Medication Therapy Management: Opportunities for the Retail Pharmacist

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Objectives

At the completion of this program, the participants will be able to:

1. Describe the CMS defined criteria for qualification in a medication therapy management program
2. Describe the various types of medication therapy management programs in place today
3. Explain the impact medication therapy management can have on improving outcomes
Introduction

• The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) provided the legislative framework for the prescription drug program known as Medicare Part D.

• A requirement for all plans sponsors is that they have a Medication Therapy Management Program (MTMP)
CMS Requirements

All Medicare Part D sponsors must have established a Medication Therapy Management Program that:

- Ensures optimum therapeutic outcomes for targeted beneficiaries through improved medication use
- Reduces the risk of adverse events
- Is developed in cooperation with licensed and practicing pharmacists and physicians
CMS Requirements

• Describes the resources and time required to implement the program if using outside personnel and establishes the fees for pharmacists or others
• May be furnished by pharmacists or other qualified providers
• May distinguish between services in ambulatory and institutional settings
• Is coordinated with any care management plan established for a targeted individual under a chronic care improvement program (CCIP)
Qualifying Criteria Defined by CMS

1. Have multiple chronic diseases
   AND
2. Are taking multiple Part D drugs
   AND
3. Are likely to incur annual costs of at least $4000 for all covered Part D drugs
Qualifying Criteria Defined by CMS

- The qualifying criteria are a minimum standard.
- Plans may have criteria that is more liberal and allows for inclusion of more members.
- This criteria has NOT changed during 2006, 2007 or 2008 while others aspects of Medicare Part D have.
CMS Expectations

- Once enrolled in the MTM Program, a beneficiary will remain in the program for the remainder of the year, even if they no longer meet one or more of the plan’s eligibility criteria.
- A Plan sponsor’s MTM program will serve and provide interventions for beneficiaries who meet all of the defined criteria elements regardless of setting (i.e. ambulatory, long term care, etc.)
- MTM programs cannot include discriminatory exclusion criteria. If a beneficiary meets all three of the defined criteria elements, the beneficiary will be eligible for enrollment into the program.
CMS Expectations

- CMS encourages Plan sponsors to provide interventions to beneficiaries who do not meet all three of the required MTM program criteria, however, these cannot be considered as part of MTM by CMS for reimbursement purposes.
- Plan sponsors must safeguard against discrimination based on the nature of MTM interventions. Example: If intervention is by mail, the plan must be able to provide material in braille if requested.
Plan sponsors must develop MTM Programs, in accordance with CMS Policy, and submit their program for approval.

Plans must clearly define the following:

- The number of chronic diseases a beneficiary must have to qualify and specifically identify the chronic diseases. For example, a beneficiary must have 3 of the following disease states to qualify – Diabetes, COPD, Asthma, Hypertension and CHF
Plan Sponsor Requirements

• The number of Medicare Part D covered drugs a beneficiary must be taking to qualify. For example, a beneficiary must have taken at least eight chronic Medicare Part D covered medications within the last 90 days.

• The method by which the plan sponsor will determine how the patient will likely meet or exceed $4000 in drug spend during the year.
Plan Sponsor Requirements

- In addition to the 3 specific criteria, plans must also describe:
- How they will Identify the members
- How they will Enroll the members - “opt in” or “opt out”
- How often interventions will occur and the nature of the interventions
- Who will provide the services – internal staff, external staff or both
- How outcomes will be measured
MTM Programs

Enrollment
There are two basic types of enrollment into a MTM program once a beneficiary is identified as meeting the qualifying criteria.

1. Opt in – A member must actively affirm his/her intent to participate in the program. This may occur through a telephone call or by mailing in a response card etc.
2. Opt out – A member is considered part of the MTM program unless he/she notifies the plan sponsor of an unwillingness to participate
MTM Programs

Enrollment

2007 CMS Enrollment Information:
Opt-in 19.1%
Opt-out 33.6%
Combination 47.3%
MTM Programs

Number of Chronic Diseases

Plans sponsors are required to identify the number of chronic diseases a patient must have to qualify as well as what the specific chronic diseases are.
MTM Programs

Number of Chronic Diseases

2007 plan sponsor chronic disease requirements:

2 Chronic diseases 48.5%
3 Chronic diseases 35.7%
4 Chronic diseases 9.3%
5 Chronic diseases 6.5%
MTM Programs

Top 10 Chronic Diseases

1. Diabetes
2. Heart Failure
3. Hypertension
4. Asthma
5. COPD
6. Dyslipidemia
7. Rheumatoid Arthritis
8. Osteoporosis
9. Depression
10. Osteoarthritis
MTM Programs

Number of Part D medications

Plans sponsors are required to identify the number of Medicare Part D medications a patient must be on to qualify for MTM.
MTM Programs

Minimum number of Part D medications required by plan sponsors as reported by CMS for 2007:

2 medications 10.1%
3 medications 9.1%
4 medications 6.0%
5 medications 20.6%
6 medications 13.4%
7 medications 13.2%
8 medications 15.0%
9 medications 2.1%
10+ medications 10.4%

* The highest was 23 medications. Medications could be counted monthly or quarterly depending on the plan.
MTM Programs

Frequency of Identification
For 2007, CMS reported the frequency in which plans ran their identifying criteria algorithms.
Quarterly 38.3%
Monthly 47.6%
Other 14.1%
MTM Programs

Interventions

• Plan sponsors must identify how often interventions will occur and the nature of the interventions.
MTM Programs

Interventions

• The type and frequency is entirely up to the plan sponsor.

For 2007, CMS reported the following types of interventions:

Beneficiary Alone 6.9%
Prescriber Alone 0.2%
Combination (beneficiary, provider, pharmacy) 93%
MTM Programs

The top 10 most common types of interventions:
1. Face-to-Face
2. Phone outreach
3. Medication review
4. Refill reminders
5. Intervention letter
6. Educational newsletters
7. Disease management
8. Case Management
9. Web-based program
10. Medication profile review
MTM Programs

Provider of Services

MTM services may be furnished by pharmacists or other qualified providers and may be provided by internal staff or outside vendors.
MTM Programs

Provider of Services

In 2007 plans used both internal and external staff as well of a combination of the two.

Internal staff 48.8%
Outside personnel 26.6%
Combination of the two 24.6%
Opportunities for the Retail Pharmacist

- MTM is now mandatory
- MTM can and should go beyond Medicare
- MTM can help to strengthen the patient pharmacist relationship
- Pharmacists can now get reimbursed for cognitive services – development of Current Procedural Terminology (CPT) codes by the Pharmacist Services Technical Advisory Coalition (PSTAC)
Opportunities for the Retail Pharmacist

In October 2007, 3 Category I CPT codes were established for MTM services performed by a pharmacist in face-to-face encounters with assessment and interventions:

- 99605— initial 15 minutes for MTM services for a new patient
- 99606— initial 15 minutes, established patient
- 99607— each additional 15 minutes (used in conjunction with 99605 or 99606)
Challenges

- Staffing considerations
- Reimbursement considerations
- The number of MTM programs with unique documentation procedures, qualifying criteria and software packages
- Space considerations – patient confidentiality
Improved Outcomes

- Pharmacists have the ability to coordinate prescription utilization across multiple prescriber specialties
- Pharmacists come in contact with patients more frequently than other health care providers
- Pharmacists have the opportunity to counsel patients on both OTC as well as Rx medications
- Pharmacists are patient advocates – understand insurance, now about new brand/generic medications, and know how much prescriptions cost
Summary

Although Medication Therapy Management is not without challenges, it is an excellent opportunity for pharmacists to move beyond the traditional dispensing role by using their medication knowledge to improve patient outcomes and quality of care.