

Community Pharmacy Foundation

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Final Report

**Pharmacist Based Medication Therapy Management is an
Essential Part of Patient Centered Medical Home**

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Introduction:

In late 2010 I was invited to join the team of our local physician's organization, Northern Physicians Organization, as a pharmacist. I was elated with the expectation that I would be meeting with patients, but soon realized they preferred my expertise in assisting in improving the generic percent of the group. While they agreed in principle that pharmacist MTM would be of value, the organization put off testing that theory, based on a lack of funding at the time.

In the meantime, I listened to a talk by Tom Menighan of APhA given at the Michigan Pharmacists Association Annual Convention and Exposition. He supported my own thoughts that if we do not help physicians to see that value of pharmacists based MTM they would use nurses or some other type of health professional and this window of opportunity will pass us up.

I asked them if they would be interested if I could obtain grant funding to support a demonstration project. They were supportive of that idea and I applied for a grant with CPF.

In preparation for this grant I met with patients informally in a local physician's office and she immediately saw a need for this service. She asked me which local pharmacies she could send her patients to for this service. This physician has a PCMH practice.

Objectives:

This study had two objectives:

- 1) Local Physicians would become champions of Pharmacist Based Medication Therapy Management as an essential component of the Patient Centered Medical Home
- 2) Local Pharmacies will be prepared for an increase in requests for MTM services

Method:

- 1) Meet with local physicians offices who are designated PCMH to do some training on what Pharmacist Based MTM entails and its value. Then to request a day or so a month to meet with patients in their offices to provide education to patients or staff and to meet with patients for Complete Medication Reviews.
 - a) In the past when I had approached some of the offices about this they wanted me to have a software program that could either interface with their EMR's or provide a PDF that they could upload to a patient's chart.

- b) Many of the requirements for increased reimbursement as a PCMH involve medication usage and patients having annual medication reviews. My theory was that they would see an increase in payments as a result of my services
 - c) My plan was to bill patient's insurance companies for the services, either as a non-physician health professional or through their Medicare Part D. I had expectations that patients would pay for services that were not covered.
- 2) At the time I worked as the pharmacy manager of a local chain store. I also started a consultant company, Northern Michigan Consultant Pharmacists. It was through my consulting company that I applied for this grant. I had full cooperation with my supervisors at my other job.
 - a) I obtained a contract with Medication Management Systems to use their Assurance software for one year. I found this software to be an excellent assist to my project, though physicians did not ask for me to build an interface with their EMR's, I was able to provide both the physicians and the patients excellent reports.
 - 3) I also contacted local pharmacies to see what type of MTM they were currently offering and did training on MTM and how to use the Outcomes and Mirixa software where necessary.
 - a) One owner of a small chain of five pharmacies met with me for training and as a result his pharmacies became active in the Outcomes Program.
 - b) I also worked with other pharmacies to determine the extent of MTM services offered and encouraged and instructed them on MTM. As a result, MTM is offered more widely in local pharmacies and they are open to further possibilities.
 - 4) Shortly after I started this project an opportunity came up and I changed employers. I took a position as the manager of three local independent pharmacies who are a for profit affiliate of our local medical facility.
 - 5) I developed a marketing plan. This actually was in my opinion the most effective aspect of this project. The plan changed slightly from the one that I originally submitted with my new work position. I believe that my increased opportunity through the medical center assisted with the success of this project.
 - a) I developed a pamphlet for physicians to educate them on the benefits of pharmacist provided MTM with emphasis on PCMH. This was independent of the hospital program. I received input from the CEO of the Community Pharmacists Association who visited MPA's annual convention among others.
 - b) Our corporate communications department worked with the lead MTM pharmacist and I to write an article that was placed in the hospital's physician newsletter
 - c) The independent pharmacies that I now managed had a "MTM" brochure for patients. The above mentioned team and I re-worked this brochure and distributed it widely
 - d) I arranged for my lead MTM pharmacist and I to have a segment on a local talk radio program. This was such a success that the talk show host worked to give us an opportunity (which we took) to have a monthly "ask the pharmacist" segment on his program. We spend time on each program explaining MTM and the fact that it is available at our stores.
 - e) I visited the physician's organization Executive Board meeting to discuss more than once. I distributed the physicians brochure I developed to them and brochures were kept in the organization's office
 - f) I put information on my small company's website on pharmacist MTM and PCMH.
 - g) I also added much information to the hospital's community pharmacy pages of its website. An MTM page was added
 - h) My lead clinical pharmacist and I took every opportunity to speak to physicians about MTM with positive results
 - i) We also were able to have MTM approved as an employee benefit and the training around that caused local physicians to be more informed of the service and its benefits to them and their patients. Even though we are a hospital system, the

benefit is totally community pharmacist developed and managed. It is performed by our community pharmacists and often at our stores. We also are asked very often by employees on how to obtain this service for non-employee/dependent patients and family members

- 6) Office hours at physicians offices:
 - a) Two of the three offices that I originally planned to hold hours in accepted my offer. The third office felt they had too much going on at the time.
 - i) As an aside, the third office has come to us for advice over time and recently met with us to see how we could help them in building up their PCMH. They and we are looking into billing or other payment opportunities as they realize our services will not be covered by a grant going forward
 - b) I held office hours that were at times productive, and at other times slow. The physicians and office staff appreciated my services.
 - i) One of the areas they wanted training in is Medicare Part D
 - (1) Help with how to answer patient's questions on what it was and how to choose a plan
 - (2) Understanding of the role of pharmacies in giving immunizations and billing them to Medicare Part D
 - ii) They did not want to bill insurances for me so I offered my services for free to them as a demonstration of the value of a pharmacist
 - iii) I also made arrangements along with the lead MTM pharmacist for her to hold office hours at the Cardiac Rehab Department with their patients. They billed her time to insurance and paid our department an agreed upon portion. Since the amount she is paid is less than what we receive for full CMR's, she performs a shortened version of a CMR. This program has been running for a year now and is a very strong program. It has attracted interest of physicians and nurses alike. The department is right next to one of our pharmacies and there is interaction between the patients she sees and our pharmacy, with CMR's often being held at our pharmacy and patients often becoming regular patients after meeting with our pharmacist

Results:

1. While physicians involved did not correlate Pharmacist Based MTM with an increase in PGIP payments, they definitely saw benefits to their patients and practices and did indeed begin to send patients to our pharmacy for complete medication reviews.
2. They also often contact us for advice on building up their PCMH's and one practice is working with us to arrange a collaboration with them for the use of our services to assist them with further development of PCMH, including payment possibilities
3. In order to encourage physicians to see the benefits of above, at first the time of the pharmacist was often offered without charge with the understanding that the pharmacist's time was paid through the grant. After they saw the value, they sent their patients to our pharmacy for self-pay or Outcomes and Munson employee covered CMR's.
4. It was discovered through intense research on my part that it is difficult/impossible at this time to bill insurance companies unless they are participating with Outcomes or Mirixa. Yet patients are very willing to pay our cash charge for a CMR. We do offer a payment plan and are considering a change to a per minute charge instead of a per CMR charge.
5. We have been working with others including the local Indian Health Services Medical Center and local employers to develop programs using community pharmacies services for MTM. The Medical Director and Manager of the IHS medical center are sold on the value of our services

and investigating how to pay for us. They did have a small grant last summer that they used to pay \$150 an hour for our pharmacist to do CMR's at their diabetes clinics. They are attempting to have their council accept what they believe and that is that our services are well worth their expense. Part of this came from the marketing campaign associated with this grant, including the physician brochures.

6. The marketing campaign listed above was very effective in encouraging physician and patient interest in pharmacist based MTM.
7. We are currently working on a Transitions of Care Demonstration Project with a team from the hospital and the local Area Agency on Aging. Community Pharmacy is a huge piece of this project. We are also including local physicians and one of the physicians who worked with me on this grant is very excited to participate with us. We are still in the planning stages and yet she has contacted me ready to start now, wanting to send me patients.

Conclusion:

This study was hugely successful in that physicians and patients became aware of the existence and value of pharmacist based MTM. The reason for this success was not as much a result of the physicians realizing increased incentive payments as a result of pharmacist MTM as was originally expected, as it was the firsthand experience they received of the benefits. Having a pharmacist in their office for a short period of time was helpful. Also, the marketing was very successful in increasing the number of physicians who recommended their patients go to the local community pharmacy for complete medication reviews. Patients became more aware of the service and self-referred and often gladly paid cash. The interest among physicians and patients seems to be growing. Our pharmacy has seen an increase of self and physician referred patients from 5 per year to an average of one patient per week. And, it has led to physician interest in working with our Community Pharmacies in further innovation, including Transitions of Care and other programs to strengthen their current medical programs.

Thank you for this opportunity. I am sorry that I have been slow at writing this final report. Part of the reason is that the positive effects of this study are continually surfacing and I wanted to make sure I included as many as possible. This has been and is continuing to be an exciting project.