Tailoring Medication Therapy Management for Minority Populations: A Focus on Latino Health

The pharmacist plays an integral part in minimizing and preventing medication-related problems. Medication therapy management (MTM) can be performed by pharmacists with or without a collaborative practice agreement (CPA) with the patients’ medical provider. Community pharmacists should have an understanding of the core elements of MTM, MTM provisions of Medicare Part D benefits and consideration of health literacy and cultural sensitivity when developing MTM services. A collaborative approach to patient care is advocated when performing a MTM, this strategy facilitates an effective route of communication between pharmacists and patients. Using case studies, this webinar will review strategies to communicate to patients through community health workers (CHWs), translation services, and to conduct the MTM process of patient assessment, identifying medication-related problems and making recommendations based on patients’ pharmacogenomics profile.

Learning Objectives: Pharmacist, Pharmacy Technicians, Nurses

1. Outline the components of a thorough medication therapy management (MTM)
2. Identify opportunities for providing MTM services established by the Centers for Medicare and Medicaid Services and the Affordable Care Act (ACA)
3. Define the function of Community Health Workers (CHWs) as per the Affordable Care Act (ACA)
4. Describe strategies of communication to patients and/or family/caregivers in underserved communities through community health workers and translations services to help improve health care access *(NOT applicable to Pharmacy Technicians)*
5. Identify appropriate communication skills and techniques to use with patients and/or family/caregivers during a MTM visit
6. Define pharmacogenomics
7. Based on patient’s profile, identify appropriate individualized goals and recommendations, including pharmacological and nonpharmacological *(NOT applicable to Pharmacy Technicians)*
8. Recognize potential resolutions to situations in which medication-related problems are identified
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Target Audience
Pharmacists, Pharmacy Technicians, Nurses

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TAILORING MEDICATION THERAPY MANAGEMENT FOR MINORITY POPULATIONS: A FOCUS ON LATINO HEALTH

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LEARNING OBJECTIVES PHARMACIST

• Outline the components of a thorough medication therapy management (MTM) Service Model
• Identify opportunities for providing MTM services established by the Centers for Medicare and Medicaid Services and the Affordable Care Act (ACA)
• Identify appropriate communication skills and techniques to use with patients and/or family/caregivers during a MTM visit
• Define the function of Community Health Workers (CHWs) as per the Affordable Care Act (ACA)

LEARNING OBJECTIVES TECHNICIANS

• Outline the components of a thorough medication therapy management (MTM) Service Model
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• Identify appropriate communication skills and techniques to use with patients and/or family/caregivers during a MTM visit
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LEARNING OBJECTIVES PHARMACIST

• Describe strategies of communication to patients and/or family/caregivers in underserved communities through community health workers and translations services to help improve health care access
• Define pharmacogenomics role in the MTM service model
• Recognize potential resolutions to situations in which medication-related problems are identified
• Based on patients profile, identify appropriate individualized goals and recommendations, including pharmacological and nonpharmacological
Dr. Moore is a graduate from the University of Science in Philadelphia with a Doctorate in Pharmacy and received his undergraduate degree from Boston University in Biology.

Career Path ➔ Pharmaceutical Industry, Retail Pharmacy District Manager, Academia Clinical Dean, and Divisional Director Ambulatory Specialty Pharmacy

Clinical Fellowship Director of two year post-graduate program in Pharmacogenomics in collaboration with leading Biotech Diagnostic Company.

GETTING TO KNOW THE SPEAKER

THE VALUE FOR MTM SERVICE

Medication Therapy Management Service Model

NEED FOR MTM SERVICES TARGET POPULATION

Aging Population

- 49 million Americans are 65 and older, that number will grow to 98 million in 2060
- Older adults are disproportionally affected by chronic conditions, such as diabetes, arthritis, and heart disease.
  - 87% have at least one chronic condition, and nearly 70% of Medicare beneficiaries have two or more.
- Multiple chronic diseases account for two-thirds of all health care costs and 93% of Medicare spending.
  - < 1% of U.S. health care dollars is spent on prevention to improve overall health.

NEED FOR MTM SERVICES PRESCRIPTION UTILIZATION

Prescription Medications

- In 2016, the U.S. spent 17.9% of the gross domestic product (GDP), on national health expenditures, of which $329 billion was spent on prescription drugs.
- 70% of the population takes at least 1 prescription medication.
- Over 40% of the US population takes 4 or more prescription medications.

NEED FOR MTM SERVICES MEDICATION ERRORS

Medication Errors

- 3rd leading cause of death
  - Adverse drug events (ADEs) account for about 700,000 ED visits and 100,000 hospitalizations annually.
  - 4 medications attributed to 10% of ED visits for Medicare patients.
    - Antidiabetic agents (e.g., insulin)
    - Oral anticoagulants (e.g., warfarin)
    - Antipatelet agents (e.g., aspirin and clopidogrel)
    - Opioid pain medications
  - Economic impact is perhaps nearly $1 trillion annually when quality-adjusted life years (QALYs) are applied to those that die.

NEED FOR MTM SERVICES ADHERENCE

Poor medication adherence has dramatic effects

- Nonadherence has been estimated to cost the U.S. health care system between $100 billion and $289 billion annually.
  - Approximately 125,000 deaths annually.
  - At least 10% of overall hospitalizations.
  - Substantial increase in morbidity and mortality.

Importance of adherence consultation with patients

- Agency for Healthcare Research and Quality (AHRQ)
- National Council on Patient Information and Education
- World Health Organization (WHO)
- Centers for Medicare and Medicaid Services (CMS)
OVERVIEW OF THE MTM PROGRAM
Medication Therapy Management Service Model

THE MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT - 2003

• 2003 Medicare Modernization Act (MMA)
  • Established consistency to the type of services provided and the qualification criteria for Medicare beneficiaries
  • Requires plans to offer a minimum set of MTM services to targeted Medicare beneficiaries
  • Improve medication adherence by providing an annual comprehensive medication review (CMR) by a licensed pharmacist or other qualified provider either in person or via phone
  • Follow-up interventions as needed based on findings from the CMR or targeted medication reviews (TMR)

• 2008 Modifications
  • 5 Core Elements for MTM Service Model
  • Current Procedural Terminology (CPT) codes

DEFINITION: MEDICATION THERAPY MANAGEMENT (MTM)

Medication therapy management (MTM) ➔
• A service or group of services that optimize therapeutic outcomes for individual patients.
• Pharmacists provide medication therapy management to help patients get the best benefits from their medications;
  • Actively managing drug therapy
  • Identifying, Resolving, and Preventing medication-related problems.

DEFINITION: MTM SERVICE MODEL

• Perform a documented comprehensive medication review to identify, assess, resolve, and prevent medication-related problems
• Select, initiate, modify, and/or monitor the administration of the patient's medication treatment plan
• Provide information, support services, and resources to enhance patient understanding and adherence
• Integrate medication therapy management services within the broader health care-management services being provided to the patient

THE AFFORDABLE CARE ACT (ACA) – 2010 OBJECTIVES

• Affordable Care Act (ACA)
  • Comprises two pieces of legislation:
    • Patient Protection and Affordable Care Act (PPACA) (March 23, 2010)
    • Health Care and Education Reconciliation Act (March 30, 2010)
  • Objectives
    • Increase benefits and lower costs for consumers
    • Provide new funding for public health and disease prevention
    • Bolster the healthcare and public-health workforce and infrastructure
    • Foster innovation and quality in the system

THE AFFORDABLE CARE ACT (ACA) – 2010 FOCUS ON PHARMACY

• Five areas of the ACA focus on pharmacy involvement:
  1. Delivery systems reform
  2. Payment reform and quality
  3. Comparative effectiveness research
  4. Workforce issues
  5. 340B Drug Pricing Program (DPP)
• Delivery system reform
  • Expansion of MTM services under a new program established to improve quality of patient care and reduce overall treatment costs

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MTM PART D SPONSOR PROGRAM CRITERIA 2019

- Distinguish services between ambulatory and institutional setting
- Ensures that covered Part D drugs are appropriately used to optimize therapeutic outcomes through improved medication use
- Designed to reduce the risk of adverse events and drug interactions
- Development of a program in cooperation with a licensed and practicing pharmacists and physicians
- Furnished by a Pharmacist or other qualified provider
- Pharmacist (and provider) interventions documented in CMS standard format, medication regimens monitored frequently

MTM PART D SPONSOR PATIENT ELIGIBILITY 2019

I. Sponsors non-targeted chronic diseases
   - The maximum threshold must be set by the plan at 3
   - Sponsors targeted chronic diseases
     - The maximum threshold is 5 of the 9 core chronic conditions
       1. Alzheimer’s Disease
       2. Chronic Heart Failure (CHF) (89.1%)
       3. Diabetes (99.6%)
       4. Dyslipidemia (87.2%)
       5. End-Stage Renal Disease (ESRD)
       6. Hypertension (71.2%)
       7. Respiratory Disease (ex. Asthma, Chronic Obstructive Pulmonary Disease, Chronic Lung Disorders) (78.9%)
       8. Bone Disease-Arthritis (ex. Osteoporosis, Osteoarthritis, and Rheumatoid Arthritis)
       9. Mental Health (ex. Depression, Schizophrenia, Bipolar Disorder, or Chronic Mental Health Condition)

II. The Plan can set its threshold for Medicare Part D drugs
    - Between minimum of 2 and maximum of 8 medications
    - Sponsors are encouraged but not required, to offer MTM services to beneficiaries who fill at least one prescription for an anti-hypertensive medication
    - Support the Millions Hearts

III. The Plan annual costs for covered Part D drugs greater than or equal to the specified MTM cost threshold
    - 2019 = $4,044 (2018 = $3,967)
    - Threshold cost eligibility
      - Ingredient cost
      - Dispensing fee
      - Vaccine administration fee
      - Sales tax (if applicable)

MTM PART D SPONSOR REQUIRED SERVICES 2019

- Intervention for both beneficiaries and prescribers
- Annual Comprehensive Medication Review (CMR) with written summaries in CMS standardized format.
  - The beneficiary’s CMR must include an interactive, person-to-person, or telehealth consultation performed by a pharmacist or other qualified provider; and may result in a recommended medication action plan.
  - If a beneficiary is offered the annual CMR and is unable to accept the offer to participate, the pharmacist or other qualified provider may perform the CMR with the beneficiary’s prescriber, caregiver, or other authorized individual
- Quarterly Targeted Medication Reviews (TMRs) with follow-up interventions when necessary

PART D PLAN SPONSORS MTM STATISTICS 2018

- 87% of programs targeted beneficiaries with at least 3 chronic disease
- 71.3% of programs targeted beneficiaries taking at least 8 covered Part D drugs
- 45% and 35% of programs identified beneficiaries quarterly and monthly for TMR, respectively
- 73.7% and 89.6% of programs offer phone and in-person CMR consultations, respectively
- 58% and 92.2% of programs used the plan sponsor pharmacists and external pharmacist, respectively

MTM PART D SPONSOR PATIENT ELIGIBILITY 2019

RECAP OF PART D PLAN SPONSORS ELIGIBILITY CRITERIA MTM SERVICES

- Part D plan sponsors patient eligibility for MTM services
  1. Multiple chronic diseases
  2. Multiple Part D medications
  3. Set cost threshold for covered Part D medications
- Part D plan sponsors have the discretion to set minimum and maximum criteria
- CMS encourages the plans to set their thresholds and targets to meet the need of their patient population with the goal of improving patient outcomes

PART D PLAN SPONSORS MTM STATISTICS 2018

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MTM COMPREHENSIVE MEDICATION REVIEW (CMR)

- A CMR is a systematic process
  - Collecting patient-specific information
  - Assessing medication therapies to identify medication-related problems
  - Developing a prioritized list of medication-related problems
  - Creating a plan to resolve them with the patient, caregiver and/or prescriber
- The standardized format with detailed instructions for implementation, as well as frequently asked questions, are posted

MTM TARGETED MEDICATION REVIEWS (TMR)

- TMR is distinct from a CMR because it is focused on actual or potential medication-related problems, and a CMR is a comprehensive
- TMRs must occur at least quarterly → follow up and assess
  - Medication use
  - Monitor whether any unresolved issues need attention
  - Determine if new drug therapy problems have arisen
  - Beneficiary has experienced a transition in care

MTM COORDINATION OF CARE

- Beneficiaries should be encouraged to complete their annual CMR prior to their annual wellness visit, and to take their standardized medication action plan and personal medication list from their CMR to their annual wellness visit or any medical encounter
- Plan sponsors are encouraged to adopt standardized health information technology (HIT) for documentation of MTM services
- Combining standardized coding systems and industry-supported templates → CMRs in a standardized format
  - SNOMED CT
  - NCPDP/HL7

MTM BENEFICIARY AWARENESS

- Medicare Marketing Guidelines, Part D sponsors are expected to include on their websites a separate section or page about MTM program
  - Part D sponsor’s specific MTM program eligibility requirements
  - A statement explaining the purpose and benefits of MTM and that this is a free service for eligible beneficiaries
  - Statements on how they will be contacted and offered services by the Part D sponsor, including the comprehensive medication review and targeted medication reviews, and a description of how the reviews are conducted and delivered, including time commitments and materials beneficiaries will receive
  - The Medicare Plan Finder (MPF) will continue to include an MTM (“Manage Drugs”) tab on the “Your Plan Details” page

MTM OUTCOME MEASUREMENTS

- Part D sponsors are expected to have a process in place to measure, analyze, and report the outcomes of their MTM program:
  - Goals of therapy have been reached
  - Drug therapy recommendations and resolutions made as a result of the MTM recommendation
  - Beneficiaries satisfaction with MTM services, providers, and outcomes
  - Sponsor follow this data closely and invest in MTM models that achieve their goals

IMPLEMENTING A MTM PROGRAM

Medication Therapy Management Service Model

Tailoring Medication Therapy Management for Minority Populations: A Focus on Latino Health
IMPLEMENTATION INTEGRATING MTM INTO VARIOUS SETTINGS

- Chain & Independent Pharmacy Setting
  - OutcomesMTM® and/or MirixiaPro®
- Ambulatory Setting
  - Identify patients within the practice
  - Collaborate with hospitals → transitions of care service
- Long-term Care Facilities
- Managed Care Organization
- Pharmacy Benefits Management
- Participate in innovative care model
  - Accountable Care Organization (ACO)

BILLING FOR MTM SERVICES

ACCOUNTABLE CARE ORGANIZATIONS (ACO)

- Accountable Care Organization (ACOs) → groups of doctors, hospitals, and other health care providers, who come together to provide coordinated high-quality care to their Medicare patients
- An ACO agrees to be held accountable for the quality, cost, and experience of care of an assigned Medicare fee-for-service (FFS) beneficiary population
- The goal of coordinated care is to avoid unnecessary duplication of services, preventing medical errors, and share in the savings it achieves for the Medicare program

BILLING FOR MTM SERVICES

THIRD-PARTY PAYERS

- Direct
  - Consult with payer to ascertain
    - Patient eligibility requirements
    - Pharmacist requirements
    - National Provider Identifier number (NPI)
    - Additional – MTM certificate training and/or credentialing
- Non-Direct
  - Contract with ambulatory setting (e.g. medical office)
    - Payment goes to the medical office
    - Pharmacist is paid as contracted provider
  - Contract with innovated healthcare models (e.g. ACOs)

BILLING FOR MTM SERVICES

ICD -10 AND CPT CODES

- Self pay patients
- MTM vendors (e.g. Outcomes / Mirixia)
- Insurance company using a universal claim form
  - International Classification of Disease (ICD)
    - ICD - 10
    - 99605 - initial 15 minutes with a new MTM patient
    - 99606 - initial 15 minutes with an established patient
    - 99607 - each additional 15 minutes with an initial or established patient
- NCPDP Telecommunication Standard → system is sets for pharmacy claim transmission to a payer would also be able to transmit a service claim (e.g., MTM, diabetes education) and dispensed products

INDIRECT → BILLING FOR MTM SERVICES

COORDINATED CPT CODES

- “Incident to” evaluation and management
  - 99211 – professional services rendered by non-physician involved in the care of the patient
- Transitional Care Management (TCM)
  - 99495 Moderate complexity face-to-face visit within 7 days or within 8-14 days
  - 99406 High complexity face-to-face visit within 7 days or within 8-14 days
- Medicare Annual Wellness Visit (AWV)
  - G0402 – initial preventative physical exam (IPPE), for patients enrolled in Medicare within the first year
  - G0438 – initial AWV, for patients enrolled in Medicare for more than one year
  - G0439 - subsequent AWV, one years after patient initial visit

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**Medicare Advantage Plans**

1. Staying healthy: screenings, tests, and vaccines
2. Managing chronic (long-term) conditions
3. Plan responsiveness and care
4. Member complaints, problems getting services, and choosing to leave the plan
5. Health plan customer service plans

**Part D plans**

1. Drug plan customer service
2. Member complaints, problems getting services, and choosing to leave the plan
3. Member experience with the drug plan
4. Drug pricing and patient safety

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**BILLING FOR MTM SERVICES PART C AND D STAR RATINGS 2019**

**BILLING FOR MTM SERVICES QUALITY MEASURES**

- Medication reconciliation \(\rightarrow\) post inpatient discharge
- **Hypertension** \(\rightarrow\) blood pressure control
- Coronary artery disease (CAD)
  - Drug therapy for lowering LDL cholesterol
  - ACE inhibitor or ARB therapy for patients with CAD and diabetes and/or left ventricular systolic dysfunction
- Diabetes patients
  - HATC < 7%
  - Smoking Cessation
  - Tobacco free

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**INTEGRATING STAFF INTO MTM WORKFLOW ROLE OF LEAD TECHNICIANS**

- Train and educate lead technician staff members on the MTM process
  - Help create a policy and procedure for flagging patients in your computer system as either being CMR eligible or a follow up TMR
  - Assist with scheduling of CMR and TMR appointments
  - Assist with obtaining basic demographic or clinical information from the patient prior to the visit
  - Ensure the pharmacist has submitted all documentation
    - MTM vendor website or other documents required by other third party payors
    - Mailed the PMR and MAP to the patient
    - Communicated any DTPs to the provider

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**THE MTM PROCESS**

Medication Therapy Management Service Model

**MTM 5 CORE ELEMENTS**

1. Medication Therapy Review (MTR)
2. Personal Medication Record (PMR)
3. Medication-Related Action Plan (MAP)
4. Intervention and/or Referral
5. Documentation and Follow-Up

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**MEDICATION THERAPY MANAGEMENT SERVICE MODEL STAKEHOLDERS**

- Joint Commission of Pharmacy Practitioners
- AMCP
- APhA
- ACCP
- ASHP
- NAPSA
- NCPA
- NCPA

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**Tailoring Medication Therapy Management for Minority Populations: A Focus on Latino Health**
MTM MEDICATION THERAPY REVIEW (MTR)
- Full medical history including demographic information, medication history (Rx, OTC, herbals and supplements), immunization history, family history and social history
- Assessing, identifying and prioritizing medication-related problems
  - Appropriateness, duplications, adherence, cost, untreated conditions, efficacy
- Developing a plan for any medication-related problems identified
  - Monitoring, patient education, treatment goals
- Overall goal is to improve patients’ knowledge of their medication, address their problems or concerns and empower patients to self-manage

MTM PERSONAL MEDICATION RECORD (PMR)
- Patient name, date of birth and phone number
- Emergency contact information
- Primary care physician name and information
- Pharmacy information
- Allergies
- Medication information
  - Drug name, dose and instructions
  - Indication
  - Start and/or stop date
  - Special instructions (i.e., with/without food, AM/Pm)

MTM MEDICATION-RELATED ACTION PLAN (MAP)
- A patient focused document that contains a list of actions for the patient to use to track progress and help with self-management
- Collaborative agreement between the patient and pharmacist
- Individualized plan that the patient can act on themselves
  - Provides patient empowerment
  - Includes action steps for the patient (what I need to do)
  - Notes for the patient (what I did and when I did it)

MTM INTERVENTION AND/OR REFERRAL
- The pharmacist provides consultative services and intervenes to address medication-related problems and when the pharmacist refers the patient to a physician or other healthcare professional
- Depending on collaborative practice agreements (i.e., CDTM), the pharmacist could make medication changes or additions
- The pharmacist can document their recommendation and contact other provider(s) on the patients behalf
- Depending on the complexity of the medical conditions or situation the patient may need to referred to a specialist

MTM DOCUMENTATION AND FOLLOW-UP
- An essential component of MTM where all services are documented and a follow-up visit is scheduled based on the;
  - Patient’s medication-related needs
  - Patient transition from one visit to the next visit
  - Patient is transition from one care setting to another
- Allows for communication between the pharmacist and the patient’s other healthcare providers regarding recommendations
- The follow-up visit allows the pharmacist to review the MAP and ensure the patient is achieving their therapeutic goals

PHARMACIST’S PATIENT CARE PROCESS AND STRUCTURE
- Monitor and modifies the plan in collaboration with other healthcare professionals, patient and/or caregiver
- Addresses medication and health-related problems
- Engages in preventive care strategies
- Develops of collaborative medication action plan
- Analyze treatment goals
- Pharmacy Care Note with reconciled medication list
- Rx Dispensing and EMR History
COMMUNICATION
Medication Therapy Management Service Model

COMMUNICATION
COMMUNICATION STRATEGIES EFFECTIVE INTERVIEW SKILLS

• Motivational Interviewing
• Four General Principles
  • Express Empathy
  • Develop Discrepancy
  • Roll with Resistance
  • Support Self-Efficacy

• Express Empathy
• Use a communication style that conveys understanding and acceptance of,
  though not necessarily agreement with the patient

• Develop Discrepancy
• Help patients recognize discrepancies between their current behavior and
  their values and long-term goals

• Roll with Resistance
• Adjust strategies meet in the middle
• Note patient strengths and affirm success

COMMUNICATION STRATEGIES EFFECTIVE PATIENT COUNSELING TECHNIQUES

• Indian Health Services (IHS)
  • 3 prime questions
    1. "What did your doctor tell you the medication is for?"
    2. "How did your doctor tell you to take the medication?"
    3. "What did your doctor tell you to expect?"

• The Teach Back Method
  • A strategy that ask patients to explain the information back to you and
    tell you what they are planning to do
  • This approach allows for identification and correction of
    misunderstandings
  • Empowers the patient to be part of the process
  • Ensures that the patient understands the need for monitoring and
    follow-up

COMMUNICATION STRATEGIES: IMPACT OF LANGUAGE BARRIERS

• Given the complexity of current health care system,
  individuals with Limited English Proficiency (LEP) face
  major challenges when navigating the health care
  environment
• Decrease access to health services
• Lack of understanding and interpretation of counseling
  advice
• Improper use of medications
• Non-adherence to medication regimens
• Low patient satisfaction

COMMUNICATION STRATEGIES FEDERAL REGULATORY POLICIES

• Title VI of the Civil Rights Act of 1964
  • States that pharmacies that receive federal financial
    assistance (Medicare and/or Medicaid) must take reasonable
    steps to provide their patients with Limited English
    Proficiencies (LEP) access to supportive programs
  • Qualified interpreters
  • Translated prescription labels
  • Translated additional instructions
• The 1990 Americans with Disabilities Act provides for
  interpreter services
  • Sign language interpreters
  • Braille documents

COMMUNICATION STRATEGIES STATE REGULATORY POLICIES

• State-by-State Assessment of Pharmacy Language Laws
  by National Health Law Program (NHeLP)
  • 4 states have specific laws that require pharmacies to
    provide services in languages other than English:
    • California
    • New York
    • North Carolina
    • Texas
    • New York
    • 2012 “SafeRx”

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COMMUNICATION STRATEGIES CULTURAL COMPETENCE

- Cultural competence is a complex integration of knowledge, attitudes, and skills that enhances cross-cultural communication and appropriate interactions with others.
  - Knowledge of the effects of culture on others’ beliefs and behaviors
  - Awareness of one’s own cultural attributes and biases and their impact on others
  - Be a human being → there are no substitutes for exhibiting a good attitude, knowledge/skills, empathy, and a sense of humor
  - Establish a safe and trusting environment

IMPORTANCE OF MEDICAL SPANISH CULTURALLY COMPETENT PHARMACY

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<th>Spanish</th>
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<td>Thank you</td>
<td>Gracias</td>
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<td>Welcome</td>
<td>De Nada</td>
</tr>
<tr>
<td>Excuse me</td>
<td>Perdon</td>
</tr>
</tbody>
</table>

COMMUNICATION STRATEGIES: HISTORY OF COMMUNITY HEALTH WORKERS (CHW)

- 1970 - Community Health Workers became special interest group within the American Public Health Association (APHA)
- 1980 - Department of HHS grant establish the first Migrant Health Services Directory and the Camp Health Aide Program
- 2007 - HRSA National Workforce Study established that CHWs model as a cost-effective way to address health concerns in underserved communities
- 2010 - The Bureau of Labor Statistics assigned an occupational code to Community Health Workers
  - Patient Protection and Affordable Care Act (PPACA) increase funds to establish more CHW model programs
- 2013 - Centers for Medicare and Medicaid Services allows state Medicaid agencies to reimburse for preventive services provided by professionals that may fall outside of a state's clinical licensure system
- 2014 - Bureau of Labor Statistics reports that there are about 115,700 employed health educators and CHWs
  - CDC publishes the Policy Evidence Assessment Report, on the policy components of Community Health Workers
- 2016 - 16 states report having CHW standard operating procedures or certification laws in place

COMMUNITY HEALTH WORKER

Medication Therapy Management Service Model

Tailoring Medication Therapy Management for Minority Populations: A Focus on Latino Health
COMMUNICATION STRATEGIES:
IMPACT COMMUNITY HEALTH WORKERS (CHW)

• Community health workers are critical to implementing and delivering new models of care delivery, especially for low-income and minority communities who suffer disproportionately from chronic disease
• CHWs can help identify and develop outreach, recruitment, and education strategies that are responsive to the needs of diverse patients and overcome challenges to access, service delivery, and care coordination

COMMUNICATION STRATEGY
EXPANDING THE ROLE OF CERTIFIED TECHNICIANS (CPHT) AS COMMUNITY HEALTH WORKERS (CHW)

• CPHT-CHWs serve as pharmacist extenders, obtaining medication histories, assisting in medication reconciliation, identification of potential drug therapy problems (DTPs), assist with drug disposal, and reinforcing medication education provided by the pharmacist per protocol
• CPHT-CHWs can identify and report potential DTPs to the pharmacist to help target medication therapy management
• Reinforce the importance of building clinical relationships with their pharmacist and supporting team

LATINO COMMUNITY
Medication Therapy Management Service Model

• According to the US Census, by 2020, Hispanics >16% of the US population
• Pharmacists need to adapt to the changing landscape and ensure their ability to effectively interact with their Hispanic patients
• Hire staff that are bilingual and/or collaborate with community health workers (CHWs)
• Provide prescription labels and counseling in Spanish
• Integrate the use language service resources (e.g. www.rxtran.com)
• Host trainings in cultural diversity
• Host health and wellness events → open the door of the pharmacy to the community

LATINO COMMUNITY HEALTH DISPARITIES

• Education
  • 66 % of Hispanics in comparison to 92 % non-Hispanic whites have a high school diploma
  • 14.8 % of Hispanics in comparison to 34.2 % of non-Hispanic whites have a bachelor's degree or higher
• Economic Status
  • 22.6 % of Hispanics in comparison to 10.4 % of non-Hispanic whites were living at the poverty level.
• Insurance Coverage
  • 19.5 % of the Hispanic population were not covered by health insurance, as compared to 6.3 % of the non-Hispanic white population.

• Hispanics, lower levels of socioeconomic status, health literacy, and acculturation may contribute to health disparities by influencing knowledge and attitudes towards the interactions with health care providers
• Hispanics in the US have disproportionately high rates of obesity, hypertension, and diabetes
• Hispanics in the US have shown to have a poor adherence to chronic medications than non-Hispanic whites
LATINO COMMUNITY PHARMACIST IMPACT

- Pharmacist have tools to address disparities in the Latino Community through coordinated care with community health workers
  - Poor adherence
  - Health Literacy
  - Obesity, HTN, Diabetes
- Pharmacists trained in medical Spanish and culturally competency will help:
  - Build trust between Latino patients and providers,
  - Encourage patients to refer to the pharmacist for care coordination and medication management
  - Utilize the pharmacy as center of community care

- Health promoter based programs that includes pharmacists has been successful in promoting appropriate medication use by addressing adherence-related barriers through education and social support resources
- There needs to be more programing that will increase representation bicultural/bilingual health workers
- Cultural competent care coordination community team made up of CHW, CPh, and Pharmacist can help to reduce the health disparity gap currently observed in Hispanic communities.

MTM SERVICES

PHARMACOGENOMICS
Medication Therapy Management Service Model

WHAT IS PHARMACOGENOMICS (PGX)

Pharmacogenomics is the study of genetic variations that influence individual response to drugs
- Science of pharmacology (how drugs work)
- Genomics (science of the human genome)

ONE SIZE DOES NOT FIT ALL

- Multiple active regimens for the treatment of most diseases
- Variation in response to therapy
- Unpredictable toxicities
- Cost

Tailoring Medication Therapy Management for Minority Populations: A Focus on Latino Health
VARIABILITY IN DRUG RESPONSE

<table>
<thead>
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<th>Physiology</th>
<th>Lifestyle</th>
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<td>PK genes</td>
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<td>Pregnancy</td>
<td>Smoking</td>
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<td>Infections</td>
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<td>Exercise/stress</td>
<td>Diseases</td>
<td></td>
</tr>
</tbody>
</table>

ENZYMES INVOLVED IN DRUG METABOLISM

APPLICATION OF PHARMACOGENOMICS

CLASSIFICATION OF DRUG METABOLIZERS → PHENOTYPE

MTM NEW STRATEGY

- Pharmacists providing MTM, working in collaboration with physicians, can tailor drug therapies to patient subpopulations and individuals through the effective application of pharmacogenomics data.
- 2006 HHS initiated the Personalized Health Care Initiative with the goal of building the foundation for the delivery of gene-based care, which may prove to be more effective for large patient subpopulations.
- FDA directs manufacturers to incorporate pharmacogenomics data and applications into the drug development, labeling, and approval processes.

PATIENT CASE

Medication Therapy Management Service Model
PATIENT CASE DOCUMENTATION

- Providers
  - SOAP
    - Subjective
    - Objective
    - Assessment
    - Plan
  - FARM
    - Findings
    - Assessment
    - Recommendation
    - Monitoring

- Patient
  - Personal Medication Record (PMR)
  - Medication-Related Action Plan (MAP)

CASE STUDY COMPONENTS OF SOAP NOTE

- Subjective Information
  - Chief Complaint (CC)
  - History of Present Illness (HPI)
  - Past Medical History (PMH)
  - Social History (SH)
  - Family History (FH)
  - Review of Systems (ROS)

- Objective Information
  - Medication List
  - Vital Signs
  - Physical Exam
  - Laboratory Values
  - Diagnostics

CASE STUDY COMPONENTS OF A SOAP NOTE

Assessment
- Prioritized Problem List
- Drug-Related Problems (DRPs)
- Assessment and Treatment
  - Initial Assessment
  - Treatment Goals
  - Treatment Justifications

Plan
- Treatment Plan
- Education and Counseling
- Follow up

CASE STUDY SOAP NOTE

- Subjective
  - CC
    - AD is 68-year-old Latino female patient with uncontrolled hypertension; she has been referred to pharmacy by the community health clinic
    - MTM services ➔ develop a medication action plan
      - Translation services offered ➔ Prescription label, medication paperwork, and telephone counseling
  - HPI
    - Three months ago during a physical exam for employment and follow visits to the community clinic AD was diagnosed with Stage 1 Hypertension ➔ >140 / 90 mmHg
  - PMH
    - Diagnosis Hx - Type II diabetes, hyperlipidemia
    - Immunization Hx – needs influenza and pneumococcal
    - Surgery Hx – C-Section with her first child

- SH
  - No tobacco and alcohol
  - FH
    - Father died of heart attack (age 65)
    - Mother was diabetic (Type II)
  - ROS
    - Patient only speaks Spanish
    - AD denies fevers, weight changes, dizziness, weakness, headaches, and night sweats

- Objective
  - Medication Hx:
    - Atorvastatin 20mg daily, aspirin 81mg daily, metformin 1000 mg daily
    - 6 weeks ago she started ➔ HCTZ 12.5 mg daily and Lisinopril 10 mg daily
  - Pertinent labs
    - Patient BP monitor reading Hx:
      - Pulse 82 bpm
      - HgA1C = 7%
      - Serum creatinine 1.2mg/dl
      - LDL < 130 mg/dl (trending in the right direction)
      - BMI > 26 (trending in the right direction)
CASE STUDY SOAP NOTE

• Assessment
  • Problem List
    • Uncontrolled Hypertension
      • DRP: patient is not adherent to BP medication; takes one of her medications but forgets routinely to take her second BP medication. She only takes the second medication when her head hurts.
    • Identified during counseling with translation services
    • BMI > 26
    • Requires lifestyle modifications / diet / exercise
    • Immunizations
      • DRP: patient is eligible for influenza, pneumococcal, and zoster
    • Diabetes Type II
      • DRP: Hba1C improving, continue medication therapy
    • Hyperlipidemia
      • DRP: LDL improving from last visit, continue medication therapy

• Plan
  • Hypertension medication – improve adherence
    • Treatment recommendation combination therapy ACE-I/HCTZ
      • Lisinopril 10 mg / HCTZ 12.5 mg daily
    • Lifestyle Modifications – diet and exercise
      • BMI <25
    • Educate patient on importance of immunizations
    • Manage diabetes patient continue with Metformin 1000mg daily in addition to lifestyle modifications.
      • Glycemic control Hba1C < 7%
    • Manage hyperlipidemia continue with Atorvastatin 20 mg daily
      • LDL < 100 mg/dl
    • Continue low dose aspirin therapy, >50 age with at least one CVD risk factor

BILLING FOR MTM SERVICES

Examples of Drug Therapy Problems
• Needs additional therapy
• Unnecessary drug therapy
• Dosage too high
• Dosage too low
• More effective drug available
• Adverse drug reaction
• Medication non-compliance / Non-adherence

Outcome Resolutions
• Initiate drug
• Change drug
• Discontinue or substitution drug
• Medication compliance / adherence

CASE STUDY CMR → TMR

• The PCP identified this candidate to the pharmacy due to translation services offered onsite
• CMR
  • Addressed adherence to hypertension medication
    • Treatment recommendation combination therapy ACE-I/HCTZ
• TMR scheduled and initiated by bilingual CPhT-CHW
  • F/U patient response to new BP regimen
  • Administer immunizations
  • CPhT-CHW reached out to patient to confirm visit → husband informed Tech that patient was admitted to hospital

CASE STUDY TRANSITION OF CARE

• AD went to ER with chest pain
  • Diagnosed with ST-elevation myocardial infarction (STEMI) and was immediately sent to the cardiac catheterization lab for percutaneous coronary intervention.
  • She received a single dose of aspirin (325mg) and clopidogrel (600mg); two drug-eluting stents were implanted.
  • She was then sent to the coronary care step down unit
• Med-to-Bed Program – coordinated with ACO partner hospital discharge team and pharmacy team
  • Received e-scripts of additional medications sent to pharmacy and delivered to patient at the hospital
    • Aspirin 325mg daily
    • Clopidogrel 75mg daily
    • Metoprolol XL 50mg daily

Tailoring Medication Therapy Management for Minority Populations: A Focus on Latino Health
**CASE STUDY PGX INTERVENTION**

- 2 weeks later, AD was contacted by the pharmacy for transition of care services; billable coordinated service through our ACO
  - She was instructed to come to the pharmacy to pick up the remaining two weeks of medications
  - Her clopidogrel was also flagged through pharmacist review → the intervention addresses the FDA warning on pharmacogenomics testing for patients taking clopidogrel since it’s a prodrug which requires activation by CYP2C19
  - Pharmacist works with the help of CPhT-CHW and translation services counseled her on the benefits of taking the PGx test
  - Emphasized that if she is poor metabolizer to clopidogrel she would be at risk for secondary heart attack

**CASE STUDY PGX INTERVENTION**

- Pharmacist immediately → request prescription for PGx test from the clinic physician
  - Cheek swab was performed by the pharmacist and sent to the lab
  - 7 – 10 days for results
  - Her CYP2C19 genotype result comes back to the pharmacist.
  - Her PGx test demonstrated:
    - Poor Metabolizer – patient is not a candidate for clopidogrel
    - PGx Clinical Outcomes
      - Alternative anti-platelet therapies should be considered to prevent the chance of a second cardiac event → Brilinta® (ticagrelor) is initiated 90 mg twice a day

**BILLING FOR MTM SERVICES INTERVENTIONS / OUTCOME RESOLUTIONS**

- Examples of Drug Therapy Problems
  - Needs additional therapy
  - Unnecessary drug therapy
  - Dosage too high
  - Dosage too low
  - More effective drug available
  - Adverse drug reaction
  - Medication non-compliance / Non-adherence

- Outcome Resolutions
  - Initiate drug
  - Change drug
  - Discontinue or substitution drug
  - Medication compliance / adherence

**BILLING FOR MTM SERVICES INTERVENTIONS / OUTCOME RESOLUTIONS**

- Transition of Care Services – 14 day follow up in coordination with ACO

**TAKE HOME POINTS**

- MTM is a patient centered team approach which empowers a patient to self manage their prescriptions, over-the-counter (OTC) medications, herbal therapies and dietary supplements
- MTM is a group of services that allows the pharmacist to identify drug therapy problems, make recommendations to other health care providers, and document all interventions
- Culturally component Pharmacist (pharmacy tech/staff) in a Latino Community can promote adherence to medical therapy by leveraging traditional cultural and social support resources
- Pharmacists providing MTM, working in collaboration with physicians, can tailor drug therapies to patient subpopulations and individuals through the effective application of pharmacogenomics data
RESOURCES

- National Guideline Clearinghouse
  - www.guideline.gov
- Centers for Medicare and Medicaid Services
  - www.cms.gov
  - Medicare annual MTM guidelines
  - Innovation Programs - Star Ratings Metrics
- American Pharmacists Association (MTM Library)
  - www.pharmacist.com
  - Medical Spanish – learning aids
- RxTran (Translation Service)
  - www.rxtran.com
- Pharmacogenomics

REFERENCES