

Improving gaps in medication therapy utilizing telephonic medication therapy management (MTM) services in conjunction with case management in a Managed Medicaid uncoordinated care population



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Background

- ❖ Patients receiving extremely fragmented care have been known to access multiple prescribers and pharmacies, as well as contribute to high medical cost. These patients are categorized as having “uncoordinated care” within the Managed Medicaid healthplan.¹
- ❖ The University of Florida Medication Therapy Management Communication and Care Center (UF MTMCCC) provides telephone-based medication therapy management (MTM) services to Managed Medicaid uncoordinated care patients with the goals of identifying medication-related problems, coordinating care jointly with case management, and reducing unnecessary healthcare expenditures.
- ❖ The Centers for Medicare & Medicaid services (CMS) defines:
 - ✓ Comprehensive medication review (CMR) as an interactive, person-to-person or telehealth medication review and consultation followed by individualized written summary for the patient.²
 - ✓ Targeted medication review (TMR) as a person-to-person or system generated assessment to identify specific or potential medication-related problems.²
- ❖ At the UF MTMCCC, pharmacists conduct CMRs with patients who are offered and accepted the opportunity to speak over the phone. For those patients unable to be contacted or unwilling to speak with pharmacists, TMRs are performed. This TMR is conducted by the pharmacist, not system generated.
- ❖ In both review types, pharmacists assess medication history, identify gaps in therapy, establish referrals to case managers, and provide recommendations directly to providers via phone or facsimiles as necessary.

Objective

- ❖ To determine if pharmacist recommendations for specific gaps in medication therapy identified during a CMR resulted in a higher resolution rate when compared to the same intervention identified during a TMR.

Methods

- ❖ Single-center, retrospective, cohort.
- ❖ Managed Medicaid beneficiaries who received either a CMR or TMR between February 1, 2015 and September 30, 2015.
- ❖ Pharmacist recommendations were documented and followed every 3 months to determine the outcome from the prescriber communications.

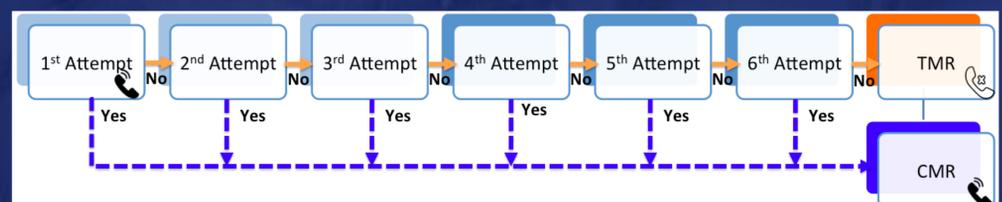


Figure 1. Diagram of work process for conducting comprehensive medication reviews (CMR) and targeted medication reviews (TMR)

Endpoints

- ❖ Primary Endpoint
 - ❖ Resolution rate for specific gaps in medication therapy
Statistical Analysis: Chi-square test
- ❖ Secondary Endpoint
 - ❖ Incidence of resolution in specific gaps in medication therapy for patients who received case management services before or after the pharmacist interventions
Statistical Analysis: Chi-square test
 - ❖ Total costs, medication costs, and medical costs before and after the intervention to determine return on investment (ROI)
Statistical Analysis: Student's t-test; P<0.05

Results

- ❖ Pending

Conclusion

- ❖ Pending

References

1. MaryKayOwens, Identifying and Quantifying the Costs of Uncoordinated Care: Findings from a Multi-State Analysis, presented at the National Academy of Science, Institute of Medicine's workshop Series "The Health Care Imperative: Lowering Cost and Improving Outcomes", May 21, 2009.
2. Centers for Medicare and Medicaid Services. CMS MTM Program Requirements and Information. Available at: www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html. Accessed March 19, 2015.