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

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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 patient, 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.

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

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.

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.

Identifying Potential Medication-Related Problems in Pre-Interview

<table>
<thead>
<tr>
<th>Drug-Drug Interaction</th>
<th>Drug-Disease Interaction</th>
<th>Drug-Age Interaction</th>
<th>Non-adherence</th>
<th>Therapy Duplication</th>
<th>Suboptimal Treatment</th>
<th>Medication Missing a Clear Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>interaction report was generated for the medications listed in the claims data utilizing an online drug database, Clinical Pharmacology®.</td>
<td>RxHCC codes were examined to determine if the patient might have a condition that is contraindicated or listed as a precaution with the medications.</td>
<td>For patient over the age of 65, medications were checked against the Beers List to identify potential inappropriate medications for the geriatric population.</td>
<td>Refill pattern demonstrated by the prescription claims served as the basis for the determination of presumed non-adherence.</td>
<td>Claims data were examined to identify medications in the same therapeutic class.</td>
<td>RxHCC codes and claims data were examined to identify problems involving suboptimal treatment.</td>
<td>Medications that did not have a corresponding RxHCC code would be evaluated and confirmed with the patient during the interview.</td>
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Percent Eliminated

<table>
<thead>
<tr>
<th>Drug-Drug Interaction</th>
<th>Drug-Disease Interaction</th>
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</tr>
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<tbody>
<tr>
<td>81.2%</td>
<td>69.4%</td>
<td>39.1%</td>
<td>83.6%</td>
<td>66.0%</td>
<td>43.5%</td>
<td>93.5%</td>
</tr>
</tbody>
</table>

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.

Pre-Patient Interview vs. Post-Patient Interview

<table>
<thead>
<tr>
<th>Problem</th>
<th>Pre-Patient Interview</th>
<th>Post-Patient Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-Drug Interaction</td>
<td>240</td>
<td>45</td>
</tr>
<tr>
<td>Drug-Disease Interaction</td>
<td>235</td>
<td>72</td>
</tr>
<tr>
<td>Drug-Age Interaction</td>
<td>196</td>
<td>46</td>
</tr>
<tr>
<td>Non-adherence</td>
<td>196</td>
<td>26</td>
</tr>
<tr>
<td>Therapy Duplication</td>
<td>196</td>
<td>32</td>
</tr>
<tr>
<td>Suboptimal Treatment</td>
<td>196</td>
<td>50</td>
</tr>
<tr>
<td>Medication Missing a Clear Indication</td>
<td>196</td>
<td>70</td>
</tr>
</tbody>
</table>