Improving Access to Pharmacist-Provided Medication Therapy Management Services for Medicaid Beneficiaries

AREB Coffee Breaks 2021

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Centers for Disease Control and Prevention
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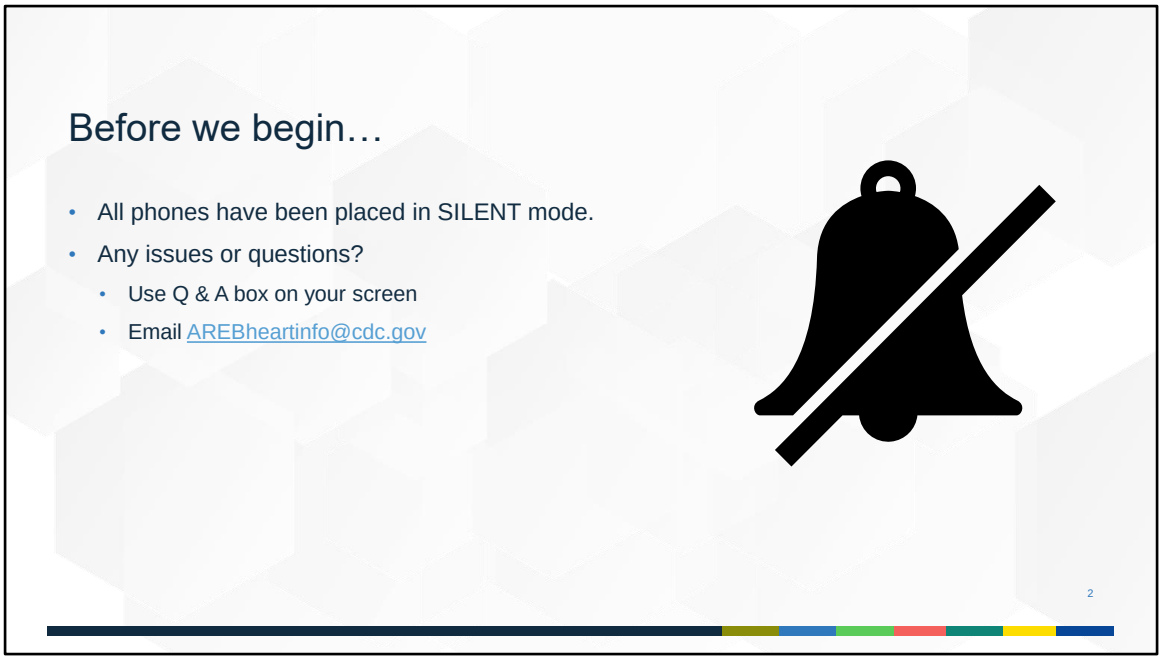
Division for Heart Disease and Stroke Prevention

MODERATOR:

Welcome to today's Coffee Break presented by the **Applied Research and Evaluation (ARE) Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.**

We are fortunate to have **Adebola Popoola and Dr. Nicole Therrien** as today's presenters. **Bola** is a Health Scientist on the **Applied Research and Translation Team** (ART) within CDC's Division for Heart Disease and Stroke Prevention. **Nicole** is a Pharmacist Consultant who also sits on the **Applied Research and Translation Team** (ART) within CDC's Division for Heart Disease and Stroke Prevention.

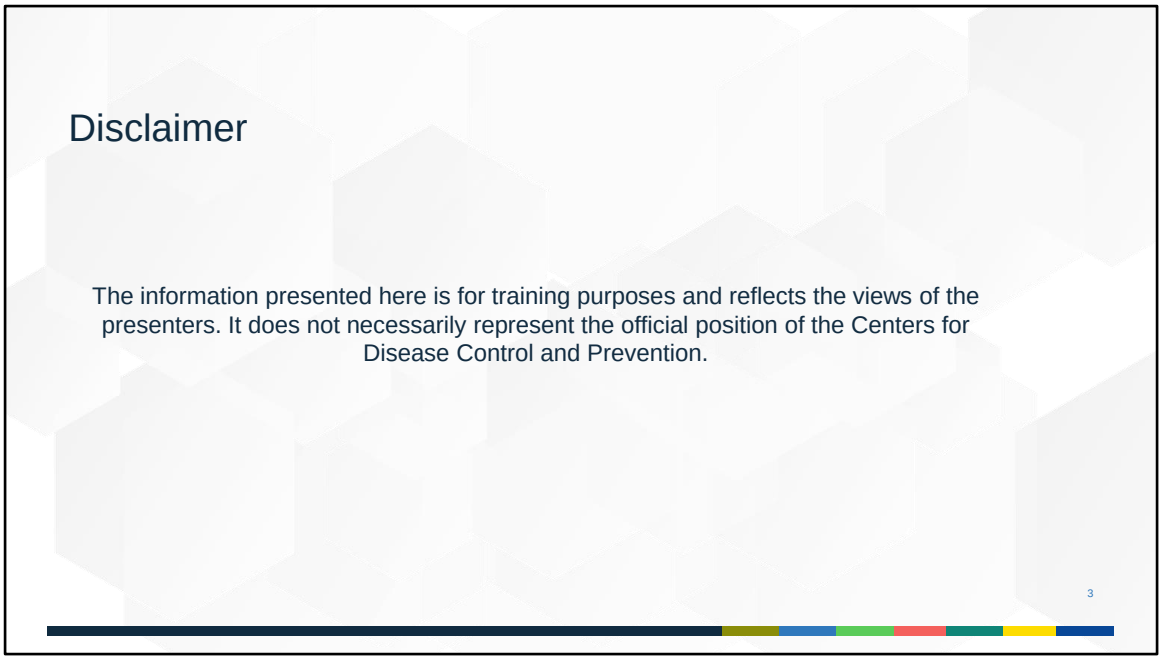
My name is **Allison White,** and I will be acting as today's moderator. I am **an ORISE fellow** within the **Applied Research and Evaluation Branch.**



MODERATOR:

Before we begin, we have a few housekeeping items:

- All participants have been muted; however, to improve audio quality please mute your phones and microphones during the presentation unless prompted otherwise.
- If you are having issues with audio or viewing the presentation, please message us using the chat box feature at the bottom of your screen, or send us an email at **AREBheartinfo@cdc.gov.**
- If you have question during the presentation, please enter it into Q&A feature found at the bottom of your screen. The presenters will address your question at the end of the session.
- Since this is a training series on applied research and evaluation, we hope you will complete the poll at the end of the presentation and provide us with your feedback.



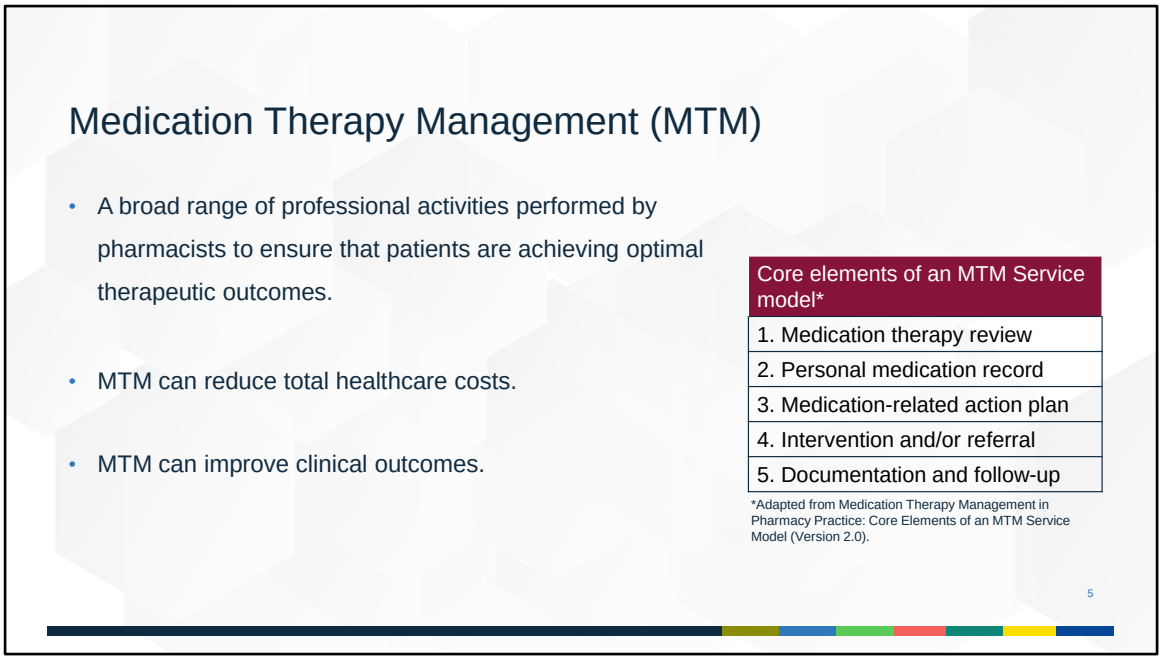
MODERATOR:

As a disclaimer, the information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

So, without further delay. Let's get started. **Bola** and **Nicole,** the floor is yours.

Thank you, Allison. In today's presentation, we will provide a brief background of Medication Therapy Management, or MTM. Then, we will focus on our new resource, **Pharmacist-Provided Medication Therapy Management in Medicaid**. Next, we will highlight the landscape of MTM services available in Medicaid programs and then finally move on to some considerations for implementing or expanding pharmacist-provided MTM in Medicaid programs.

Now, I will turn it over to **Nicole** to get us started.



Thank you, **Bola**.

Medication Therapy Management, or MTM, encompasses a **broad range of professional activities** used by pharmacists to ensure that their patients are achieving optimal therapeutic outcomes for the medications that they are taking. MTM provides a unique and important opportunity to integrate pharmacists into patient care, particularly for patients with chronic disease. It can be provided in various settings, including community pharmacies, other community settings, as well as traditional health settings like clinics.

The five core elements of an MTM service model include:

1. A **Medication Therapy Review**, during which a pharmacist uses a systematic process to collect patient-specific information, assess medication therapies to identify medication-related problems, develops a prioritized list of medication-related problems, and creates a plan to resolve them.

2. A **Personal Medication Record**, is a comprehensive record of the patient's medications, including prescription and nonprescription medications, herbal

products and other dietary supplements, created for the patient.

3. **The Medication-Related Action Plan**, is another patient-centric document with a list of actions for the patient to use for tracking progress and self-management.

4. When performing these services, the pharmacist may perform an **Intervention or Referral**, meaning the pharmacist may provide consultative services or intervene to address medication-related problems as appropriate or, when necessary, refer the patient to a physician or other health care professional.

5. **Documentation and follow-up**, these services are documented in a consistent manner and follow up is scheduled based on the patient's needs.

Various studies demonstrate that MTM programs can save thousands of dollars per individual in costs related to health care each year, including among Medicaid beneficiaries. Additionally, research conducted across a variety of payers and patient populations indicate that MTM can be effective in improving clinical outcomes, including; reducing blood pressure and A1c, improving medication adherence, and reducing the side effects of medications. In general, evidence consistently demonstrates that MTM is a clinically and financially effective intervention for Medicaid enrollees and other insured individuals.

Several state Medicaid programs provide coverage for MTM services in their fee-for-service and/or managed care programs for eligible beneficiaries; however, MTM coverage and reimbursement is not universal. I will turn it over to my colleague, **Bola**, to discuss this more.

Pharmacist-Provided Medication Therapy Management in Medicaid

Acknowledgements

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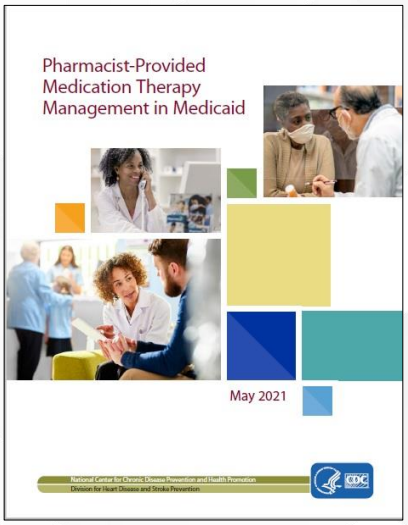

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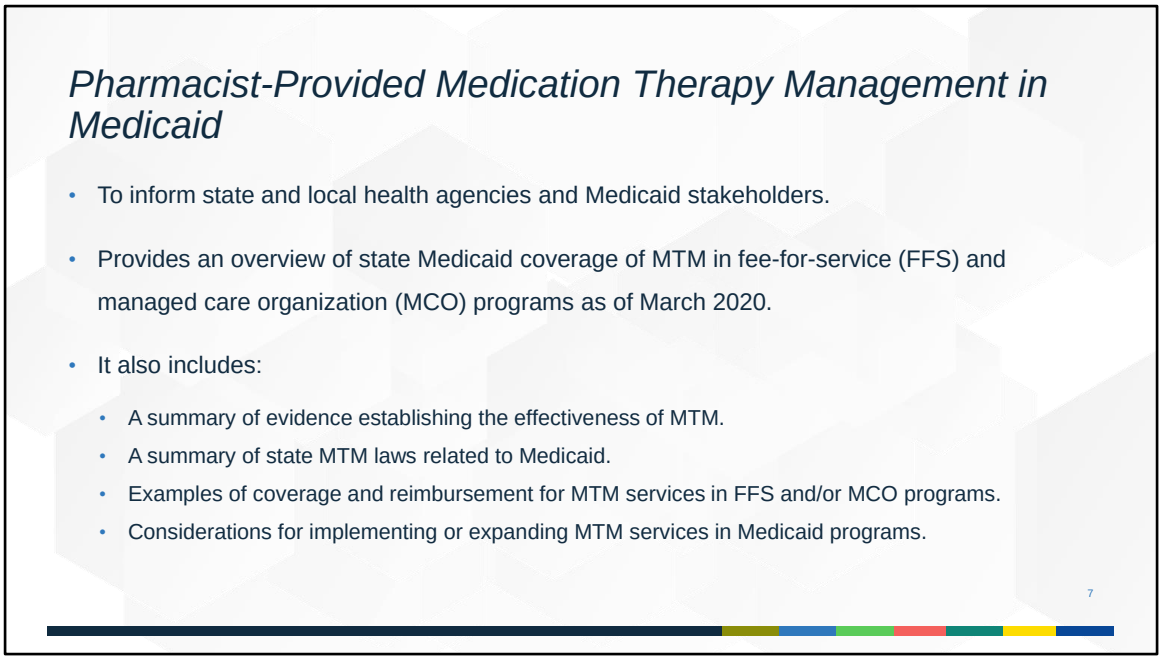
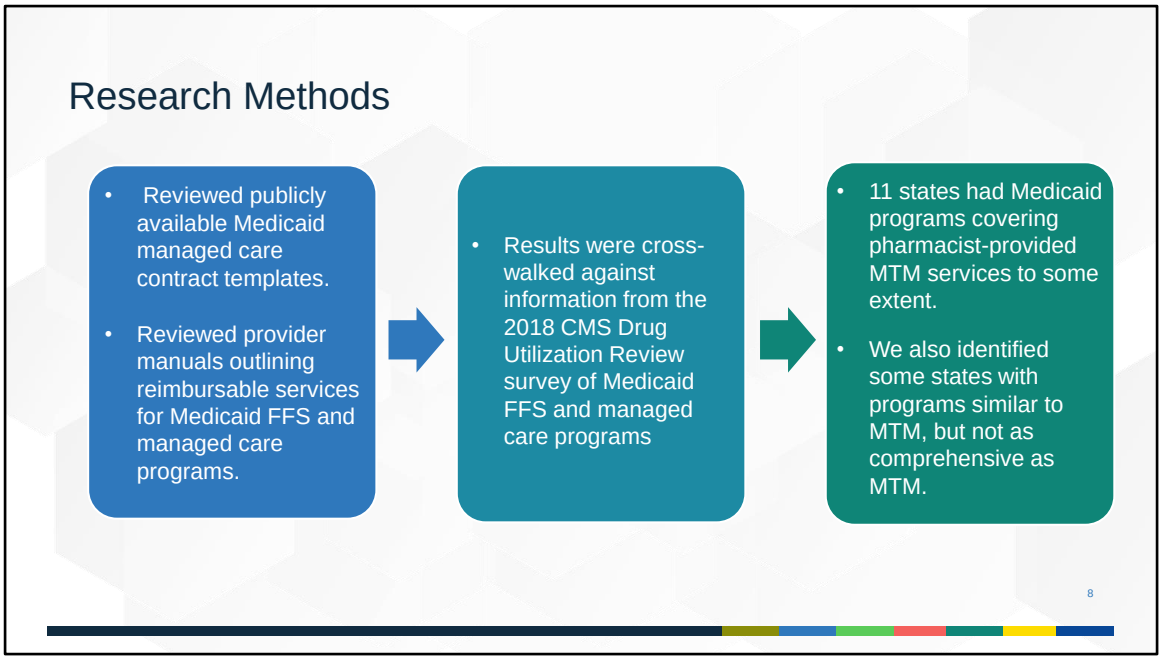
Thank you, Nicole.

The document we are discussing today is available on the CDC's Division for Heart Disease and Stroke Prevention website, titled Pharmacist-Provided Medication Therapy Management in Medicaid (cdc.gov). I would also like to use this time to acknowledge our co-authors at CDC and the George Washington University School of Public Health.



The Pharmacist-Provided MTM in Medicaid document is intended to inform state and local health agencies and Medicaid stakeholders about strategies to consider for implementing or expanding MTM for Medicaid beneficiaries with chronic conditions.

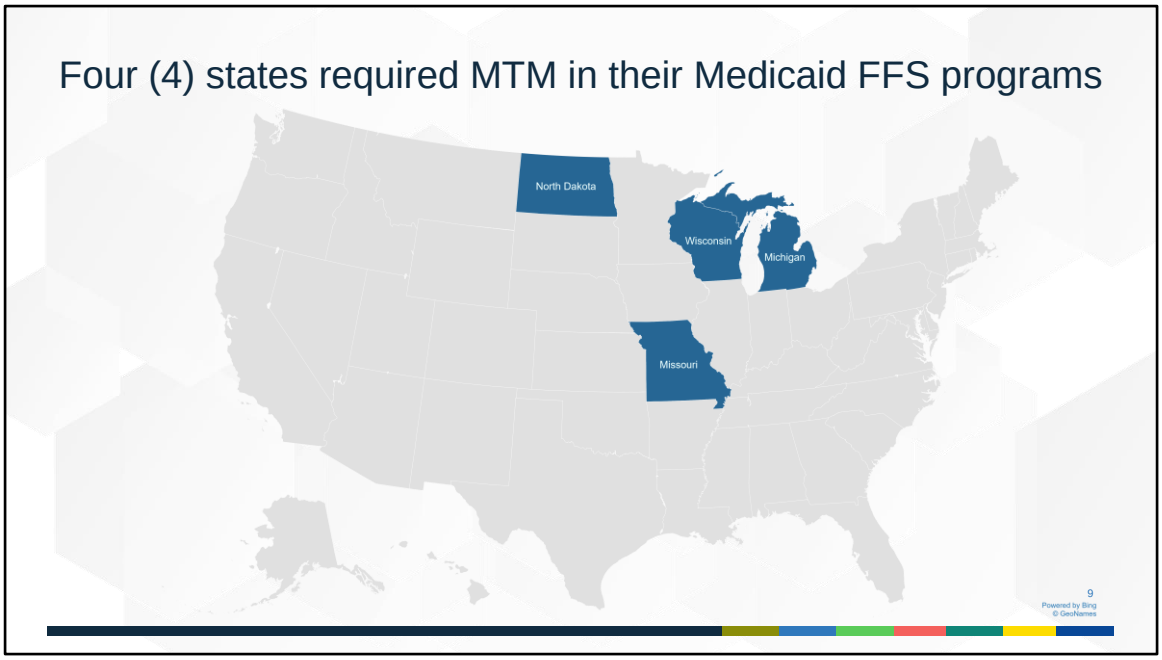
It covers many of the same topics that we are discussing today including: the evidence of the impact of MTM, the burden of chronic disease in the Medicaid population, MTM services in Medicaid programs, and finally some key considerations for implementing or expanding MTM services in Medicaid programs.



To identify MTM programs, researchers reviewed publicly available Medicaid managed care contract templates and provider manuals that outlined reimbursable services and program requirements for Medicaid FFS and managed care plans in the 50-states and D.C.

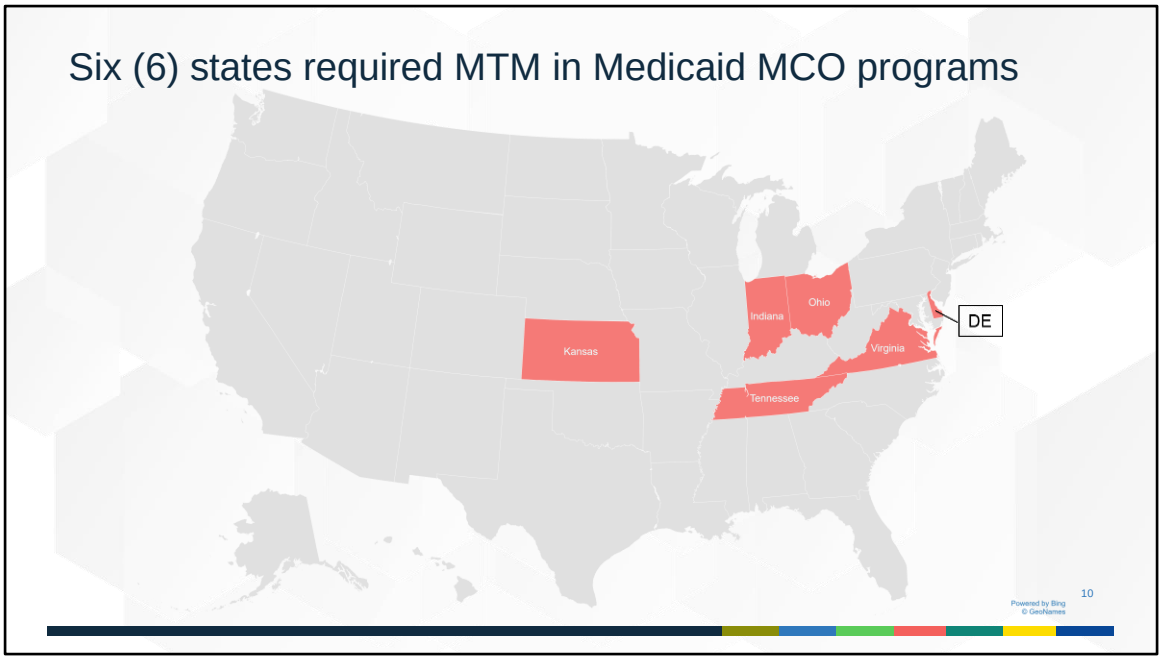
Next, we cross-walked the results with the Centers for Medicare and Medicaid Services' 2018 Drug Utilization Review survey of Medicaid FFS and managed care programs. The Drug Utilization Review survey included questions on MTM in state Medicaid programs. (i.e., Does your state have an approved Medication Therapy Management Program?)

We found 11 states had Medicaid programs covering pharmacist-provided MTM services as of March 2020. We also identified some states that provided services that were similar to MTM, but not as comprehensive as the model MTM services described earlier.

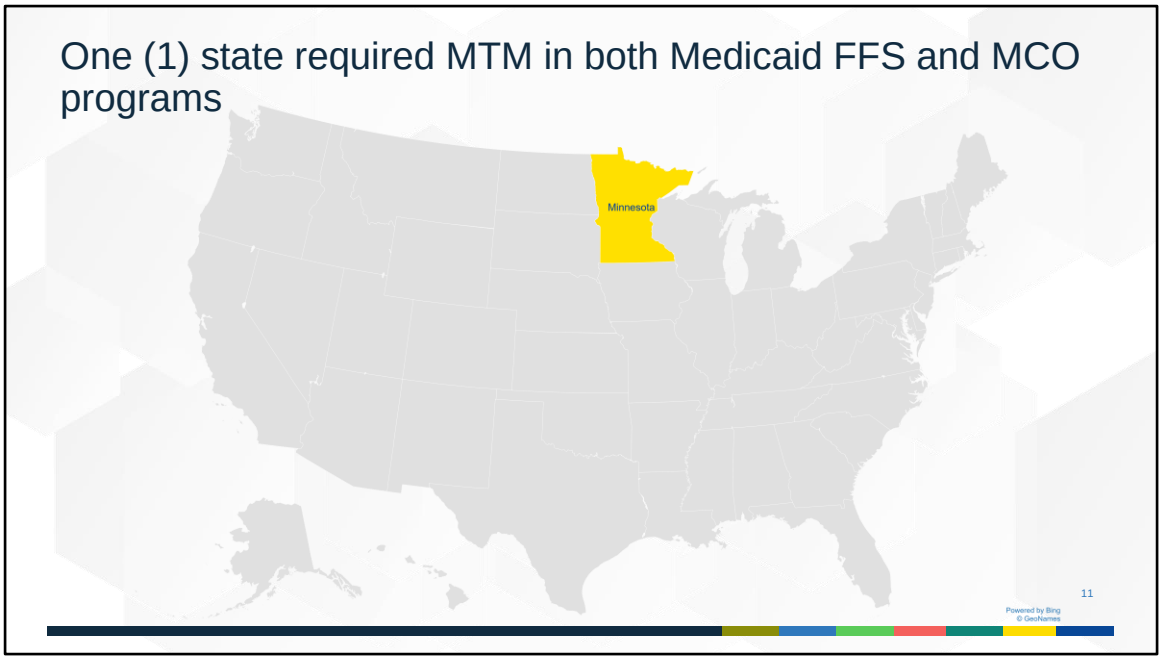


I am going to present some of our findings, but I hope our listeners will access the Pharmacist-Provided Medication Therapy Management in Medicaid (cdc.gov) on our website for more detail.

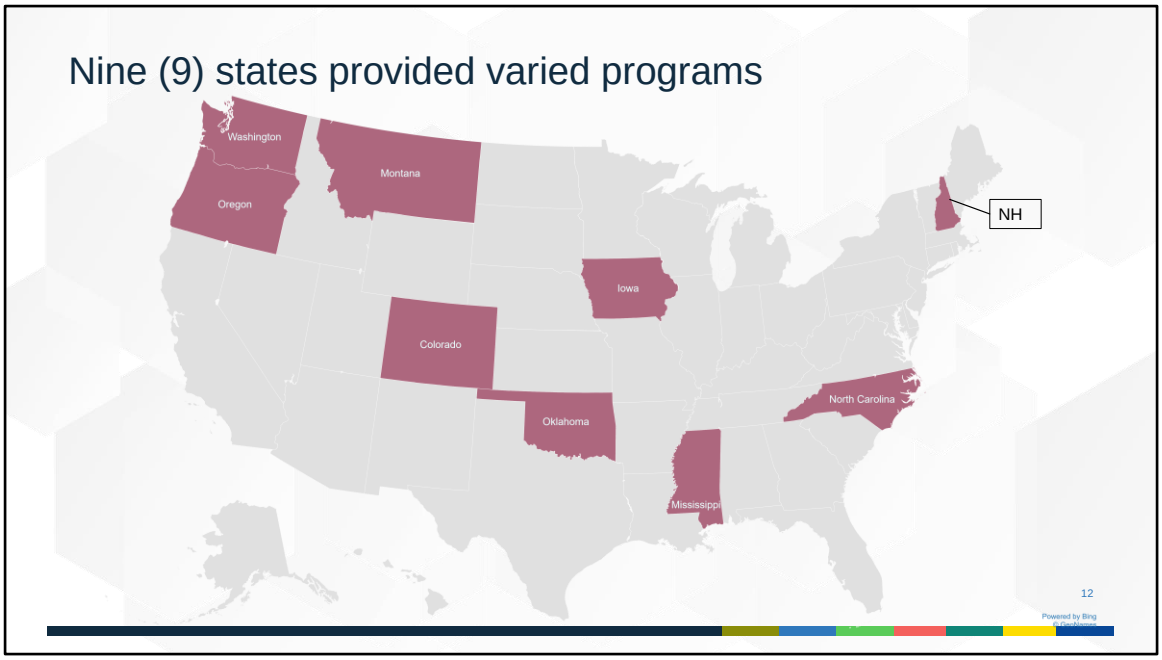
This map shows states that required MTM in their Medicaid fee-for-service programs. These four states include North Dakota, Wisconsin, Michigan, and Missouri.



This map shows states that required MTM in their MCO programs as of March 2020 (Kansas, Indiana, Ohio, Tennessee, Virginia, and Delaware).



Next, we identified one state the required MTM in both their FFS and MCO programs (Minnesota).

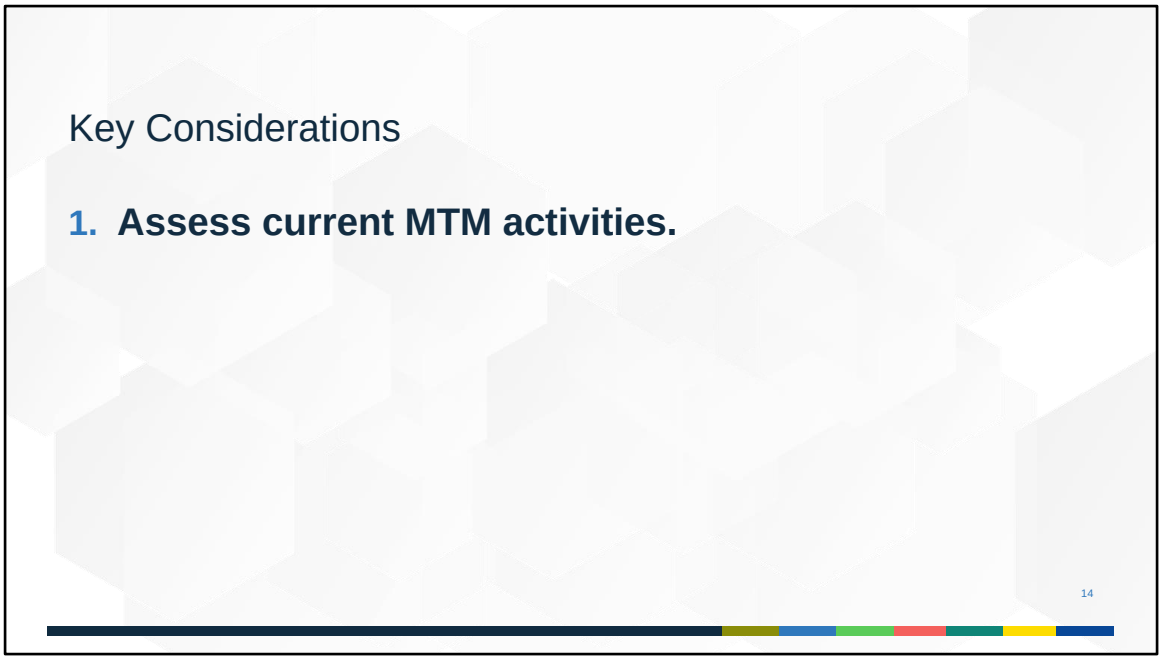


This map shows the nine states that provided MTM-like programs. These states frequently offered some core elements of MTM such as medication therapy review and medication-related action plans but were often limited to a one-time intervention or are restricted in terms of providers who may participate.

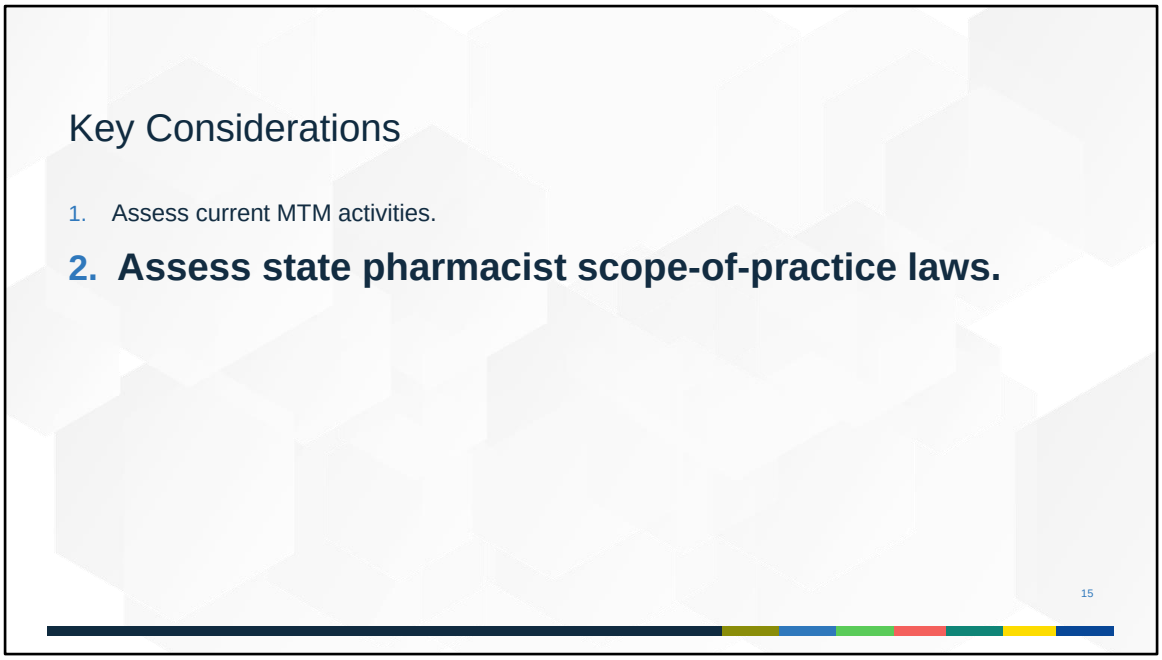
For example, Montana has a program that is similar to MTM, but is not as comprehensive as services provided in an MTM program. Under Montana's program, pharmacists provide a one-time, face-to-face consultation service to patients such as comprehensive medication review and development of a personalized treatment plan. Again, this program is a one-time encounter with the pharmacist. The program is available to all residents in the state.

Now, I will turn it over to **Nicole** to discuss some key strategies to consider for MTM programs.

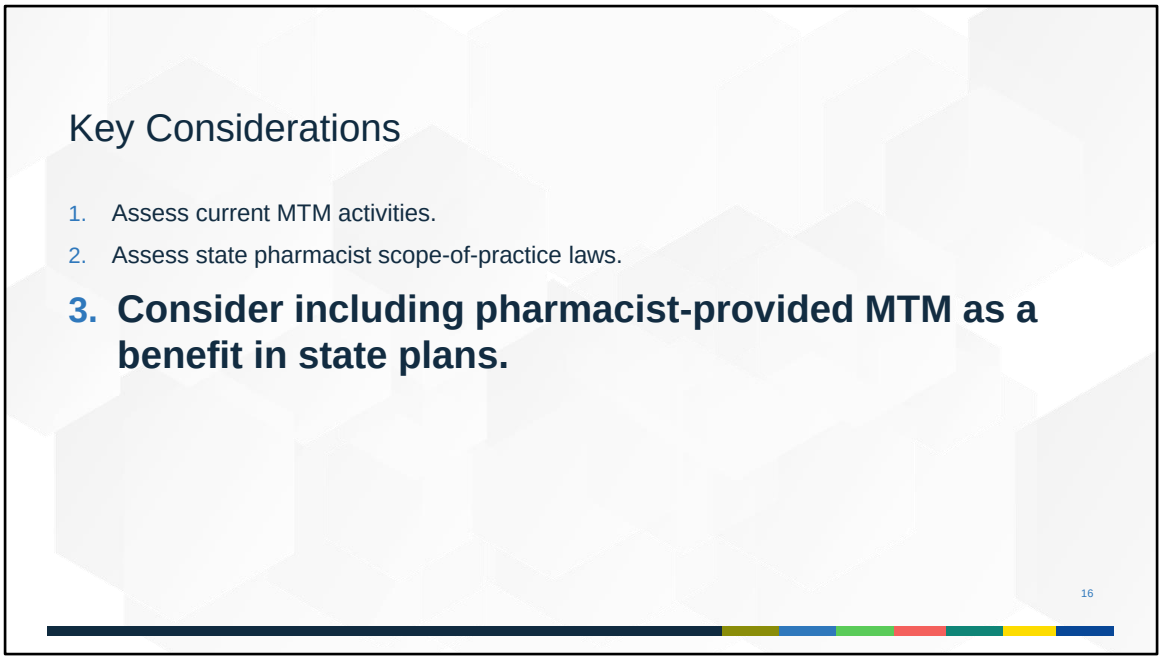
Many MTM services are activities that pharmacists in all states are permitted to perform, regardless of the expansiveness of the state's pharmacist scope-of-practice laws. Next, we are going to discuss steps that may be taken in order to create and implement pharmacist-provided MTM programs in Medicaid or to expand existing programs. In the Pharmacist-Provided Medication Therapy Management in Medicaid (cdc.gov), each Key Consideration is paired with an example of how a state or multiple states have approached this consideration or step.



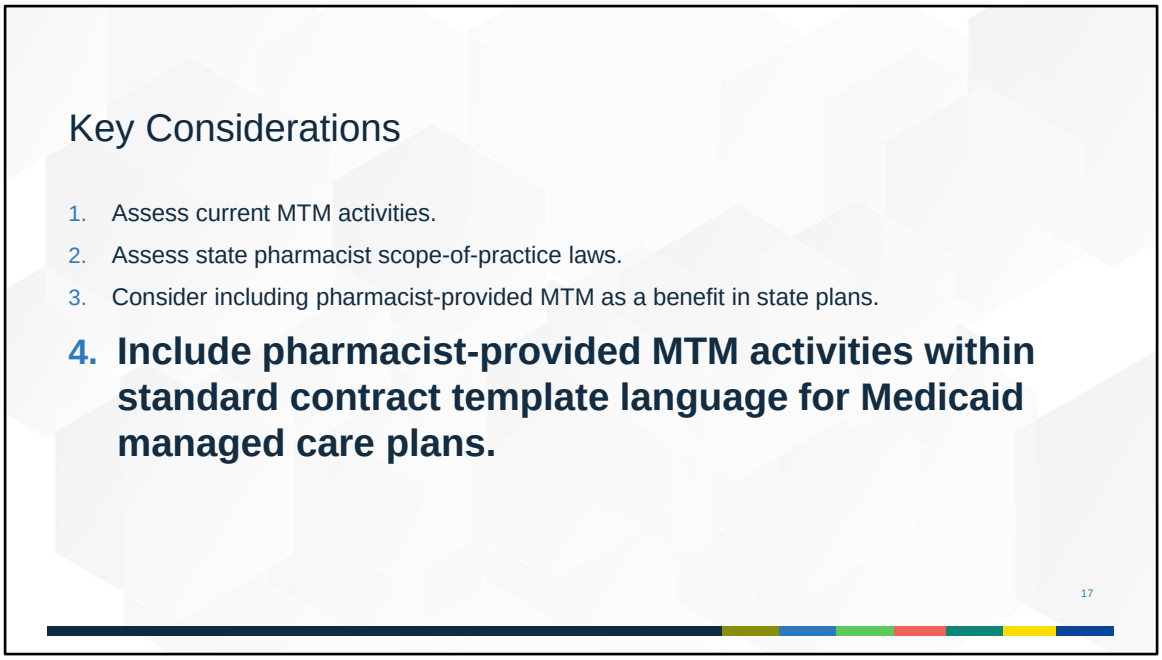
State Medicaid programs may already be reimbursing pharmacists for some or all core elements of MTM. States could assess what their fee-for-service programs are currently covering, as well as any steps their managed care plans are taking to reimburse pharmacists for MTM. The results of this assessment could be used to identify gaps and inform how best to expand pharmacist-provided MTM services for that state.



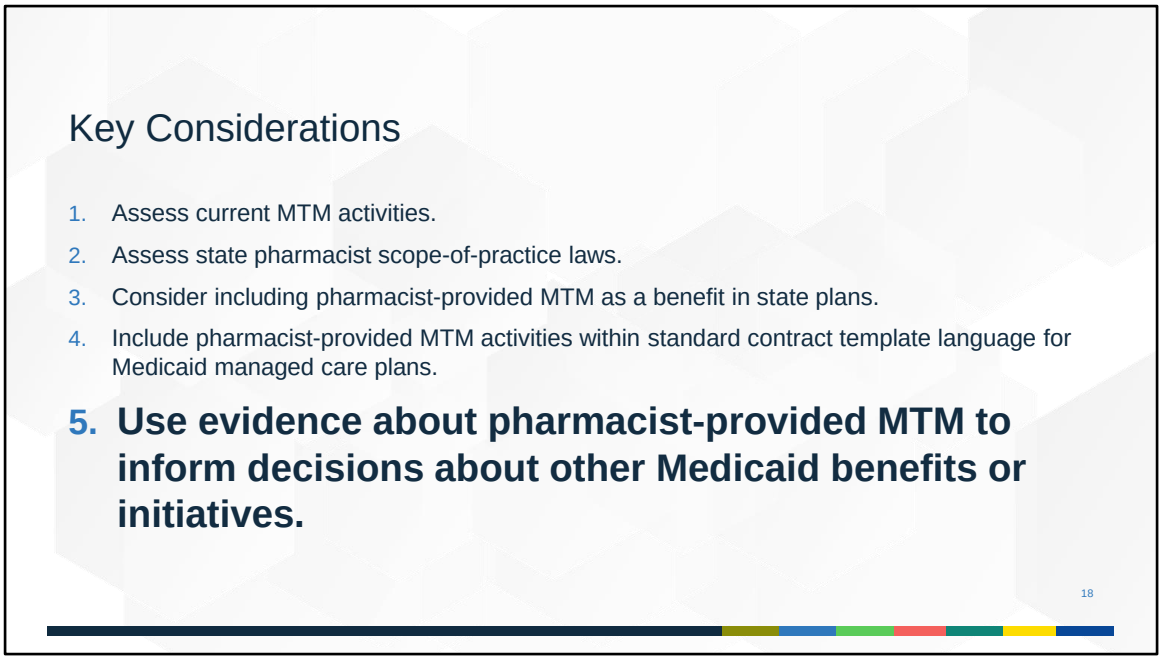
As mentioned, most MTM services are activities that pharmacists in all states are authorized to perform. In states with more permissive scope-of-practice laws, pharmacists may be able to offer supplementary services, such as providing certain medical or laboratory tests. State Medicaid stakeholders could review what activities pharmacists in their state are authorized to perform, in order to optimize how the Medicaid program can leverage their skills and services.



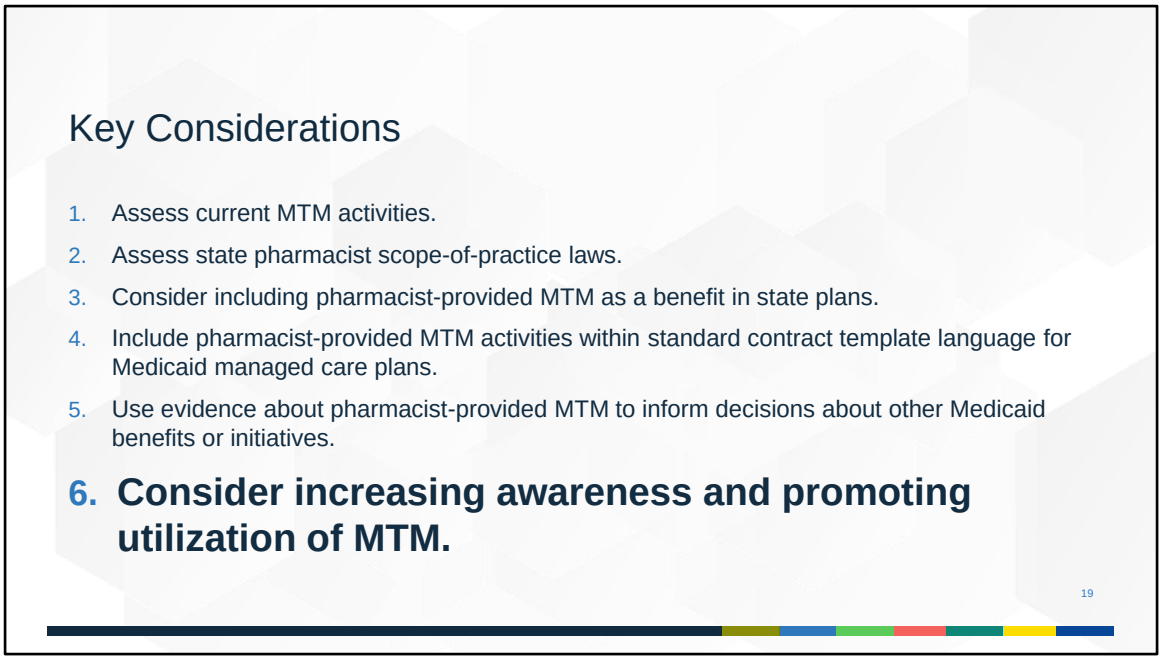
Federal law requires state Medicaid programs to cover a list of mandatory benefits, but state Medicaid agencies have the discretion to cover services from a list of optional benefits as well. State plans that include coverage of MTM, as an optional benefit, have been shown to improve medication adherence and improve the management of chronic conditions. States can consider existing MTM evidence when exploring ways to reduce the burden of chronic disease.



Some states have used their contracts with Managed Care Organizations to define which benefits the plans must cover. These benefits include the services identified in federal Medicaid regulations and can include additional services as well. Several states already include a provision in their contract template language that requires MCOs in the state to provide MTM services for the Medicaid beneficiaries for whom they are responsible.

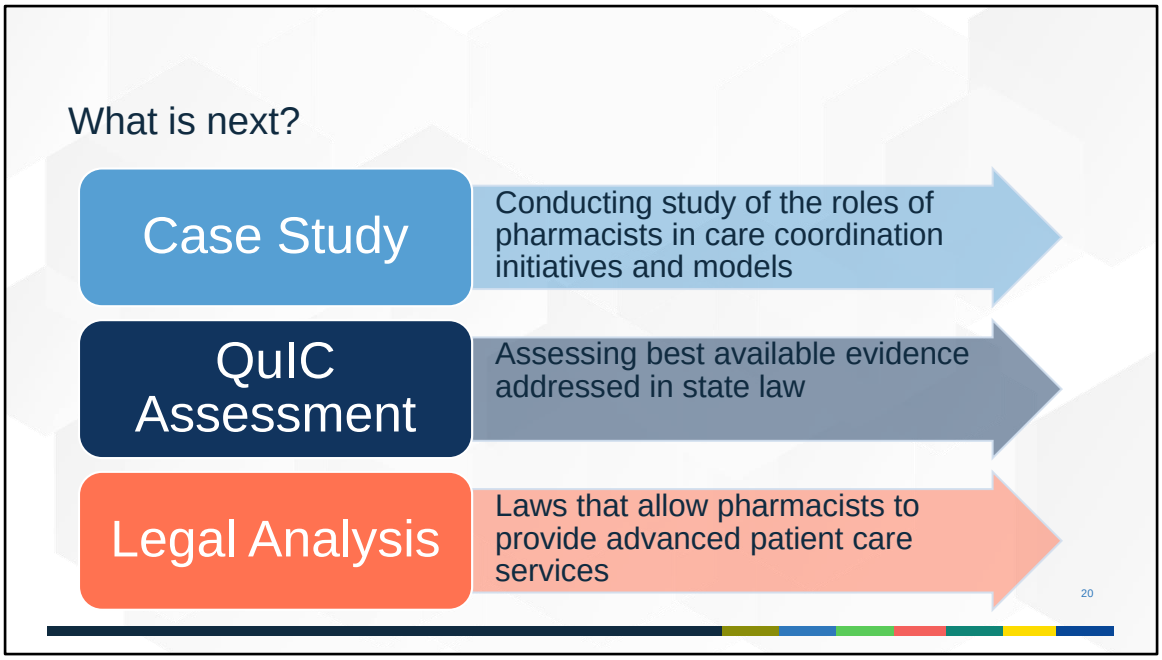


MTM may be viewed as a value-added service that can be employed as part of a broader benefit. Some states have integrated MTM into broader Medicaid initiatives, such as value-based purchasing programs or a state waivers that test a set of delivery or payment redesigns, with evidence reflecting improved health outcomes. States can use these experiences to inform their decision making when addressing issues faced by communities experiencing particularly high prevalence of chronic conditions.



State Medicaid agencies could increase awareness of MTM by informing providers about how to direct their patients to pharmacist-provided MTM services. State primary care associations may also assist in disseminating information about MTM to their Federally Qualified Health Center (FQHC) providers, and these providers may provide information to their patients who are Medicaid beneficiaries.

In addition to educating Medicaid beneficiaries, pharmacists could benefit from receiving clear, state-specific information about MTM requirements and training, including billing and coding practices. Medicaid agencies and MCOs could work with professional pharmacy associations and societies and others to ensure broad dissemination of this information.



Before we close, we thought that we would briefly discuss some of the pharmacy topic areas in which we are currently focusing our efforts. Tools and resources from this ongoing work will be released as the projects progress.

- We are conducting a study of the role of pharmacists in different care coordination initiatives and models that we hope will include a case study series.

- We are undergoing an assessment of best available evidence for services provided by pharmacists addressed in state law using a

methodology called the QuIC Evidence Assessment.

- We are also performing a legal analysis of mechanisms in law that allow pharmacists to provide advanced patient care services related to chronic diseases including ordering, interpreting, and performing lab tests and modifying, initiating, and discontinuing medication therapy.

Thank You

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MODERATOR

This concludes today's Coffee Break presentation. At this time, we will take questions from the audience. If you have a question, please enter it in the Q/A chat box feature at the bottom.