AMCP Webinar Series

Closing MTM Research Gaps: Understanding the research and sharing your thoughts on MTM research priorities

24 April 2014

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How to Ask A Question

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AMCP Committee Projects

- Special thanks to AMCP's Professional Practice Subcommittee for their help with today's webinar
  - Rachel Amin, Sharon Burks, Paul Jeffrey
- Format Executive and Professional Practice Committees
  - Identify MTM research gaps and priorities
  - Recommend program content/structure/criteria for developing a systematic AMCP topic generation and research prioritization process to improve patient drug therapy outcomes

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Webinar Agenda

- Study Overview – 2013 Acumen Report: "Medication Therapy Management in Chronically Ill Populations: Final Report"
  - David R. Nerenz, Ph.D., Director, Center for Health Policy and Health Services Research at Henry Ford Health System
- MTM Research Perspectives
  1. SinfoníaRx – (Kevin Boesen, PharmD)
  2. Henry Ford Health System (Vanita Pindolia, PharmD)
  3. Group Health (Paul Brock, RPh / Sharon Burks, PharmD)

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Medication Therapy Management in Chronically Ill Populations: Summary for Webinar Discussion

David Nerenz, Ph.D.

Overall Objective

- Study Effects of Medication Therapy Management (MTM) on costs and outcomes, among high-cost Medicare patients with chronic diseases
- Study endpoints:
  - adherence,
  - quality of prescribing,
  - resource utilization, and
  - cost of hospital and emergency room (ER) care.

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Study Design

- Retrospective observational study
  - Qualitative interview component
- MTM patients
  - Beneficiaries with CHF, COPD, or diabetes
  - Enrolled in Medicare Part D plan or Medicare Advantage plan with Part D
  - Eligible for, and receiving, MTM services through one of eight Part D parent plans
  - First year of enrollment
- Comparison patients
  - Beneficiaries eligible for MTM services in four largest Part D plans
  - Not actually receiving MTM services, because of different eligibility rules in plans in which they were enrolled
  - Additionally matched for relevant clinical and demographic characteristics

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Analytic Methods

- Two approaches
  - Ordinary Least Squares Regression
    - Multiple clinical and demographic predictor variables
    - MTM participation as one predictor variable
  - Difference in Differences
    - Individually match MTM beneficiaries to comparison beneficiaries
    - Compare change from year prior to enrollment to first year of enrollment
    - Allowed for some subgroup analysis to identify those who seemed to benefit more or less from MTM

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Samples for Quantitative Analyses

Table ES 2: MTM Effectiveness at Targeting Individuals with Preceding Medication Issues, Hospital and ER Visits, and High Costs

Baseline Period High-risk Characteristics	*Medicare Beneficiaries with CHF, COPD or Diabetes*					
	Enrolled in PDPs			*Enrolled in MA-PDs*		
	All Part D	*MTM Enrollees*	*MTM with CMR*	*All Part D*	*MTM Enrollees*	*MTM with CMR*
N	2,276,205	304,602	32,492	1,455,474	194,488	26,470
Drug Therapy						
Use of at Least One High Risk Medication	34.4%	46.4%	51.5%	28.7%	40.4%	36.0%
Resource Utilization: Hospital and ER visits						
All-cause Hospitalization	27.0%	36.6%	38.0%	19.2%	30.8%	30.4%
All-cause ER visits	29.5%	35.9%	41.8%	---	---	---
Resource Utilization: Medication and costs						
Number of Medications	11.32	16.20	18.51	10.02	14.67	15.26
Part D costs for All Part D Drugs	$3,426.57	$5,939.17	$7,477.25	$2,429.70	$4,595.84	$4,542.43
All-Cause Hospitalization Costs	$4,265.81	$6,428.99	$6,243.12	---	---	---
All-Cause ER Costs	$238.14	$320.73	$395.53	---	---	---

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Basic Findings – Prescribing and Adherence

Table ES 3: Risk-Adjusted Drug Therapy Outcomes for Individuals with CHF (Odds Ratio with 95% Confidence Interval)

Part D Contract Type	*Cohort*	*N*	*Take-Up of Evidence-Based Medication, OR[a]*	*Adherent to Evidence-Based Medications, OR[a]*
PDPs	Comparison	156,441	N/A	N/A
	MTM without CMR	103,080	1.18* (CI[b]:1.10 to 1.26)	1.12* (CI: 1.08 to 1.15)
	With CMR	12,658	1.01 (CI: 0.88 to 1.26)	1.28* (CI: 1.19 to 1.37)
MA-PDs	Comparison	51,938	N/A	N/A
	MTM without CMR	62,983	1.29* (1.16, 1.44)	1.11* (1.06, 1.16)
	With CMR	11,260	1.36* (CI: 1.09 to 1.71)	1.40* (CI: 1.29 to 1.52)

* Indicates significance at the 5% level.
a. OR = odds ratio
b. CI = confidence interval

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"Outcomes" for Patients with Diabetes

Table ES 5: Risk-Adjusted Drug Therapy Outcomes for Individuals with Diabetes (Odds Ratio with 95% CI)

Part D Contract Type	*Comparison or Intervention Group*	*N*	*Adherent to Any Diabetes Drugs, OR[a]*	*Adherent to Biguanides, OR[a]*	*Adherent to DPP-IV Inhibitors OR[a]*	*Adherent to Sulfonylureas, OR[a]*	*Adherent to Thiazolidinediones OR[a]*	*Use of ACE Inhibitors or ARBs OR[a]*	*Use of Statins, OR[a]*
PDP	Comparison	133,925	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	MTM without CMR	149,803	1.15* (CI[b]: 1.12 to 1.18)	1.12* (CI: 1.09 to 1.15)	1.14* (CI: 1.06 to 1.21)	1.09* (CI: 1.06 to 1.12)	1.12* (CI: 1.07 to 1.16)	1.03 (CI: 0.99 to 1.07)	1.10* (1.05 to 1.16)
	MTM with CMR	16,545	1.33* (CI: 1.25 to 1.41)	1.27* (CI: 1.19 to 1.36)	1.32* (CI: 1.12 to 1.55)	1.22* (CI: 1.13 to 1.31)	1.31* (CI: 1.19 to 1.45)	0.99 (CI: 0.90 to 1.08)	1.01 (CI: 0.91 to 1.13)
MA-PD	Comparison	53,912	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	MTM without CMR	95,299	1.17* (CI: 1.13 to 1.21)	1.11* (CI: 1.07 to 1.15)	1.19* (CI: 1.07 to 1.31)	1.08* (CI: 1.04 to 1.13)	1.09* (CI: 1.03 to 1.15)	1.07* (CI: 1.01 to 1.12)	1.12* (CI: 1.05 to 1.20)
	MTM with CMR	13,527	1.35* (CI: 1.27 to 1.45)	1.20* (CI: 1.12 to 1.29)	1.19 (CI: 0.96 to 1.48)	1.28* (CI: 1.19 to 1.38)	1.16* (CI: 1.04 to 1.29)	1.24* (CI: 1.12 to 1.38)	1.33* (CI: 1.16 to 1.52)

* Indicates significance at the 5% level.
a. OR = odds ratio
b. CI = confidence interval

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Drug Safety Effects

Table ES 6: Drug Safety Outcomes at 6 and 12 Months after MTM Enrollment in Individuals with CHF

Part D Contract Type	Comparison or Intervention Group	6 Months			12 Months		
		Remove Drug-Drug Interactions	Discontinue High-Risk Medication Use	Discontinue Contraindicated Medications	Remove Drug-Drug Interactions	Discontinue High-Risk Medication Use	Discontinue Contraindicated Medications
PDP	Comparison	N/A	N/A	N/A	N/A	N/A	N/A
	MTM without CMR	1.05 (CI[a]: 0.99 to 1.12)	1.04* (CI: 1.01 to 1.07)	0.88* (CI: .85, .91)	0.96 (CI: 0.90 to 1.02)	0.98 (CI: 0.95 to 1.00)	0.81* (CI: 0.78 to 0.84)
	With CMR	0.95 (CI: 0.82 to 1.11)	1.04 (CI: 0.97 to 1.11)	0.64* (CI: 0.60, .69)	0.87 (CI: 0.76 to 1.00)	1.04 (CI: 0.97 to 1.11)	0.63* (CI: 0.58 to 0.67)
MA-PD	Comparison	N/A	N/A	N/A	N/A	N/A	N/A
	MTM without CMR	1.14* (CI: 1.02 to 1.27)	0.95* (CI: 0.91 to 1.0)	1.11* (CI: 1.04, 1.18)	1.01 (CI: 0.91 to 1.11)	0.88* (CI: 0.84 to 0.92)	1.09* (CI: 1.02 to 1.16)
	With CMR	1.12 (CI: 0.92 to 1.36)	1.18* (CI: 1.0 to, 1.29)	1.14* (CI: 1.0, 1.30)	1.05 (CI: 0.88 to 1.26)	0.93 (CI: 0.86 to 1.01)	1.16* (CI: 1.03 to 1.30)

* Indicates significance at the 5% level.
a. CI = confidence interval

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Cost Savings – CHF as an example

Table ES 7: Risk-Adjusted Resource Utilization and Cost Outcomes for Individuals with CHF[a] (Odds Ratio or Mean Costs with 95% CI)

Part D Contract Type	Comparison or Intervention Group	N	All-Cause Hospitalizations (OR)	All-cause ER Visit (OR)	Part D Total Drug Costs ($)	All-Cause Hospitalization Costs ($)	All-Cause ER Costs ($)
PDP	Comparison	156,441	N/A	N/A	N/A	N/A	N/A
	MTM without CMR	103,080	0.98 * (CI[b]: 0.96 to 1.0)	0.94 * (CI: 0.92 to 0.96)	$156 * (CI: $123 to $189)	$38 (CI: -$141 to $215)	-$11 * (CI: -$20 to -$2)
	With CMR	12,658	0.90 * (CI: 0.86 to 0.94)	0.94 * (CI: 0.90 to 0.98)	$87 * (CI: $7 to $167)	-$526* (CI: -$920 to -$132)	-$13 (CI: -$33 to $8)
MA-PD	Comparison	51,938	N/A	N/A	N/A	N/A	N/A
	MTM without CMR	62,893	1.06 * (CI: 1.03 to 1.09)	N/A	$75* (CI: $27 to $122)	N/A	N/A
	With CMR	11,260	0.96 (CI: 0.91 to 1.02)	N/A	$140* (CI: $56 to $225)	N/A	N/A

* Indicates significance at the 95% confidence level.
a. Emergency room outcomes and hospital costs were only calculated for individuals enrolled in PDPs, as corresponding data for individuals in MA-PDs were not available.

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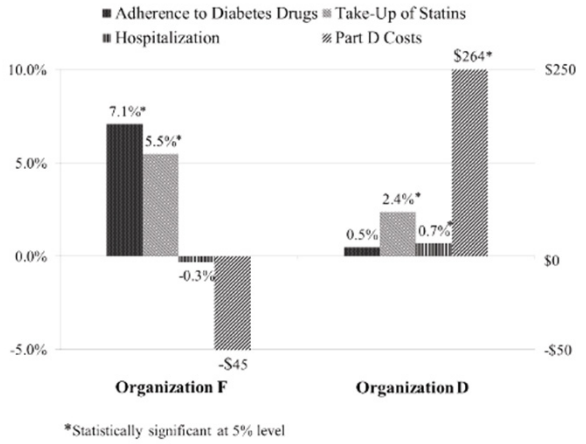
Variation in Results Across Plans

Figure ES 1: Change in Outcomes for MTM Enrollees with Diabetes in a High Performing (Org F) and Low Performing (Org D) Part D Plan



*Statistically significant at 5% level

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Acumen Conclusions about Characteristics of Effective MTM programs

(i) Establishing proactive and persistent CMR recruitment efforts

(ii) Targeting and aggressively recruiting patients to complete a CMR based on information on medical events such as recent a hospital discharge in addition to scanning for the usual MTM eligibility criteria

(iii) Coordinating care by utilizing trusted community relationships including networks of community pharmacists to recruit MTM eligible candidates, and utilizing existing working relationships between MTM providers (pharmacists) and prescribers to make recommendations and discuss identified problems for patients

(iv) Employing intensive patient education efforts aimed at addressing adherence barriers including a comprehensive understanding of the importance of each medication prescribed

(v) Documenting the opportunities that were addressed with the patient for switching to generics or formulary alternatives

(vi) Improving drug adherence by providing a complete list of prescribed medicines

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Acumen Conclusions about Program Characteristics (cont.)

(vii) Addressing financial barriers to adherence such as high drug costs by potentially switching to generics or less expensive formulary alternatives

(viii) Documenting the quality and safety of prescribing as part of the MTM intervention record (e.g. ACEi/ARBs in CHF and diabetes, cardio-selective beta-blockers in CHF, drug-drug interactions, high-risk medications)

(ix) Conducting follow-up, documentation, and resolution of any identified drug safety issues

(x) Using efficient communication methods to convey medication recommendations to prescribers including the use of e-prescribing and electronic medical records

(xi) Leveraging all available data sources (EHR, registries, claims data) to determine whether gaps in medical care are present including preventive care and maintenance care related to the patient's specific medical conditions (e.g. HbA1c and screening for kidney damage in diabetes patients).

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Summary

- Large observational cohort study with matched comparison groups
- Significant positive effects associated with MTM programs on prescribing and adherence metrics
- Some evidence of reduced utilization and cost savings; no clear evidence of net cost savings
- Variability in results across plans and MTM programs
- Results interpreted as showing potential of what MTM can do

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Strengths and Weaknesses

- Strengths
  - Study set in Medicare Part D context
  - Large sample
  - Reasonable selection of comparison groups given observational study context
  - Mix of quantitative and qualitative research elements
  - Multiple relevant study endpoints
- Weaknesses
  - Observational study design
  - Limited to what can be learned from claims data
  - Selected Part D plans and MTM programs
  - Given variation in performance from plan to plan, gives information on what MTM can do rather than definitive study on what MTM does do

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MTM Research Strategies

Kevin P. Boesen, PharmD
CEO, SinfoníaRx

The History of SinfoníaRx

- Originally founded at The University of Arizona College of Pharmacy as the Medication Management Center (MMC) in 2006
  - Established a pharmacist-run call center delivering clinical services to patients with a wide range of chronic conditions
  - Expanded upon the College's expertise providing phone-based care through the Arizona Poison Control and Drug Information Center
- Since its foundation, SinfoníaRx has been providing Medication Therapy Management (MTM) services to patients nationwide
  - Partnering with Health Plans and PBMs to develop their programs
  - Adhering to CMS guidelines for MTM care and reporting
  - Currently supporting over 5 million Medicare patients

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Key MTM Outcome Limitation

"Individuals who opted to receive a CMR had slightly better drug treatment outcomes at baseline: they were more likely to use evidence-based medications and more likely to be adherent compared to other MTM enrollees. Such differences illustrate the "healthy user effect," showing that individuals who were already inclined to be adherent to their medications – or behave in ways to promote their own health – were slightly more likely to choose to receive a CMR"

Medication Therapy Management in Chronically Ill Populations: Final Report. Acumen. August 2013

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MTM Research

- Research team is led by the University of Arizona Center for Health Outcomes and Pharmacoeconomic Research
- Research agenda includes:
  - Outcomes measures
  - Process evaluations
  - Patient focus groups
  - Non-Medicare MTM initiatives (STAR research, transition of care, technology use)

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Research Agenda

Mission Statement:

The Health Outcomes and PharmacoEconomics (HOPE) Center Medication Management Center (MMC) Research Team's mission is to:

(1) Collaborate with contracted health care organizations on research and evaluation

(2) Conduct research to enhance health care services, improve patient health outcomes and reduce related costs

(3) Serve as an interdisciplinary team with research and clinical expertise to facilitate application to business models in health care.

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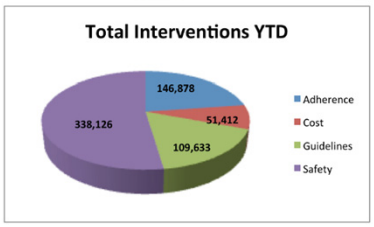
Outcomes Related Research

All 2012 Programs



Module	Contract	Number of Interventions YTD	Number of Measurable Interventions	Number of Accepted Recommendations YTD	% Recommendations Accepted	Cost Savings YTD
Adherence	Total	146,878	84,920	10,222	12%	$10,243,753
Cost	Total	51,412	41,845	13,819	33%	$13,208,774
Guidelines	Total	109,633	84,031	6,830	8%	$5,431,537
Safety	Total	338,126	260,292	132,597	51%	$36,105,087
Total	**Total**	**646,049**	**471,088**	**163,468**	**35%**	**$64,989,151**

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Outcomes Related Research

- Influences on Patients' Acceptance of Recommendations to Add ACE/ARB Medications
  - The patients' age quartile overall was a statistically significant predictor (Wald χ^2 (3) = 59.58, p = < .001), holding all other predictors constant.
- Influences on Elderly Patients' Acceptance of Recommendations to Discontinue Use of Hypoglycemic Medications

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Process Measures

	Members	Prescriber Interventions	Interventions per member*	Percent Total Interventions	Medication Changes	Medication Changes per Member**	Percent Total Medication Changes
CMR Group	43,490	35,207	0.81	12.2	9,796	0.23	10.0
Non CMR Group	375,159	253,494	0.68	87.8	88,467	0.24	90.0

*Analyzed using Wilcoxon rank sum. P-value <0.001
**Analyzed using Wilcoxon rank sum. P-value=0.12

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Transition of Care Programs

Completed Medication Reconciliations [N=49]

Question Asked During Medication Reconciliation	Patients Who Answered Yes *N (%)*
Patient started new medication(s)	34 (69%)
Patient knew how to take new medication(s)	34 (69%)
Patient knew use of new medication(s)	31 (63%)
Patient knew what to expect	30 (61%)
Patient confusion	7 (14%)
Patient has a follow-up visit with primary care provider	46 (94%)

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Projects in Development

- Expanded transitions of care program.
  - CMS Innovation Grant submitted.
- Patient focus groups.
  - Developing with patient advocacy groups like AARP.
- Cost effectiveness study of comprehensive medication reviews.
- Implementation and evaluation of video-based MTM services.

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MTM Program Progression through Lessons Learned for Henry Ford Health System/Health Alliance Plan MTM Program:
Polypharmacy
Transition of Care

Vanita K. Pindolia, Pharm.D.
HFHS/HAP, VP Ambulatory Clinical Pharmacy Programs

HFHS/HAP MTM Polypharmacy Population

- Health Alliance Plan (HAP)
  - Part D (Implemented 1/1/2006)
    - MAPD – HMO (Southeast Michigan)
      - 65% aligned with integrated HFHS staff physicians
      - 35% with HAP contracted community practice physicians
    - MAPD – PPO (Southeast Michigan)
      - >90% receive care with HAP contracted community practice physicians
    - PDP (Entire state of Michigan)
  - Employer Groups (Implemented 1/1/2010)
    - 50% aligned with HFHS physicians

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HFHS/HAP Polypharmacy MTM Program

GOAL

To ensure medication regimens provide optimal therapeutic outcomes through *integration of patient's personal health care goals* with *evidence-based medicine* in collaboration with the patient's physicians.

METHOD (Conducted by Residency Trained Ambulatory Clinical Pharmacists)

- Contacts the patient to:
  - Educate patient on their current medication regimen
  - Obtain the patient's personal healthcare goals
  - Identify barriers for receiving care
  - Determine if any changes to the current medication plan are necessary to meet both the patient's goals and physician's healthcare goals
- Collaborates with the patient's physician(s) to develop and implement a new drug regimen
  - eMR Access: Enter MTM note in eMR, Complete Med Rec in eMR
  - Non-eMR: Fax MTM note to physician(s)' offices
- Follows up with all patients to assure desired medication goals are achieved

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HFHS/HAP Polypharmacy MTM Results

- From 2006 through 2013, over 7,000 patients have engaged with a pharmacist for MTM
  - 'CMR' completion avg rate over past 3 years: Over 25% of MAPD and over 13% of PDP members
- Avg of 3.5 drug interventions are recommended per patient
  - From a 6-month internal analysis found recommended drug interventions were implemented:
    - Over 85% of the HFHS staff model physician patients' drug recommendations
    - Over 65% of the HAP community contracted physician patients' recommendations
- Highly positive patient survey results (avg of > 40% response rate over 8 year period)
- For the 1,663 patients enrolled into our MTM Program in 2011 that completed the initial and follow-up MTM services:
  - 75% reached drug effectiveness and safety goals
  - 74% achieved desired drug adherence goals
  - 66% had lower prescription costs

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HFHS/HAP ToC MTM Population

- Henry Ford Health System (HFHS)
  - Transition of Care (Implemented 1/1/2012)
    - Henry Ford Physician Network (*HFPN) providers – all payors

*NOTE: HFPN has 1,200 HFHS staff physicians + 500 community physicians

    - Health Alliance Plan members – all providers
    - Four HFHS hospitals
      - eMR access for reviewing hospital discharge note within 24 hours of discharge
    - Enter MTM note and update Med Rec in eMR for HFHS physicians and hospitals
    - Fax MTM note to community physicians

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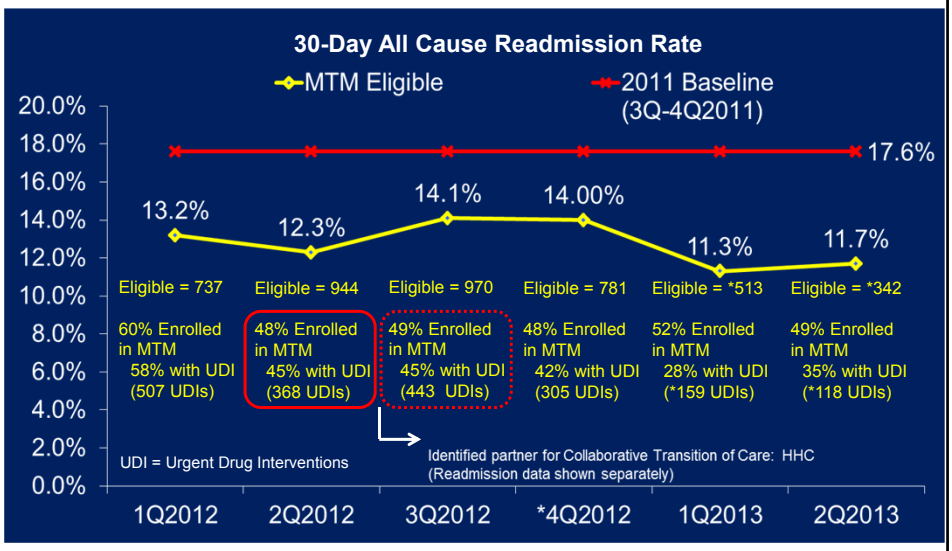
HFPN/HAP ToC MTM Results (Electronic Identification)



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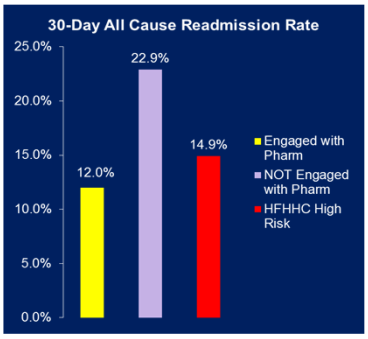
HFPN/HAP ToC MTM Results (Home Care Referrals): 4Q2012 – 3Q2013

Total of 664 Patients Referred (Avg Age: 73 years; Avg # of Meds/Patient: 16)

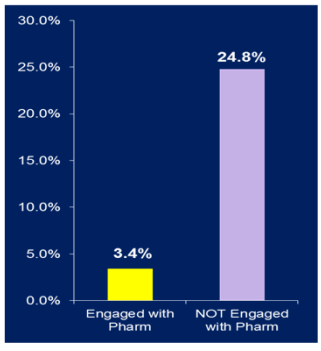
329 (50%) Patients referred for 30-day Readmission Avoidance

- 224 (68%) Engaged with Pharmacist



335 (50%) Patients referred for prevention of New Acute Episode

- 234 (70%) Engaged with Pharmacist



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HFPN/HAP ToC MTM Results : Lessons Learned

- Need to move to a referral based process
  - Improve Efficiency by increasing patient engagement with Ambulatory Clinical Pharmacists through coordinated transition of medication care process
    - Over 20% Improvement in Engagement Rate with Referral Process
  - Improve Effectiveness by working on complex patients already identified to have or potentially have medication concerns
    - Over 50% Increase # of UDIs Identified with Referral Process
  - Improve Patient Satisfaction by working on patient identified concerns and helping to coordinate their medication care
    - >100% increase in survey response rate
    - >10% increase in individual survey scores
    - Potential translation to improvement in HCAHPS

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HFPN/HAP MTM Program … Evolution to Referral Process

- Collaborative Medication Care Referrals

  GOAL: To reduce duplicative parts of medication care; facilitate coordinated contact with patients to increase engagement level for all healthcare providers
  - 4Q2012 implemented first MTM referral process with Henry Ford Home Health Care (HFHHC)
  - 2013/2014 Cross referrals between HAP Case Management and Pharmacy
    - If patient meets criteria for other HAP programs, introduce the program for a soft hand-off
    - If patient is being actively managed by any of the HAP case management programs, introduce ourselves as one of their team members
  - 2014 implementing MTM referral process for Inpatient Case Managers
    - Discussions ongoing for Inpatient pharmacy referral process, HFMG Outpatient Case Manager referral process
- Educate other ambulatory healthcare team members on 'basic' medication management knowledge

  GOAL: To facilitate independent resolution of non-complex medication concerns by other ambulatory transition team members

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Clinical Pharmacy Services

Group Health Cooperative
Seattle, Washington

Paul Brock, RPh, Manager – Clinical Pharmacy Care Center
Sharon Burks, PharmD, Manager – UM & Clinical Programs

GroupHealth

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Group Health Clinical Pharmacy Services

- Provide services for patients within our integrated delivery system as well as members of our health plan
- Staffed by Clinical Pharmacists and Technicians
- Services include
  - Chronic Disease Management
  - Medication Reconciliation
  - MTMP (Part D)
  - New Member Onboarding
  - Medication Use Management

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Value Proposition

- Published program results
  - E-BP
  - Med Rec Post Discharge
- Internal Evaluation of ROI

Financial Impact of a Clinical Pharmacist	
Type of Encounter	Return on Investment
Chronic Disease Management	8:1
Comprehensive Medication Review	2:1
Medication Reconciliation	10:1
New Member Onboarding	12:1
Medication Use Management	4:1
Overall ROI of a Clinical Pharmacist*	6:1

*Calculated based on time and number of each type of encounter
ROI = (Savings–Cost)/Cost

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Programs/Strategies to Optimize Value

- Gain efficiency by utilizing technicians and technology
- Develop clinical competency
- Specialty Chronic Disease Management
- High Utilizers (predictive modeling)
- Disciplined process to estimate value and measure against expectations

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Feedback on MTM Research Gaps

- AMCP Professional Practice Committee and Format Executive Committee are charged with identifying MTM research gaps and priorities.
- Send feedback/thoughts for future AMCP MTM research to Todd Sega at tsega@amcp.org at AMCP.

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AMCP MTM Comments and Resource Links

- Comments to AHRQ – Draft Systematic Review
  - http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=17521
- Link to AHRQ Draft Systematic Review
  - http://www.amcp.org/AHRQ_MTM_Systematic_Review.pdf
- Link to Acumen MTM Report discussed on today's webinar
  - http://innovation.cms.gov/Files/reports/MTM_Final_Report.pdf
- Comments to CMS – Proposed Rule
  - http://www.amcp.org/uploadedFiles/Production_Menu/Policy_Issues_and_Advocacy/Letters,_Statements_and_Analysis_-_docs/2014/CMS-AMCPComments_MedicarePartDProposedRule_March2014_FINAL.pdf
- JMCP – Currently looking for papers on MTM - Contact JMCP if you have any questions

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Questions

Email comments to AMCP:
tsega@amcp.org

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How to Ask A Question

Raise your hand to ask verbally

Or, type your question in the 'Questions' area **(preferred)**

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