

Disagreements Between Claims Data and Patient Reports from Medication Therapy Management Interviews When Identifying Medication-Related Problems

T Yang¹, S Stevens¹, R. Segal¹, A.L. Wolf², J.P. Lannigan², P.A. Sessions³, D. Angaran¹

¹ University of Florida College of Pharmacy, Gainesville, FL ² WellCare Health Plans, Inc., Tampa, FL ³ Elsevier / Gold Standard, Tampa, FL

BACKGROUND

- The University of Florida College of Pharmacy MTM Call Center was established in March 2010. The center is a partnership with WellCare Health Plans, Inc. to provide telephonic MTM to WellCare Part D Medicare members enrolled in the MTM program. Eligible members are offered the opportunity to participate in a comprehensive medication review by telephone interview with a MTM provider.
- Before the interview, the MTM providers rely on the diagnosis codes provided by CMS and prescription claims to identify potential medication-related problems. However, the claims data may not provide the whole picture of a patient's health conditions or reflect patients' actual medication taking practices.
- This study aims to determine whether the information collected during a telephonic patient interview improves upon the accuracy of using claims data alone in identifying medication-related problems.

MTM CALL CENTER

UF MTM Call Center serves as a clinical rotation site and provides training to 12 fourth year student pharmacists each month. The student pharmacists, supervised by faculty members, interviewed patients/caregivers via telephone and provided MTM service using a decision support and documentation system called *MTM 360*[®].

Medication Therapy Management

During the study period, the eligibility criteria for the MTM Program were as follows:

- Eight or more covered Part D prescription medications.
- Three or more chronic disease states.
- Annual drug cost exceeds \$3,000.

Pre-Interview

- Rx Hierarchical Condition Category (RxHCC) and prescription claims submitted within 120 days prior to the medication review were utilized for the determination of presumed medication-related problems.

Patient Interview

- Questions were asked to gather information regarding the patient's health conditions and medication-taking practice. The presumed medication-related problems were discussed with the patients, and if appropriate, patient education was provided.

Post-Interview

- The MTM provider evaluated the clinical significance of the medication-related problems and identified new problems. Documentation of the assessment and plan were then made in the electronic patient chart.
- A medication action plan was created for the patient to provide counseling points, and a fax was formulated to communicate the clinical significant problems to the physician.

Identifying Potential Medication-Related Problems in Pre-Interview

Drug-Drug Interaction	Interaction report was generated for the medications listed in the claims data utilizing an online drug database, <i>Clinical Pharmacology</i> [®] .
Drug-Disease Interaction	RxHCC codes were examined to determine if the patient might have a condition that is contraindicated or listed as a precaution with the medications.
Drug-Age Interaction	For patient over the age of 65, medications were checked against the Beers List to identify potential inappropriate medications for the geriatric population.
Non-adherence	Refill pattern demonstrated by the prescription claims served as the basis for the determination of presumed non-adherence.
Therapy Duplication	Claims data were examined to identify medications in the same therapeutic class.
Suboptimal treatment	RxHCC codes and claims data were examined to identify problems involving suboptimal treatment. <ul style="list-style-type: none"> Eight types of suboptimal treatment problems, focusing on the medication use in diabetes, heart failure, asthma/COPD and long-term steroid therapy, were targeted during the review.
Medication Missing a Clear Indication	Medications that did not have a corresponding RxHCC code would be evaluated and confirmed with the patient during the interview.



DATA COLLECTION

A retrospective study was performed on 100 medication reviews conducted by the UF MTM Call Center during June 1 to July 31, 2010.

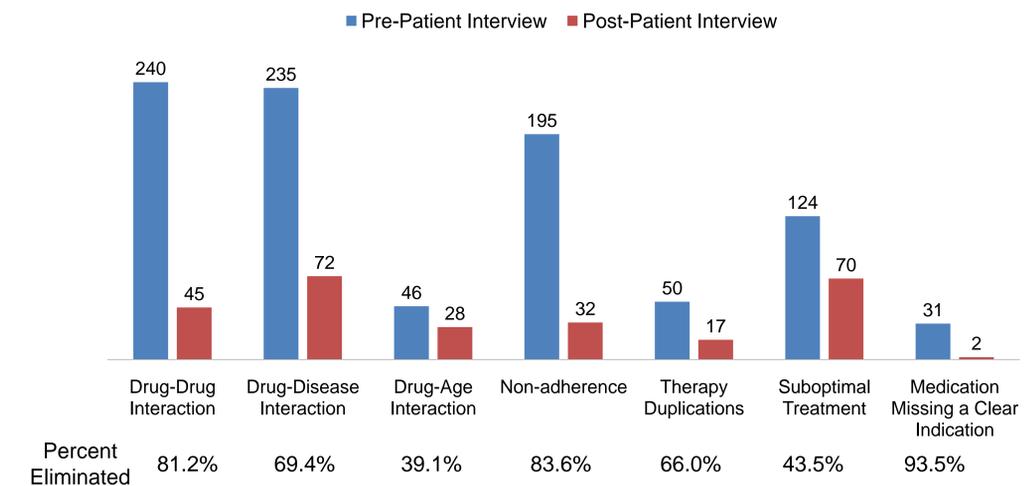
Two chart reviewers extracted the number and types of potential medication-related problems identified by the MTM provider from (1) the pre-interview based on review of administrative claims, and (2) from the summary of the patient interview and documentation of the post-interview assessment and plan.

RESULTS

The sample included subjects older than 65 years of age as well as those younger than 65 who meet Medicare eligibility due to a qualifying disability. 94% of the subjects were dually eligible for Medicare and Medicaid.

- Overall, 921 problems were identified from the examination of claims data, and after the patient interview 266 were confirmed based on patients' self-reporting.
- 71% of the medication-related problems identified before the interview was eliminated after being discussed with the patient and clarifying patient's medication use and any presence of side effect symptoms.

Frequency of Medication-Related Problems



- The common reasons for eliminating presumed medication-related problems identified from claims data were: (1) presumed drug-drug interactions or drug-disease interactions were not clinically significant based on patients' self-report of symptoms, and (2) patient reporting a number of medications found in claims data had been discontinued or the disease identified in claims data was no longer relevant.
- 36 new problems were identified during the interview, and the most common newly discovered problem were adherence-related issues.

CONCLUSIONS

- Information obtained from patient's self-report regarding their disease states, medication-taking practice and side-effect profile helped eliminate a large percentage of medication-related problems identified from claims data alone.