Forging into Ambulatory Care: MTM Service Models in Traditional Clinics and Newer Models of Care

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Conflict of Interest

- The presenters have no relevant conflicts of interest to disclose.

Presentation Outline

- **UIC Traditional Ambulatory Care Clinic**
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    - Assistant Professor of Pharmacy Practice at UIC
    - Clinical Pharmacist at UIC MTM clinic
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    - Assistant Professor of Pharmacy Practice at UIC
    - Clinical Pharmacist at UIC MTM clinic
- BreakThrough Care Center PCMH for high-risk patients
  - Kathleen Vest, PharmD, CDE, BCACP
    - Associate Professor of Pharmacy Practice at Midwestern University
    - BCC MTM Pharmacist
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    - BCC MTM Pharmacist

Pharmacist Learning Objectives

- List MTM services that can be provided in both a traditional ambulatory care clinic model and in the newer care delivery model of a patient centered medical home (PCMH).
- Describe the MTM service process in both the ambulatory care clinic model and the PCMH model.
- Describe collaborative patient care services in the PCMH model.
- List outcome measures that can be used to assess return on investment, and improve quality of care for an active MTM service.
- Describe payment/reimbursement/justification for each model.

Technician Learning Objectives

- List MTM services that can be provided in both a traditional ambulatory care clinic model and in the newer care delivery model of a patient centered medical home (PCMH).
- Describe MTM service processes in both the ambulatory care clinic model and the PCMH model.
- Describe the pharmacy technician role in the ambulatory care clinic model and the potential roles in the PCMH model.
- List outcome measures that can be used to assess return on investment, and improve quality of care for an active MTM service.
- Describe the technician roles in outcome measurement and in payment reimbursement in the MTM model.

Poll The Audience

In which of the following settings do you currently work?

1. Community
2. Hospital
3. Industry
4. Ambulatory Care

What is Medication Therapy Management (MTM)?

History of UI Health Medication Therapy Management Clinic (MTMC)

- **"Refill 10": ~1995**
  - Wood Street Pharmacy patients with > 10 medications
  - Medication refilled prior to patient's arrival
  - Over time clinical services added to patients care
- **"Refill 10": 2001**
  - First PharmD hired to solely provide clinical services
  - Program evolved into referral-based, comprehensive MTM program
- **"Refill 10": 2004**
  - Changes in Medicare ------> name change to **MTM Clinic**

MTMC

- **MTMC's Vision**
  - We will lead in medication therapy management through innovation, education and research to decrease hospitalizations, improve healthcare utilization, reduce costs and improve patients' quality of life
- **MTMC's Mission**
  - Reconcile and optimize medication regimen
  - Prevent and monitor for ADEs
  - Improve medication adherence
  - Promote preventative care
  - Collaborate with healthcare providers to manage disease states
  - Reduce medication cost

Facility Description

- Located in Outpatient Care Center (OCC)
  - Embedded in the OCC Pharmacy
- Hours: Monday-Friday 9AM-4:30PM
- MTM space
  - 4 computerized workstations
  - 2 consultation rooms
    - Desk, computer, 2 patient chairs
    - Monitoring logs, laboratory slips, patient education material
    - Blood pressure monitor
    - Scale
  - Point-of-care testing (POCT) – blood glucose

MTMC Staff

- Medical director/supervising physician
- Total 7 pharmacists
  - 1 manager
  - 3 FTEs devoted to MTM
  - 4 pharmacists additionally cover: Heart Center, Endocrinology, Psychiatry, Pulmonary
- All pharmacists are faculty at UIC College of Pharmacy
- 1 full-time MTM technician
- P4 students, UIC PGY-1, Community PGY-1, AmbCare PGY-2 residents

Demographics[1]

- Data from 2006/2007 (N=140)

Description	Mean (range)
Patient age:	64 (35-93)
Number of diagnosis:	9.6 (4-15)
Number of visits/pt/mo:	1.3 (0.6-3)
Number of meds/pt:	15.3 (8-28)
Number of daily doses/pt:	20 (8-33)
Gross rx revenue for each pt/mo:	300 (225-339)
Number of rx filled/mo:	1800 (1740-2085)

- **2001: 30 active patients →NOW: 150 active patients**

Kliethermes MA, Schullo-Feulner AM, Tilton J, et al. Model for Medication Therapy Management in a University Clinic. Am J Health-Syst Pharm. 2008;65

MTMC Description

- 5 Service Areas
  - Access
  - Adherence
  - Coordination of care
  - Medication therapy review
  - Education

UI Health Service Process

How long should an initial MTM visit take?

1. 15 minutes
2. 30 minutes
3. 45 minutes
4. 60 minutes

UI Health Service Process

How long should a routine MTM visit take?

1. 15 minutes
2. 30 minutes
3. 45 minutes
4. 60 minutes

UI Health Service Process

- Referrals
- Initial visit
  - Scheduled for ~1 hour
- Routine visit preparation
  - 7 days prior to visit
- Routine visit
  - Scheduled for ~30 minutes
- Non-routine visit

Referrals

- Health care provider / Self referrals
  - Adherence
  - Medication management
  - Disease state management
  - Education
- Patients assigned to primary pharmacist
- Schedule patients using the hospital scheduling system

Initial Visit

- Explain the MTM program
  - Voluntary enrollment
- Collect baseline information
- Medication Reconciliation

Initial Visit

- Assess patients refill history
  - Synchronize medication refills
- Determine any acute issues that need to be addressed
  - Collaborate with physicians
  - Coordinate care
- Schedule follow-up

Poll The Audience

Do you work with technicians in an ambulatory care setting OR are you a technician working in an ambulatory care setting?

1. Yes
2. No

Routine Visit Preparation: Role for Technicians

- Review EMR 1 week prior to visit
  - Evaluate medication changes
  - Determine any recent hospitalizations
- Complete medication refill sheets
  - Call patient to verify “as needed” (PRN) medication refills
  - Process all medications – scheduled and PRN
  - Evaluate issues (refills, IHFS maximums)
- Phone call appointment reminders
- Provide patient with cost of refills
- Fill pillboxes

Routine Visit Preparation: Role for Technicians

- Maintain MTMC patient rooms weekly
  - Stock patient rooms with patient education
  - Ensure that the rooms have supplies
  - Notify cleaning staff:
    - Sharps container replacements
    - Specialized cleaning
  - Order administrative supplies

Routine Visit Preparation: Role for Technicians

- Update patient-friendly medication list for every visit
- One to three days prior to the patient visit, ensure that the patient's medications are processed
- Maintain medication disposal areas

Example Patient Friendly Medication List

MTM Medication Therapy Management Clinic
Ambulatory Care Pharmacy
University of Illinois at Chicago
840 South Wood St, MC 894 Chicago, IL 60612

UIC UNIVERSITY OF ILLINOIS AT CHICAGO

Name:
Date of Birth:
Allergies: NKDA

Primary MTM Pharmacist:
Phone#:
Pager#:

Filled by: Checked by:

Pillbox

My Medication List as of:

Reason For Use	Medication	Prescriber	Description	When to Take and How Many		
				Morning	Evening	Bedtime
Hypertension	Rx # Hydralazine 25mg	Amo	Round, Orange Tablet "Pfizer/327"	½ Tablets	½ Tablets	½ Tablets
	Rx # Metoprolol XL 200 mg	Amo	Oval, White Tablet "454"	1 Tablet		
	Rx # Hydrochlorthiazide 25mg	Witty	Small Round, Pink Tablet "3571"	1 Tablet		
Cholesterol	Rx # Atorvastatin 40mg	Speedy	Oval, White Tablet "A1V 40"			1 Tablet
Depression	Rx # Cymbalta 30mg	Speedy	Blue and white capsule "3240/ 30mg"	1 Capsule		1 Capsule
	Rx # Trazadone 100mg	Concerta	White round tablet "Pfizer 434"			1 Tablet
GERD	Rx # Nexium 40 mg	Amo	Oval purple Capsule "nexium 40"	1 Capsule		

Routine Visit

- Weekly to monthly follow-up visits
- Address chief complaint
- Assess adherence
- Evaluate chronic disease states
- Determine any medication related problems

Poll The Audience

Do you have a collaborative practice agreement in your current practice setting?

1. Yes
2. No

Routine Visit

- Disease state management
  - Collaborative practice agreements
    - Current: hypertension, insulin titration, smoking cessation, refills
    - In process: asthma, hyperlipidemia, oral diabetes medications
  - Obtain vitals, POCT
  - Review labs
  - Review patient goals
  - Make evidence-based therapeutic recommendations

Routine Visit

- Action Plan
  - Provide a patient friendly medication list
  - Implement self-management goals
  - Obtain labs as needed
  - Coordinate care
  - Interventions
    - Medications, disease state, lifestyle
    - Respond accordingly to acute/emergency issues

Activity

Finished files are the result of years of scientific study combined with the many years of experience and lots of hard work

Non-Routine Visits

- Transitional Care
  - Medication reconciliation post hospital discharge
  - Coordination of care
- Acute Issues
  - Triage (Emergency Department vs. Acute Care)
- Medication Changes
  - Pillbox adjustments/dose changes
  - New prescriptions
- Laboratory Follow-up

Patient Education

- Medications
- Food and drug interactions
- Side effects
- Goals
- Use of medical devices
- Check daily weight
- Record keeping aids
- Lifestyle modifications
- Medication adherence
- Use of a pillbox and other adherence aids

Documentation

- All patient interactions are recorded in EMR
- Failed appointments
  - 3 phone calls → 2 failed letters → discharge letter

Barriers to Patient Enrollment

- Patients lack of perceived value of MTM services
- Transportation
- Lost to follow-up
- Convenience

Outcomes Measures

- Clinical
  - Quality Indicators
- Humanistic
  - Patient and provider satisfaction
- Economic
  - Reimbursement
  - Cost Avoidance / Savings
  - Increased prescription volume / continuity of care

Clinical Outcomes: Quality Indicators

- Current:
  - Blood Pressure
  - Lipids
  - Glycosylated Hemoglobin (A1c)
  - Adherence
- Future
  - Medication Reconciliation
  - Osteoporosis

Clinical Outcomes: Quality Indicators

- Blood Pressure
  - Blood Pressure Goals
- Lipids
  - Framingham Risk
  - LDL Goals
- Glycosylated Hemoglobin (A1c)
  - Up-to-date A1c
  - A1c goals

Clinical Outcomes: Quality Indicators

- Adherence
  - Medication possession ratio
    - MPR = days supplied in the period / days in the period
  - Adherence calculation for pillbox
    - (Total doses – missed doses / Total doses) x 100

Medication Possession Ratio (MPR)

Patient Case

- Mrs. Taylor presents to the MTM Clinic for her monthly appointment. She returns 4 weeks of pillboxes. She takes her medications twice daily (AM and PM). You notice she has 3 evening doses of medications remaining.
- What is her calculated adherence?

Patient Case

What is her calculated adherence?

1. 72%
2. 80%
3. 95%
4. 98%

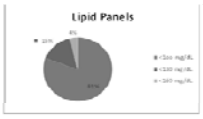
Quality Indicator Report Example

- **Title**
- **Abstract**
  - Summary of report findings
    - Baseline performance measure(s)
  - Results
    - Compared to national benchmarks
  - Barriers/Deficiencies to address
  - Conclusions and recommendations

Quality Indicator Report Example

- **Body of Report**
  - Outline the problem
  - Explanation of needs assessment
  - Describe methods of obtaining data
  - Results analysis
  - Root cause analysis
  - Develop a plan for improvement
  - Discuss problems encountered, how they were addressed
  - Evaluate your intervention
  - Follow-up with intervention analysis
- **Conclusion**

Quality Indicator Graph Example



Total Number of Lipid Panels	Number of LDL Goals Targeted for Most Recent Lipid Panel	Number of LDL Goals Targeted and Met	Percentage of LDL Goals Targeted	Percentage of LDL Goals Targeted and Met
101	60	26	59.41%	43.33%

Clinical Outcomes: Quality Indicators

- Barriers
  - Blood Pressure
    - Medications not taken before visit
    - White coat hypertension
    - Patient under acute stress
  - Non-fasting lipid panel
  - Labs not ordered regularly during GMC visit
  - Vial patients
    - Adherence dependent on patient recall

Clinical Outcomes: Patient and Provider Satisfaction

- Short, easily administered questionnaire
- Provides insight on patients' view of the services
- Use survey results to design and track quality improvement over time
- Ideally form available in English and Spanish

http://bphc.hrsa.gov/policiesregulations/performancemeasures/patientsurvey/satisfactionsurvey.html

Clinical Outcomes: Patient Satisfaction

- Ease of getting care
  - Ability to get in to be seen
  - Hours center is open
  - Convenience of center's location
  - Prompt return on calls
- Confidentiality
  - Keeping my personal information private
  - The likelihood of referring your friends and relatives to us
- Provider
  - Listens to you
  - Takes enough time with you
  - Explains what you want to know
  - Gives you good advice and treatment
  - Nurses and medical assistants friendly and helpful to you
  - Answers your questions

http://bphc.hrsa.gov/policiesregulations/performancemeasures/patientsurvey/satisfactionsurvey.html

Clinical Outcomes: Provider Satisfaction

- Ease of referral
  - Ability to get patient appointment
  - Hours center is open
  - Convenience of center's location
- Quality of Recommendations
  - Evidence-based recommendations
  - Patient goal achievement
  - Ability to prevent adverse drug reactions (ADRs)
  - Providing patient education
- Communication with pharmacist
  - Appropriate documentation
  - Adheres to collaborative practice
  - Integrates within the team
  - Prompt follow-up

http://bphc.hrsa.gov/policiesregulations/performancemeasures/patientsurvey/satisfactionsurvey.html

Provider Satisfaction at UI Health

- Sent survey to 195 healthcare professional at UI Health via online secure database
- Consisted of 12 questions which took ~5 minutes
- Suggestions:
  - Increase awareness / marketing of MTMC
  - Improve collaboration between MD and PharmD
  - Abbreviate clinical notes
- Conclusion:
  - MTMC is a valuable resource to optimize patient care, improve medication adherence, and provide in-depth education

Outcomes Measures

- Clinical
  - Quality Indicators
- Humanistic
  - Patient and provider satisfaction
- Economic
  - Reimbursement
  - Cost Avoidance / Savings
  - Increased prescription volume / continuity of care

Poll The Audience

Do you get reimbursed for your clinical services?

1. Yes
2. No
3. I don't know

Poll The Audience

Which billing method do you most commonly utilize?

1. Medicare Part D
2. Incident to billing
3. Facility fee billing
4. Patient self-pay

Reimbursement Opportunities

- MTM Current Procedural Terminology (CPT) Codes
- Medicare Part D
- Self-Pay
- Facility Fee Billing
- Medicare Part B "Incident-to" Billing

Leal S, Shilliday B, Stump A. Reimbursement for the Pharmacist in an Ambulatory Practice. In. Kliethermes M, Brown T. *Building a Successful Ambulatory Care Practice: A Complete Guide for Pharmacists.* 1st ed. American Society of Health-System Pharmacists: 2011:205-239.

Reimbursement Opportunities

- MTM Current Procedural Terminology (CPT) Codes
  - 99605: MTM service provided by pharmacist, face-to-face, initial 15 minutes, new patient
  - 99606: Initial 15 minutes, established patient
  - 99607: Each additional 15 minutes
  - Barrier: lack of universal reimbursement

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Reimbursement Opportunities

- Medicare Part D
  - Enrollment requirements set by CMS
  - Documentation Platforms
    - Mirixa
    - Outcomes
  - Barriers: variation in documentation platforms

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Reimbursement Opportunities

- Medicare Part B "Incident-to" Billing
  - Pharmacist provides patient care services under direct supervision of a physician or other approved Medicare Part B provider
  - Must meet Medicare criteria
  - Evaluation and Management (E&M) Codes
    - 99211
    - 99215

Leal S, Shilliday B, Stump A. Reimbursement for the Pharmacist in an Ambulatory Practice. In. Kliethermes M, Brown T. *Building a Successful Ambulatory Care Practice: A Complete Guide for Pharmacists.* 1st ed. American Society of Health-System Pharmacists: 2011;205-239.

Reimbursement Opportunities

- Facility Fee Billing
  - Institutional based clinics
  - Referred to as Hospital Outpatient Prospective Payment System (HOPPS)
  - E&M codes correspond to Ambulatory Payment Codes (APC) 604 – 607
  - Barrier: extra financial burden to patient

Leal S, Shilliday B, Stump A. Reimbursement for the Pharmacist in an Ambulatory Practice. In. Kliethermes M, Brown T. *Building a Successful Ambulatory Care Practice: A Complete Guide for Pharmacists*. 1st ed. American Society of Health-System Pharmacists: 2011;205-239.

Billing at UI Health

- 30 Day Pilot Study
  - Consulted pharmacists who created UI Health billable pharmacy services
  - Designed billing form
  - Trained MTM clinic pharmacists
  - Data collection
    - # of patients/day
    - Patient insurance type
    - # of finalized notes within 72 hours
    - Level of intervention
    - Estimated revenue/patient visit

Insurance Demographics for Pilot Study

Insurance Type	Number of Patients
Dual - Medicare/Medicaid	45
Medicaid	55
Medicare	17
Medicare/Supplement	13
Self Pay	1

Insurance Reimbursement for Medicare Facility Fee

Intervention Level	Intervention	Reimbursement (Established/New Patient)
Level 1	• Registration • Room charge	$36/$76
Level 2	• Face –Face education up to 5 min • Created medication list (1-5 medications)	$53/$98
Level 3	• Face - Face education 6-15min • Created medication list (6-9 medications)	$58/$105
Level 4	• Face –Face education up to 16-30min • Created medication list (>10 medications)	$89/$157
Level 5	• Face –Face education >30min	$119/$191

Results

- Total encounters = 373
- Average level of intervention = 4
- Potential revenue = $8,660/month
  - Projected annual revenue = $104,000

Role for Pharmacy Technicians

- Quality of Care
  - Clinical outcomes – Quality Indicators
    - Assist in data collection
- Financial
  - Reimbursement
    - Assist with claims submission
  - Cost Avoidance / Savings
    - Completing prior authorizations
    - Switching to generic alternatives

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Breakthrough Care Center (BCC)

- Partnership between a private physician owned medical group, DuPage Medical Group and Humana

DuPage Medical Group

Humana.

Poll The Audience

Do you currently work in a PCMH?

1. Yes
2. No

Poll The Audience

If you do not work in a PCMH, is your clinic discussing transitioning to this model?

1. Yes
2. No

PCMH Definition

"a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety"

Patient Centered Primary Care Collaborative. Defining the Medical Home. Available at: http://www.pcpcc.org/about/medical-home. Accessed August 15, 2013.

Characteristics of the Patient Centered Medical Home (PCMH)

- Patient centered approach to primary care
- Team-based model to provide coordinated care to chronically ill Medicare patients
- Comprehensive care
- Focused on quality, safety, and value
- Increased access to care
- Comprehensive medication management

Breakthrough Care Center

- Goals of the BCC Model
  - Patient-centered care for high risk Medicare patients in one facility
  - Improve medical outcomes
  - Improve accessibility to necessary services
  - Lower health care costs
  - Improve patients' ability to self manage their conditions
- Two centers opened on January 2, 2013
  - Naperville, IL
  - Lombard, IL

Breakthrough Care Center Gym

Types of Patients

- "High Risk"
  - Based on number and severity of chronic conditions
  - Patients can also be referred by any DMG physician
- Humana Medicare Advantage (Part C)
- Humana DMG employees and dependents
- Number of patients enrolled in clinic
  - Naperville 130
  - Lombard 201
- Common conditions seen:
  - Diabetes, HTN, Dyslipidemia
  - Psychiatric illness (depression, anxiety and others)
- Patients with many co-morbidities

BCC Healthcare Team

- Physician
- NP
- Pharmacist(s)
- Dietician
- Social Worker
- 2 health coach RNs
- Psychiatrist
  - (4 hours/week in Lombard)
- Lab
- Radiology
- Physical Therapy
- Gym with trainer
- Minor procedure room
- Humana Guidance center (opened in May 2013)
  - Programs and group activities
  - Benefits questions
  - Social activities
- Specialists
  - Referrals placed if needed
  - Extra effort to utilize specialists who will maintain close contact with BCC team

Roles of our team members

- Physician: Team Leader
  - PCP for BCC patients
  - On call for issues after hours
- Nurse Practitioner
  - Works alongside MD
  - Initial and follow-up visits
  - On call for issues after hours
- Social Worker
  - Assist in the care of patients with psychiatric conditions
  - Coordinate transportation and overall access to care
- Dietician
  - Establish dietary goals
  - Patient education
- Health Coach RN
  - Room patients, obtain vitals, update EMR
  - Each patient is assigned to a health coach
  - Call patients for wellness checks (frequency based on severity level)
  - Help facilitate communication between the patient and team
- PT and trainer on site

Pharmacist's Role

- Comprehensive medication review
- Identify DRPs
- Work with patient to set treatment goals
- Maintain patient's medication list
- Assess adherence
- Address access issues
- Provide drug therapy recommendations
- Provide action plan for patient
- Patient follow-up between MD/NP visits
- Fill pill boxes, if needed
- Address patient or provider drug info questions
- Education
  - Staff
  - Patient and caregiver
  - Patient education seminars

Medication Therapy Management (MTM) at the BCC

- Each patient enrolled in the BCC is advised to see the pharmacist at least one time for an initial medication review
  - Initial visit: 60 minutes
  - Follow-up visits: 30-60 minutes
    - Follow up is determined based on need
- One pharmacist at each BCC Monday through Friday
    - Naperville: 1 pharmacist- 5 days/week
    - Lombard: 2 part time pharmacists- 5 day coverage
- CCP Residents and students

MTM initial visit

- Patients are asked by the receptionist to bring all of their medication bottles for review, reconciliation and evaluation of drug related problems (DRP)
- Assessment of adherence
- Goal of initial visit is to identify DRPs and develop a plan
- Create medication list
- Provide drug therapy recommendations to team
- Determine follow-up plan
  - Phone follow up, frequency of MTM visits, etc

Sample MTM Medication List

Name: John Smith DOB: XX/XX/XXXX PCP: Dr. Brown

BreakThrough Care Center 630-946-2565
1964 SpringBrook Square Drive Suite 108
Naperville, IL 60564

Medication Allergies: None

Medicine Name	How often do I take this?	AM	noon	PM	Bedtime
Diabetes Medications					
Levemir insulin (long-acting insulin)	Inject 10 units every night before bedtime				10 units
Glyburide-Metformin 5-500mg	2 tablets twice daily with meals	2 tabs		2 tabs	
Heart Medications					
Metoprolol succinate 50 mg (blood pressure and heart rate control)	1 tablet daily	1 tab			
Lisinopril 20 mg (blood pressure control and kidney protection)	1 tablet daily				1 tab
Furosemide 20 mg (water pill for swelling)	1 tablet every morning	1 tab			

Drug therapy recommendations

- Scope of practice
- Warfarin and insulin are adjusted regularly by pharmacists without MD consultation
- Other drug therapy recommendations are discussed with the MD/NP
  - MD/NP are more accessible
  - Patients are more complex
  - Therapeutic goals are individualized
- Outcomes are continuously evaluated
  - One of our major responsibilities

Typical Day

- 7:30 – Arrive at clinic
- 8:00-12 noon – Patient appointments
- 12:00 – Lunch
- 12:30 – Huddle
- 1-3:00 – Patient appointments
- 3-5 – Documentation and phone calls
- Time for students/residents

Examples of our role in the care of BCC patients

- Pain management
  - Create an opioid regimen for a patient
  - Use pain contract and opioid conversion chart
  - Regular follow up with patient- MTM visit with each new opioid Rx to assess pain and patient level of functioning
- Severe hyperglycemia
  - Glucose of 735 and A1c of 16.9%-no symptoms
  - Managed patient with no hospitalization needed
  - Initiated insulin in office and educated patient on how to administer at home, close follow up (in person and on phone) over the next several days to titrate insulin

BCC patient examples, cont'd

- Complex social issues
  - Stopped insulin and warfarin due to cost and inconvenience. INR of 1.0 and A1c of 16.2%
    - Education, re-initiation of insulin, and close follow up/dose adjustment (phone and in-office)
  - Poor adherence due to inability to read; A1c 11.4% and BP of 172/90
    - This patient requires pill box fills every 2 weeks
  - Husband and wife both in BCC (husband having surgery, wife unable to take care of herself)
    - Required home visits by BCC staff and obtaining Home health RN

How does the team collaborate?

- Physician
  - Team leader
- Health coach
  - Primary communicator with the patients at home
  - Wellness calls
- Team visit
  - Some patients are seen with the MD, NP, and pharmacist present
  - Improves efficiency and collaboration

Poll The Audience

Have you ever used a team huddle in your clinic?

1. Yes
2. No

Team Huddle

- Face-to-face communication among team members on a daily basis
- Opportunity to discuss patients and coordinate the care plan
- Discussion focuses on "active" patients
  - Recent hospitalizations or ER visits
  - Recent discharge
  - New symptoms or conditions
  - New BCC patients

Pharmacist collaboration with BCC team

- Pharmacist collaboration with health coach
  - Health coach collects patient information during wellness checks
    - BG readings, BP readings and weights
    - Pharmacist provides drug therapy recommendation
- Pharmacist collaboration with social worker or dietician
  - Many social and dietary problems are identified by MTM
  - Discussion and/or referral to social worker and dietician
- Pharmacist collaboration with MD/NP
  - MD/NP asks pharmacist for therapy recommendations
  - MD/NP initiates new medication
  - Pharmacist provides new drug education, monitors therapy, follows up with patient
  - Team Visits

Potential Technician Role in PCMH

- Currently, there are not any technicians at the BCC
- We do have APPE students on rotation as well as IPPE students (coming later this year)
- Student activities:
  - Working up patients prior to visit
  - Phone calls (ex. patient follow-up, calling pharmacy, looking into cost)
  - Assisting with pill box fills
  - Helping identify patient assistance programs
  - Helping create medication list
  - Assisting with MTM follow-up list
- Many of these are potential roles for a technician!

Poll The Audience

Are you familiar with CMS Star Ratings?

1. Yes
2. No

Outcomes: Deciding what to measure

- CMS Star Ratings
  - Annual rating of Medicare plans available on Medicare Plan Finder on CMS web site
  - Ratings displayed as 1-5 stars
    1. ★ = poor performance
    2. ★ ★ = below average performance
    3. ★ ★ ★ = average performance
    4. ★ ★ ★★ = above average performance
    5. ★ ★ ★★★ = excellent performance

Centers for Medicare and Medicaid Services. Prescription Drug Coverage – General Information. Available at:: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/index.html?redirect=/PrescriptionDrugCovGenIn/06_PerformanceData.asp . Accessed August 15, 2013.

Star Rating Quality Measures

- Some of the quality measures associated with the Star Ratings are medication-related
  - High risk medications in the elderly
  - Appropriate treatment of blood pressure in persons with diabetes
  - Medication adherence
    - Oral diabetes medications
    - Cholesterol medication (statins)
    - Blood pressure (renin-angiotensin-aldosterone inhibitors)

Star Measure Thresholds for 2012 MA and PD Plans

PQA Measures	3-star	4-star	5-star
PDC – Diabetes	70.7 %	74.9%	78.8 %
PDC - ACEI/ARB	70.1 %	74.8 %	77.9 %
PDC – Statins	67.4 %	70.8 %	75.2 %
Diabetes – ACEI/ARB Use	83.2%	86.0 %	87.3 %
High-Risk Medications	≤ 22.2 %	≤ 14.0 %	≤ 9.3 %

Nau, David. Pharmacy Quality Alliance Executive Update on Medication Quality Measures in Medicare Part D Star Ratings. October 12, 2011.

Outcomes: What are we measuring at the BCC?

- Hospitalizations and ER visits
- Quality measures
  - Chronic condition outcomes (A1c, LDL, BP)
- Risk reduction measures
  - Diabetics on ACE-Inhibitor or ARB
  - ASA use in patients with CVD
- Pharmacy specific measures – A work in progress
  - Workload (Time spent, # visits/day, # phone calls/day)
  - Medication adherence (SureScripts data)
  - Cost saving strategies
  - Avoiding inappropriate drugs (adherence to Beer's criteria)
  - Ensuring EBM is utilized (ACE in DM patients, etc)
  - Reducing polypharmacy

BCC Outcomes (5 months)

Average Blood pressure	Before BCC	After BCC	Percent change
ALL PATIENTS	128/73	124/70	-3.13
Patients flagged through 3/31	127/73	123/70	-3.15
Starting metrics out of control	154/86	133.43	-13.84
Average A1c	**Before BCC**	**After BCC**	**Percent change**
ALL PATIENTS	7.11	7.01	-1.36
Patients flagged through 3/31	7.04	6.9	-1.99
Starting metrics out of control	10.61	7.73	-27.14
Average BMI	**Before BCC**	**After BCC**	**Percent change**
ALL PATIENTS	32.48	32.15	-1.03
Patients flagged through 3/31	32.05	31.96	-0.281
Starting metrics out of control	32.05	31.96	-0.28

Payment and Reimbursement

- BCC Pharmacists are co-funded by the college of pharmacy
- Medicare Advantage Patients
  - Pharmacists are not recognized as providers
  - Full risk capitated payment model
  - Initial visit: No cost to patient
  - Follow-up visits: MTM codes (99606, 99607) are used to track productivity

Success and Challenges at the BCC

Successes

- Positive patient feedback
  - "I feel like you're my family!"
- Access
  - All providers under one roof
  - Longer appointments
  - Increased availability
- Patient Centered
  - Individualized patient goals
- Improved collaboration among healthcare providers

Challenges

- Educating patients that we are their primary care team
- Some patients do not want such frequent follow-up
  - "Why are you calling me?"
- For pharmacists:
  - Standardizing documentation, education materials, med lists, etc
  - Managing workload
  - Provider recognition, billing issues

Where are we headed?

- Patient volume is increasing!
- Development of a pharmacist managed smoking cessation program
- New referrals: patients just discharged from the hospital
  - Medication reconciliation within 72 hours
- Group education programs
- Continuing to define the role for students and residents within the BCC
- Measuring Outcomes

Summary

- MTM services are being provided in a variety of clinic settings across the country
  - Comprehensive medication review
  - Identify DRPs
  - Address nonadherence
  - Address access issues
  - Provide drug therapy recommendations
- There are advantages and disadvantages to both, the traditional and PCMH models of care.
- Technicians can be beneficial in both models for identifying MTM patients, helping prepare for the visit, filling pillboxes, creating med lists, and assisting with phone follow-up.

Summary

- Showing improvement in quality measures and maximizing reimbursement opportunities will assist in showing return on investment to your organization
- Improving the Medicare star rating of your insurer is important in the full-risk model of care

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Questions??

Forging into Ambulatory Care: MTM Service Models in Traditional Clinics and New Models of Care
0121-0000-13-050-L04-P
0121-0000-13-050-L04-T
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Post Test Questions:

1. Which of the following are the 5 service areas provided by the UI Health Medication Therapy Management Clinic?

A. Access, Adherence, Coordination of Care, Group Therapy, Medication Therapy Review
B. Access, Adherence, Coordination of Care, Medication Therapy Review, Education
C. Access, Adherence, Education, Quality Indicators, Reimbursement
D. Access, Adherence, Medication Assistance, Self-Management, Reimbursement

2. Which of the following collaborative practice agreements does the UI Health Medication Therapy Management Clinic currently have implemented?

A. Asthma
B. Hypertension
C. Hyperlipidemia
D. Chronic Obstructive Pulmonary Disease

3. Which of the following is a barrier to billing with MTM CPT codes?

A. Lack of universal reimbursement
B. Variation in documentation platforms
C. Financial burden on patient
D. Pharmacist qualifications

4. The following can be used to measure outcomes in an ambulatory care setting?

A. Verbal responses
B. Quality Indicators
C. Staff recognition
D. Physician approval

5. The initial visit in the UI Health MTM service process may last approximately?

A. 15 minutes
B. 30 minutes
C. 45 minutes
D. 1 hour

6. The patient centered medical home is a model of primary care delivery that involves:
    a. Pharmacists working independently to manage drug therapy
    b. A healthcare team working to provide coordinated patient care
    c. Primary care providers working independently to treat complex patients
    d. A team-based model focused primarily on improving financial outcomes

7. Pharmacists working in a PCMH must have a dispensing role.
    e. True
    f. False

8. Which of the following would be an appropriate role for a pharmacy technician?
    g. Recommend drug therapy changes to a patient
    h. Change drug therapy under a collaborative practice agreement
    i. Assist in identifying patients eligible for MTM services
    j. Establish individualized drug therapy goals

9. Which of the following is an example outcome measure to improve the Medicare STAR Rating?
    k. Adherence to warfarin
    l. Adherence to atorvastatin
    m. Adherence to hydrochlorothiazide
    n. Adherence to duloxetine

10. In the PCMH model, team huddles are characterized by the following:
    o. Physician and nurse practitioner meet to discuss a patient care plan
    p. Daily staff email message listing new clinic patients
    q. Nursing meeting about administrative issues
    r. Clinic team meets to discuss recently hospitalized patients