The Evolution of Medication Therapy Management

Presented by:
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This program is approved by NCPA for 0.15 CEUs (1.5 contact hours) of continuing education credit. NCPA is approved by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
Educational Objectives

Program: The Evolution of Medication Therapy Management

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Objectives
1. Discuss the development of medication therapy management (MTM) for Medicare Part D plans over the past year.
2. List the Medicare Part D plans that accommodate face-to-face pharmacist/beneficiary MTM.
3. Describe workflow modifications that facilitate MTM in the community pharmacy setting.
Justin Wilson, Pharm.D. is currently manager of Valu-Med Pharmacy in Midwest City, OK and partner with Bestyet Pharmacy in Harrah, OK. In addition, Dr. Wilson is Assistant Clinical Professor with the University Of Oklahoma College Of Pharmacy. Dr. Wilson completed a Community Care Pharmacy Practice residency through the University of Iowa at Osterhaus Pharmacy in Maquoketa, IA. Since starting at Valu-Med, Dr. Wilson has implemented workflow design and utilized technology to help improve dispensing and enhance patient care. This has allowed the pharmacy to expand services in the areas of diabetes management, bio-identical hormone replacement therapy, travel health immunizations, and Medication Therapy Management Services.

Dr. Wilson currently serves as the Chair of the Medication Therapy Management Services Committee with the Oklahoma Pharmacists Association and is past president of the Oklahoma County Pharmacists Association. He is a 9 year member of the National Community Pharmacists Association and currently serves on their steering committee for Technology and Innovation. Dr. Wilson is a past member of NCPA’s committee on Management.

Dr. Wilson’s awards/honors include: NCPA’s 2006 Preceptor of the Year award, 2007 Crystal Apple (Academic Practice Partnerships for Learning Excellence) Award from the American Association of Colleges of Pharmacy, the 2007 Outstanding Young Alumni Award from the University of Oklahoma College of Pharacy, the 2005 Outstanding Preceptor award from the University of Oklahoma College of Pharmacy, the Innovative Pharmacy Practice award from the Oklahoma Pharmacists association, the Health Across America: Keeping Pharmacist Care Personal Award from McKesson Drug Company, and was named Affiliate of the month by the National Institute for Pharmacist Care Outcomes.
Ed Staffa is Vice President, Pharmacy for the Mirixa Corporation, a subsidiary of the National Community Pharmacists Association (NCPA). Ed’s work with Mirixa centers around efforts to help transform community pharmacy practice from one focused primarily on product distribution to one focused primarily on service. His primary role in this effort is the development of effective medication therapy management and other non-dispensing pharmacy services and programs in community pharmacy.

Prior to his arrival at Mirixa in February 2006, Ed served as Vice President, Pharmacy Practice and Communications with the National Association of Chain Drug Stores (NACDS). His work with NACDS included the writing and editing of a variety of publications, including a weekly communication to CEOs and executive level chain pharmacy operators and a monthly newsletter for practicing pharmacists. His responsibilities extended to all issues affecting the practice of pharmacy such as those relating to federal and state legislative and regulatory requirements, patient safety, patient information, billing for non-dispensing pharmacy services, and medication therapy management. As a representative of NACDS Ed participated on the American Pharmacists Association’s panel that crafted the profession of pharmacy’s definition of Medication Therapy Management and also co-drafted *Medication Therapy Management in Community Pharmacy, Core Elements of an MTM Service*, a joint publication of APhA and the NACDS Foundation that provides guidelines for the delivery of successful and effective MTM services in community pharmacy.

Ed is a 1981 graduate of the University of Rhode Island School of Pharmacy. Prior to joining NACDS in 1997, Ed served for 16 years as a practicing community pharmacist in a wide variety of settings in the Washington, DC area.
The Evolution of MTM in Community Pharmacy

10/14/2007

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Today’s discussion…

The Evolution of MTM in Community Pharmacy
• Where we’ve been
• Where we are
• Where we need to go to avoid “extinction”

What is MTM?

• No widely accepted definition of MTM throughout health care

An important overall concept in the evolution of MTM

• APhA led a PHARMACY’S definition of MTM (www.aphanet.org) … but not all of health care
  ➢ July 2004
  ➢ 11 Pharmacy organizations
Medication Therapy Management (MTM)

Two “Meanings” have emerged…

- Specific to Medicare Part D: “MTM”
- General to clinical management of medications: “mtm”

Today… we’ll talk about both

The Evolution of “MTM”

In The Beginning… There was Part D…

And Pharmacists Said… “Let There Be Payment”

Part D MTM 2006: Year One

- Wide open regulations
  - Still no widely accepted definition in Health Care
  - Plans “scrambled” to implement
  - MTM an “afterthought” for many plans
- Huge numbers of PDPs and “MA-PDs”
  - 450 PDPs, 1,200 MA-PDs
- Wide variety of delivery methods
  - Mail, Telephone, Face to face
- Wide variety of providers
  - Pharmacists, Nurses, Physicians, Others
Part D MTM Surveys: JAPhA Nov/Dec. 2006

Daniel Touchette, et. al. (Univ. IL, Chicago)
- 90% of plans using in-house call centers
- 76% using MTM by mail
- 19% (4 of 21 programs) using “contracted pharmacists”

Steven Boyd, et. al. (Xavier Univ., LA)
- 54% using managed care pharmacist services
- 8% using “traditional pharmacist services”

J. American Pharmacists Association, 2006; Vol. 46, No. 6

Part D Medication Therapy Management 2006: Year One

How Did Community Pharmacy Do?

Half empty…

- Vast majority of Part D MTM services were not provided face-to-face
- Most were not provided by community pharmacists
- Community pharmacy did not take full advantage of the few opportunities (i.e., declined opportunities to provide MTM services)
In 2006, several Part D plans offered MTM via face-to-face services with a community pharmacist:

- Community Care Rx (National)
- Humana (National)
- Medi-Carefirst (MD, DC, DE)
- Avmed (FL)
- Health Plan of San Mateo (CA)
- John Deere Health Care (TN, VA)

More than 130,000 CCRx patients qualified for face-to-face MTM services with their community pharmacist.

In less than six months, over 44,000 of those patients nationwide were offered MTM services... The vast majority of these cases were conducted by community pharmacists.

(The first six months of 2006 were spent implementing programs and qualifying patients on their drug spend criteria... so 2006 was really only HALF a year of opportunity)

Part D Medication Therapy Management—Year One

So... How did Community Pharmacy Do?

Let's say, "Pretty Good"...

But We Have a Long Way to Go!
Part D MTM 2007: Year Two

• Health Plans about the same…but no surprise
  – ’07 plans required by 3/06
• Plans had no data, results, time to justify changes
  – so ’07 MTM programs look mostly like ’06
• Assessing changes to more meaningful MTM programs
• Pharmacies are more advanced
  – More experienced with tools/resources
  – Better able to execute

2008: Raising the Stakes!

• More Part D health plans moving to “meaningful,” more robust MTM programs
• Highest stakes yet: Patient-specific reporting required
• Pharmacists must step up: “use it or lose it”

The Evolution of Part D MTM in Community Pharmacy

• CMS is studying 2006 and 2007 MTM programs
• Likely to become more prescriptive after 2008… as services begin to separate themselves in terms of effectiveness and outcomes
• Community pharmacy needs to demonstrate its effectiveness and ability to achieve positive results
Evolutionary Trends in MTM

**MTM → mtm … The “missing link”**
- Part D MTM is opening new opportunities
- Emerging “mtm” opportunities
  - Formulary Management
  - Compliance Programs
  - Clinical Trials Recruitment
  - High-Risk Medications

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Key Evolutionary Trends in MTM

**Not enough volume → Do a few now, be ready for more later**
- Pharmacies “titrating” effort, manpower, and resources as opportunities increase
- Start slow, grow comfortably

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Key Evolutionary Trends in MTM

**I’m too busy → I need it to survive long term**
- Enhanced mgmt skills
- No magic formula
- Delegate, Delegate, DELEGATE
  - Technicians
  - Students
- Smart Scheduling
- Workflow
Key Evolutionary Trends in MTM

**Not enough $ → Do it for “X” now, demand “Y” later**

- RPhs willing to prove their value
- Results can drive higher payment

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Key Evolutionary Trends in MTM

**Not sure how → utilizing resources**

- CCRx MTM
- Mirixa

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Community Care Rx

- Part D MTM face-to-face with patients
- No cost to pharmacy (contract needed)
- Internet connection all that’s needed
- No RPh requirements beyond licensure
- Online training
MTM and mtm Programs

Key Evolutionary Trends in MTM

Product → MTM & mtm (old)
MTM & mtm → Total Patient Care & Customer Service (New)
- Add-on sales & services
- PMR
- Web sites
- Newsletters
- E-mail distribution

Summary
- Part D MTM is now past its “infancy”: Community pharmacy must step-up
- “Best practices” are RAPIDLY evolving
- Community pharmacy CAN fill an important Part D MTM role but must first deliver results
- Positive results can retain and expand Part D MTM opportunities and create many others for community pharmacy
- Pharmacists have resources for delivering and other valuable patient care services
Two Key “Survival” Techniques

- Take advantage of ALL available MTM opportunities
- Expand to other “mtm” opportunities

Providing MTMS in the Community Setting

Justin Wilson, Pharm.D.

Where do we start?

- Identify Strengths/Barriers
- Set Goals for your Practice
- Determine Solutions
- Trust your knowledge
Barriers

- Space
- Time
- Distractions
- Training
- Comfort Level

Valu-Med Pharmacy

- Strengths
  - Established patient base (Avg 250 Rx/day)
  - Located in Medical Office (3 M.D.’s, 2 D.O.’s)
  - Owner supportive of change
- Weaknesses/Barriers
  - Limited Space
    - No designated areas for counseling or clinical services
  - Pharmacist time limited
  - Little or no patient care activities
  - Staff well established in their routines

Conversion to Pharmaceutical Care

- Re-Model
- Workflow Design
- Improved Patient Care
- Clinical Service Implementation
Physical Re-Model

- Goal: Provide pharmacy with adequate areas to provide counseling and clinical services

Pictures (Pre-Remodel)

Pictures (Pre-Remodel)
Workflow Design

• Goal: Convert dispensing function to a technician-driven process. This allows pharmacist more time to provide patient care.

• Each Technician is given specific roles
  – Technician 1
    • Greets patient; Enters the prescription into the computer; Puts label in appropriately colored basket
  – Technician 2
    • Fills/labels Rx
  – Technician 3
    • Passes final Rx to Pharmacist
  – Technician 3
    • Finalizes transaction with patient after counseling; Assists T1/T2 as needed; Solves insurance related problems

• Pharmacist is still the last step of the equation
  – Final prescription verification
  – DUR
  – Counseling

Pictures (Pre-Remodel)
Post-Remodel

Increased Dispensing Efficiency

• Added technology to improve efficiency:
  – Parata robot
  – Bar-code NDC verification
  – Automated phone system (IVR)
    • Greatly reduced the number of distractions throughout the day

Staff Training

• It is very important to get the entire staff involved with the process
  – Employee meetings
  – Open communication
  – Goal setting
Pharmacist Training

- Trust your knowledge
- NCPA/NIPCO
- Utilize students

Improved Patient Care

- Goal: To provide the highest quality of care to our patients in a timely manner and serve as active members of the health care team
- Increased counseling
- Re-train your patients

Semi-Private Counseling Booth
Private Clinical Room

Clinical Services

- Medication Therapy Management
  - Medicare part D

- Patient out of Pocket
  - Diabetes Management
  - Bio-identical Hormone replacement Therapy
  - Travel Health
Community Pharmacists Care RX

- Mirixa
  - Online system for documenting and billing MTMS services
    - Pays up to $60 for 30 minute sessions
  - ”Welcome to CCRx medication review”
    - Additional benefit for patients enrolling after July 1st
    - $40 payment to pharmacists for this service

Comprehensive Diabetes Education Program

- Four 1-hour Educational Sessions and Three 30-minute follow-ups
  - Patient Medical History
  - Monitor Training
  - Blood Glucose Evaluation
  - Development of Care Plan
  - Blood Pressure, Pulse, and Feet exams
  - Progress notes to Physician

Diabetes PowerPoint Education (3 Modules)

- Module 1
  - General DM overview, Goals of Therapy, Sx and Tx of Hypoglycemia, BG monitoring, and Long-Term Complications
- Module 2
  - Diet, Exercise, and Medications
- Module 3
  - Prevention of Long-Term Complications and Daily Health Maintenance
Patient Friendly Education

Diabetes Program

Bio-Identical Hormone Replacement Consultations

- Initial Consultation
- Recommendations to Physician via SOAP note
- Initiation of Patient-specific compound
- Follow-up and titration based on sx resolution/ADRs

Travel Health

- Travel Counseling Service
  - Food and Water borne illness
  - Insect borne illness
  - Safe Travel
- Vaccination
  - Typhoid Fever
  - Yellow Fever
  - Adult Vaccinations
Clinical Service Fees at Valu-Med

- Diabetes Education
  - $300 for comprehensive education program
  - $30 for half-hour sessions
- BHRT
  - $75 for initial consultation
  - $30 for follow-ups
- Travel Health
  - $75 for initial consultation
  - 50% to 100% markup on vaccinations

Benefits of MTMS

- Improved patient care
- Added revenue for pharmacy
- Increased job satisfaction
- Pharmacists integrated into health care team

Other Opportunities

- Self Insured Employers
  - Asheville Diabetes Project
  - Blue Ridge Paper Products
- Community Based Research
  - Asthma Intervention Program
Conclusion

- All practices will have unique challenges, but by setting goals and identifying and overcoming barriers, we can take advantage of these new opportunities.
- Charge for your Services!
- Keep searching for new and better opportunities!

Trend Setters—“Pioneers in the Evolution of MTM”

- Stephanie Goodart O’Neal
- Independent Pharmacy Owner, Arkansas
- 225 scripts/day
- Cases Completed: 68
- President Arkansas Pharmacist Association

Trend Setters... “Pioneers in the Evolution of MTM”

- Jonathan Marquess
- Owns 3 pharmacies, GA
- Cases Completed: 40
- Subcontracts with nine other pharmacies to do THEIR MTM cases
- 678 cases at OTHER pharmacies
- CDE
Trend Setters… “Pioneers in the Evolution of MTM”

- Tony Bastian
- Independent Pharmacy Owner, San Francisco
- Solo Practitioner (no techs, no RPhs)
- Cases Completed: 168
- Has personally conducted EVERY case by himself

A look back in time

A look back in time
The Simplest “Survival Tool” in the Evolution of MTM in Community Pharmacy

“Just Do It!”

Evolve = Change

Insanity:

“Doing the same thing over and over again and expecting different results”
Learning Assessment Questions

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Questions:
1) What technology and workflow changes can be implemented to assist with the provision of MTM?
2) What advantages can your patients see through participation with MTM programs?
3) What are the benefits for community pharmacies providing MTM programs?
   a. Increased revenue from MTM programs
   b. Increased prescription volume
   c. Improved job satisfaction
   d. Pharmacist recognition as health care provider
4) What MTM opportunities are available to community pharmacies outside of Medicare part D?
   a. Pharmacists across the country are providing clinical services in the areas of: diabetes management, immunizations, lipid screening/management, osteoporosis, etc.
5) Describe the steps needed to implement a MTM program in a community pharmacy.
   a. Assess your practice
   b. Identify barriers to patient care
   c. Set goals for your practice
   d. Implement workflow and utilize the technology available to improve dispensing efficiencies and improve patient care
   e. Receive training (i.e. Mirixa, NIPCO) in the clinical areas you wish to implement
   f. Start seeing patients and charge for your services
Learning Assessment Answers

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Answers:
1. Shifting of dispensing duties to support staff (i.e. technician driven workflow
   Automated workflow software
   Counting Technology/Robotics/Bar code scanning

2. Patients have the opportunity to see improved healthcare outcomes by
   working with a pharmacist to identify drug therapy problems and improve
   compliance. In addition, pharmacists can help the patient financially by
   making therapeutic and generic substitution recommendations.

3. Increased revenue from MTM programs
   Increased prescription volume
   Improved job satisfaction
   Pharmacist recognition as health care provider

4. Pharmacists across the country are providing clinical services in the areas of:
   diabetes management, immunizations, lipid screening/management,
   osteoporosis, etc.

5. Assess your practice
   Identify barriers to patient care
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   dispensing efficiencies and improve patient care
   Receive training (i.e. Mirixa, NIPCO) in the clinical areas you wish to
   implement
   Start seeing patients and charge for your services