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Thriving MTM programs target outreach, coordinate care

By Mari Edlin
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Gear up for 2010 changes

AFTER BEING FORMALLY introduced in 2006 to Part D plans under the Medicare Prescription Drug, Improvement and Modernization Act of 2003, Medication Therapy Management (MTM) programs have not lived up to their expectations, some experts say.

"The uptake is just not there," says Atheer Kaddis, vice president, managed markets for Diplomat Specialty Pharmacy based in Flint, Mich., "and those who have developed MTM programs under Part D have just done enough to meet the requirements and stay in compliance."

Others believe that MTM has exceeded its promise, improving medication safety, achieving appropriate drug utilization and generating return on investment for PBM clients.

But changes are coming in 2010. Proposed Centers for Medicare & Medicaid Services (CMS) changes for MTM include more lenient eligibility requirements; an annual, interactive person-to-person comprehensive consultation and medication review; and quarterly, targeted medication reviews to assess drug use and monitor any problems.

According to Kaddis, coordinating care between care managers and those at a plan is key to the success of MTM, He points out that many programs just focus on polypharmacy and what drugs can be eliminated from a regimen rather than consider quality of care, side effects and drug interactions.

Diplomat's MTM proprietary software tool, used by its patient-care coordinators and pharmacists, creates standardized questions for patients about their therapy and disease state once they start taking a specialty drug.

The program uses screening tools for depression, for example, a condition common to patients on complex specialty drugs. In the case of one particular client, a set of screenings indicated more than 10 patients were at possible risk for suicide, all of whom also had multiple sclerosis.

The program's design called for a three-way conversation among the patient, physician and care coordinators to determine the best intervention, which in some cases meant a change in medications to prevent exacerbating depression.

Kaddis says the program caters more to commercial customers so far, but he predicts an increase in Part D patients as more oncology drugs hit the marketplace.

In another MTM program, Diplomat focuses on chronic kidney disease, which Kaddis says is not usually considered a specialty condition. He notes, however, that by looking at comorbidities associated with chronic kidney disease, the program can address comprehensive needs.

He highlights increased access through copayment relief, side-effect management and adherence as the secrets of MTM success.

TECHNOLOGY VS. PERSONAL CONTACT

Other MTM programs that combine technology and high-touch tactics also have proved effective.

For an MTM program to be cost-effective, it must include automated technology to identify patients that will benefit most from specific interventions, says Kevin Boesen, PharmD, director of the Medication Management Center at the University of Arizona College of Pharmacy. However, in terms of ensuring that the interventions are appropriate and ultimately implemented, person-to-person contact with a pharmacist must be built into the program.

"The pharmacist plays a critical role in ensuring the recommendations being suggested by the automated process are valid based on information not included in the data, such as over-the-counter medications, allergies, medical conditions and prescriptions paid by cash," he says. "The pharmacist also plays a key role in ensuring the patient understands the recommendation, and the better the understanding, the more apt the patient is to follow the advice."

Boesen advocates being proactive with patients who can most benefit, instead of waiting for them to accept an invitation to join an MTM program.

A pharmacist-run call center is the core of the MTM program offered to senior populations under MCOs by the University of Arizona College of Pharmacy. Boesen says the call center proactively reaches out to plan members to improve adherence to medications, reduce costs and increase safety.

FACILITATING MTM

Eliza Corp. in Beverly, Mass., is gearing up for 2010 changes in Part D MTM programs by refining its services and aligning itself with CMS objectives of increasing the number of enrollees.

Eliza designs and develops outreach programs related to members' health and benefits through automated, interactive phone calls powered by speech recognition. Some of the phone communication is complemented by e-mail or mail-based strategies.

Real-time makes it possible to respond to members' conversations by transferring them immediately to their dispensing pharmacy or care manager for enrollment in a health improvement program. To best engage specific populations, such as seniors, calls have regulated volume, pitch, pace and content.

Done well, an integrated MTM outreach strategy can lead to improved adherence and improved formulary management, says Alexandra Drane, president and co-founder of Eliza.

"In addition, this type of highly tailored, ongoing communication is a great opportunity to build loyalty among members, since in some cases, MTM outreach may be one of the few interactions they have with their health plan," she says.

TARGETING SPECIAL POPULATIONS

Oakland, Calif.-based Ramsell Pharmacy Solutions' MTM program specifically targets HIV/AIDS patients enrolled in the government-funded AIDS Drug Assistance Program, which helps underserved and uninsured individuals living with HIV/AIDS.

The Ramsell HIV Care Continuum is a pharmacist-driven, Internet-based initiative that tracks patient data and supports medication adherence. Interaction between patients and pharmacists improves adherence, reduces drug interactions and leads to a better understanding, which is expected to pay for itself with a reduction in emergency room visits and hospitalizations.

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Components of a successful MTM program

- Integrated communication channels that bring together the pharmacist, physician and member
- Continuous, multi-touch outreach using many channels of communication that satisfy CMS recommendations
- Tailored communication based on socio-demographic information, clinical data and other patient information
- Language that engages members in conversation and helps them feel more empowered about their care
- Infrastructure that connects members with the most cost-effective resource (whether a clinician or another resource) based on their immediate needs
- Ability to accommodate members' communication preferences, such as the best time of day to be reached
- Timely, personally relevant information

Source: Eliza Corp.