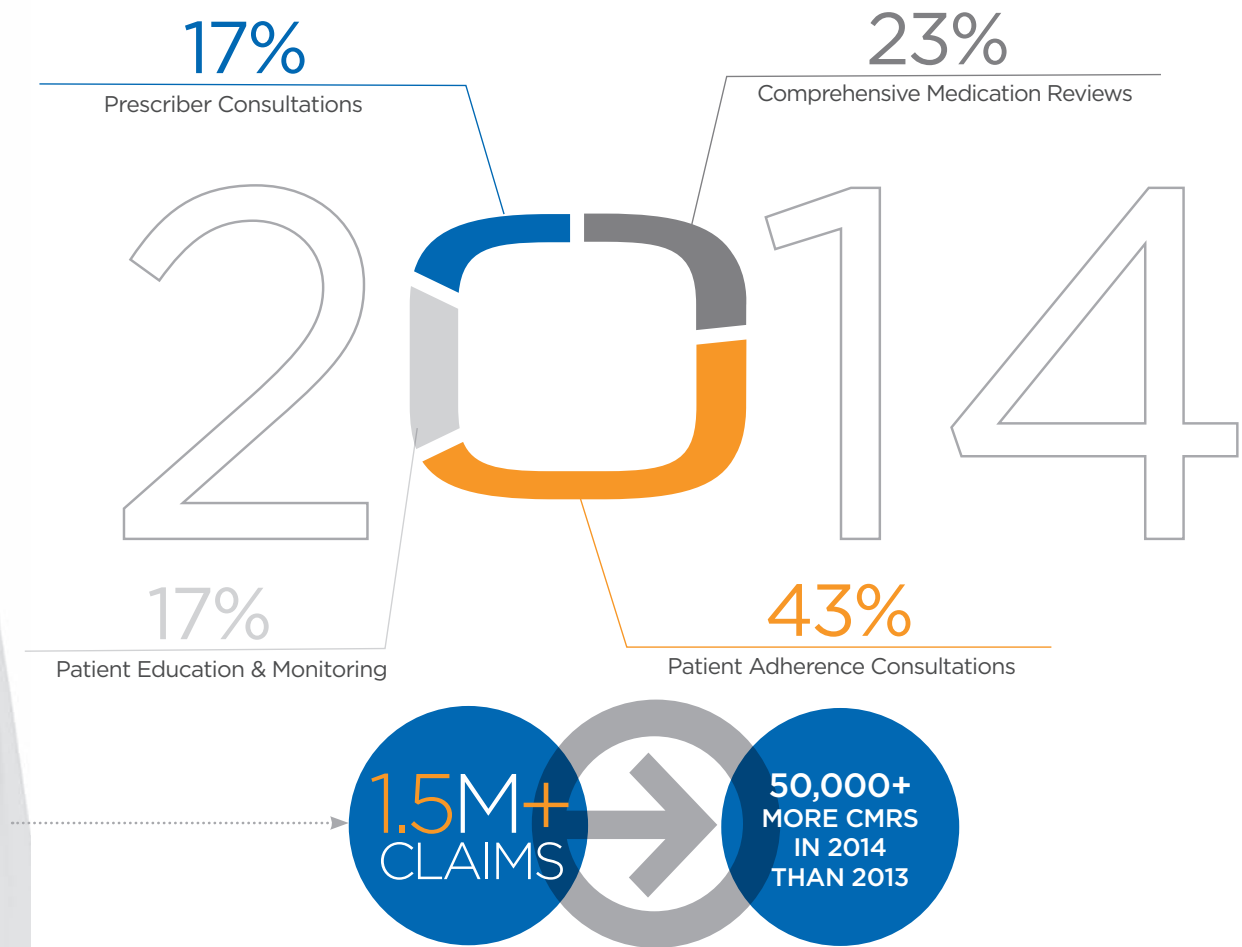
While 50,000 more CMRs were delivered in 2014, they made up a lower percentage of MTM services in 2014 compared to 2013.

- > Medicare plans enrolled more patients outside of MTMP criteria for MTM services specific to Star Patient Safety measures.
- > Non-Medicare plans expanded MTM enrollment.

Adherence was a major focal point for many plan sponsors in 2014.

- > The debut of new services significantly increased the volume of adherence-related MTM services.

As plan sponsors narrowed their focus to key interventions, patient education and monitoring services received less emphasis.



**Prescriber Consultation**  
Pharmacist consults with a physician to recommend a change in prescription therapy

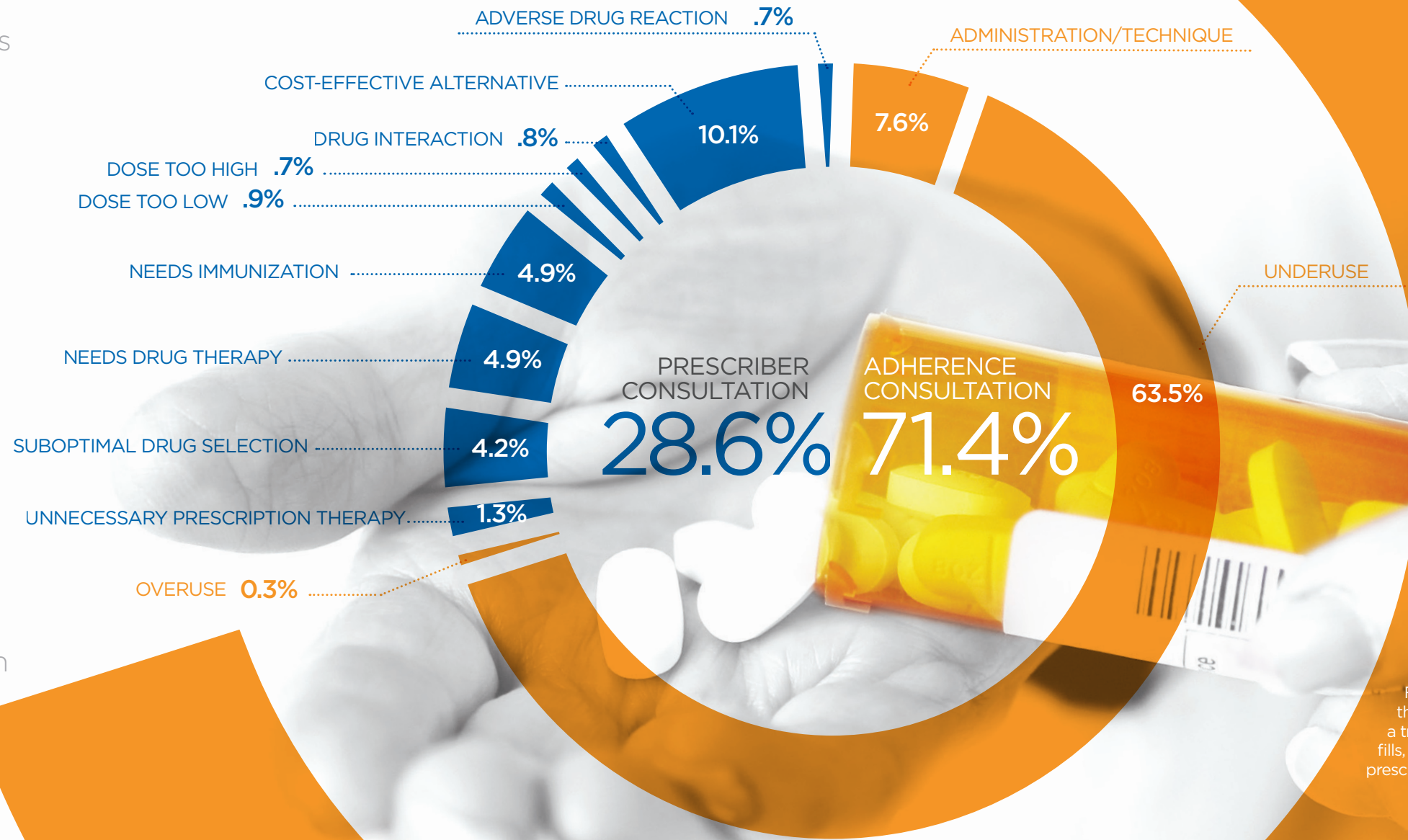
**Comprehensive Medication Review**  
Interactive, person-to-person, real-time consultation to assess member's entire medication regimen

**Patient Education & Monitoring**  
Monitoring the start of a new or changed prescription therapy or OTC product to catch issues early

**Patient Adherence Consultation**  
Consultation regarding underuse, overuse or administration technique of a prescription medication

# RESOLVING DRUG THERAPY PROBLEMS

Leading MTM programs emphasize the avoidance, mitigation and resolution of drug therapy problems (DTPs). For OutcomesMTM, services related to DTPs include interventions that require consultation with a prescriber to change a therapy as well as patient consultations to address adherence issues. Successful DTP services provided by the Personal Pharmacist™ Network in 2014 are segmented by the reason for intervention.



**MTM SERVICES FOR UNDERUSE**  
 Improving adherence has long been a key component of OutcomesMTM programs. Traditionally, underuse has been addressed in a two-part consultation. In 2014, OutcomesMTM added new services to help patients maintain or improve adherence to key medications.

**ADHERENCE MONITORING PROGRAM (AMP)**  
 For high-risk, high-priority patients, pharmacies offer counseling and monitor adherence rates throughout the year to assist the patient in reaching a >80% adherence rate.  
**Star Patient Safety measure focus**  
 > Diabetes medications  
 > Hypertension medications  
 > Cholesterol medications

**ADHERENCE CHECK-IN**  
 To resolve or avoid underuse of the target medication, a pharmacist counsels the patient on the importance of adherence and offers solutions for potential and/or existing barriers to adherence.  
 For some check-ins, the pharmacist discusses a transition to 90-day fills, as approved by the prescriber and the patient.

## DTP SERVICES BY MEDICATION CLASS

To further examine successful resolutions to drug therapy problems, we identified common classes of medications involved in high volume MTM interventions. Several of the most common DTP-related services impact quality measures as well as patient safety. The classes noted here also reflect plan sponsors' goals, which are highly influenced by CMS Star Ratings and other industry quality measures.

### INFLUENCING ADHERENCE



#### Adherence - Underuse of Medication

- Cardiovascular agents  
> Common focus areas include statins and RAS antagonists
- Endocrine and metabolic drugs  
> Diabetes medications are a typical focus for this service
- Respiratory agents
- All other classes

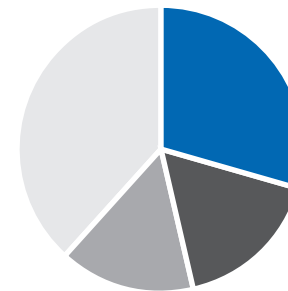


#### Adherence - Inappropriate Administration Technique

- Cardiovascular agents
- Endocrine and metabolic drugs
- Respiratory agents
- All other classes

## IMPROVING MEDICATION REGIMENS

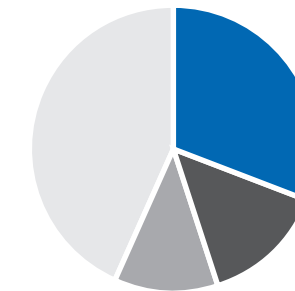
### OPTIMIZING MEDICATION CHOICES



#### Suboptimal Drug

- Central nervous system drugs  
> For example, discontinuing or finding safer alternatives for high-risk antidepressants, barbiturates and sleep aids
- Endocrine and metabolic drugs  
> Such as, improving diabetic therapy by moving from a long-acting sulfonylurea to a safer alternative
- Cardiovascular agents
- All other classes

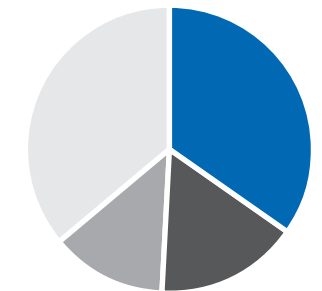
### RESOLVING DUPLICATIONS & INEFFECTIVE THERAPIES



#### Unnecessary Therapy

- Cardiovascular agents  
> Discontinuing a duplicate therapy for blood pressure control was a common reason for this service
- Analgesics and anesthetics  
> Discontinuing pain medications that are no longer needed
- Central nervous system drugs
- All other classes

### REDUCING DRUG PRODUCT EXPENSES



#### Cost-effective Alternative

- Respiratory agents  
> Optimizing rescue treatment for breathing disorders
- Topical products  
> Ophthalmic agents (eye drops) were the most common
- Cardiovascular agents
- All other classes

# MTM IN ACTION

## Controlling Blood Pressure

**Personal Pharmacist™ Thang Le**

Rite Aid Pharmacy #10168 – Medford, MA

While conducting a CMR, Thang noticed the patient's blood pressure medication did not align with recommended first-line therapy. Thang checked the patient's blood pressure to determine if the current therapy was adequate.

After obtaining two elevated readings, Thang contacted the physician to recommend a more appropriate agent. The prescriber agreed with the recommendation, and the patient began the new medication for better blood pressure control. Thang's actions helped the patient prevent a trip to the emergency room for dangerous elevations in blood pressure that could lead to a heart attack or stroke.

## Managing Blood Sugar

**Personal Pharmacist™ Kevin Smith**

MACS Medicine Mart, Inc. – Kingsport, TN

Kevin noticed his patient had an out-of-range lab value that indicated chronic high blood sugar. Although taking short-acting insulin, the patient's blood sugar was not sufficiently controlled. The patient was also experiencing side effects associated with high blood sugar, such as a slow-healing foot wound and dizziness.

Kevin contacted the prescriber, who agreed to add long-acting insulin to the patient's regimen. The patient started the new therapy to help bring his blood sugar back to goal. Kevin's proactive approach helped the patient avoid unnecessary healthcare costs and better manage his diabetes.

## Reconciling Medications Post Discharge

**Personal Pharmacist™ Mary Au**, Walgreens #10846 – Houston, TX

A patient came in to request refills on all the medications he received upon discharge from a recent hospital stay. Mary faxed the prescriber to obtain additional refills on the requested prescriptions. While reviewing the orders, she noticed a high-dose, injectable blood thinner was included.

Knowing the prescribed dose was not appropriate for long-term therapy, Mary contacted the nurse, who verified the medication should have been discontinued. The patient expressed gratitude that Mary caught this potentially life-threatening and expensive mistake. Thanks to Mary, the patient avoided a visit to the emergency room from excessive bleeding.





# THE FACE-TO-FACE DIFFERENCE<sup>®</sup> IS THE CORNERSTONE OF OUTCOMESMTM.<sup>™</sup>

RELATIONSHIPS—BOTH WITHIN OUR ORGANIZATION AND OUTSIDE IT—ENABLE OUR EMPLOYEES,  
NETWORK PHARMACISTS, CLIENT HEALTH PLANS AND THEIR MEMBERS TO THRIVE.



[outcomesmtm.com](https://www.outcomesmtm.com)

[info@outcomesmtm.com](mailto:info@outcomesmtm.com) | 877.237.0050

© OutcomesMTM<sup>™</sup> | All rights reserved.