Medication Therapy Management (MTM)

Indian Health Service (IHS) Pharmacy:

Differs from most private sector pharmacies

1. Prospective review of all medication orders before filling
2. Reviews include: Diagnosis, lab values, vital signs, provider notes, and medications
    a. Reviews to determine safety to patient: Inappropriate medications per diagnosis, lab-medication, medication-medication, and food-medication interactions. Provider notes often clarify medication orders appropriateness but also serve as a redundancy in the system for identifying prescribing errors. Weight based dosing, renal adjusted dosing, and liver function assessed to ensure appropriateness of medication and its dosing.
3. Processes provide a high level of quality assurance
    a. A significant number of Category A and B errors documented in GPA annually: Errors discovered before they reached the patient
    b. Please reference Medication error definition document
4. Pharmacy ensures adherence to evidence based medication practices, facility medical staff approved guidelines, protocols, and medication restrictions
    a. Requires significant interaction with providers
    b. Example: Antibiotic Stewardship Program implementation: Local guideline development based on local antibiogram data (local resistance patterns)
5. Pharmacists independently management of patient medications under collaborative agreements and protocols
    a. Anti-coagulation
    b. Nicotine Cessation
    c. Immunizations
    d. Asthma/COPD
    e. Diabetes
6. Improved Patient Care (IPC) pharmacists reside in outpatient clinics seeing patients and for easy access by providers
7. Provide patient screenings: Nicotine, Depression, Alcohol
8. VA CMOP (mail order) Pharmacy option available
9. Provide patient diagnostic procedures
    a. Point of Care (POC) labs
    b. Spirometry
10. Provides ongoing provider, nurse, and pharmacist education

IHS <u>Considering</u> taking outside of system provider's prescriptions

1. Under consideration at Great Plains Area Office
2. Create a "Pharmacy Home"
3. This does not imply open formulary

4. Safeguards required for chronic pain patients and pain agreements
5. Maintain IHS standard of pharmacy practice

IHS Pharmacy and Therapeutics Committee (P&T)

1. Develops facility medication protocols, restrictions, and guidelines
2. Performs Quality Assurance Performance Improvement (QAPI) related to medications and medication errors
    a. Provides Corrective Action Plans (CAP) to address medication errors
3. P&T approved moved to medical staff for final approval
4. Formulary
    a. National Core Formulary must have medications or class of medications available
    b. Local facility formulary

Medication Therapy Management

APhA Definition: Medication therapy management is a service or group of services that optimize therapeutic outcomes for individual patients. Medication therapy management services include medication therapy reviews, pharmacotherapy consults, anticoagulation management, immunizations, health and wellness programs and many other clinical services. **Pharmacists provide medication therapy management to help patients get the best benefits from their medications by actively managing drug therapy and by identifying, preventing and resolving medication-related problems.**

This includes non-adherence to medication therapy plan

Why MTM and why now?

1. Patient safety
2. Patient understanding of medication therapy plan
3. Patient outcomes
4. Costs:
    a. Annual USA preventable medication errors: $21 billion[1]
    b. Annual inpatient preventable medication errors cost approximately $ 16.4 billion[2]
    c. Annual outpatient preventable medication errors cost approximately $ 4.2 billion[3]

Medication Errors

Why Do Medications Errors Occur?

1. Prescription Mistakes:
    a. 37 percent of preventable medication errors result from dosing errors[3]
    b. 11 percent of preventable medication errors result from drug allergies or harmful drug interactions.[4]

    c. 22 percent of preventable medication reconciliation errors occur during admissions, 66 percent during transitions of care, and 12 percent during discharge.[5]
    d. Due to the high volume of medications dispensed, approximately 100 undetected dispensing errors can occur each day.[6]
2. Fragmentation of Care:
    a. A survey of primary care physicians found that only 13 percent of them communicated with a pharmacist regarding new prescriptions.[7]

Provide MTM for High Risk Patients

1. Post inpatient discharge medication follow up
2. Patients with high cost diseases: Heart Disease, Mental Health, Chronic Obstructive Pulmonary Disease (COPD), Asthma, and Diabetes
    a. SD Medicaid Costs may direct to other areas of high cost patients
3. Emergency Room patients

Provide MTM for All Patients with Chronic Disease

1. Reduce disease progression: Preventative measure
2. Engage the patients to follow therapy plan: Medication adherence
3. Raise the patient's expectation of healthcare

Provide MTM Post Discharge

1. Reduce readmission rates: high costs to the healthcare system
2. Determine what is most effective: 72 hours, 7 days, 14 days, or all three?
3. Communication between tertiary facility and IHS pharmacy
4. View access into Electronic Health Record (EHR)

Post Discharge and Post ED Follow up MTM

1. Pharmacist Follow up: patients who received pharmacist follow-up calls were 88 percent less likely to have a preventable medication error resulting in an ED visit or hospitalization.[8]

Medication Non-adherence[9]

1. Approximately 50% of patients do not take medications as prescribed
2. Medication adherence is not exclusively the responsibility of the patient
3. Increasing adherence may have a greater effect on health than improvements in specific medical therapy
4. Identification of non-adherence is challenging and requires specific interviewing skills

MTM: How Will It Work?

1. Define what triggers or is allowable for MTM
    a. Hospital discharge
    b. ED discharge
    c. High risk patients

    d. Other?
2. Define parameters: How many MTM encounters can be billed per month
    a. Inpatient discharge: 3 MTM month one; 2 MTM/month thereafter if a chronic disease patient Inpatients are highest risk and highest cost patients
    b. ED discharge: 2 MTM month one
    c. High risk disease patient : 2 MTM/month
    d. Chronic disease patient: 1 MTM/month or 12 MTM/year
    e. Leave parameters undefined? Innovation will be necessary so some flexibility is desirable

Ideally MTM Will Include Information Exchange

1. Providers
2. Hospitals
3. Prescription: SD Medicaid
    a. Requests for date ranges?
    b. HIPAA or other rules may preclude this
4. Health Information Exchange

MTM Goals

1. Improved patient outcomes
    a. Short term outcomes
    b. Long term outcomes: less measurable yet the ultimate goal
2. Reduced readmissions
3. Reduced ED use
4. Overall reduction in health costs

Healthcare Requirements That MTM Aligns With

1. Antibiotic Stewardship Program (ASP)
    a. National Action Plan to Combat Antibiotic Resistant Bacteria
        i. Inpatient
        ii. Outpatient
        iii. All sites that bill Medicare and Medicaid
        iv. All federal sites
    b. Developing local guidelines that include tailoring national guidelines with local antibiogram data (resistance patterns)
    c. Collaborate with tertiary facilities
        i. Antibiogram sharing
    d. Interact with providers
2. Nicotine Cessation: Million Hearts Campaign, Surgeon General
    a. Spirometry
        i. Use metric to show patient lung function is decreasing
        ii. Encourage cessation prior to Stage 3 COPD-the point when significant damage has occurred and the patient's quality of life diminishes significantly

b. Nutritional education provided

3. MTM Care Coordination
   a. Provide pharmacist note to facility, provider and IHS
   b. Create a template for desired and required documentation
   c. Others?

Logistics

1. Telepharmacy providing Tele MTM
2. Billing MTM
   a. Create a pharmacy visit
   b. Create an MTM clinic code
   c. Bill at encounter rate via present methods
3. IT issues
   a. Access to other healthcare entities EHR
      i. View access
      ii. Individual access?
      iii. Group access?

Formulary

1. CMS CoP
2. IHS Manual Part 3 Chapter 7
3. IHS National Core Formulary
4. SD Medicaid Formulary
5. Information: SD Medicaid high cost medications

What Will MTM Affect?

1. Inpatient Hospital $50, 375, 286
2. Physician $ 30, 956, 296
3. Prescription Drugs $ 14, 155, 316

Readmission rate, admissions, provider visits as patients improve adherence to therapy plan. Prescription drugs

SD Medicaid: consider pharmacist provider status

1. H.R. 592
2. S. 314

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