



COMPLETED GRANT SYNOPSIS

Physician Referral for Pharmacist MTM Services

David H. Kreling

School of Pharmacy, University of Wisconsin-Madison, Madison, WI

Objectives

Our overall goal was to conduct a rapid cycle evaluation pilot project to (1) develop, (2) implement, and (3) evaluate processes and tools for physicians to refer patients to pharmacists for medication management services.

The objectives for our project were to:

1. Develop a core set of MTM services to help address patient medication management needs from the perspectives of physicians and pharmacists;
2. Adapt and refine tools/forms for patient referrals, service documentation, and feedback;
3. Identify strategies to facilitate communication and information exchange between pharmacists and physicians that would be related to referrals and MTM service provision by the pharmacist;
4. Implement referral processes to test feasibility;
5. Identify and evaluate outcomes from the referral process, e.g., patient uptake of the physician referrals; physician and pharmacist evaluation of sustainability and value; patient perceptions of the service; and regimen changes.

Methods

Design

- Develop MTM services and referral processes
 - Four Physician/Pharmacist dyads were recruited for collaborating; 3 pharmacists identified physician partners and 1 physician identified a pharmacist partner
 - Physician-centric Interviews were conducted with each dyad to identify what physicians defined as areas of patient needs related to medication management; corresponding pharmacist services were developed
 - A second round of dyad interviews were conducted to verify services and fine-tune materials and methods for referrals
 - Pharmacist services were incorporated into referral documents for physicians (referral forms) and patients (referral information/visit summary forms)
 - Referral and MTM reporting and feedback communication procedures (via FAX mechanism) were developed (in addition, 2 pharmacists had obtained read-only access of electronic medical records for referred patients)
- Implement referral processes
 - Finalized referral forms were provided to physicians for FAXing to pharmacists
 - Each physician had a target of 8 patient referrals; patients were identified for referral based on the physicians' judgments of perceived need
 - Pharmacists followed their standard methods to contact and schedule patients for MTM services
 - Pharmacists followed their standard procedures for reporting MTM service completion to physicians and obtaining confirmation/feedback for closure
 - Payment of \$100 per service was made to the pharmacist for MTM services
 - For the project, a scheduling log was provided for project record-keeping, a project flowchart was developed and provided to the physicians and pharmacists, and pharmacists also notified project staff via faxing the MTM report when the service was complete, so patient follow-up

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	<p>interviews could be scheduled</p> <ul style="list-style-type: none"> • Evaluate referral processes (and MTM services) <ul style="list-style-type: none"> ○ Phone interviews with patients were conducted to gather their perspectives on the pharmacist service and referral (\$20 gift card provided with completed patient interview) ○ End-of-project personal interviews with the physicians and pharmacists (separately) were completed to gather their perspectives and get feedback
Study endpoints	<ul style="list-style-type: none"> • Numbers of patients referred, patient refusals, MTM services scheduled and completed • Perceptions of patients on importance of referral, pharmacist service value, and MTM usefulness • Perception of physicians and pharmacists on referral tools and processes, benefits, and recommendations

Results

- **Referral Processes:** Referral forms that were FAXed to pharmacists. Pharmacists followed their routine procedures for contacting patients, scheduling, and delivering the services, plus follow-up with physicians and documentation. The referred services are listed below (in patient language):
 - Medication reconciliation: Make sure your list of medicines is accurate.
 - Dose orchestration: Help you organize and take your medicines at the best times of the day.
 - Medication education: Explain reasons for your medicines and side effects to watch for.
 - Economic review of medications: Find the least expensive and best choices for your medicines, and suggest changes to your doctor that might save you money.
 - Therapeutic review of medications: Make sure your medicines work together with each other and offer recommendations to your doctor if needed.
 - Adherence assistance: Help you find easier ways to take your medicines and address your concerns.
- **Patients Referred and Services:** A total of 44 patients were identified by physicians for referral. Of those, 37 referrals (ranging from 5 to 13 per physician) were made with a patient acceptance rate of 84.1%. The majority of those referred were older adults ≥ 65 years of age (73.8%) and female (70.3%). Only 7 patients refused the MTM referrals with reasons given as location inconvenience, the patient feeling overwhelmed with too many appointments, not perceiving the service is needed, or not having patronage at the referral pharmacy. Generally, referrals were for multiple specific pharmacist services. The top 3 pharmacist services requested by physicians for their patients were therapeutic review of medications, medication reconciliation and medication education. Of the 37 referrals, a total of 34 pharmacist MTM sessions were provided (91.9% completion rate) with the majority occurring at the patient’s home (47.1%) or pharmacy (38.2%); a few occurred at the physician’s clinic and one was conducted via telephone.
- **Patient Perceptions:** Of the 34 patients receiving pharmacist MTM services, 27 follow-up phone interviews were completed (those lost to follow-up were due to concern for confidentiality, inability to contact, hospitalization, interview discontinuation due to cognitive issues). Nearly 41% of patients (n = 11) reported that the physician referral directly contributed to their willingness to see the pharmacist for the MTM services and would not have agreed to the service if approached directly by the pharmacist without first consulting their physician. Few patients expressed willingness to pay any substantial amount for the pharmacist service (ranging from \$10 - \$120), but they generally thought that the service was very useful (average score = 8.8 on a 10-point scale, n = 24). Reasons for lower ratings of service usefulness included the patient not having experienced or seen regimen changes recommended by the pharmacist implemented and not feeling the service was necessary. Some patients also had difficulty perceiving how the information obtained from the MTM session was different from their routine visits and question/answer interactions with their pharmacist.
- **Physician and Pharmacist Perceptions:** All found referral forms and materials helpful and easy to use throughout the referral process. Physicians identified patient trust, medical staff involvement and ease of process as facilitators of referral success. Pharmacists thought that the physician referrals were extremely helpful in setting up the patients to accept the MTM session. Pharmacists identified lengthy time (on average 52 minutes interacting with their

patients, not including preparation time), and insufficient reimbursement as barriers. Communication barriers, e.g., lag time in receiving MTM reports and physician authorization for regimen changes, remain a challenge for some physicians and pharmacists. All were open and interested in continuing patient referrals for pharmacist services beyond the scope of this project, with one physician/pharmacist dyad already successfully implementing and incorporating the referral process into their practice.

Conclusion

Physicians expressed needs for patients getting help with managing medications that matched pharmacist MTM services that have been offered and successfully referred patients to pharmacists for those services. The physician referral made a positive impact on patients meeting with the pharmacists to receive the MTM services. Patients generally found the pharmacist services to be very useful, but they had relatively low willingness to pay for the service. The referral processes relied on old (FAX) communication technology. The referral forms and processes created for the project were deemed transferrable for other practices, and the project generated mutual interest amongst the dyads in continuing referrals and helping patients manage their medications.