

How payers are thinking outside the box to boost medication outcomes

Written by Mackenzie Bean | April 02, 2018 | [Print](#) | [Email](#)

Many payers are turning to creative strategies to improve members' medication use amid intense pressure to rein in costs and improve outcomes.

Innovative medication therapy management (MTM) strategies include relying on community pharmacists to conduct services such as medication reconciliation and offering preconception care counseling to ensure the health of future mothers and their babies, according to Dani Markus, PharmD, MBA, vice president of quality for OutcomesMTM, a Cardinal Health company based in West Des Moines, Iowa.

Dr. Markus oversees the development of clinical initiatives to optimize medication use at OutcomesMTM and has served on several industry workgroups focused on advancing MTM and developing medication-related quality measures, including Pharmacy Quality Alliance workgroups and the Academy of Managed Care Pharmacy MTM Advisory Group.

Dr. Markus spoke with *Becker's Hospital Review* about various MTM strategies payers are using to achieve their quality goals.

Editor's note: This article was lightly edited for length and clarity.

Question: Healthcare payers are connecting with their members in a variety of ways. What do you think they are overlooking?

Dr. Dani Markus: Overall, members are visiting pharmacies and interacting with their pharmacists at a much higher rate than with other healthcare providers and physicians, which they might only see once a year. Making community pharmacists an extension of payers' services and quality strategy definitely opens the door to scalability and presents an opportunity to reach members who are visiting a healthcare professional on a frequent basis.

We encounter the misperception that MTM means comprehensive medication reviews or that it is just for Medicare patients enrolled in a government-mandated MTM program. At OutcomesMTM, we see medication therapy management as a wide range of services provided by a pharmacist, including things like patient counseling, reaching out to prescribers to make changes to patients' medication therapy and administering immunizations. MTM can be provided to both old and young patients — whether covered by Medicaid, Medicare or a commercial plan — who have either simple or complex medication regimens. Some payers may not view MTM under as broad of a definition as we do.

Our primary delivery method is through community pharmacists, but we are looking to engage pharmacists in all settings. We have a telephonic team and are connecting with more pharmacists in physician clinics, long-term care settings and health systems. That's an untapped area of pharmacy I think can be leveraged more thoroughly.

Q: In what ways are health plans getting creative with MTM?

DM: We're seeing a lot of innovation in the managed Medicaid model and the Enhanced MTM model within Medicare Part D. An examples of this innovation is preconception care counseling, which targets a younger audience who may or may not be on medications already. The program seeks to create a public health-focused initiative to hopefully result in better maternal and infant outcomes. We're also seeing initiatives that aim to remind patients to attend their well-child visits, so again a much younger audience for these MTM services.

Another area we're focusing on is medication reconciliation. We recently released a product that engages community pharmacists to do a medication reconciliation following a hospital discharge. In the health system world, medication reconciliation is a daily occurrence. It's done when patients are admitted to the hospital. It's done when they get discharged from the hospital. We see a need for a better hand off from hospital to home, and we think community pharmacists are very well-positioned to help make that a more streamlined experience for patients as they return home.

Q: A growing movement in healthcare is payer-provider collaborations. How does that play into a stronger quality strategy?

DM: As payers are receiving more pressure to cut costs and improve outcomes, they are trying to get other stakeholders to have more skin in the game. We're seeing more interest from both sides in value-based

reimbursement models. As a result, we've incorporated this type of reimbursement model into our program. We're also piloting innovative reimbursement designs based on MTM providers' performance in our program. Pharmacies and other MTM providers in our network would be eligible for additional reimbursement based on the achievement of established benchmarks. That's a pilot right now, but we're hoping initial results are positive, so we can expand it as a standard offering.

With some of our clients, the health plan is engaging providers within health systems who have a shared ownership or a very close relationship with patient-centered medical homes or ACOs. We also have a telephonic team to help ensure a higher percentage of members receive MTM services. We are trying to give members an option of where they want to receive these services. Each channel provides strengths and the ability for us to ensure patients are met where they want services. It might make sense for some patients to receive MTM services at a physician clinic, if there's a pharmacist available there, while another patient who is homebound might prefer to receive services through our telephonic team. Community pharmacies provide the bulk of our services. They often have a strong relationship with members and a very good sense of the patient's fill patterns.

Q: How will MTM impact health systems in the coming years?

DM: Pharmacists are underutilized members of the healthcare team. Those who have chosen to engage them at a higher rate are seeing a better return on investment, so I think we're going to see that engagement improve and increase over time.

I believe health systems will continue to leverage pharmacists within their health system — and other settings, such as community pharmacies — with a greater focus on care coordination. The healthcare system as a whole is under pressure to bring more value to stakeholders and reduce readmissions. We will begin to see more pharmacists working side by side with physicians and clinics. For health systems to successfully engage pharmacies and pharmacists in other care settings, the industry must continue to make strides with interoperability to improve information sharing among all stakeholders.

To learn more about OutcomesMTM, [click here](#).