



# Enhancing E-Prescribing and Medication Adherence in the CT Medicaid Population

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# Topic Overview

- E-Prescribing Potential Benefits
- E-Prescribing Info Gaps and Pharmacy Challenges
- CT Medicaid Transformation Grant
  - Pilot Project for E-Rx Med Info Exchange
- Innovative Pharmacist Quality Interventions
  - Medication Therapy Management /Adherence Services
- CT Pharmacist Network for Excellence

# E-Rx Functions and Benefits (Ideal Scenario)



## PHYSICIAN



- Patient Medical Info
- Drug Info/Formulary
- Patient Med List
- Decision Support
- Practice Guidelines
- Charge Capture
- Lab Orders/Results
- Less Callbacks with Pharmacy

## PHARMACIST



- Improve Rx Accuracy and Patient Safety
- Less Pharmacist-MD Callbacks
- Refill Alerts/Rx Renewals
- Adherence Feedback to MD

## PATIENT



- Rx sent directly to Pharmacy
- Patient Wait Time Reduced
- Simpler Refill and Rx Renewal Processes
- Less Med Errors

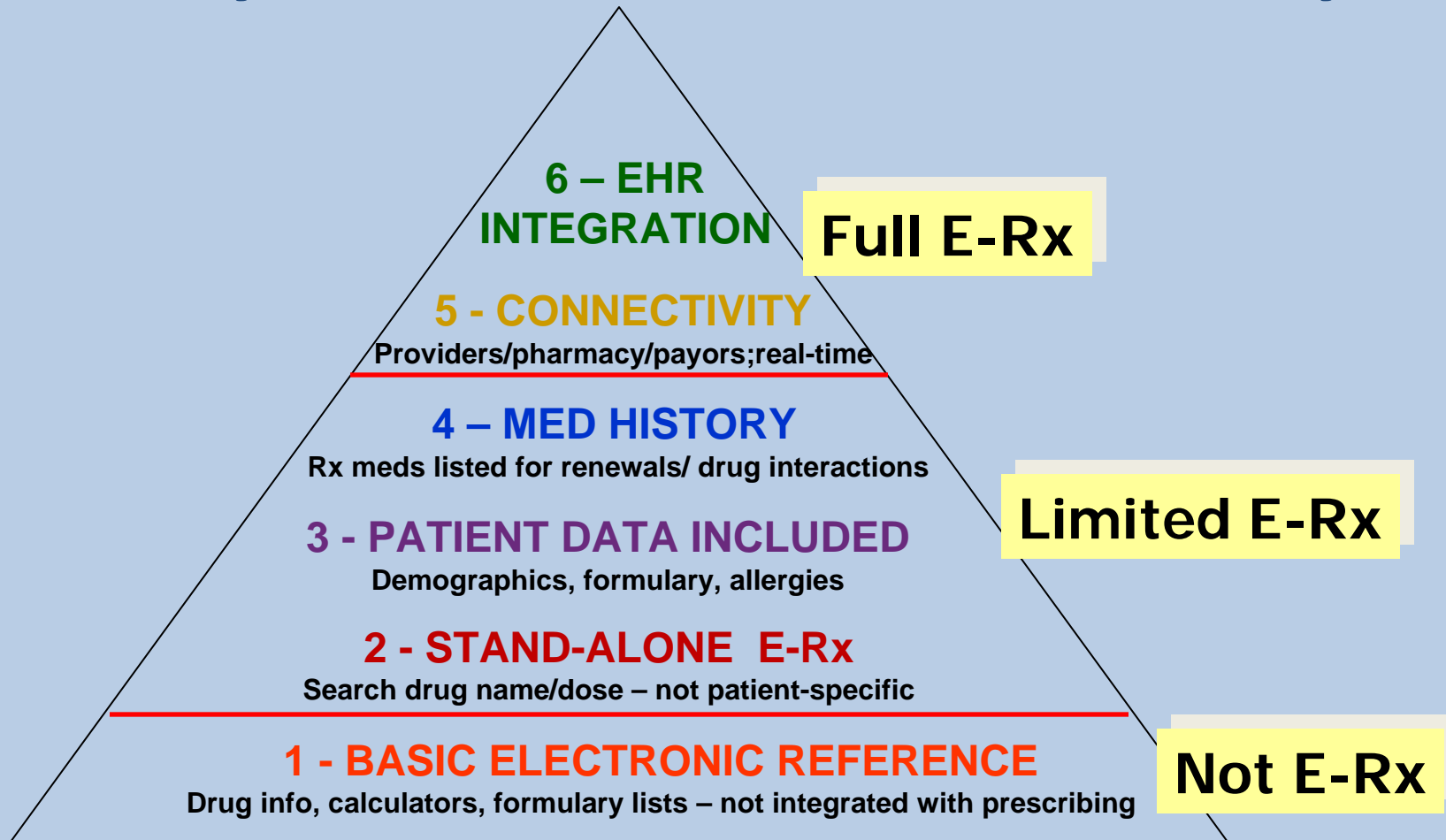
Point-of-Care  
Clinical Info and  
Decision Support

Rx Efficiency and Med  
Patient Safety

Improve Med  
Safety and  
Adherence

**E-Health is about patient care quality and sharing health care info  
.....NOT just about installing/incentivizing HIT Hardware and Software**

# Variability of E-Rx Software Functionality



**E-Rx functionality level used by MD is unknown to Pharmacist;  
CCHIT certification standards for stand-alone ERx applications (2009)**

# Pharmacist Interventions on E-Rxs

- 2698 E-Rxs reviewed; 68 community chain pharmacies
- New (83%); refill (17%)
- Pharmacist interventions required (4% of E-Rx)
  - 32% missing information (patient instructions, dose, quantity)
  - 18% insufficient or excessive dose
  - Pharmacist-prescriber interaction required in 64% problems
  - Resolved + dispensed (71%), not dispensed (18%), unresolved (12%)

# CT Medicaid Transformation Grant for HIE and E-Rx Med Info Exchange

- Partnership: UConn School of Pharmacy, CT Pharmacist Network for Excellence, and E-Health CT
- Aims
  1. Build a comprehensive, active medication profile (CAMP) for Medicaid patients that can be accessed by health care providers via the Health Information Exchange.
  2. Assess medication-related problems (MRPs) and share findings with patients and primary care providers.
  3. Advance the medical home concept through pharmacists' medication therapy management (MTM) services in collaboration with primary care providers to optimize medication therapy outcomes/ reduce MRPs.
  4. Improve medication adherence utilizing Rx fill data to inform prescribers on patient adherence trends.

# CT MTG Pilot Project Elements

- Medicaid patients
  - 350-400 adult patients
  - Chronic diseases
  - Greater than 3 chronic prescription medications
- Practice Sites
  - FQHC
  - Private practice (fee-for-service)
  - EHR/E-Rx for  $\geq 12$  months
- Metrics (pre- and post-Pharmacist MTM Interventions)
  - Medication Discrepancies
  - Medication-related Problems
  - Adherence Trends



*To provide diverse pharmacist and pharmacy services  
to optimize medication use and patient outcomes.*



**Contract** with Health Plans/Payers, Employers, Provider Groups for Pharmacist Services

**Recruit Qualified Pharmacists** to provide contracted services

**Pharmacists Collaborate** with Health Care Professionals & **Provide** Patient-Centric Care

**Improved Patient Care and Outcomes**

## NETWORK SERVICES

- Negotiate Contracts
- Administrative and billing service
- Coordinate network of pharmacists
  - Competency/skill-based qualifications
  - Not dependent on pharmacists' workplace
- Validate credentials of pharmacists involved
- Provide standardized pharmacist documentation tool
  - HIPAA compliant
  - Web-based , secure access
  - Standardized reports
- Systematic approach to all services offered

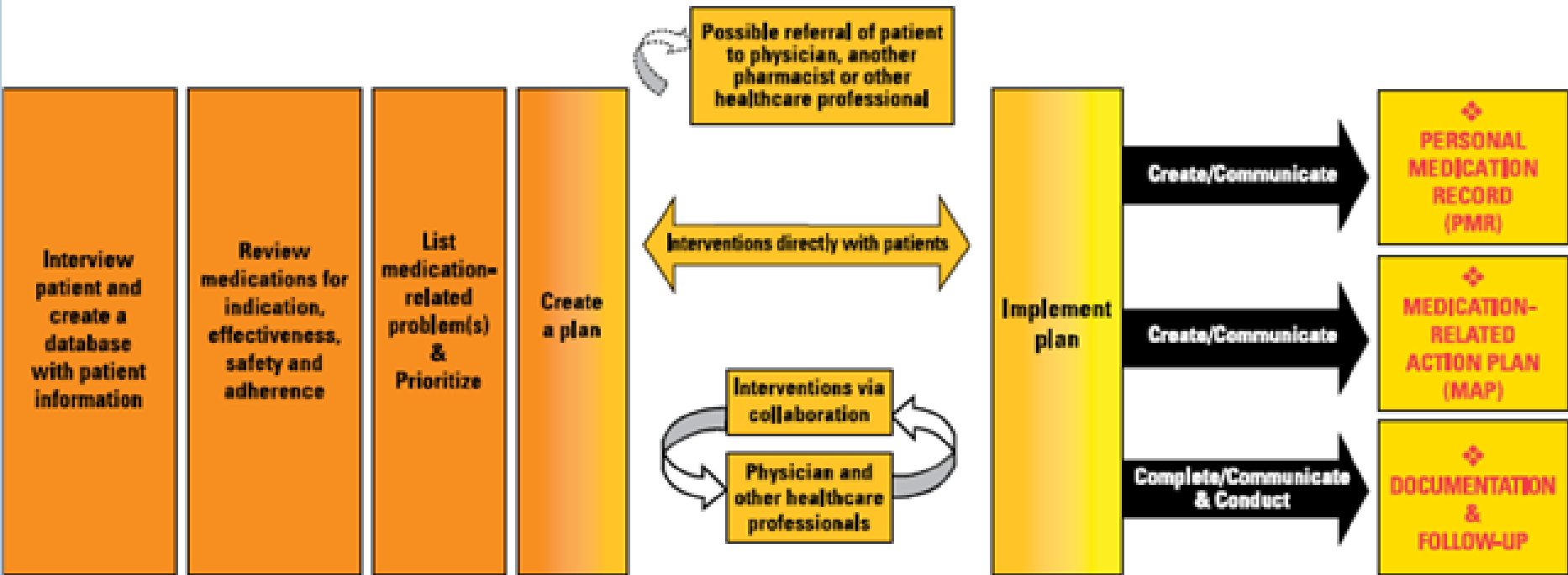
## PHARMACIST MED THERAPY MANAGEMENT

- Perform Comprehensive Medication Review
  - Develop a Personal Medication Record
    - Assess Medication-Related Problems (MRPs)
  - Duplicate therapy
  - Drug interactions
  - Adverse events and side effects
  - Adherence
- Develop Patient Medication Action Plan
- Document /Follow-up Plan
- Communicate with Primary Care Provider

# Pharmacist Intervention: Medication Therapy Management

## ❖ MEDICATION THERAPY REVIEW

## ❖ INTERVENTION AND/OR REFERRAL





## **Initial MTM Visit: Face-to-face in PCP Office**

- Administer patient consent form
- Build a comprehensive active medication profile
  - Rxs, OTCs, herbals, nutraceuticals
- Assess for medication-related problems (MRPs) & adherence
- Document patient info and plan on web-based tool
- Communicate findings to the Primary Care Provider



- **Five monthly follow-up MTM interventions**
  - Review patients EHR at primary care site for new/updated info
  - Talk with patient for changes in medication use
    - face-to-face or via phone depending on complexity of MRPs/adherence issues
  - Re-assess for new or continuing medication-related problems (MRPs) & adherence
  - Document and communicate findings to the Primary Care Provider

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