Medication Management Program

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Disclosure

The Medication Management Program is partially funded by a contract with SinfoníaRx.
What is Medication Therapy Management (MTM)?
Medicare

• What is Medicare?
  • Medicare is a federal health insurance program.

• Who qualifies for Medicare?
  • The elderly 65 years of age or older.
  • Disability
  • End stage renal disease

• What types of Medicare are there?
  • Part A – Covers hospital stays
  • Part B- Out patient
  • Part D- Prescription Drug benefits.
  • Part C – a combination of B & D
Medicare Part D

- The Medicare Modernization Act of 2003 established a voluntary outpatient prescription drug benefit for people on Medicare known as Part D.

- Part D went into effect in 2006.

- All Medicare Part D patients are eligible for MTM services but must qualify for the program.
Medication therapy management (MTM) is medical care provided by pharmacists whose aim is to optimize drug therapy and improve therapeutic outcomes for patients. Eleven national pharmacy organizations adopted this definition in 2004.

- Clinical oversight
  - Complex patients
  - Opportunity for patients
    - Optimize medications and outcomes
Qualification

- Number of Medications
- Number of Conditions
- Cost of Annual Drug Spend

<table>
<thead>
<tr>
<th>Alzheimer’s Disease</th>
<th>Heart Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Dyslipidemia</td>
</tr>
<tr>
<td>ESRD</td>
<td>HTN</td>
</tr>
<tr>
<td>Respiratory (asthma, COPD)</td>
<td>Bone disease (RA, OA, osteoporosis)</td>
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<tr>
<td>Mental health (Depression, Bipolar, schizophrenia)</td>
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Required Services

• Offer of annual CMR
  • Patient or other authorized individual
  • Rx, OTCs, supplements

• Interventions for beneficiaries and prescribers

• Quarterly Targeted Medication Review
Comprehensive Medication Review (CMR)

Patient Summary in standardized format (letter 6)

- Drug name
- Strength
- Indications
- Directions for use
- Patient Plan
MTM Expansion

- Medicare Modernization Act of 2003
- Affordable Care Act of 2010
- CMS Proposed Rule
- CMS Star Rating
OSU-MMP

- Telephonic Medication Therapy Management
- Optimize health outcomes
  - Adherence
  - Safety
  - Efficacy
  - Cost
- Research
- Teaching
  - Pharmacy Interns
  - APPE Students
  - Pre-pharmacy Students
Compelling Data

• 1 in 4 Americans have ≥2 diseases
• Disease burden to increase with age
• 20% Medicare patients readmitted in 30 days
• Adverse drug events cost billions/year
• Poor adherence leads to suboptimal outcomes and higher costs
• Low health literacy affects 90% of adults
History of Our Program

• Medication Management Center/SinfoníaRx
• Institute for Therapeutic Innovations and Outcomes (ITIO)
• Development of the MMP
Collaboration

Health Plans and Pharmacy Benefit Managers
# ITIO-MMP Staff

<table>
<thead>
<tr>
<th>Fall 2016</th>
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</thead>
<tbody>
<tr>
<td>Pharmacists</td>
<td>9 FT + 8PT (13.5 FTEs) (includes 2 management)</td>
</tr>
<tr>
<td>Technicians</td>
<td>9.5 (includes 1.5 management)</td>
</tr>
<tr>
<td>Pharmacy Interns</td>
<td>80</td>
</tr>
<tr>
<td>Pre-pharmacy Students</td>
<td>40</td>
</tr>
<tr>
<td>Space, Sq. ft.</td>
<td>5000</td>
</tr>
<tr>
<td>Comprehensive Medication Reviews</td>
<td>2000/week</td>
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</table>
Medications in a Patient (Age 83)

- Insulin
- Metformin
- Lisinopril
- Metoprolol
- Amlodipine
- Simvastatin
- Omeprazole

- Alprazolam
- Sertraline
- Cyclobenzaprine
- Dicyclomine
- Hydrocodone
- Melatonin
- Zinc
Clinical algorithms (>300) review claims data through predictive modeling to identify:

- Medication Adherence
  - Oral Diabetes Meds, RAS, Statins
- Cost Savings
- Disease Management Guidelines (Gaps in Care)
  - National Kidney Foundation
  - American Diabetes Association
    - Diabetes Treatment with RAS
  - American Heart Association
- Drug Optimization
- Safety Measures
  - Therapy duplications
  - Drug-drug interactions
  - Drug-disease interactions
  - High risk medication in the elderly
  - Diabetes maximum dosing
Addressing the DTP

- Patients are triaged based on DTP identified
  - Urgency
  - Complexity
  - Method of intervention (patient vs. provider)
- Unique call scripts
- Interventions accomplished through:
  - Comprehensive medication reviews
  - Targeted medication reviews
Role-based Processes

• Technicians
  • Collect medication allergies
  • Reconcile medication list
  • Address cost-savings interventions

• Student Pharmacists
  • Collect medication allergies
  • Reconcile medication list
  • Interventions depending on year in school
  • All CMR notes reviewed by pharmacist
CMR Example

• 69 year old female

• Medication List
  - Amitriptyline 20mg
  - Gabapentin 300mg
  - Metformin ER 500mg
  - Lisinopril/HCTZ 10/12.5mg
  - Duloxetine 60mg
  - Pitavastatin 2mg*
  - Ibuprofen 800mg
Interventions

- Safety – Amitriptyline
  - Automatic intervention, not discussed with patient

- Cost savings – Pitavastatin
  - Technician or higher

- Adherence – Lisinopril/HCTZ
  - Second year student pharmacist or higher

- NSAID add PPI – Ibuprofen
  - Third year student pharmacist or higher
**Technician**
- Collect allergies
- Reconcile med list
- Address cost savings alert

**3rd/4th Year Intern**
- Address adherence
- Address PPI addition

**Pharmacist**
- Review documentation
- Take transfer if patient has additional questions
Scalable Model

Statistics for the 2015 SinfoniaRx Program Year

• Eligible members: 5.9 Million (325 health plans)
• Qualified members: 900,000 (15%)
• Total Completed Interventions: 895,164
• Total CMRs: 185,500 (33,000 at MMP)
• Total Dollar Savings: $175,884,214
Research Efforts

• 2 year fellowship
• Student driven projects
• Current projects
  • Impact of telephonic comprehensive medication reviews on patient outcomes
  • Undocumented use of medications by the elderly population in the payers’ records
  • Confidence in providing patient care among PharmD students with experience in telephonic medication management program vs. other practice settings
Program Assessment

- SinfoníaRx software tracks intervention outcomes
  - Communicates to health plan and MMP
- Feedback from key stakeholders
  - Employees
  - Patients
  - Health Plans
- Continual assessment of workflow efficiency
  - Personal Goals, Program Goals
- Continual assessment of impact on patient care
  - Clinical Committee, Accreditation, Quality Assurance Team
Program Outcomes

• Improved medication adherence, safety and use among patient
• Reduced healthcare costs for payers and patients
• Students more prepared and confident in providing patient care and telephonic communication
• Opportunities for research presentations and publications
Real Impact

While speaking with a patient on an insulin pump, the pharmacist discovered that her blood sugars were dropping into the 30s several times a week. A few days prior, she had been admitted to the local hospital and treated for low blood sugar because her husband couldn’t get her up. The patient was out of state for the winter and did not plan on contacting her doctor until she returned in over a month. The pharmacist communicated with the doctor and patient to ensure her insulin pump was titrated down and her hypoglycemia was resolved.
How do we capitalize on new opportunities?

We need to REACH more patients!
Utilizing the Healthcare Team

• CMRs with prescribers

• CMRs with LTC facilities

• Engagement in transitions of care
Prescriber CMRs

- Telephonically – technician and pharmacist
  - Medication reconciliation by fax or phone
  - Conversation with prescriber/agent

- Engaging nurses in the process
  - Clinic CMRs - Approximately 1,500 chart reviews in NYC
  - Pharmacist review
  - Conversation with prescriber/agent
LTC CMRs

- Medication reconciliation by fax or phone
- Pharmacist review
- Engaging LTC nurses to take recommendations back to their prescribers
Transitions of Care

• Upcoming Part C Measure
• Tucson Medical Center Pilot
  • Patients with high risk medical diagnosis and complex medication regimens
  • Utilization of nursing relationship
  • Interprofessional Education (nursing, medicine, pharmacy)
  • Positive provider feedback and engagement
TMC Pilot

- Referred by chronic disease nurse coordinator team to SinfoniaRx nurse
- Pharmacist calls
  - 1 week post discharge
  - 3 weeks post discharge
- Access to EHR to enter notes
- SinfoniaRx nurse calls the pcp/specialist office and dispensing pharmacy
Success Stories

• Patient was very upset because he was told to take furosemide once daily in the hospital but his discharge paperwork and prescription state twice daily. Pharmacist was able to clarify with hospitalist that dose was supposed to be once daily and pharmacy was contacted to d/c the prescription with the incorrect dose.

• Patient was hospitalized for CHF and discharged with two calcium channel blockers. Provider was notified and potential readmission for peripheral edema was prevented.
Alternative Languages

• Value of diverse student population
• Hispanic population need – 57 million in US
  • 4,000 CMRs provided by Spanish MTM providers in 2015
• 3 way CMRs
  Mandarin    Persian
  Cantonese   Spanish
  Taiwanese   Vietnamese
  Tagalog     Russian
  Korean
Community Partnerships:
The best of both worlds
• Utilization of SinfoniaRx software
  • Telephonic call center
  • CMRs
  • Pull from all prescription claims to proactively monitor
• Reinforcement of interventions at point of sale
  • Integration with pharmacy system
  • CMR offers
• Optimization of roles
CVS Healthtag

- 7800+ pharmacies
- Face to face engagement in MTM services
Prescribe Wellness

• Network of independent community pharmacies
• Interactive Voice Response (IVR)
• Phone call from their local community pharmacist
  • Describe program benefits
  • Call back information
Pharmacogenomics

A branch of pharmacology concerned with using DNA and amino acid sequence data to inform drug development and testing. An important application of pharmacogenomics is correlating individual genetic variation with drug responses.
Pharmacogenomics

- Cytochrome P450 genes
  - 80% of phase 1 drug metabolism
  - Influences 20-25% of all drug therapies

- Metabolic Phenotype
  - Extensive Metabolizers → standard dosing appropriate
  - Poor Metabolizers → increase side effects/lower dose
  - Intermediate Metabolizers → dose modification
  - Ultra-Rapid Metabolizers → dose modification
**STEP 1**
Open iDgenetix Sample Collection Kit & Fill Out Forms

**STEP 2**
Collect Sample by Swabbing Inside Patient’s Cheek

**STEP 3**
Place Sample Tube & Completed Forms Back into iDgenetix Sample Box

**STEP 4**
Place iDgenetix Sample Box in FedEx Package with Prepaid Label
Types of Tests

• Different panels based on qualifying conditions
  • Cardio = HTN, hyperlipidemia, arrhythmia, anticoagulation
  • Neuro = depression, bipolar, anxiety, psychosis, ADHD, musculoskeletal pain, arthritis, migraine, neuropathic pain, seizures
  • Thrombophilia = hyperhomocysteinemia, venous thrombosis
• Easy to read, color-coded chart
Video Conferencing

• Epilepsy program in Illinois
  • Rush Medical Center in Chicago
  • Epilepsy foundation sites with cameras
  • Interprofessional team
MTM and Behavioral Health

Thinking outside the box in your communities
Questions?