Medication Therapy Management Services
Finding Your Niche

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Learning Objectives
- Define the term “medication therapy management” (MTM) and list the core elements of an MTM service
- Identify the types of patients who are likely to benefit most from MTM services
- Provide examples of the types of drug therapy problems that are likely to be identified and resolved by MTM services
- Discuss the skill sets needed by pharmacists who seek to implement MTM services in their practice
- Apply the principles of MTM services to representative ambulatory care case studies

Pre-Test Questions
1. All of the following are considered core elements of the MTM process except
   1. Personal medication record
   2. Medication therapy review
   3. Documentation
   4. Billing

2. MTM requires a sit-down comprehensive medical and medication history session with the patient. True or False?

What is Medication Therapy Management (MTM)?
- Services provided by pharmacists that improve treatment outcomes
- These services promote the safe and effective use of medications
- Ultimately MTM is a way to provide better care for patients
- MTM is independent of, but can occur in conjunction with, the provision of a medication product

MTM Core Elements
- Medication therapy review (MTR)
- Personal medication record (PMR)
- Medication-related action plan (MAP)
- Intervention and/or referral
- Documentation and follow-up

Pre-Test Questions
3. When communicating with prescribers, it is important to keep product focused so they do not feel that you are encroaching on their turf. True or False?

4. MTM is independent of the dispensing process. True or False?

08/24/2012
Medication Therapy Review (MTR)
- Collecting pertinent clinical information
  - Patient, caregiver, other healthcare provider
- Assessing and evaluating the information
- Coming to a conclusion
- Deciding on the appropriate action
- Making the intervention
- Documenting actions
- Ongoing monitoring

Medication-related Problems
- Need for additional therapy
- Unnecessary drug therapy
- Wrong drug
- Dosage too low
- Dosage too high
- Adverse drug reaction
- Compliance

Recognizing Drug Therapy Problems
- Constantly assess and evaluate information presented to you
  - From patients
  - From providers
  - From caregivers
  - From payers

Personal Medication Record (PMR)
- Comprehensive record of the patient’s medications
  - Prescription, OTC, herbal, and other dietary supplements
- Patient or patient’s caregiver should receive a copy
  - Also a copy is sent to their prescribers

Medication-Related Action Plan (MAP)
- Care plan or the pharmacist’s course of action
- The patient receives an individualized MAP
Intervention and/or Referral

- Pharmacist provides consultative services
- Intervenes to address medication-related problems
- When necessary, referral

Communicating with Prescribers

- When making recommendations
  - Evidence-based
  - Achieve desired clinical outcome
  - Patient preferences are taken into consideration
  - Cost issues are considered
  - Ultimately, my goal is to provide recommendations that will achieve the clinical outcome with the most cost-effective strategy

Communicating with Prescribers

- Keep patient focused
- Use the right words/vocabulary
- Clearly and concisely outline the problem
- Provide the prescriber with any meaningful background information
- Propose solution(s)
- Request prescriber feedback
- Follow up documentation if requested

Documentation/Follow-up

- Essential element
- Components
  - Patient demographics
  - SOAP notes
  - Education
  - Communication
  - PMR
  - MAP
  - Follow-up

Skills Needed for MTM

- Communication
  - Verbal, non-verbal, written
- Critical thinking
- Problem solving
- Clinical Knowledge
  - The foundation

Other Skill Sets

- Need to be extremely organized
- Become process oriented
- Need to be focused
- Capable of recognizing opportunities
- Need to lead by example
- Self-confident
- Know how to delegate
- Team player
OK, this sounds great—but how do I make this work in the real world????!!!

**Towncrest Pharmacy**

- **Background information**
  - Pharmacists
    - Bernie Cremers, Mike Deninger, Randy McDonough, Marra Burr, Kelly Richeal, Denise Prybil, Angela Lyons
  - Resident
    - Danielle Kennedy
  - Technicians
    - Mary Powers, Bonnie Forbes, Dana Conrad, Jesie Lile
  - Student technicians
    - Bri, Jenny, Katy, Sarah, Jessica, Monica, and Anil

- **Location**
  - 2306 Muscatine Avenue
  - Behind us is HyVee Pharmacy
  - Across the street is CVS
  - To the West-side of us is Walgreens

- **Clients**
  - Majority are 50+
  - Well educated, middle class
  - Specialized areas
    - Hospice care
    - Supported Community Living organizations
    - Community mental health

- **Reputation**
  - Known for patient care
  - Loyal patient following
  - Good relationship with physicians
Five Functional Areas

- Dispensing area for our ambulatory, independent patients
- Nursing home area (group homes and supported community living agencies)
- Clinical services
- Compounding
- Durable Medical Equipment

Creating the Capacity

- We have 5 levels of value added services that we can provide
  - Prospective DUR
  - Quick Clinical Program
  - Screening with risk factor assessment and patient education
  - Clinical services
    - Vaccinations, MedCheck, DME consults, compliance packaging, Hospice Consulting, etc
  - Disease state management
  - Case Management
2012 UNMC Preceptor Development Retreat
Speaker: Randy McDonough, Pharm.D., M.S., CGP, BCPS, FAPha
Keynote Presentation:
Medication Therapy Management Services – “Finding Your Niche”
Medication Therapy Management Services – “Finding Your Niche”

MTM Services
- Pharmaceutical Case Management for Iowa Medicaid
  - Eligibility requirements
    - Have four or more chronic oral medications
    - Have one or more of the twelve disease states that are costly to Iowa Medicaid
      - CHF, IHD, DM, HTN, Hyperlipidemia, Asthma, Depression, A. Fib, OA, GERD, PUD, COPD
  - MTM for Medicare Part D
    - CCRx and Humana
    - Cash paying

What are the processes involved?
- Identifying potential candidates
- Recruiting individuals to participate in the program
- Setting up the initial appointments
  - Utilizing appointment calendar book
MTM

- What are the processes involved?
  - Creation of forms and patient chart to be used for the service
  - Patient data collection
  - Physician communication
  - SOAP note and Medication List
  - Order change forms
  - Implementation of the service
  - Patient or caregiver interview
  - Patient chart review
  - Patient work-up
  - Fax to physician

Case Example 1

Subjective Information:
69 y.o. male with MR, BPH with prostatitis, schizoid personality d.o., Ul, OCD, hyperlipidemia, diarrhea, anemia, GERD. In May 2006, his doxazosin was switched to Flomax d/t ADRs he was experiencing (sleepiness and agitation). He was diagnosed with anemia—he is using a daily multivitamin with iron. He was noted to have diarrhea (diarrhea and fecal incontinence). He was given an Rx for Imodium AD – 2 capsules bid and he was switched to acidophilus milk. He also uses Fiber Laxative daily (for bulk). He requires staff to administer his medications. According to his chart, he has episodes when he becomes agitated. Smoking a cigarette, taking a walk or drinking a glass of water seems to help calm him down. He does not become violent towards others. Sometimes a calm quiet and can be enough to stop his behaviors. When he is upset, he will occasionally slam doors, flip bed sheets or towels, yell, etc. and mix his diet, doses and routines, as well as other unpredictable behaviors. According to his immunization record I did not see a pneumococcal vaccine.

Objective Findings:
See attached med list

1. BMP WNL
2. LFTs WNL
3. Lipids: TG 247, TC 202, HDL 42, LDL 111, AST 17, ALT 16; H/H = 14.9/44

Medication Directions Indication

<table>
<thead>
<tr>
<th>Medication</th>
<th>Directions</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risperidone</td>
<td>0.5 mg tab q am</td>
<td>Behavior</td>
</tr>
<tr>
<td>EC ASA 325 mg</td>
<td>tab q pm</td>
<td>CVD prophylaxis</td>
</tr>
<tr>
<td>Fiber Laxative</td>
<td>2 tabs q am</td>
<td>Constipation</td>
</tr>
<tr>
<td>Flomax 0.4 mg</td>
<td>1 tab q am</td>
<td>BPH</td>
</tr>
<tr>
<td>Lipitor 20 mg</td>
<td>1/2 tab q d</td>
<td>Hyperlipidemia</td>
</tr>
<tr>
<td>MVI + iron</td>
<td>1 tab q am</td>
<td>Supplement</td>
</tr>
<tr>
<td>Lorazepam 0.5 mg</td>
<td>1 tab q pm</td>
<td>Behavior</td>
</tr>
<tr>
<td>Loperamide 2 mg</td>
<td>1 cap bid</td>
<td>Diarrhea</td>
</tr>
</tbody>
</table>

Assessment/Plan:

1. He is using both Loperamide 2 mg bid and a Fiber Laxative—2 tablets q am. He may be using the Fiber Laxative to increase bulk in his diet. Can we change his scheduled Loperamide to 2 mg bid PRN?
   - Yes
   - No

2. His lipid levels indicate that his LDL is 111 mg/dl. I am not sure of his other cardiovascular risk factors, but he continues to smoke cigarettes. He has been taking Lipitor 10 mg qd for some time. If appropriate and given your knowledge of M.D.’s risk factors, can we increase his Lipitor to 20 mg qd with one year of refill?
   - Yes
   - No

3. Patient’s immunization record did not indicate that he has had a pneumococcal shot. Please let us know if patient has had a pneumococcal shot. If not, do you want us to give the patient a pneumococcal shot as per our physician approved protocol?
   - Yes
   - No
Case Example 1--Follow-up

Subjective Findings: Today we provide a follow-up MTM visit with his nurse manager present. His nurse had reported increased wandering and agitation including getting up in the middle of the night. His risperidone was increased from once daily to twice daily (qAM and qHS) and he was given scheduled lorazepam. He has been doing better with his behaviors since this dosage increase. His nurse reports that his mood has been appropriate. He does seem to urinary incontinently and occasionally does not make it to the restroom. His risperidone was increased at about the same time that lorazepam was scheduled. Can we change his lorazepam 1 mg from scheduled to prn? Yes____ No____

Objective Findings: See attached med list.

Labs on 4/28/06: BMP WNL; LFTs WNL; Lipids: TG 247, TC 202, HDL 42, LDL 111, AST 17, ALT 16; Labs on 1/20/04: H/H = 14.9/44

His behaviors seem better controlled with the increased dose of the risperidone. His dose of risperidone was increased at about the same time that lorazepam was scheduled. Can we change his lorazepam 1 mg from scheduled to prn? Yes____ No____

The Flomax is better tolerated as an evening dose. However, his nurse reports that he urinates excessively and has occasionally not made it to the restroom. Past notes indicate that he has had some dizziness due to his Flomax, but he has done better since changing the timing of his dose to the evening. His nurse reports that his stools have been appropriate. He does seem to urinate excessively and has occasionally not made it to the restroom. On 10/28/06, he was taken to the Hospital ER due to dizziness when he almost fell while on a morning walk. He was experiencing chest tightness and pain. On evaluation, he was found to have an abnormal cardiac arrhythmia and left EKG was WNL. His Flomax was changed to HS administration due to morning dizziness when dosed earlier in the day. His last pneumococcal vaccine was given in 2000.

Lipitor was increased to 20 mg daily. He is due for lab tests for this change in therapy. Can we have an order for Nurse Manager to check a current lipid panel and liver function tests? Yes____ No____

MTM Services

- Currently we have approximately 200 patients that we provide quarterly MTM reviews
  - Medicaid and Cash Paying Patients
- We have approximately 25 MTM patients from Medicare Part D
- We provide MedCheck for any cash paying patient interested in a medication review

MTM Services

- Physician response
  - Response rate is approximately 85 to 90%
  - 50-75% of our recommendations are accepted by the physician
MTM Services

- Benefits to the practice
  - New revenues generated
  - Growth in dispensing as new patients transfer
  - We have partnered with several organizations who have requested our services
  - Our image in the community and with providers is enhanced

Future

- Increase numbers of patients receiving MTM regularly
- Increased collaboration with community support services/organizations
- Collaborate with community mental health
- Hired Ad agency to improve our marketing and advertising

Post-Test Questions

1. All of the following are considered core elements of the MTM process except
   1. Personal medication record
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   3. Documentation
   4. Billing
   Answer: Billing

2. MTM requires a sit-down comprehensive medical and medication history session with the patient. True or False?
   Answer: False

3. When communicating with prescribers, it is important to keep product focused so they do not feel that you are encroaching on their turf. True or False?
   Answer: False

4. MTM is independent of the dispensing process. True or False?
   Answer: True

Questions