



# Connecticut Million Hearts®

## Medication Therapy Management Workshop

### Issue Brief

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#### Background:

On June 11, 2015 the Connecticut Department of Public Health and the University of Connecticut School of Pharmacy with support from the National Association of Chronic Disease Directors, conducted a Million Hearts® workshop with Connecticut stakeholders (pharmacists, employers, payers, clinical providers/representatives, organized medical groups, hospital representatives, and community public health representatives) to discuss the role of Medication Therapy Management (MTM) in addressing heart disease and stroke, Connecticut's leading causes of death and disability. The workshop included presentations by the Commissioner of the Department of Public Health, the Deputy Regional Health Administrator of the U.S. Department and Health Human Services, and two subject matter experts from the University of Connecticut School of Pharmacy, a panel of leaders from various sectors of the state, and breakout discussions with the 39 invited attendees.

Million Hearts® is a national initiative launched by the Department of Health and Human Services in September 2011 to prevent 1 million heart attacks and strokes by 2017. Million Hearts® brings together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to fight heart disease and stroke.

MTM is defined as a distinct service or group of services provided by a credentialed pharmacist that optimize medication safety and therapeutic outcomes for

individuals. MTM services include: (a) medication reconciliation, (b) comprehensive medication management, and (c) medication coordination and monitoring processes across all prescribers, pharmacies, and care settings. Components of effective MTM services include: a) face-to-face encounters (as opposed to telephonic); b) development of a medication action plan to promote self-management and patient empowerment; and c) team-based communication and collaboration with the participant's prescribers, care managers, and other health care providers on evidence-based medication interventions. MTM can improve outcomes and has been proven to be cost-saving with respect to the total cost of healthcare and can be delivered in a variety of settings, for example in community pharmacies, in primary care offices or employer-based clinics.

The critical role that medication management plays in treating chronic diseases suggests that more widespread integration of pharmacists into chronic care delivery teams has the potential to improve health outcomes. Several key challenges and barriers, however, prevent the full integration of pharmacists into health care delivery teams. A lack of provider recognition in federal and state law governing compensation of pharmacists, who provide direct patient-care services, and limitations on pharmacists' ability to access health information systems, continue to be major barriers for collaborative integration.

### Workshop Objectives:

- Discuss the National Million Hearts® initiative and the role of MTM in supporting Million Hearts® goals.
- Discuss the definition and components of MTM and learn about application of MTM models in Connecticut.
- Discuss the role of pharmacists, providers, payers, and policy makers in implementing MTM, as well as explore successes, barriers, and opportunities.

### Featured Speakers and Discussants:

- Dr. Jewel Mullen, Commissioner of the Connecticut Department of Public Health
- Betsy Rosenfeld, Regional Health Administrator (RHA) and Deputy RHA of the U.S. Department and Health Human Services Region 1
- Marie Smith, PharmD, FNAP, Henry A. Palmer Endowed Professorship of Community Pharmacy Practice and Assistant Dean for Practice and Public Policy Partnerships at the University of Connecticut School of Pharmacy
- Thomas Buckley, MPH RPh, Associate Clinical Professor of Pharmacy Practice at the University of Connecticut School of Pharmacy
- Theresa Conroy, State Representative for the 105th Assembly District
- Harriet Aaronson, RN MSN MS, Former Associate Vice President of Corporate Health and Wellness, Hartford Insurance Group
- Kate McEvoy, Esq., Director, Connecticut Department of Social Services
- Daren Anderson, MD, Vice President and Chief Quality Officer, Community Health Center Inc.
- Kent Stahl, MD- Hartford Healthcare Medical Group

### Key Themes and Points:

**1. Preventing a million heart attacks nationally by 2017 is ambitious, yet achievable through concerted policy and practice strategies.**

- Effective policy approaches focus on sodium reduction, reduction in smoking, and reduction in trans-fat consumption.
- Effective practice approaches include a focus on aspirin, blood pressure control, cholesterol control and smoking cessation.
- Team-based care to address cardiovascular risk is one of the Million Hearts® strategies, including pharmacists as an integral component to optimize therapies and improve medication adherence (<http://millionhearts.hhs.gov/resources/teamuppressuredown.html>).

**2. MTM Services provided by pharmacists following evidence-based guidelines has a proven track record in enhancing medication safety, improving health, and saving money.**

- More than 300 published studies in which pharmacist-provided MTM services resulted in significantly improved outcomes in disease management, cost savings, or quality of life measures.
- Return on investment from pharmacist-provided MTM services in published studies range from health care savings of \$2 to \$12 for every dollar spent to deliver the service.
- Studies of chronic disease patients, including those of hypertensive patients in which nearly twice as many had

control of their blood pressure with a pharmacist MTM service, demonstrate the value of the MTM service with a pharmacist integrated in the health care team.

**3. Key decision-makers, stakeholders and potential beneficiaries lack basic awareness and understanding of MTM.**

- Key stakeholders in the policy, payer and employer community need to be made aware of MTM and its potential benefits.
- MTM supporters need to do a better job of promoting the clinical benefits and articulating return on investment potential for policy-makers and business professionals, who are not familiar with the concept.
- There needs to be a concerted effort to educate medical professionals around the benefits of pharmacists' inclusion (e.g. grand rounds, in-service trainings).

**4. Connecticut is home to innovative pharmacy initiatives past, present and planned and existing knowledge can inform new initiatives.**

- There are plans to incorporate MTM services into the current Intensive Case Management for high risk clients program under Medicaid's Administrative Services Organization (ASO).
- There is opportunity to capitalize on the experience of institutions (e.g. UCONN) that have long experience with collaborative practice protocols.
- A pilot project integrating pharmacists as part of the on-site care team in a federally qualified health center was successful and effective, however a sustainability model was unclear as the project was grant-funded.
- Virtual team-based care enabled by telehealth technology (e.g. Project ECHO) holds promise in incorporating pharmacists on the care team.

**5. It is vital to appreciate how employers and business practices can impact MTM.**

- Employers make investments, sometimes substantial, in health and wellness of their employees, in many cases they contract with third party disease management firms.
- Although businesses may be interested in models that use on-site pharmacists, they are more likely to contract out MTM services.
- Mail order services, though convenient and potentially cost-saving, eliminate the patient's direct face-to face interaction with the pharmacist and an opportunity for MTM services.
- In general, businesses would want to see MTM incorporated into medical care rather than a distinct pharmacy benefit.

**6. New data-analytic capabilities can be put to use to directly support MTM sustainability and delivery.**

- Emerging data analytic capabilities from payers in general, and CT Medicaid in specific, can help identify and risk stratify clients that could benefit from MTM services.

**7. Healthcare payment and delivery system reform offer opportunity for new and creative investments in incorporating pharmacy services.**

- Accountable Care and Shared savings in pharmacy services allow health systems to make investments to improve care for attributed patients.

- In one example an ACO has employed a pharmacist to work on population-based strategies to 1) reduce harm from medications (e.g. home visits for elderly patients on multiple medications), 2) increase efficiency in chronic disease management so that patients have a team of professionals to access rather than a single provider, and 3) reducing costs by identifying unnecessary medications, improper medications, generic substitution.
- Other examples of pharmacists serving in population health strategy roles include academic detailing, feedback on prescriber patterns, engagement with formularies; and forming pharmacist or pharmacy networks to deliver MTM services, share clinical expertise, and provide outcome evaluation.

**Barriers and Potential Solutions:**

Barrier	Potential Solution
MTM not reimbursable widely or consistently	<ul style="list-style-type: none"> <li>• Employers and benefit managers can promote pharmacist MTM services coverage as part of the medical benefit.</li> <li>• Clinical providers and payers in value-based alternative payment arrangements have an opportunity to invest in pharmacist--MTM services to support the achievement of care quality and patient safety goals.</li> </ul>
Currently reimbursable MTM services may not follow evidence-based guidelines or best practices	<ul style="list-style-type: none"> <li>• Academic institutions, public health and pharmacists can educate decision-makers and policymakers on evidence-based approaches and promote best practices.</li> <li>• Stakeholders can promote workforce development to standardize pharmacist credentialing for MTM services.</li> </ul>
Community pharmacists lack relationships with primary care providers, engagement with larger practices is particularly challenging	<ul style="list-style-type: none"> <li>• Professional organizations can establish forums for inter-professional discussions.</li> <li>• Healthcare organizations and provider groups can engage with pharmacists to explore how their role as medication management experts on the care team can be implemented or expanded.</li> </ul>
Challenge of independent, community pharmacies competing with commercial chain pharmacies	<ul style="list-style-type: none"> <li>• Pharmacies and pharmacists can explore innovative and sustainable business models such as provision of e-consults, shared services pharmacist networks, or telemedicine. Pharmacies and pharmacists can capitalize on relationships with the community, particularly populations experiencing health disparities.</li> <li>• Pharmacists can provide services and conduct outreach in settings unique to the community, i.e. outreach to senior centers, senior housing, assisted living facilities, faith-based organizations, community-based organizations, etc.</li> </ul>

Barrier	Potential Solution
Lack of robust or functioning health information exchange (HIE) impeding flow of critical information	<ul style="list-style-type: none"> <li>• Although HIE has yet to achieve its potential, pharmacists, providers, and other stakeholders should be involved in HIE design initiatives.</li> </ul>
Siloing of data within institutions that could be useful to inform of MTM services	<ul style="list-style-type: none"> <li>• Institutions and provider networks should consider data sharing agreements or other protocols among different health information platforms, including pharmacy information systems used by all members of the patient’s care team.</li> </ul>
Decision-makers, stakeholders and beneficiaries lack basic understanding about MTM services	<ul style="list-style-type: none"> <li>• Pharmacists should educate clinical leaders, other health care professionals, health care administrators, public and private payers, policymakers, and consumer advocates about MTM through educational sessions and learning collaboratives.</li> </ul>
Stakeholders may not be capitalizing on existing local knowledge and resources	<ul style="list-style-type: none"> <li>• Pharmacy leaders, pharmacists, and the provider community should jointly consider the role of Community Health Workers (CHWs) or other front-line health personnel to reach deep into communities and connect individuals to appropriate services.</li> <li>• Stakeholders should also consider the role of home care agencies and workers in supporting safer and more effective medication use.</li> </ul>
Uncertainty about role of credentialing and certification	<ul style="list-style-type: none"> <li>• Stakeholders should work with payers and providers to establish consistent credentialing requirements that would include, at a minimum, pharmacist MTM certification.</li> </ul>
Lack of definition around the role of patient engagement and public education around MTM services and supporting policies.	<ul style="list-style-type: none"> <li>• Providers should promote the value of having pharmacists as part of the care team; provider referral can enhance patient engagement and demand for MTM services.</li> </ul>

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