




Medication Therapy Management Programs in Community Pharmacy

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Medication Therapy Management

- Medication Therapy Management Programs (MTMP) are designed to:
 - Ensure optimum therapeutic outcomes for targeted beneficiaries through improved medication use
 - Reduce the risk of adverse events
 - Reduce drug-drug interactions

Pharmacy's perspective on MTM: Model Core Elements

Advisory Panel: Key MTM Model Concepts

- Applicable to all patients in need of MTM services
- Patient-centered – empower patient to self-manage medications
- Importance of collaboration with physicians and other health care providers
- Facilitate continuity of care
- Able to be delivered by large numbers of pharmacists
- Distinct from dispensing

MTM Model Core Elements

- Medication Therapy Review (MTR)
- Personal Medication Record (PMR)
- Medication Action Plan (MAP)
- Intervention and/or referral
- Documentation and follow-up

MTM Model Core Elements: Medication Therapy Review

Model core elements document advocates for:

- **Annual Comprehensive Medication Therapy Review (MTR)** designed to improve patients' self-management of medications
- **Targeted Medication Therapy Reviews (MTRs)** to address new medication problems or for medication therapy monitoring follow-up

MTM Model Core Elements

- **Personal Medication Record (PMR)** – patient receives a PMR at the end of a comprehensive MTR
- **Medication Action Plan (MAP)** – patient-focused document containing information the patient can use to improve medication self-management

MTM Model Core Elements

- **Intervention/referral** – pharmacist intervenes to address medication-related problems or refers the patient to the appropriate health care provider
- **Documentation/follow-up** – pharmacist documents services in a manner appropriate for evaluating patient progress and billing and schedules a follow-up visit

Obstacles to Appropriate Use

- Treatment complexities
- Multiple medications
- Multiple prescribers
- Inappropriate prescribing
- “Fragmented” health care system
- Hospital reconciliation issues
- Aging patients / caregiver issues

Patients Forget

- Patients forget **80%** of what their doctor tells them
- Nearly **half** of what they remember, they remember **incorrectly**.

Pharmacists and MTM

- Face-to-face patient relationship
 - Know and see more than claims history
 - Higher patient acceptance
- Challenges
 - Historical product-based reimbursement
 - “Happenstance” approaches in a busy environment
- MTM part of a bigger paradigm shift

Pharmacy Committed to Changing the Paradigm

- A new model
 - One that recognizes the **value of the pharmacist**
 - One that **aligns the interests** of the plan, patient, and the pharmacist
 - One that positions the pharmacist as the **risk manager** and a true partner with the plan
 - One where a **pharmacist-centric benefit model** is recognized for the value it brings to health care

Engaging Pharmacies for Services

- Many disparate programs exist and are emerging without commonality or familiarity to pharmacists
- Pharmacist adoption and participation has been sporadic and underwhelming
- Many program sponsors or potential sponsors don't know how to reach a broad network of community pharmacists
- Difficult for pharmacies to implement dozens of disparate programs using disparate systems

Pharmacy Services

Expanding opportunities for services will require...

- A systemized, structured sponsor–pharmacist communications system
- Capacity for rapid adoption across the profession
- Policies and procedures to ensure levels of service

Creating Opportunities

A systemized, structured sponsor–pharmacist communications system creates...

- Opportunity for disparate program developers to deliver their programs to pharmacies and get broader adoption and execution
- Opportunity for pharmacies to engage multiple disparate programs efficiently and effectively

Programs Compete

- Programs retain their differentiation
 - What pharmacists do
 - Which patients are involved
 - Information provided to pharmacists
 - What pharmacists document
 - How much pharmacies are paid
 - Reports programs provide to sponsors
- Using a common method of communication

Programs



Program Sponsors



Patient Queue	Assigned Patients																																																																						
<p>Change Pharmacy</p> <p>Today's Date: 06.04.06</p> <p>Giraffe Pharmacy San Bernardino Valley</p> <p>6 Assigned Patients</p> <p>2 To Be Scheduled</p> <p>1 To Be Charted</p> <p>0 To Be Billed</p> <p>Protocol Library</p> <p>View All Patients</p>	<p>Welcome to Assigned Patients Queue. You can view a patient's chart or schedule a patient. Select check boxes to move patients to different queues.</p> <table border="1"> <thead> <tr> <th>Patient's Name</th> <th>DOB</th> <th>Gender</th> <th>Case Type</th> <th>Date Assigned</th> <th>Sponsor</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Mary M. Sullivan</td> <td>01/23/1939 Age 66</td> <td>F</td> <td>MTM</td> <td>06/01/06</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Jennifer Alexander</td> <td>12/16/1931 Age 75</td> <td>F</td> <td>Disease Mgmt</td> <td>06/12/06</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lucile S. Alexander</td> <td>10/13/1930 Age 76</td> <td>F</td> <td>Utilization Mgmt</td> <td>06/13/06</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Joseph Smith</td> <td>03/10/1929 Age 74</td> <td>M</td> <td>Patient Ed</td> <td>06/19/06</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Rosemary Reese</td> <td>02/06/1916 Age 89</td> <td>F</td> <td>Clinical Trials</td> <td>06/25/06</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Carol Kane</td> <td>10/08/1908 Age 97</td> <td>F</td> <td>Specialty Drug Mgmt</td> <td>07/01/06</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Murial Jenkins</td> <td>05/23/1928 Age 77</td> <td>F</td> <td>Compliance</td> <td>08/01/06</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Patient's Name	DOB	Gender	Case Type	Date Assigned	Sponsor			<input type="checkbox"/> Mary M. Sullivan	01/23/1939 Age 66	F	MTM	06/01/06				<input type="checkbox"/> Jennifer Alexander	12/16/1931 Age 75	F	Disease Mgmt	06/12/06				<input type="checkbox"/> Lucile S. Alexander	10/13/1930 Age 76	F	Utilization Mgmt	06/13/06				<input type="checkbox"/> Joseph Smith	03/10/1929 Age 74	M	Patient Ed	06/19/06				<input type="checkbox"/> Rosemary Reese	02/06/1916 Age 89	F	Clinical Trials	06/25/06				<input type="checkbox"/> Carol Kane	10/08/1908 Age 97	F	Specialty Drug Mgmt	07/01/06				<input type="checkbox"/> Murial Jenkins	05/23/1928 Age 77	F	Compliance	08/01/06			
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Concept of a Common Framework for Multiple Programs