New Opportunities for Reaching Patients in Provision of Medication Therapy Management (MTM) Services: An Update on the Provider Outreach Program (POP)

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BACKGROUND
- Patients with two or more chronic conditions and taking multiple prescription medications are eligible to receive medication therapy management (MTM) services as part of their Medicare Part D or individual prescription coverage.
- MTM is a service or group of services designed to optimize therapeutic outcomes for patients. Typically, these services are provided face-to-face or telephonically, however, direct patient contact is not always feasible.
- MTM is intended for only about 17% of eligible Medicare beneficiaries to accept these services.
- Interprofessional communication is essential for providing comprehensive, quality healthcare for patients.
- Innovative, interprofessional programs integrating pharmacists and primary care providers (PCPs) are needed to facilitate MTM service provision for patients who cannot directly participate.

GOAL AND PURPOSE
- Goal: To determine if PCP outreach via facsimile and telephone was an efficient method for completing telephone comprehensive medication reviews (CMRs) for patients who were eligible to receive MTM services but were unable to directly participate (e.g., cognitive impairment) in the MTM process.
- Patients were unreachable via traditional MTM program communication channels may benefit from POP outreach.
- The intent of the POP was to maximize patient outcomes by engaging PCPs via a variety of methods.
- The POP can be utilized as a method to strengthen the outcomes of the standard process by providing continuity of care and drug therapy monitoring.

PROGRAM DESCRIPTION

Patient Identification
- Patients not meet POP eligibility criteria: (1) receiving multiple medications from a particular PCP identified from the claims data and (2) not reachable or unable to directly participate in a pharmacy staff-provided telephone MTM consultation.
- Prescription drug claims were provided by the patient’s health plan and uploaded into the RxCompanion© software.
- The provider must only provide care or prescriptions for a patient receiving multiple medications was designated as the PCP.
- POP outreach was conducted via facsimile to establish a line of communication for CMR completion for eligible patients.

PROVIDER OUTREACH
- Facsimile were generated and sent to identified PCPs containing a brief program description and purpose of the communication.
- A list of patients under the PCP’s care.
- The facsimile requested patient information including: (1) the medication list; (2) allergies; (3) cognitive impairment status.
- PCPs were asked to provide a preferred date, time, and telephone number for subsequent contact by a pharmacy technician.
- Pharmacy technicians and registered nurses established initial communication with PCPs prior to triaging the call to the pharmacist.

CMR COMPLETION
- A pharmacist completed the medication reconciliation and documentation of allergies and cognitive impairment status for eligible patients.
- PCPs were asked to provide a preferred date, time, and telephone number for subsequent contact by a pharmacy technician.
- Collaboration between the designated PCP and the pharmacist enhanced the MTM process by incorporating recommendations into the individualized therapeutic plan.

RESULTS
- Table 1: Response Rates for Medication Lists Obtained Following Provider Outreach for Participating States

Table 2: Number of Medication Lists Obtained Following Provider Outreach

Table 3: Comparison of the number of medication lists successfully followed up following POP contact through POP

- Designated PCPs in 25 states participated in the POP and received facsimile requesting patient-related medication information.
- Of the total 32,137 faces sent 9,418 medication lists were received (17.9%) from PCPs.

- Table 3 outlines some reasons why PCPs failed to respond to communication initiated via facsimile.
- For the PCP practice, the most common reason for nonparticipation was lack of a fax number for the respective PCP.
- In addition to practice-related issues, patients opted out or deemed from stated for POP nonparticipation.

Table 3: Reasons for Nonparticipation in the Provider Outreach Program (POP)*

- The POP established communication with designated PCPs to facilitate CMR completion to improve patient outcomes.
- Interprofessional collaboration and coordination with PCPs through the POP was an effective method for providing comprehensive medication-related care to patients.
- Facsimile and telephone communication methods improved interprofessional collaboration with corresponding PCPs.
- Patients who are unreachable via traditional MTM program communication channels may benefit from a Provider Outreach Program.

- The less CMR completion rate of the standard MTM process may have been due to the timeframe of the study and lower patient availability.
- POP’s faxing capabilities (e.g., manual) may have been inadequate for contacting PCPs.
- Medication lists provided by PCPs after POP completion were excluded from the analysis.

CONCLUSIONS
- The PCP can be utilized as a method to strengthen the outcomes of the standard process by providing continuity of care and drug therapy monitoring.
- Future investigation is warranted to: (1) determine the significance of PCPs’ refusal to participate in the POP to and identify reasons for nonparticipation; (2) evaluate differences in provider communication channels by state; and (3) expand the POP to include more PCPs to improve patient outcomes.

REFERENCES