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Expansion of Medication Therapy Management Services to Rural Sites for Patients with an Employer-Sponsored Health Plan

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Expansion of Medication Therapy Management Services to Rural Sites for Patients With an Employer-Sponsored Health Plan

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Postgraduate (PGY1) Pharmacy Residency Program

By

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Table of Contents

Abstract: Previous literature supports that pharmaceutical care provider in the ambulatory care setting can improve clinical, economic, and humanistic outcomes for recipients, and when utilized in employer-provided health plans can lead to reduced spending on healthcare costs by employers. A large health system in central Minnesota offers an Employee Medication Therapy Management (MTM) benefit that offers further financial incentives to meet with an MTM Pharmacist for a comprehensive review of one's medications. Currently, this program is underutilized due to both lack of awareness of the program and geographic for employees in the wester region of the health system. This project sought to increase the utilization of the Employee MTM program and advocate for ambulatory pharmacy services across the far reaches of the health system.

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Introduction: Pharmacists have shown their ability to serve a wide variety of roles in the ambulatory care setting. These roles may include providing Comprehensive Medication Management (CMM) or Medication Therapy Management (MTM) services, providing chronic disease management, being a drug information resource for other healthcare professionals, and assisting in quality improvement initiatives. The utilization of MTM services has been demonstrated to improve clinical, economic, and humanistic outcomes.[1,2,3] Findings also support that in the setting of employer-sponsored health plans, MTM services can reduce employer spending.[1] These cost savings are typically driven by decreased utilization of emergency room services and decreased inpatient admissions after MTM interventions. To further support the reduction of overall costs to an insurer, data supports that for each dollar spent on costs to deliver MTM services there is a return of investment of $12.15 for the insurer.[3]

Ambulatory pharmacy services are varied across the CentraCare and Carris Health network. Currently, MTM pharmacists are located at three main service areas: St. Cloud, Long Prairie, and Paynesville (see Figure1). While pharmacists at these sites may contribute their services to other sites through centralized services, such as a central anticoagulation team, many service areas and their respective patients do not have routine access to an ambulatory care pharmacist. Of note, the western region of CentraCare serves a large geographic area but lacks ambulatory care pharmacist at both Melrose and Sauk Centre (see Figure 2). Additionally, the Carris Health system does not have any ambulatory pharmacy services currently. These sites have all expressed interest in utilizing pharmacists in the ambulatory care setting.

The health systems of CentraCare and Carris have recognized the ability of MTM to reduce employer spending in employer-sponsored health plans and have opted to provide MTM services to offer at no cost to their employees enrolled in one of two employer-sponsored health plans and their beneficiaries. Additional financial incentives are provided to employees who choose to utilize these programs, with the incentives

varying based upon the enrollee's plan. Members with a Health Savings Account are eligible to receive a $50 gift card after meeting with a credentialed pharmacist, while members with a Health Reimbursement Arrangement would be eligible to receive zero-dollar copays for medications for asthma, diabetes, and heart disease. By optimizing medication use for employees and beneficiaries, reducing healthcare spending on behalf of the employer, and promoting ambulatory pharmacy services, this program can benefit all parties involved.

While there are many benefits to this Employee MTM Program, it is currently underutilized by many employees within the system. Two factors contributing to this are geographic availability of credentialed pharmacists and employee/beneficiary awareness of the program. This project sought to increase utilization of this program by specifically targeting employees and beneficiaries in either the western region of CentraCare or the Carris Health service area. As the value of the Employee MTM Program has previously been recognized by both the employer and the insurer, this project did not further explore the value, but rather it sought to improve the volume of patients utilizing the program.

Methods: The pharmacy resident from Paynesville would travel to other regional sites and a Carris Health Clinic on a rotating schedule to perform Employee MTM visits. Eligible participants must be enrolled in either one of two employer-sponsored health plans by CentraCare or Carris Health. Eligible participants include both employees and their direct beneficiaries. Employees who are insured through other means, such as other commercial insurance through a union or spouse, are not eligible for participation in this program. Data tracked from visits included Medication Therapy Problems identified, how many problems of each type were identified, total number identified for each visit, and the number of problems resolved. Medication Therapy Problems were categorized as Adherence, Dose Too High, Dose Too Low, Ineffective Drug, Needs Additional Drug, Unnecessary Drug, or Adverse Drug Reaction.

The insurer provided the MTM pharmacists within CentraCare a quarterly list of beneficiaries who may benefit from utilization of the Employee MTM Program and/or have previously been enrolled in the program. Information provided in the list included names of individuals, home address, number of chronic medications, and date of last MTM visit if any on record. Requests were made to the Human Resources departments of regional site and system wide administrators to receive lists of employees at the respective sites, as employees may not live in the in same town where they work. This was done to better identify employees specifically in the western region and within Carris Health.

To participate in the Employee MTM Program, employees and beneficiaries may be referred by another healthcare provider or could self-refer to meet with a credentialed MTM pharmacist. Data was only collected for patients meeting with the Paynesville Pharmacy Resident, either in person or telephonically. Participants could schedule a face to face appointment with the pharmacy resident at either Paynesville, Willmar,

Melrose, or Sauk Centre. Participants could also choose to meet telephonically with a credentialed MTM pharmacist as well.

Multiple efforts were made to increase awareness at the aforementioned sites to raise awareness about the program. This was accomplished via meetings with providers, administrators, and individual departments, as well as additional informational material. Recruitment materials included pamphlet highlighting MTM pharmacy visits, employee MTM recruitment letters, and articles in employee newsletters (XXX provide examples???)

Results: Over the course of a two-month data collection period, ten Employee MTM visits were conducted. A total of 25 medication therapy problems were identified, of which 22 were resolved. The number of Medication Therapy problems of each type and how many of each type that were resolved are summarized in Figure 3. The percentage of each type of problem in comparison to all problems is summarized in Figure 4.

Discussion: Of all Medication Therapy Problems identified, 88% were resolved. Time to resolution of drug problems was not recorded. An average of 2.5 Medication Therapy Problems were identified per visit. Errors found upon medication reconciliation were not recorded as Medication Therapy Problems. Adherence was the most common type of Drug Therapy Problem identified during this period. Assessment of adherence included evaluating barriers to proper medication use such as the route of administration, dosing frequency, or even financial barriers, which may have contributed to the frequency in which this Drug Therapy Problem was recorded.

While this project did not provide robust data, a number of factors contributed to this and demonstrated that practice management is crucial for initiating new services and continuing them. While efforts to expand ambulatory services to Sauke Center, Melrose, and Willmar were ongoing throughout the year, in person visits were not able to be scheduled at these sites until March. Additionally, unique contexts for each site had to be developed within the Electronic Medical Record (EMR) to conduct visits. Patients could not be scheduled at the new sites until these contexts were developed, further limiting the data collection period. Data collection was flawed in that only visits with the Paynesville resident were tracked, but patients may have seen other credentialed MTM pharmacists during the period. Therefore, the data recorded may not be indicative of overall participation and awareness of the Employee MTM Program by employees/beneficiaries in the western region.

The project sought to specifically improve utilization and awareness of the program in the western region and Carris service area. The quarterly list provided by the health plan of individuals who may benefit from MTM services did not designate whether the individual was the primary planholder or who the primary planholder was or there place of employment. This limited the ability to target employees in the aforementioned service areas. Numerous requests were made to the Human Resources departments within CentraCare and Carris Health to receive lists of employees by regional site, but request was not granted. Access to these lists would allow one to cross reference the

list of those who may benefit from the services and optimally identify those in the western region.

The COVID-19 pandemic also had a significant impact on this project. The pharmacy resident was only able to travel to the new regional sites on two occasions before a decision was made to cease travel between the sites and transition all patient visits and promotional meetings to telephonic encounters. Multiple meetings with providers, administrators, and employees to raise awareness about the program were cancelled as well. Initially, a call center would be utilized as support staff to contact employees and beneficiaries identified who may benefit from MTM services to inform them of the services and to assist in scheduling them. This plan for call center support was terminated temporarily as call center staff were instead allocated to assist with calls regarding COVID-19 questions. Utilizing call center support is an option that may be explored again in the future.

Expanding identical services also presented with unique challenges and duplication of efforts. Further complicating this process was that some departments were shared between sites, but this was not universally consistent. For example, Melrose and Sauke Center share a marketing and communications specialist while Paynesville has a dedicated marketing and communications specialist, but Sauk Center has a dedicated pharmacy director while Melrose and Paynesville share a pharmacy director. Identifying support staff for scheduling and checking in patients had to be done for each site individually. Another challenge facing expanding ambulatory pharmacy services to rural areas is that many of these sites are designated as Rural Health Clinics by the Centers for Medicaid and Medicare Services (CMS). Rural Health Clinics are not able to bill for pharmacist services. To circumvent this, pharmacists at Paynesville see patients in a standalone Internal Medicine clinic at Paynesville. This process was set to be duplicated for in person visits at other regional sites but raised the challenge of finding physical space for patient visits at each site.

Overall, the volume of patients conducted during the collection period of this projection failed to meet initial targets, but it did provide major practice management infrastructure for further exploration. Establishing EMR support for new sites, identifying physical space for patient visits, and establishing initial support staff for scheduling are all contributions that can further be built upon. Further areas of growth could include conducting more visits with regional employees to raise awareness, addition of educational material regarding the Employee MTM benefit during onboarding for new hires, and receiving lists of employees by site to better target individuals in the western region and Carris Health service areas.

Appendices:

References:

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Tables:

Figures:

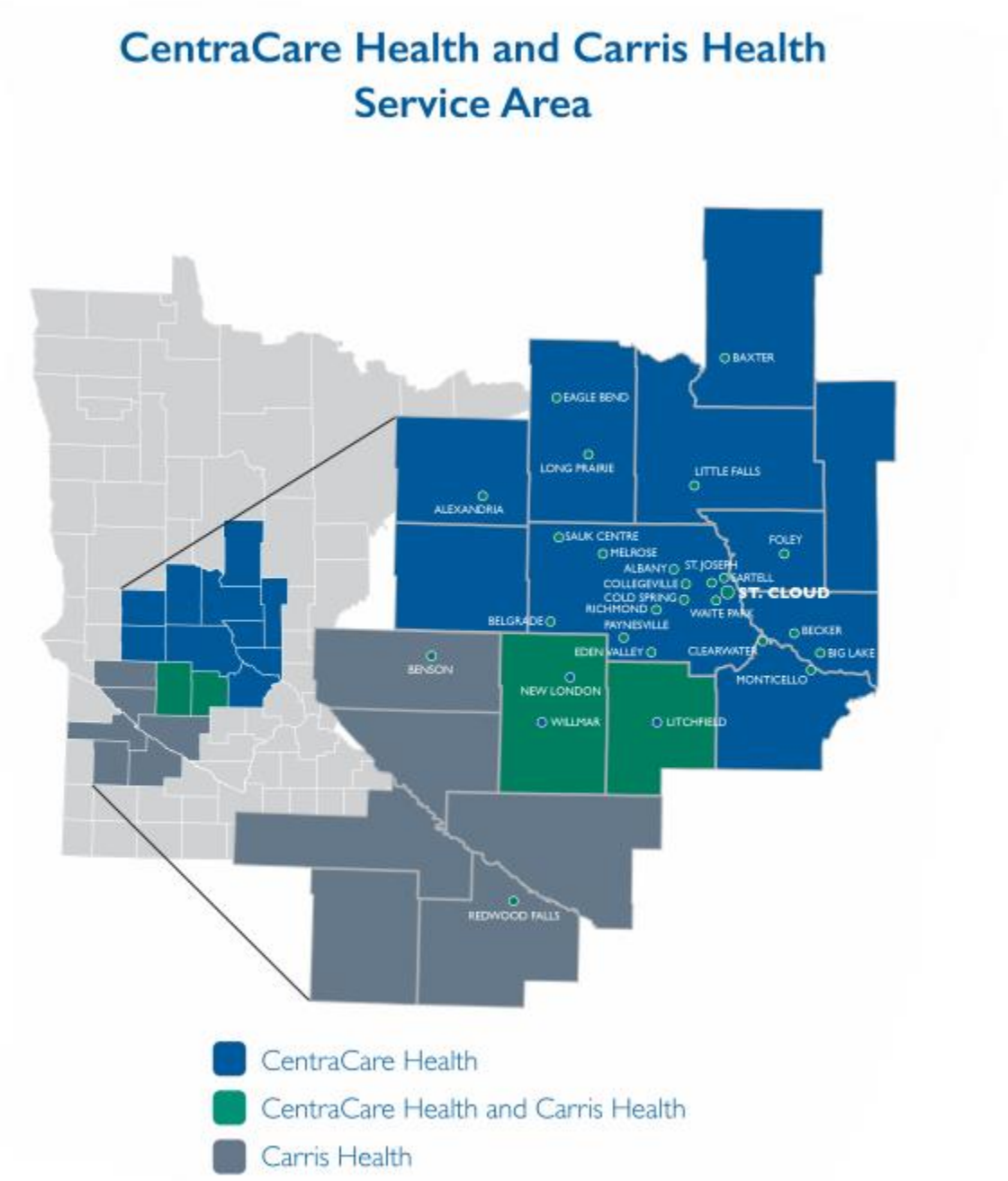

Figure 1: CentraCare and Carris Health Service Area.

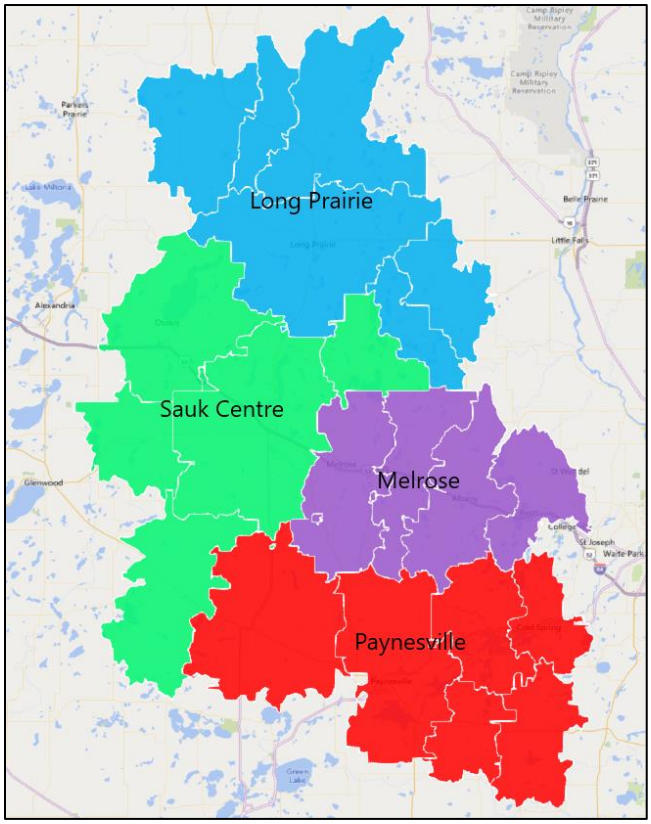

Figure 2: Western Region of CentraCare

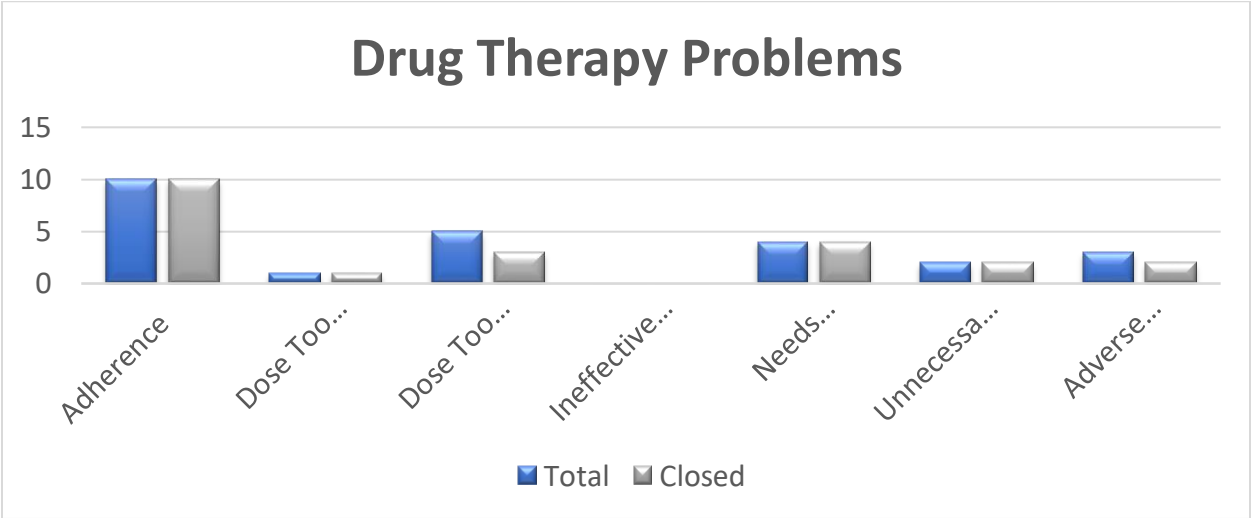

Figure 3: Total and Closed Drug Therapy Problems

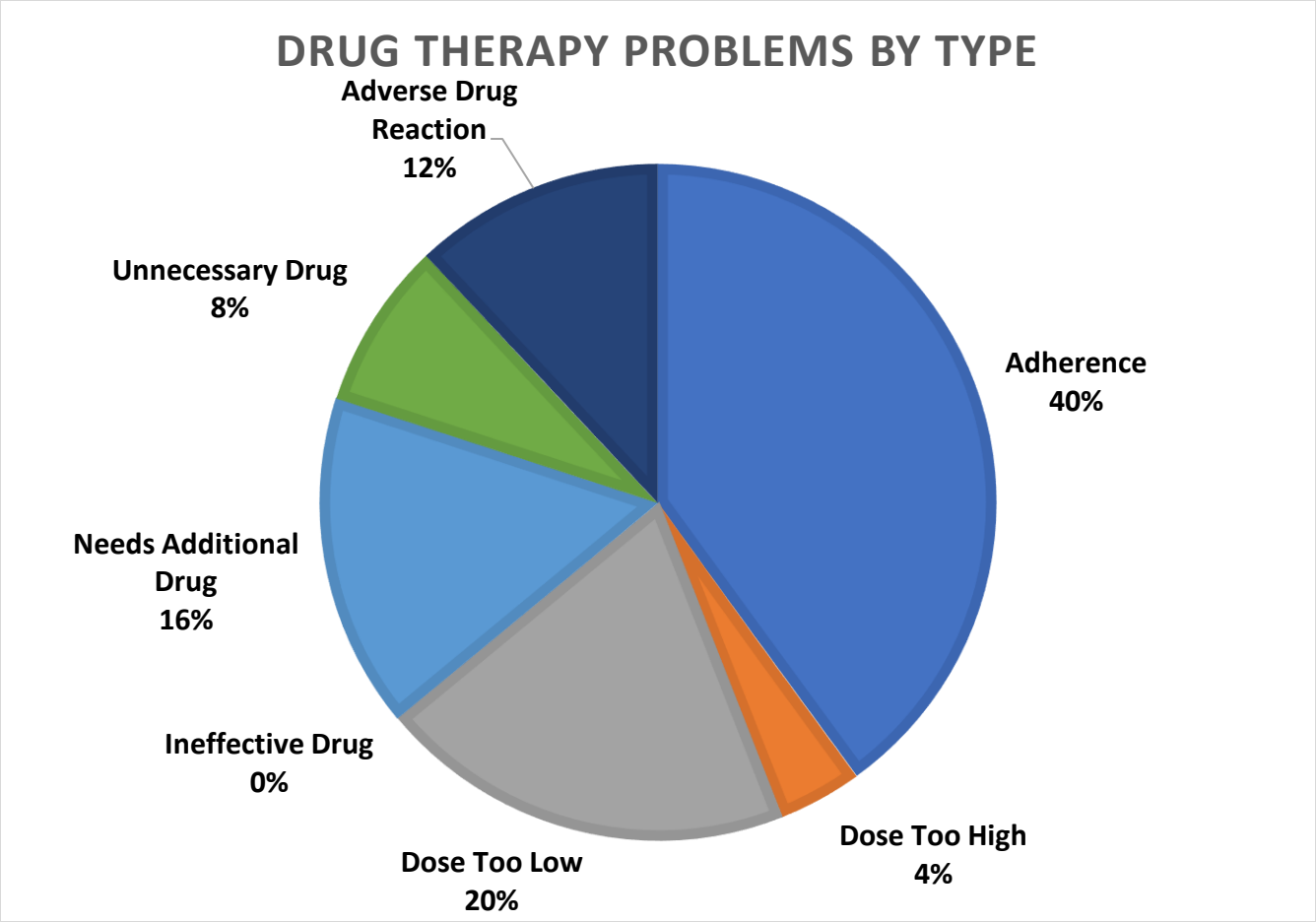

Figure 4: Percentage of all drug therapy problems classified by type of problem