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FOR MOST COMMUNITY

pharmacists, one of the forces that drive them professionally is the desire to aid their patients—to help save and/or improve the quality of lives. Jana Bennett, RPh, is no different than most. The Medicine Shoppe franchisee has pharmacies in Texas, and is always on the lookout for services that can help her patients live healthier, happier, more productive lives.

Like many, Bennett was skeptical that offering medication therapy management (MTM) services in her practice would create positive outcomes for her patients,

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CHANGES AHEAD

More opportunities
for pharmacists,
benefits for patients
seen in MTM

by Deleisa Johnson

but it didn't take long to turn her skepticism into wholehearted belief.

“At first, MTM was a big unknown for me, and I had hesitations on whether the time spent would produce significant, measurable results for patients,” Bennett says. “But once you get started in MTM, the patient experiences are positive and energizing. It's exciting to see how your patients respond when you are able to spend one on one counseling time with them. You learn that you can actually change their lives for the better through MTM.”

Just one example Bennett cited involved a female

patient who was prescribed an injectable antihistamine for occasional angioedema episodes. During her MTM session with the patient, Bennett learned that she suffered from arthritis, and was unable to draw the syringe herself. She was unable to take the antihistamine orally, because her tongue was the first to swell during an angioedema attack. To make it worse, pre-filled syringes were unavailable and the patient's son worked nights and was unavailable to help his mother if she had an attack in the evening. The situation was causing the patient so much stress she was taking anti-anxiety medication.



Jana Bennett, RPh, assists a patient.

As a result of her MTM session, Bennett suggested a simple and inexpensive alternative—orally dissolving strips—so no injection or swallowing was needed.

“She (the patient) was so thankful and feels the MTM session really helped her,” Bennett says. “She is a completely different person when she comes into my pharmacy now, and she looks at me as a trusted friend rather than her pharmacist. Through MTM, it only took a short amount of time to determine a solution to her problem that no one else was helping to solve for her. As a result, she'll always be my patient now—there's no chance she'll go anywhere else.”

Bennett is just one of thousands of community pharmacists who are improving patient outcomes through the provision of MTM.

Medicare and MTM

In 2003, Congress passed the ground-breaking Medicare Modernization Act. Its centerpiece was the addition of a prescription drug benefit—Medicare Part D—to the nation's health care program for the elderly. The legisla-

tion also included a requirement that plans participating in Part D offer certain beneficiaries access to an approved MTM program.

Since Part D began in 2006, MTM has been proving its value to Medicare, as have the pharmacists who have overwhelmingly been providing the services. According to Medicare's Part D MTM Programs (MTMP) Fact Sheet, pharmacists are the leading providers of MTM services—98.2 percent of MTM programs in 2008 used pharmacists to provide their MTM services.

“It is also clear that the value of the community pharmacist interaction continues to grow as the percent of MTMPs utilizing community pharmacists has doubled from 2007 to 2008,” the Fact Sheet states.

Perhaps the plan sponsors are responding to the preferences of their beneficiaries for face to face counseling from a community pharmacist. In 2008, only 7.9 percent of patients “declined” MTM services when offered by a community pharmacist, as opposed to 16.2 percent who declined the services when the offer came from a call center, according to data from Mirixa Corporation.

“The success of community pharmacists in providing MTM services through Medicare Part D has sparked interest from health plan and employer sponsors in other types of community pharmacist provided patient care,” says Rick Solano, chief executive officer of Mirixa Corp., “such as disease management programs and helping patients with medication adherence.”

Pharmacy's Solution to MTM

To assist pharmacists in providing MTM services to Medicare beneficiaries, NCPA launched Mirixa in 2006. With the nation's largest pharmacy-based patient care network, Mirixa provides a host of programs, delivered on behalf of health plan and employer sponsors, through the MirixaProSM Web-based clinical platform.

Designed by pharmacists for pharmacists, the MirixaPro platform assists pharmacists in delivering MTM services by helping them identify patient health care issues, highlighting potential medication-related interactions, and encouraging standardized care.

Community pharmacists have completed more than 170,000 Medicare MTM cases on MirixaPro since Mirixa's inception.

MTM's Positive Effects

It is estimated that more than 1.5 million preventable medication-related adverse events occur each year in the United States. Poor medication adherence has been estimated to cost more than \$177 billion each year, according to the article by Frank R. Ernst, PharmD, and Amy J. Grizzle, PharmD, "Drug-Related Morbidity and Mortality: Updating the Cost-of-Illness Model," published in 2001 in the *Journal of the American Pharmacists Association* (JAPhA). It is believed that these costs, both direct and indirect, have risen significantly since that time.

Dan Krinsky, RPh, manager of MTM programs for Giant Eagle Pharmacy in Ravenna, Ohio, and an assistant professor at Northeastern Ohio University's College of Pharmacy, has seen the negative effect of poor medication adherence first hand. He also can attest to the positive outcomes that result from a successful MTM session.

"One of the first MTM patients that I educated using the MirixaPro platform had many of the typical 'poly-pharmacy' issues. She was prescribed 11 chronic medications; however, from her profile I could see that her adherence was not where it needed to be. I prepared for the visit in the standard manner—obtaining as much information from her pharmacy and MirixaPro platform profiles as possible. Prior to her appointment, I contacted her and asked that she bring in all of the medications she took at home. These preparation steps allowed for more of a 'brown bag' comprehensive medication review," he says.

As one might expect with a patient taking 11 medications, much was revealed during the face to face MTM session. "As is the case with most of these interactions, there were numerous opportunities to educate and clarify information with the patient. I discovered she was

taking four of the medications differently than prescribed because of how they made her feel," Krinsky said. "She also was inadvertently taking three other medications incorrectly. Additionally, she showed evidence of other minor inconsistencies with adherence, as well as duplications with OTC products and prescription medications."

The informative encounter enabled Krinsky to educate the patient on the benefits of adhering to the prescribed medication regimens; stress the importance of calling the pharmacy if she had questions or concerns—the patient said she didn't want to "bother" pharmacy staff; and clarify medication directions.

Krinsky gave the patient the standard post-visit documentation provided through the MirixaPro platform, but took it a step further. He also created a simple spreadsheet that outlined the patient's medications and when to take each one. With the patient's consent, he also sent a copy to her physicians so they would be aware of her active medication regimens.

"The response from the patient and her physician has been very positive," Krinsky said. "Each time I see the patient in the pharmacy for her refills, we briefly review the document, make any quick changes, and she has what she needs. The MTM encounter and additional documentation that I supplied has certainly helped with her medication adherence. Most importantly, she feels better and her spirits seem much improved."



Broader Acceptance Leads to Expanded Access

Cases such as those recounted by Bennett and Krinsky just begin to tell the story of the success of Medicare MTM programs. This has resonated with the Centers of Medicare

BEST PRACTICES: STRATEGIES FOR SUCCESS

Many Mirixa network pharmacists have found innovative ways to make medication care management a priority despite their busy schedules. Consider their suggestions:

- **Delegate to pharmacy technicians.** “Our technicians do everything except direct patient care. They contact doctors’ offices for requested changes to medications, set up schedules for MTM visits, gather allergy and condition information, and ask patients about medications they are taking. We oversee it all and of course submit claims for the services, but all the legwork they do really saves us time.”
- **Prepare ahead of time.** “By the time the patient arrives, we’ve already reviewed their meds, assessed therapeutic interchanges and safety issues, and called the patient’s doctor if necessary. If we do our homework, we can easily have a thorough face to face visit in as little as 15 minutes.”
- **Maximize pharmacists’ time.** “We take advantage of overlap time in our pharmacists’ schedules: one fills prescriptions while the other meets with patients. We also try to schedule the appointments when our prescription volume is not as heavy.”
- **Stay on top of appointments.** “We can’t afford missed appointments. We make sure to call the patients ahead of time, remind them of their appointment, and verify their arrival.”
- **Use the phone when necessary.** “We don’t hesitate to provide care over the phone if necessary. We prefer face to face, but if the patient is unable to come in for a visit, we suggest a telephone session. It works!”
- **Tap into student interns.** “We work with schools of pharmacy whenever possible. Students are bright and eager and really know how to help. A licensed pharmacist has to supervise them, so it’s a rewarding teaching opportunity for us!”

BEST PRACTICES: INCREASING PATIENT ACCEPTANCE

Having a hard time getting patients to commit to appointments? Consider these tips to increase your pharmacy’s success rate in delivering patient care services:

Overcome objections

Some patients may be hesitant to accept an invitation because they don’t understand the benefits and how the program works. When scheduling new patients, explain that:

- The consultation is included in their plan coverage and is offered at no additional cost.
- The service is a valuable medication checkup and may uncover ways to minimize side effects or have a direct effect on their health care needs.
- You will coordinate any needed medication changes directly with their physician.

Use “time-tested” words and phrases

- Patients respond best when you appeal to their concerns.
- Think about key words such as “cost-savings” or “avoiding adverse drug interactions.”

- Use powerful statements. “What time is convenient for you?” can be overwhelming and give them a chance to put off the decision. Instead say, “We have availability on...”

Try multiple approaches

Reach out to patients in a variety of ways, so they see consistent messaging about the program and remember to sign up and show up for their appointments.

- Talk to patients about the services when they come in for refills.
- Place a reminder call the day before their appointment.

Each one of your patients is different, and you know them best. By being creative and relying on your patient relationships to engage patients, you may raise your patient acceptance rate and increase your potential for affecting patient lives and earning reimbursement.

For more “Best Practices,” visit the Mirixa Web site, www.Mirixa.com.

& Medicaid Services (CMS). In March, the agency issued its 2010 Call Letter outlining changes to MTM service requirements for the upcoming plan year. In that letter, CMS stated, “MTM programs must evolve and become the cornerstone of the Medicare Prescription Drug Benefit.”

While the final chapter has yet to be written, it is clear that community pharmacists are making a difference in the lives of Medicare beneficiaries.

When Medicare launched Part D in 2006, guidelines for administering MTM programs were fairly flexible. While CMS required each Part D plan to develop an MTM program to optimize outcomes for certain “high risk” individuals, plan sponsors were given flexibility in designing programs and in deciding which beneficiaries qualified for MTM services. The only stated requirements were that qualifying patients must have “multiple chronic conditions,” be taking “multiple covered Part D drugs,” and be expected to incur \$4,000 in medication costs in a given plan year.

However, according to the 2010 Call Letter, beginning in January, Part D plan sponsors will be required to have MTM programs that:

1. Service targeted beneficiaries using an opt out method of enrollment only.
2. Target beneficiaries for enrollment at least quarterly during each year.
3. Target beneficiaries who:
 - a. Have multiple chronic diseases. However, sponsors cannot require more than three as the minimum number of chronic diseases.
 - b. Are taking multiple Part D drugs. Sponsors cannot require more than eight Part D drugs as the minimum number of drugs to qualify for MTM.
 - c. Are likely to incur annual costs for covered Part D drugs that exceed \$3,000 (a decrease from the current \$4,000).
4. Offer a minimum level of MTM services, including interventions for both beneficiaries and providers, and interactive, person to person consultations.
5. Measure and report details on the number of medication reviews, targeted medication reviews, provider

interventions, and the change in therapy directly resulting from interventions.

Most likely, these changes will expand the availability of MTM services to more patients, increase documentation, and offer all beneficiaries a person to person comprehensive medication review by early 2010.

Along with the changes addressed in CMS’ Call Letter, in late June, Rep. Mike Ross (D-Ark.) introduced the Medication Therapy Management Benefits Act of 2009 (H.R. 3108), legislation supported by both NCPA and the National Association of Chain Drug Stores.

“Medication therapy management is a gateway to improving patient adherence and their outcomes by utilizing the clinical expertise of pharmacists,” says Bruce T. Roberts, RPh, executive vice president and CEO of NCPA. “H.R. 3108 will expand the pool of Medicare Part D patients who can access this valuable service and recognize pharmacists for the savings they provide to the health care system.”

“Ultimately for health care reform to be fully successful,” Roberts says. “It must include proposals such as this to improve quality while lowering overall costs.”

Added Opportunities for Pharmacy

So, what do these changes mean for community pharmacists? There will be more Medicare beneficiaries qualifying for more extensive MTM services, which translates into additional opportunities for pharmacists to provide MTM services and receive payment for those services.

While the final chapter has yet to be written, it is clear that community pharmacists are making a difference in the lives of Medicare beneficiaries. The positive outcomes they are cultivating are sure to capture the attention of private insurers, as well as legislators, as they consider overall health care reform. In turn, opportunities for community pharmacists to offer MTM services and receive payment for those services should grow, creating a winning situation for all—patient, payer, and pharmacist. **ap**

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