



COMPLETED GRANT SYNOPSIS

Developing Strategies for Community-Based Medication Management Services in Value-based Health Plans

Marie Smith, PharmD and Brody McConnell, PharmD Candidate
University of Connecticut, Storrs, CT

Objectives

As payers are moving to value-based reimbursement programs, there may be a reconsideration of the value that pharmacists can contribute to improved medication use and safety to avoid preventable adverse events or unnecessary hospital admissions/readmissions. The study objectives were to: (1) understand the evaluation process that health plan executives would use to determine benefit coverage for pharmacist-provided (MMS) in value-based health plans, (2) identify the barriers and facilitators that affect pharmacist-provided MMS at community pharmacy level, and (3) propose strategies for pharmacist-provided MMS in value-based health plans.

NOTE: in this study, MMS was defined as *a comprehensive array of pharmacist services: medication reconciliation, medication optimization, medication coordination across multiple provider and pharmacies, and medication monitoring/follow-up*. When we use the term as medication therapy management (MTM), we are referring to the services offered through national MTM platform providers as participants in the Medicare Part D MTM program.

Methods

Design	<p>Payers: semi-structured key informant interviews were conducted with clinical and administrative executives in 3 commercial health plans, while focus groups were conducted with community pharmacists who provided MTM services. The discussion guide topics (Appendix 1) were developed from a review of the literature and discussion among the researchers.</p> <p>The semi-structured interviews with payers covered topics that included the decision-making processes and factors that determine coverage of a new benefit in health plans, facilitators and barriers to implementing pharmacist-provided MMS as a covered benefit, and payer perspectives on including MMS as a covered benefit.</p> <p>Community Pharmacists: focus groups were held and covered topics included the expanded role of the community pharmacist to provide MTM, pharmacist training and qualifications, workplace factors that facilitate or limit the ability to provide MTM, communications with patients' providers, and consumer and provider experiences.</p> <p>Participants: Payer executives and community pharmacists were recruited between February and May 2015. A total of 7 health plan executives from three commercial health plans (two have a national presence) participated in interviews from February through April 2015. The payer executives included 3 senior medical directors, 1 CEO, 1 VP of clinical services, 1 client account executive, 1 chief pharmacy officer. A total of 9 community pharmacists participated in 2 focus groups. 56% of pharmacists practiced in chain pharmacies, 67% had provided MTM services for</p>
--------	--

For further information and/or materials on this grant, please visit

www.CommunityPharmacyFoundation.org and submit your inquiry through [Contact Us](#).

less than 3 years with most being Medicare Part D MTM, and 67% consulted less than 5 MTM visits per year.

Results

Payers: A detailed description of the payer interviews are presented in a poster that is available on the CPF web site. A summary of findings are:

- Payers recognize pharmacists' contributions to improved medication use and safety.
- Payers recognize differences in Part D MTM and MMS definitions/models.
- MMS may require fee-for-service payments initially to establish its impact and sustainability, then move toward alternative payments (i.e., care management and coordination payments, capitation/PMPM, and shared savings).
- Value-based health plans currently pay for care management services directly to the physician practices. Payers are hesitant to "double-pay" for care management services (including MMS) to pharmacists or increasing current payments.
- ACOs/large practice groups are suggested as sites to initiate integrated pharmacist-led MMS, with those organizations providing funding and resources from care management payments or performance incentives.

Pharmacists: The analysis is organized around key elements shaping MTM success—resources, stakeholders, procedures and policies, and current practices.

Barriers to MTM Services

1. The provision of MTM services are added responsibilities for the pharmacists with no compensating workload decrease or increases in compensation.
2. The current fee structure for MTM Part D services is insufficient to support the amount of pharmacist time involved. However, pharmacy managers are motivated to offer MTM to improve the Part D star ratings. Taken together, pharmacists' perspectives about time pressures and payments suggest that current MTM practices are not sustainable.
3. The pharmacists mentioned lack of MTM training and certification requirements limits both the numbers of pharmacists available to provide MTM services and the effectiveness of the MTM visits.
4. Pharmacists reported that many physicians are unaware of MTM services and pharmacists' capabilities to provide direct patient care services in community pharmacies.
5. Many patients are unaware of pharmacist-provided MTM services and are somewhat confused if they are contacted by an unknown pharmacist.
6. Current policies and procedures for MTM vary widely across pharmacies from being an optional to mandatory service performed by pharmacists. Some significant barriers against delivering meaningful MTM include lack of managerial support, incentives, feedback, and insufficient space in retail pharmacies.
7. Pharmacies vary in the extent to which pharmacists conduct MTM --- even within the same pharmacy chain variations exist in the adoption of and encouragement to provide MTM services.

Facilitators for MTM Services

1. Only motivated and trained pharmacists should be placed in direct patient care roles; mandating all pharmacists to provide MTM services could be counterproductive.
2. Pharmacists need dedicated time or overlapping staffing to perform MTM services in an efficient and meaningful way.
3. Having an existing relationship with patients facilitates setting up an initial MTM sessions and having

patients continue with MTM over time. Patients are more comfortable with approaching the pharmacist with health-related questions once they have experienced the pharmacist in an MTM role.

4. Pharmacists should work to help create greater integration across providers to create a team based approach to MTM services.

5. Pharmacist performance reviews and compensation plans should consider the provision of MTM services, especially as MTM services contribute to Medicare Part D star ratings.

Conclusion

These findings can inform the integration of pharmacist-provided medication management services as new payment models emerge. Comprehensive MMS services can be considered part of care management services as a medical benefit (rather than a pharmacy benefit) and may be included in the payer's medical loss ratio calculation. Comprehensive CMMS services should be matched to high risk populations based on clinical guidelines, medication safety, utilization patterns, and care gaps. Pharmacist reimbursement for comprehensive MMS may be feasible through adequate care management payments to provider groups.

In Fall 2015, the CMS Innovation Center announced they would be testing strategies through the Part D Enhanced Medication Therapy Management (Enhanced MTM) model. This Enhanced MTM test model allows for additional incentives and program implementation flexibilities to better achieve the overall goals for MTM programs. Our findings identifies current MTM program barriers and facilitators that can be incorporated by Part D plans and participating pharmacies in proposals for Enhanced MTM models.