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additional insight related to the Recommendations published in−
PHARMACIST'S LETTER / PRESCRIBER'S LETTER
June 2013

Medication Therapy Management

Hundreds of billions of dollars are wasted every year because of the misuse of medications. Pharmacist-provided medication therapy management (MTM) improves patient outcomes and reduces overall health care costs. MTM can describe a broad range of patient-centered services provided by pharmacists such as medication therapy reviews, anticoagulation management, and immunization. The Medicare Modernization Act of 2003 created more opportunities for pharmacists to provide MTM by requiring all Part D prescription drug plans to offer an MTM program. A comprehensive medication review (CMR) must be offered to all Medicare Part D beneficiaries enrolled in an MTM program at least once a year. A targeted medication review (TMR) is required at least quarterly for these patients to evaluate and manage specific or possible drug-related problems. In addition, there is new legislation in the works that may make more Part D patients eligible for MTM services. There are plenty of inspiring success stories of how pharmacists have expanded their services to include MTM, but there are also many considerations for pharmacists when getting started with MTM. Here is a toolbox to help you get started with MTM, with helpful tips and links to some great resources from *Pharmacist's Letter*.

Topic	Tips and Resources
Program Development	**Consider Your Resources and Strengths** • Network with other pharmacists who provide MTM and look for best practices. • Recognize what you already do such as calling prescribers about drug-drug interactions, suggesting less expensive alternatives, and finding ways to improve adherence. Consider how to expand your patient care services from there. • Start with disease states you know best. Consider "low hanging fruit" where you can have a lot of impact, such as cardiovascular conditions, diabetes, COPD, etc. • Consider opportunities to engage patients about the use of devices such as inhalers, nebulizers, peak flow meters, insulin pens, needles, syringes, blood glucose meters, testing supplies, etc. • Perform a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis for your practice. Use this to identify where changes need to be made to address internal deficiencies and be prepared to handle external challenges. • Don't become discouraged by small setbacks such as recommendations that are not accepted by a provider. **Build Your Clientele** • Identify patients most likely to benefit from MTM (e.g., those who struggle to afford meds, those who get early or late refills, those who get multiple meds or who have multiple conditions or prescribers, those who need immunizations, those recently discharged from the hospital). Consider using computer-generated reports; recommendations from technicians, students, or cashiers; and referrals from other health care providers. • Consider contracting with online MTM provider networks, third party plans, or employers to identify patients who are eligible for reimbursable MTM services. • Flag eligible patients in your pharmacy system and watch for computer eligibility alerts.

More. . .

Topic	Tips and Resources
Program Development, *continued*	**Look at the Logistics** • Determine the amount of time required for individual MTM appointments (usually at least 20 to 30 minutes) and staffing required to schedule appointments. • Identify a private or semiprivate area from which to conduct MTM sessions. Consider use of a private screen if necessary. • Assess what equipment you will need, such as a computer and printer, secure filing area for paper records, sphygmomanometer and stethoscope, clipboard, etc. **Get Buy-In from Staff, Providers, and Patients** • Educate staff about the importance of MTM (e.g., improved quality of patient care, improved outcomes, avoided adverse effects, reduced overall health care costs, enhanced patient satisfaction). • Build relationships with key local providers and market your service to them. • Consider setting up face-to-face appointments with providers to introduce yourself and explain your service. • Consider marketing tools, such as a mass mailing to educate patients about the opportunity to make appointments for MTM, professional flyers stuffed in prescription bags, or posters that promote the service. • Find out what patients expect or desire from MTM. • Develop a 30-second "pitch" for your entire pharmacy team to quickly and clearly explain the benefits of MTM and what the patient can expect. Here is an example script: "Did you know your pharmacist can provide a 'medication check-up' to look at all the medicines you take, including prescriptions, over-the-counter products, vitamins, herbal products, or supplements? We'll work with you and your prescriber to make sure you're getting the most benefit from your medicines. We'll also look at whether there are any less expensive alternatives that might help save you money, make sure you're taking the right meds in the right way and at the right doses, and answer any questions you may have about your medicines. You'll get a complete medication list after the visit. Would you like to schedule an appointment?"
Roles for Pharmacy Staff	• Find ways techs can help prompt pharmacists to speak to patients about MTM throughout the dispensing process, such as identifying eligible patients at drop-off or flagging completed prescriptions. • Encourage technicians and other pharmacy staff to use the 30-second "pitch" and other marketing tools to recruit patients. • Train technicians to perform tasks such as getting intake forms from patients, filling out medication history forms, taking blood pressures (if appropriate), etc. • Delegate tasks to pharmacy staff, such as scheduling appointments, billing, prepping paperwork, making reminder calls, faxing info to providers, and documenting, as appropriate. • Share success stories with pharmacy staff to ensure they see the value of MTM and to keep them engaged and motivated.

Topic	Tips and Resources
Billing and Reimbursement	• Apply for a National Provider Identifier (NPI) number in order to bill for MTM services covered under Medicare Part D (https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart) • Determine your fees. These may be negotiable with some payers and you will need to establish pricing for self-paying patients. • Check with third party payers about how to bill for pharmacists' services, such as what services are covered, what billing codes must be used (e.g., CPT, ICD), and where to submit the claims. • If you are contracted with an online MTM provider network, make sure all staff complete any necessary training and understand all documentation and billing requirements. • Delegate billing to pharmacy staff when possible.
MTM Workflow	**Setting It Up** • Develop a systematic process for providing MTM. For targeted interventions, build steps into your existing workflow if possible (i.e., identification of a problem, discussion with the patient, contacting the prescriber if necessary for interventions and/or to let him/her know that a medication review has been completed, and following up with the patient). Map it out with a flow chart. • Consider having a "point person" who can lead patient care services in your store. • Find out the capabilities of your available technology such as collecting data, identifying eligible patients, guiding the pharmacist through the MTM interaction, and generating patient education materials. • Schedule MTM appointments for comprehensive medication reviews during pharmacist overlap or off-peak times if possible. Consider whether telephone-based services are an option if patients are unable to come to your practice site. • Incorporate pharmacy students into the process where possible. • Create a system for timely follow-up with patients and/or providers, such as with computer reminders or a binder divided by day of the month. Involve your entire pharmacy staff in follow-up to ensure that patient and provider recommendations are accepted and effective. **For Each Appointment…** • When scheduling the appointment and making reminder calls, ask patients to bring all the meds they take with them (including inhalers, samples, OTC products, vitamins, etc), any recent lab results, and a list of any questions or concerns. Invite a friend or family member to attend if that person helps with the patient's care or with managing his or her meds. • Gather needed paperwork, equipment, and lab results (e.g., A1C, lipids, serum creatinine) in advance of patient appointments. • Once the patient arrives, technicians can help by getting the patient started with preliminary paperwork, gathering all medications, etc. • Review available patient information from the patient profile or claims data provided by third parties, but also rely on the patient to give you additional details. • Evaluate the patient's medication-related concerns. Prioritize and focus on issues that impact the patient most (e.g., high costs, adherence, complicated drug regimen, etc). • Use a standardized format, such as a SOAP note, for documentation. Keep notes clear and concise. (See **Resources from the Web** section for more information.)

More. . .

Topic	Tips and Resources
MTM Workflow, *continued*	**For Each Appointment,** *continued*… • Use templates for med lists, action plans, and communication with providers. (Note that beginning on January 1, 2013, Medicare Part D <u>requires</u> use of the CMS Standardized Format, which includes a cover letter, Medication Action Plan, (MAP) and Personal Medication List for the Comprehensive Medication Review (CMR). These can be downloaded at http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html. These documents must be provided to the patient within 14 calendar days of the visit.) • Use patient handouts to help educate patients. • Communicate visit findings and documentation (including medication action plan and personal medication list) with the patient's health care provider(s), even if medication changes are not being recommended.
Liability	• Remember that documentation serves as a risk prevention tool. Document information that's correct and necessary and be consistent in your documentation. • Be aware of local, state, and federal regulations that may apply with MTM services, such as HIPAA, CLIA, and OSHA certifications if they apply. • Maintain records as required by payers and your employer.
Credentialing and Education	• Determine if third party payers require special training or credentialing for pharmacists who provide MTM • Consider training such as the certificate course for MTM which is available through the American Pharmacists Association (APhA). • Stay up-to-date with evidence-based recommendations and guidelines • Consider mechanisms for quality assurance like staff training, peer-review, etc.
Resources from *Pharmacist's Letter*	**Communication, Development, and Education** • *PL Patient Education Handouts* • *Precepting in the Community Pharmacy Part 3: Incorporating Students into the Development and Implementation of Pharmacy Services* (focuses on involving students in the establishment of an MTM program) • *Communication Skills for Effective Patient Counseling* • *Using Motivational Interviewing to Create Change* • *Guide for Helping Patients Afford Their Medications* • *Medication Adherence Toolbox* • *Collaborative Drug Therapy Management (CDTM)* • *Technician Training Tutorial: Helping Patients with Medication Lists* (includes a **medication list template**) • *PL Colleagues Interact* (to network with others who provide MTM) **Drug Therapy** • *Formulary/Drug Comparison* (incudes dosage comparison charts, drug class comparison charts, device comparison charts, and a **template letter for sending to prescribers to request drugs switches**) • *MTM Case Series: Diabetes and Hypertension* • *MTM Case Series: Medications in Geriatric Patients* • *STARTing and STOPPing Medications in the Elderly* • *Potentially Harmful Drugs in the Elderly: Beers List* • *Clinical Guidelines: Selection, Use, and Implications for Healthcare* • *Recommended Lab Monitoring for Common Medications* • *Liver Function Test Scheduling*

More. . .

Topic	Tips and Resources

Resources from the Web	• Medication Therapy Management: Utilizing the Pharmacists to Control Our Health Care Costs, a short **video**, is available at http://www.youtube.com/watch?v=QnCGD05u58k
	
	• Information about **APhA's MTM certificate program** is available at http://www.pharmacist.com/apha-certificate-training-programs
	
	• Some currently available **systems that can help with documentation and/or billing for MTM services**:
	   o MirixaPro, founded by the National Community Pharmacists Association (www.mirixa.com)
	   o OutcomesMTM System (www.getoutcomes.com)
	   o ConXus MTM, from Protocol Driven Healthcare, Inc. (www.pdhi.com)
	   o Medication Management Systems/Assurance Pharmaceutical Care Documentation Software, from the University of Minnesota Peters Institute of Pharmaceutical Care (www.medsmanagement.com)
	   o Medication Pathfinder, from Clinical Support Software (www.medicationpathfinder.com)
	   o MTM 360, from Elsevier Clinical Decision Support (www.goldstandard.com/product/medication-therapy-management/mtm-360)
	   o PharmMD, from PharmMD (www.pharmmd.com)
	
	• **APhA MTM Central Resource Library**, with comprehensive info on MTM and resources for everything from clinical to business, is available at http://www.pharmacist.com/mtm-central-resource-library
	
	• Integrating Comprehensive Medication Management to Optimize Patient Outcomes **Resource Guide** (from the Patient-Centered Primary Care Collaborative) http://www.accp.com/docs/positions/misc/CMM%20Resource%20Guide.pdf
	
	• **Medicare Part D MTM** info, including required forms, is available at http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html
	
	• **MTM toolkit** from Agency for Healthcare Research and Quality (AHRQ) is available at http://effectivehealthcare.ahrq.gov/ehc/products/33/1186/DEcIDE38_Toolkit_20120711.pdf
	
	• Information about writing **SOAP notes** is available at http://www.ashp.org/DocLibrary/MemberCenter/SHACCP/Anticoag_Clinical_documentation.pdf
	
	• **Patient assessment tools**:
	   o Mini-Mental State Exam (MMSE) is available at http://www.framinghamheartstudy.org/share/protocols/mm1_8s_protocol.pdf
	   o Pain scales including Wong-Baker FACES and multiple language scales are available at http://www.partnersagainstpain.com/measuring-pain/assessment-tool.aspx
	   o Patient Health Questionnaire (PHQ-9) for depression is available at http://www.cqaimh.org/pdf/tool_phq9.pdf

Definitions

MTM is often described by using a number of acronyms. Here are some descriptions of the different acronyms/elements associated with MTM.

Comprehensive medication review (CMR): According to the Centers for Medicare and Medicaid Services (CMS), MTM includes 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. CMR involves a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the patient, caregiver, and/or prescriber. Some examples of recommendations that might result from CMR include a need for additional drug therapy, identification of an unnecessary drug therapy, identification of a drug dose that is too high or too low, availability of a more effective drug, identification of an adverse drug reaction, and identification of medication adherence issues. Also referred to as comprehensive **medication therapy review (MTR)**. The American Pharmacists Association (APhA) defines comprehensive MTR as a situation where the patient presents all current medications, including prescription and nonprescription products, herbals, and other dietary supplements. The pharmacist assesses the regimen to identify any medication-related problems, and then works with the patient and/or prescriber to resolve any problems.

Medication action plan (MAP): This is a document the patient receives at the end of an MTM visit. It should be a simple guide, written in patient-friendly language, for patients to keep track of their meds and health concerns, what they need to do to address those concerns, and associated actions that already have been taken.

Medication therapy management (MTM): In addition to being described as a broad range of patient-centered services provided by pharmacists, MTM is also described more specifically by a framework consisting of five core elements: a medication therapy review (MTR), a personal medication record (PMR), a medication-related action plan (MAP), intervention and/or referral, and documentation and follow-up. This model is based on a set of standards adopted by APhA/NACDS (National Association of Chain Drugstores).

Personal medication record or list (PMR): Another document the patient receives at the end of an MTM visit. The PMR includes patient information (e.g., allergies, medication-related problems, demographic information) and a comprehensive list of all meds (Rx, OTC, herbals, dietary supplements) along with doses, reason for use, instructions for use, start/stop date, and prescriber. Patients should be encouraged to share this with all other health care providers, and pharmacists may do so as well, to promote continuity of care.

Targeted medication review (TMR): A follow-up intervention to address specific or potential medication-related problems, assess medication use, monitor whether unresolved issues need attention, determine if new drug therapy problems have arisen, and assess if the patient has experienced a transition in care. These are also referred to as **targeted MTRs**.

Users of this PL Detail-Document are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document.   Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

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