Rural Arizona Medication Therapy Management (RAzMTM) Program

Problem

About 1 in 3 adults in Arizona have high blood pressure (hypertension), and approximately 9% of the population has three or more chronic health conditions that may increase the risk of early mortality.[2] Although patient care coordination services that involve all members of the health care team are effective at managing chronic disease, pharmacists who are highly skilled in medication optimization are often underutilized. Additionally, patients residing in rural areas may face barriers to accessing pharmacist-provided MTM services.

Program

The RAzMTM program addresses gaps in care by providing MTM services using a telehealth model with a centralized remote pharmacist. Using core components of the Pharmacists' Patient Care Process, RAzMTM program pharmacists work with patients living in rural Arizona to assess their medications, identify potential problems related to nonadherence or contraindications, create action plans for disease self-management, and recommend medication changes to the patient's prescribing clinician. Collaboration with *promotores de salud* helps expand the reach of the program to patients who might face transportation- and language-related barriers to care.

For more information, please contact:

Centers for Disease Control and Prevention

1600 Clifton Road NE
Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov

Web: www.cdc.gov

Overview

The RAzMTM program began as a pilot program funded by the Arizona Department of Health Services that aimed to assess the effectiveness of telehealth pharmacy services in improving health for people who are medically underserved. Since 2014, the RAzMTM program has used cloud-based software to help pharmacies and health plans implement medication therapy management (MTM) services to manage chronic diseases and reduce adverse drug events in patients. The software, which uses more than 1,000 clinical algorithms to identify and predict potential medication-related problems and track performance metrics, can generate real-time customizable reports of pharmacist interventions.

The RAzMTM team consists of three to five full-time pharmacists, supported by pharmacy interns, residents, and nurses, who provide MTM services via telehealth to patients in rural Arizona who have chronic diseases. To reduce access barriers and expand the reach of the program, RAzMTM pharmacists may also work with *promotores de salud* (community health workers who work with Spanish-speaking communities), who conduct home visits and advocate for patients' needs during visits with clinicians and local pharmacists.

Patients who could benefit from the program are identified through local health centers and enrolled after establishing trust with the pharmacist. Pharmacists then follow core components of the nationally recognized Pharmacists' Patient Care Process to collect necessary information about the patient, assess information to identify problems and opportunities to optimize medications, develop a patient-centered care plan, implement the care plan in coordination with the patient and health care team, and follow up to monitor and evaluate the plan.[1] RAzMTM pharmacists document care and communicate with members of the patient's health care team throughout the entire process.

Key Characteristics of the RAzMTM

- Helps pharmacies and health plans implement MTM
- Pharmacists may also work with *promotores de salud*
- Patients identified through local health centers
- Addresses gaps in care by providing MTM services

Intended Participants

The intended participants of the RAzMTM program are patients living in rural areas who may have challenges accessing health care and can benefit from telehealth MTM services. The program focuses specifically on patients with one or more chronic illnesses (e.g., high blood pressure, diabetes) who are identified by local health centers.

Core Component	Description
Identify and Enroll Eligible Patients	Local health centers identify patients who could benefit from RAzMTM services. To contact the patient and establish trust, a pharmacist from the RAzMTM team uses a "warm handoff" strategy by coordinating a three-way phone call with the patient and a member of the patient's health care team, such as their primary care professional or *promotores de salud*. This strategy is used to promote transparency and engage patients in communication about their health.
Collect	Patients' consultations with a pharmacist typically begin with medication reconciliation. Every medication a patient takes, including over-the-counter medications and complementary or alternative therapies, is reviewed and discussed.
Assess	The pharmacist assesses and identifies any potential medication-related problems, including medication nonadherence, affordability concerns, barriers to care, deviation from treatment guidelines, and gaps in preventive care or treatment. The pharmacist also makes vaccination recommendations, if appropriate.
Plan	The pharmacist develops an individualized patient care plan with recommendations to communicate to the patient's health care team (e.g., clinicians, community pharmacists, *promotores de salud*).
Implement	RAzMTM pharmacists counsel patients about medication safety, medication adherence, and chronic disease management.
Follow Up	If necessary, the pharmacist contacts health care team members via fax, phone, or electronic health record messaging to discuss any medication-related concerns or recommendations. A risk stratification tool is used to ensure that all critical safety issues are communicated in a timely manner.

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Goals and Expected Outcomes

The main goal of the RAzMTM program is to improve patients' health outcomes and access to care by providing the first collaborative practice model incorporating telehealth services in rural Arizona. Through the program, patients and their health care providers have seen improvements in health metrics such as blood pressure control and blood glucose management. Improvements in high blood pressure were observed in patients from preprogram to follow-up: Average systolic blood pressure decreased from 155 mm Hg to 147 mm Hg and average diastolic blood pressure decreased from 77 mm Hg to 73 mm Hg.[3]

RAzMTM program representatives found that patients who are referred to pharmacists for MTM services have better health outcomes than patients who are not referred. The RAzMTM program minimized initial skepticism among health care team members who were less familiar with pharmacists' training and education in evaluating a patient's medication regimen.

Progress Toward Implementation

Based on its early successes, RAzMTM became a permanent program funded by the Arizona Department of Health Services in 2018. Pharmacists working within the RAzMTM program can be reimbursed for MTM services, although reimbursement typically does not fully cover additional care coordination services, such as referring patients for appropriate screenings. Efforts to address reimbursement challenges for pharmacist-provided MTM and care coordination can improve the sustainability and scalability of the RAzMTM program and similar programs.

Enabling Pharmacy Care

Because of the remote nature of the RAzMTM program, pharmacists typically partner with *promotores de salud* to conduct medication reconciliations during home visits and help advocate for patients' needs during visits with clinicians and local pharmacists. This collaboration can support the work of pharmacists in patient care and help advance MTM services.

RAzMTM pharmacists have ongoing access to a health system's electronic health record platform, allowing them to review primary care team documentation and hospital discharge notes. Pharmacy and medical claims are also accessible to RAzMTM pharmacists, providing them with a better understanding of a patient's condition and overall care.

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[1] Centers for Disease Control and Prevention. Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists [PDF – 633KB]. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2016.

[2] United Health Foundation. America's Health Rankings. Arizona: 2020 Annual Report. Accessed December 1, 2022.

[3] Johnson M, Jastrzab R, Tate J, Johnson K, Hall-Lipsy E, Martin R, et al. Evaluation of an Academic-Community Partnership to Implement MTM Services in Rural Communities to Improve Pharmaceutical Care for Patients with Diabetes and/or Hypertension. *J Manag Care Spec Pharm*. 2018;24(2):132–41.

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