Leveraging Medication Therapy Management (MTM) in Primary Care Practices

HOW-TO GUIDE

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I. Introduction

70 percent of those age 65 and older take 5 or more medications, especially those with chronic disease, presenting many opportunities for errors and adverse drug events. Managing multiple medications can be challenging for patients, families and physicians when not coordinated.

Polypharmacy – taking more than 5 medications routinely – is a significant issue for those age 65 and older with chronic disease. Nearly 40% of Medicare beneficiaries have 4 or more chronic conditions and among African Americans, it is 47%.[1] Studies show that nearly 70 percent of people in this age group take multiple medications and supplements every day.[2,3] Additional data indicates that in those age 65 and older, approximately 40% of men and 40 - 55% of women take five or more medications per week and 12% of both take 10 or more. This includes prescriptions, over-the-counter (OTC) medications and supplements.[4]

The opportunities for medication errors, drug interactions and adverse drug events are high. Managing multiple medications can be confusing especially when prescriptions come from different physicians and dosages change. It is common for older people to not discard pills and bottles from previous prescriptions, adding to the chance for error. It can be challenging for primary care physicians to maintain a complete and accurate list of every medication their patients may be taking, especially when multiple physicians are prescribing. Patients often do not have accurate lists themselves and unless they bring all the medications they are taking to a visit, compiling an accurate list can be difficult. This may be further complicated if patients do not mention or bring supplements, as they may not understand the potential for medication interactions.

Medication Therapy Management (MTM)

Medication Therapy Management (MTM) is a strategy that can effectively support patients and their physicians in better managing medications to improve outcomes and reduce risks from polypharmacy.[5] In fact, the Centers for Medicare and Medicaid Services (CMS) require Medicare Part D plans to offer coverage for MTM services to their beneficiaries. New Jersey has 1.5 million patients on Medicare and while approximately 72% are eligible for MTM, it is estimated that only about 11% have used it according to CMS. One study found that patients most interested in MTM are those who want to be involved in treatment decisions and who want guidance on cost, therapy, or other services - in that order.

About the MTM How-To Guide

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Studies have shown that 70% of individuals age 65 and older take 5 or more medications, particularly those with chronic disease. The opportunities for confusion, error and adverse drug events are high. Medication Therapy Management coupled with prevention and chronic disease management strategies are effective evidence-based activities to address this critical public health concern.

The challenge is to consistently help patients manage multiple medications safely. The purpose of this How-to Guide is to help practices leverage MTM to improve the health of their patients with chronic disease. The Guide provides practical strategies that family physicians can use in their practices to support patients with chronic disease and multiple medications, and incorporate these strategies into the practice workflow and patient care plans.

Visit www.NJAFP.org for more information and other valuable resources for your practice

II. Structure of Medication Therapy Management (MTM)

MTM is a structured approach in which pharmacists assist patients and their physicians in assessing, planning, and coordinating their medication regimens. It is patient-centered with the goal of supporting individual health and improved outcomes. MTM is covered by Medicare and no prescription is required – a physician or pharmacist can suggest it to a patient, and patients can directly request it from a pharmacist. Pharmacies and other organizations employing pharmacists can be reimbursed by Medicare Part D plans for this service and some plans employ pharmacists directly to provide MTM services.

There are five core services provided in MTM:

1. ### Review of current medication therapy
   A pharmacist meets with the patient and reviews all medications currently prescribed and taken, including supplements and routine over-the-counter medications. This works best when the patient brings all medication containers and written or printed instructions to the visit. Patients who have family members or other caregivers assisting them with medications should participate. During the review, the pharmacist will assess for potential drug interactions, duplicate prescriptions, expired medications, and other risks. The pharmacist also collects information about allergies, past medication reactions and other pertinent history such as use of alcohol and tobacco, vaccination status and screenings (e.g., blood pressure, cholesterol, HbA1c, etc.).

2. ### Development of a personal medication record
   The pharmacist works with the patient to develop a personalized, comprehensive record of medications currently prescribed and taken – organized in one document that the patient keeps. The pharmacist will likely maintain a copy for reference. If an integrated, electronic health record is in use, the medication list should be entered there for reference by all involved in the patient's care.

3. ### Development of a medication action plan
   The pharmacist assists the patient in developing a written plan to ensure medications are taken correctly, perhaps by using simple techniques and reminders. For example, the patient might use an alarm clock for medications that should be taken at a specific time. Family members or other caregivers who support the patient with medications should participate in this process. Visual aids may be used such as pictures for those with literacy issues or language barriers.

4. ### Initiation of interventions or referrals needed
   If the pharmacist identifies any issues that are best addressed by a physician or another type of provider, an intervention or referral may occur. This might include a phone call to the patient's primary care physician if a prescription should be adjusted or a new clinical issue is identified.

5. ### Documentation and follow-up
   The pharmacist documents the activities for the patient's medical record – ideally in the same system accessible to the patient's physicians; if such is not in place, a summary can be sent to the appropriate physicians. A follow-up appointment to check on the action plan is scheduled before the patient leaves.

III. Getting Started

It is best to develop a plan that starts small and expands over time, allowing you and your staff time to learn how best to incorporate MTM into the overall care of your patients. This need not take long, depending on the number of eligible patients you have. Taking the time to plan and implement in stages will provide opportunities for learning so that this becomes part of standard work without causing disruption and stress.

1. ### Identify your eligible patients.
   The first step is to identify the patients in your practice who may benefit from MTM – i.e., those age 65 and older with chronic disease and taking 5 or more medications daily. Leverage your electronic medical record (EMR) system to generate a list of these patients. If all information is not contained in the EMR or may be incomplete (such as current medications and supplements), obtain the best list possible. Prioritize the list and determine which patients may benefit most from MTM so that you can start with a few – perhaps five – and then expand incrementally.

2. ### Confirm Medicare Part D provider.
   Those with multiple prescriptions will likely already be enrolled in a Medicare Part D prescription drug plan. Confirm their enrollment for two reasons: first, MTM is a covered benefit for those enrolled and second, anyone not enrolled with multiple prescriptions should be encouraged to consider enrolling as the cost savings may be considerable. Check the contact information for their Part D provider and obtain from the patient if you do not have it.

3. ### Contact the Medicare Part D provider.
   Insurance plans that provide Medicare Part D coverage may limit how many times per year MTM will be covered or may have employed pharmacists who provide MTM to enrollees, so it is best to check with the plan before referring a patient. If the plan has employed pharmacists for MTM, the service may only be covered when provided by their staff.

   Check whether MTM has already been initiated for your patient, as patients can request this on their own and it can be suggested by insurance plan staff or pharmacists. The plan may not cover the cost of a second one. If it has been provided or is in progress, find out the name of the pharmacy or pharmacist providing and request a copy of the summary.

4. ### Refer patients for MTM.
   A prescription is not required for MTM, so there are multiple ways to initiate the process. Patients are more likely to follow through when their physician recommends it directly and explains the benefits, so consider discussing MTM with identified patients during a visit. Advise patients that this is a covered benefit under Medicare and there is no charge to them if eligibility criteria is met.

   If the patient agrees, and there is not a specific pharmacy or pharmacist required by the insurance plan, contact the patient's preferred pharmacy or pharmacist and request MTM for the patient. The pharmacy staff can contact the patient directly to schedule the first visit and will verify eligibility with the plan. This may be the most reliable method for initiating MTM since the patient does not need to do anything. Be sure that the pharmacy has your contact info on file so that you can receive a report from the pharmacist.

5. ### Document MTM referral and follow-up.
   When a patient is referred to MTM, document this in your EMR to have a record of when it occurred. Follow-up is essential – either by reaching out to patients to see how it is going or asking them about it on the next visit.

Utilize reminder features in the EMR. If a summary from the pharmacist does not arrive within 30 days, contact the patient and pharmacist to inquire whether the patient followed through. Be sure to review the plan sent by the pharmacist during each subsequent visit to check for changes and reinforce key steps.

Implementation Strategies

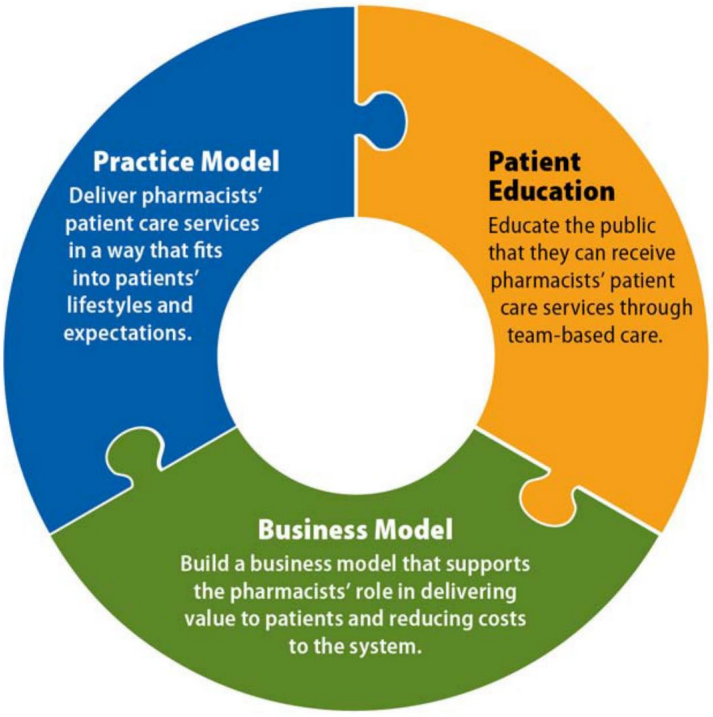
- Leverage your EMR to identify potential patients.
- Contact a patient's Medicare Part D provider (or insurance for non-Medicare) before referring to MTM.
- Discuss MTM directly with your patient to increase likelihood of follow-through and participation.
- Keep track of which patients are referred in your EMR and follow-up on progress.

IV. Collaborative Practice Agreements (CPAs)

An essential aspect of MTM is the partnership between the primary care physician and pharmacist – collaborating to support patients with coordinated, individualized approaches for managing their medications. Even when more than one pharmacy is used, pharmacists have training that make them an excellent resource for reviewing a patient's complete medication list and assessing for interactions and risks. In addition to reviewing medications, pharmacists have the clinical background to check for other health management issues such as vaccines, screening, and laboratory testing.

Some physician practices have expanded their partnership with pharmacists by entering into Collaborative Practice Agreements or CPAs. These are *"formal agreements in which a licensed provider makes a diagnosis, supervises patient care, and refers patients to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions.*[6] The physician and pharmacist develop protocols that enable the pharmacist to take actions within their scope of practice, such as ordering laboratory tests or adjusting the dose of a medication already prescribed. New Jersey is one of the states with laws in place that authorize pharmacists to provide drug therapy management for patients via written protocols. Use of CPAs is an option for practices of any size to collaborate with community pharmacies to provide medication services, including but not limited to MTM, to their patients and improve the safe use of medications.

Figure 2. Infrastructure and Process Changes to Integrate Pharmacists' Patient Care Services



Practice Model
- Effective implementation of CPAs.
- Referrals for pharmacists' patient care services.
- Well-informed medical and pharmacy teams.
- Meaningful communication between providers.

Patient Education
- Education on the potential for collaborative care with pharmacists.
- Use of every channel to distribute messages and generate public support for pharmacists' patient care services.
- Expectation for collaboration on the health care team.

Business Model
- **Scalable:** Implementation and payment mechanisms that work in different practice settings, creating market-driven care delivery.
- **Sustainable:** Payers investing in the resources needed to provide high-quality, integrated patient care.
- **Profitable:** Providers gaining the financial ability to focus on providing prevention, patient health, and disease management services while controlling health care costs.

Source: Collaborative Practice Agreements and Pharmacists' Patient Care Services: A Resource for Pharmacists www.cdc.gov

IV. Improvement Methods

Whether your practice is adopting MTM for the first time, or working to improve processes already in place, this means making changes. Improvement methods provide an easy approach for introducing change and learning what works (or doesn't) so that a change can be successfully integrated to the work of your practice without causing disruption.

The Model for Improvement, developed by Associates in Process Improvement, is a framework that many practices and other health care organizations have used to make changes that result in improvement with a structured approach.[7] The model starts with three basic questions that should be addressed before moving forward with any change idea.

1. What do we want to accomplish? (What is our goal in measurable terms?)
2. How will we know that a change is an improvement? (What will we measure?)
3. What change can we make that will result in improvement? (What do we want to do differently?)

A good first step is to develop an "**Aim Statement**" that clearly summarizes your goal in measurable terms with a specific target date.

Example Aim Statement - MTM

When setting a goal of having your eligible patients participating in MTM, the first step is to frame your goal by answering the first question in quantitative terms – i.e., how many patients and by when? For example:

"We want at least 50% of our patients on Medicare with polypharmacy participating in MTM by June 30, 2022."

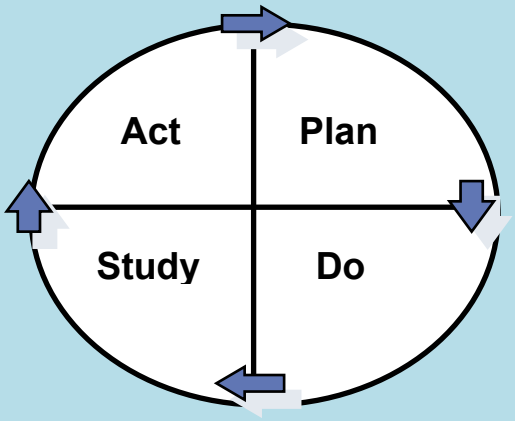
Second, consider how you will measure so that you know whether you are making progress and ultimately, whether you achieve the goal. In this example, you would need the number of patients in your practice who are Medicare beneficiaries, take 5 or more medications daily and the number of those (if any) who are participating in an MTM program. If this information is recorded in your EHR, the percentage could be tracked monthly, or even better, weekly.

Third, select an idea for change that you and your staff predict will help improve the percent of patients participating in MTM. Start with only <u>one</u> change so that you can assess whether it works well for your practice. If multiple changes are introduced at the same time, it can cause confusion and disruption and it can be difficult to sort out which changes are working well vs. not. Staying with this example, perhaps your practice could identify a pharmacy near your office that some of your patients use and discuss testing MTM referrals with them. Once a change idea has been identified, the second part of the Model for Improvement is using **Plan-Do-Study-Act (PDSA)** cycles to test the idea. Why test? Testing the change first, in a small way, allows you and your staff to learn whether it works and make adjustments to ensure success.

Using Plan-Do-Study-Act (PDSA) Cycles

The PDSA cycle is a commonly used method from quality improvement science that is used to test change ideas before deciding whether the change should be made permanent. The purpose of a PDSA cycle is to *learn,* and completion of a cycle is called a "test." Multiple tests might be necessary to learn whether the change is a good idea and how it will work best. A cycle can be very small and very brief for rapid learning. Each part of the cycle is equally important, and none should be omitted. It is ideal to have each phase occur as soon possible after the previous one. The number of test cycles needed will vary depending on what is being tested, the complexity of the change and number of possible variations and confidence of those involved as to whether the change is a good idea.

PDSA CYCLE PHASES	
PLAN	• What is the objective of the test? • What do we hope to learn? • How will we run the test (where, when, who)?
DO	• Conduct the test • Capture info about how it went
STUDY	• Discuss and reflect on what was learned • Assess expected and unexpected results • Review qualitative and quantitative data
ACT	• Decide what to do next – another test? Larger test? Different test? Different change?



Measurement

How will we know that a change is an improvement? This is an important question because not all changes lead to improvements. Measurement is the only way to know for sure. When testing change ideas, the purpose of data is to inform learning and thus measurement need not meet the same requirements as data submitted for accountability – in fact, it can be much simpler. Here are some tips for measurement when introducing new changes to your practice:

TIPS FOR MEASUREMENT	
Collect just enough to learn	When using PDSA cycles, as all you need is enough data to learn what you will do next. If you test something one time, you only need data from that one test to decide if you will test again, test differently, implement the change or try something else.
Use sampling	Collecting data from a sample can provide enough information to answer a question or learn how something is working (or not). Techniques such as asking every fifth patient or checking something every four days may yield all that you need.
Integrate measurement into the daily routine	Make data collection part of workflow or combine with other activities that staff do routinely, as it will decrease burden and likely yield more consistent collection. It's also a great way to involve staff in data and get them thinking about improvement.
Don't over-rely on electronic data	Sometimes there is a simpler manual way. For example, if you test a new process for MTM referrals, a piece of paper posted in a conference room or office and noting the date each time a referral is made may work great.
Consider whether you need data at all	Sometimes it is not needed, especially when a change will be very visible. If you can see that something is working, or not, no need to spend time collecting data that will only confirm what you already know.
Use run charts	Putting data in run charts, which are very easy to make (can be done on paper) provides a visual display that enables everyone to see how things are going and a few simple analysis rules can help distinguish improvement. Working on improvement is not a research project so a simple run chart is all you need (no p-values or confidence intervals).
Partner with others	Data does not always need to be collected by your practice and in fact, sometimes the data will be more useful if it comes from a partner. Pharmacies are in a great position to collect and provide useful data about MTM.

Appendix A: Sample PDSA for MTM Referral

PDSA CYCLE	
Objective for this PDSA Cycle: Test whether a referral to a local pharmacy for MTM results in scheduling an MTM visit.	
PLAN	
Questions:	Will patients feel comfortable participating in MTM? Will insurance plans for identified patients cover MTM? Will pharmacists, techs or assistants contact patients in a timely manner? Will the initial MTM visit be scheduled when the patient is contacted?
Predictions:	Patients who agree to MTM in the office will likely be comfortable with trying MTM. The pharmacy will be easy to contact for the MTM referral. The pharmacist, or tech or assistant, will verify eligibility with the insurance company and contact the patient within 3 business days of referral. Initial MTM visit will be scheduled to occur within 2 weeks of referral.
Plan for change or test	**Prep:** Identify two (2) Medicare patients with ≥ 5 known medications and a visit scheduled next week. **What:** Discuss MTM with 1 patient during visit and ask to participate. If yes, confirm pharmacy and make referral. If not, test with 2nd patient. **Who:** Susan (nurse) identifies patient, Dr. Michaels (physician) discusses, Susan calls pharmacy. **Where:** Exam room and front desk **When:** Date patient identified is scheduled for visit.
Data Collection	**Who:** Susan **What:** Document date of referral and number of calls to pharmacy to make referral. Contact patient 4 days after referral and ask if contacted by pharmacy; if yes, ask if visit scheduled and note date. Contact patient 2 weeks after office visit and ask if MTM visit occurred; ask how it went or why not. **When:** Date of visit, 4 business days after, 2 weeks after **Where:** Front desk
STOP	***This is the only part of PDSA that can be filled in until the test cycle is completed. The next step is to DO the test and then document what happened, followed by the STUDY and ACT phases.***
DO	
Carry out the change or test. Collect data and begin analysis.	Susan identified 2 eligible patients with visits scheduled for Monday. Susan alerted Dr. Michaels prior to seeing Mr. Dixon that he was eligible. Dr. Michaels explained MTM to Mr. Dixon and suggested he participate. Mr. Dixon agreed. Dr. Michaels documented this in the EMR. Susan contacted Mr. Dixon's pharmacy for referral. The first time, she was put on hold for a long time and hung up. The second time, she spoke with a tech who did not know what MTM was and asked for a pharmacist. The pharmacist was familiar with MTM and said that he would arrange an MTM visit. On Friday, Susan called Mr. Dixon; he said the pharmacist had called and an MTM visit was scheduled for the following Wednesday. The following Friday, Susan called Mr. Dixon and he said the MTM visit went well.
STUDY	
Analysis of data. How did or didn't the results of this cycle agree with the predictions that we made earlier?	Two eligible patients were identified, and a referral was made for one. It took more than one phone call to make the referral due to the pharmacy being busy and the tech not being familiar with MTM. An easier process for direct referral would be useful. The MTM visit was scheduled within 3 business days and the first visit completed within 2 weeks. Mr. Dixon felt the MTM initial visit went well.
ACT	
List actions we will take as a result of this cycle.	- Susan will identify five eligible patients scheduled for next week to test MTM discussion. - Susan will develop a 1-page list to note patients referred with dates of referral, follow-up & visit. - Susan will contact the pharmacy to discuss how to make the referral easier (less phone calls).

Appendix B: Resources

Resources

TOPIC	URL
Medication Therapy Management Manual	https://nbmtm.org/mtm-reference/medication-therapy-management/
Collaborative Practice Agreements Guide	https://www.cdc.gov/dhdsp/pubs/docs/Translational_Tools_Pharmacists.pdf
IHI Improvement Methods	How to Improve
	Tips for Testing Changes
	Quality Improvement Essentials Toolkit

Appendix C: References

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