

**COFFEE BREAKS 2019:**  
**STEPS TO PROMOTE PHARMACIST-  
PROVIDED MEDICATION THERAPY  
MANAGEMENT SERVICES**

CENTERS FOR DISEASE CONTROL AND PREVENTION



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August 13, 2019

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

DIVISION FOR HEART DISEASE AND STROKE PREVENTION



MODERATOR:

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

We are fortunate to have **Jeff Durthaler** as today's presenter. **Jeff is a population health consultant pharmacist** who sits on the **Applied Research and Translation Team (ART)** within CDC's Division for Heart Disease and Stroke Prevention.

My name is **Lauren Taylor** and I am today's moderator. I am also on the ART team within **AREB**.

## BEFORE WE BEGIN...

- All phones have been placed in SILENT mode.
- Any issues or questions?
  - Use Q & A box on your screen
  - Email [AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov)



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.

If you are having issues with audio or seeing the presentation, please message us using the chat box or send us an email at [AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov)

If you have questions during the presentation, please enter it on the chat box on your screen. We will address your questions 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.

## 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.

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

## MTM & 1815/1817 COOPERATIVE AGREEMENTS

### Implement Team-Based Care for patients with high blood pressure and high blood cholesterol

- Category B Strategy B4: promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification

JEFF:

Thank you Lauren.

The purpose for this presentation is to provide support to those seeking to achieve the MTM performance measure within Cooperative Agreements 1815 and 1817.

These cooperative agreements include a focus on implementing approaches to team-based care for patients with high blood pressure and high blood cholesterol.

Both 1815 and 1817 include a strategy that promotes self-management training, lifestyle modification counseling, and MTM services between pharmacists and physicians.

## QUESTIONS TO ANSWER

1. What are medication therapy management services?
2. Why promote MTM services?
3. What are common barriers to providing MTM services?
4. Where to begin and how might you achieve the performance measure?
5. How do you measure success?

Through this presentation I will provide answers to the following 5 questions:

1. What are medication therapy management services?
2. Why promote MTM services?
3. What are common barriers to providing MTM services?
4. Where to begin and how to achieve the performance measure? and finally,
5. How to measure success?

## MEDICARE PART D MTM PROGRAM

- Program Requirements
- Eligible Beneficiaries
- Scope of MTM Services
  - Comprehensive Medication Review (CMR)
  - Targeted Medication Review (TMR)
  - Documentation and Follow-up

CPT Code	Description
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, with assessment, and intervention if provided: initial 15 minutes, new patient.
99606	Initial 15 minutes, establish patient
99607	Each additional 15 minutes. (List separately in addition to code for the primary service. Use 99607 in conjunction with 99605 or 99606.

As background information, the term Medication Therapy Management, or MTM was first defined by CMS as part of the Medicare Modernization Act of 2003.

**In regards to program requirements**, CMS requires that Part D sponsors (aka Health Plans that Medicare Part D coverage) must have established an MTM program that is designed to ensure that covered Part D drugs prescribed to targeted beneficiaries are appropriately used to optimize outcomes through improved medication use. CMS requires that the MTM programs be developed in cooperation with pharmacists and physicians.

***CMS offers plan sponsors some flexibility with who is eligible to receive MTM services.*** Part D sponsors cannot require more than 3 chronic diseases for eligibility, but sponsors may set this minimum threshold at 2 or 3 chronic diseases. Sponsors cannot require beneficiaries be taking more than 8 Part D drugs, but sponsors may set this minimum threshold at any number equal to or between 2 and 8. Finally, Medicare recipients are eligible if they are likely to incur annual costs for covered Part D drugs greater than or equal to the specified MTM cost threshold (\$4044 in 2019).

**The scope of MTM services offered by CMS include**

1. An Annual Comprehensive Medication Review which is designed to reconcile the medications being taken with what is on record as being prescribed and to identify and resolve medication related problems. From this review, beneficiaries receive a personal medication list and a medication action plan.
2. Beneficiaries are also eligible to receive a Targeted Medication Review, quarterly. This benefit is intended to monitor and optimizing the use of a specific medication.

MTM providers are expected to document and communicate their actions, interventions, and referrals.

**Although CPT Codes exist for the purpose of documenting MTM services,** it is important to know that these CPT codes are not necessarily recognized by all Medicare Part D, Medicaid, or Commercial plans. Thus, it is up to an individual payer to determine if these CPT codes may be used for billing.

It is also important to know that MTM services may be defined in a number of ways. What is included in MTM services is largely determined by the payer and it is not widely known which state Medicaid programs or which Commercial insurers offer MTM services beyond the Medicare population.

## DP18-1815 Category B Performance Measure Guidance and Definitions

- **Medication-Therapy Management (MTM)\*:** MTM is used by pharmacists to ensure that patients are achieving optimal therapeutic outcomes for the prescription medications that they are taking. Medication-Therapy Management is used to cover a broad range of professional activities, including
  - Performing patient assessments for a comprehensive review of prescriptions and their possible interactions or side effects
  - Formulating both short and long-term medication treatment plans
  - Monitoring the safety and efficacy of any and all prescription medication plans
  - Ensuring directional or instructional-based compliance through patient education
  - Better documentation and communication between health care professionals to maintain a high standard of care across medical professions

As defined by 1815, MTM services is a term used to describe a broad range of professional activities used by pharmacists to ensure that patients are achieving optimal therapeutic outcomes for the prescription medications that they are taking. MTM services may include...

1. Performing patient assessments for a comprehensive review of prescriptions and their possible interactions or side effects
2. Formulating both short and long-term medication treatment plans
3. Monitoring the safety and efficacy of any and all prescription medication plans
4. Ensuring directional or instructional-based compliance through patient education
5. Better documentation and communication between health care providers to maintain a high standard of care across medical professions

## QUESTIONS TO ANSWER

1. What are medication therapy management services?
2. **Why promote MTM services?**
3. What are common barriers to providing MTM services?
4. Where to begin and how might you achieve the performance measure?
5. How might you measure success?

The next question I will answer is “Why promote MTM services?”

## THREE REASONS FOR PROMOTING MTM SERVICES?

- MTM offers a positive cost-benefit ratio
- MTM is underutilized
- MTM is unknown among beneficiaries

Wittayanukorn S, Westrick SC, Hansen RA, et al. Evaluation of Medication Therapy Management Services for Patients with Cardiovascular Disease in a Self-Insured Employer Health Plan. *Journal of Managed Care Pharmacy*. 2013;19(5):385-395. doi:10.18553/jmcp.2013.19.5.385.

Medication Therapy Management. CMS.gov. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html>. Published 2018. Accessed [now](#).

Taylor AM, Axon DR, Campbell P, et al. What Patients Know About Services to Help Manage Chronic Diseases and Medications: Findings from Focus Groups on Medication Therapy Management. *Journal of Managed Care & Specialty Pharmacy*. 2018;24(9):904-910. doi:10.18553/jmcp.2018.24.9.904.

**First**, a study designed to evaluate MTM for patients with CVD in a self-insured employer health plan attributed decreases in health care costs to MTM service as shown by reduced physician visits, ED visits, hospital admissions, and increased medication adherences, safety, and effectiveness. Furthermore, the authors reported that MTM offers the health plan about a \$1.29 to \$1.67 ROI for every dollar invested in MTM.

**Second**, although Medicare offers MTM as an opt-out covered benefit, its use by beneficiaries is less than desirable. CMS reports that 10.7% of the Medicare population is eligible for MTM, but only 36.1% of them actually received a comprehensive medication review in 2015. That is, over 2.6 million Medicare eligible recipients have yet to receive an annual comprehensive medication review.

**Third**, a more recent study showed that MTM continues to be underutilized with less than 50% of eligible patients receiving it. A recent study reported that 60% of patients were unaware of MTM services, and 86% of patients have never received a medication action plan. Creating patient awareness and educating them on what MTM is, may be a means to increasing its use.

## QUESTIONS TO ANSWER

1. What are medication therapy management services?
2. Why promote MTM services?
- 3. What are common barriers to providing MTM services?**
4. Where to begin and how might you achieve the performance measure?
5. How do you measure success?

The next question I will answer is “What are common barriers to providing MTM services, but first I would like to learn from you.

## INTERACTIVE CHAT BOX QUESTION

*What do you think are barriers to pharmacists being available to provide MTM services to your high-burdened populations?*

Please use the chat box and take the next minute to respond to the following question....."*What do you think are barriers to pharmacists being available to provide MTM services to your high-burdened populations?*"

## EXAMPLE BARRIERS TO MTM

- Employer-related
  - Awareness and value
- Payer-related
  - Incentives
- Provider-related
  - Bi-directional communications/practice models
- Patient-related
  - Awareness and value

Thank you for your responses. These will be helpful to creating future technical assistance.

Example barriers to MTM reported in the literature are shown on this slide. For example...

1. Employers may be unaware of what MTM is, and its value to disease prevention, progression, treatment, and impact on the cost of their health benefit.
2. Payers have little incentive to offer MTM services, since for example, Part D plans are required to pay for this benefit out of their administrative fees.
3. Providers may overlook the opportunity to engaging pharmacists to provide MTM, due to communication barriers and practice models.
4. Patients may not be aware of MTM, access to it as a covered benefit, or its value.

To achieve the MTM performance measure, it will be important to identifying barriers specific to your state.

I will discuss the steps to doing just that by answering the next question.

## QUESTIONS TO ANSWER

1. What are medication therapy management services?
2. Why promote MTM services?
3. What are common barriers to providing MTM services?
- 4. Where to begin and how might you achieve the performance measure?**
5. How do you measure success?

“Where to begin and how you may achieve the performance measure?”

## STEPS TO PROMOTING MTM BEGIN WITH THE END IN MIND

1. Set goals
2. Determine access
3. Understand the scope of MTM benefit
4. Determine eligibility criteria
5. Identify eligible populations
6. Determine availability of MTM services
7. Develop an action plan (access, availability, awareness)

**First, set goals.** Recall that the primary goal for the MTM performance measure is to [increase the # and % of pharmacists who provide MTM services](#) to your high-burdened populations. This should include self-monitoring training and lifestyle modification counseling. For both 1815 and 1817 a large part of reporting progress hinges on clearly defining the community pharmacies and health-systems that you are working with to increase the # of pharmacists who provide MTM, as these practice sites will serve as your denominator in most of the performance measure calculations. Consider focusing your efforts in high-burdened populations.

**Second, determine access to MTM as a covered health plan benefit.** It is common knowledge among providers that MTM is accessible to Medicare recipients, but it is not common knowledge which state Medicaid and Commercial health plans cover MTM services. Take the necessary steps to determine if MTM services are covered by Medicaid and Commercial plans in your state. If it is not a covered benefit for these populations, then promote MTM as a covered benefit to these payers. If MTM services are accessible, then seek to advance to step 3 and seek to .....

**Understand the scope of MTM services that are accessible.** Do this by reviewing the details of each health plan offered in your state, or at least Medicaid and, for example,

the top 3 large Commercial health plans that cover the majority of lives.

**Fourth, determine the eligibility criteria (by payer) for patients who have access to MTM services.**

**Fifth, target populations by identifying the geographic location of your high-burdened populations.** For example, work with payers to segment the eligible population by geography (where they live), prescriber (where they obtain their prescription), and pharmacy (where they pick-up their medications). The benefits of doing this is that you will now be able to focus your efforts to increase the availability and awareness of MTM in priority areas.

**Sixth, determine the availability of MTM services in your high-burdened populations.** For example, if your state requires that pharmacists be registered as MTM providers, then seek the registration list and assess the location of these pharmacists in relation to your targeted community pharmacies and health –systems.

**Finally, develop an action plan that addresses access, availability, and awareness.**

## EXAMPLE ACTION PLAN

- **Prescriber-based action**
  - Encourage referrals for directing patients to MTM pharmacist
- **Pharmacy-based actions**
  - Support pharmacists MTM training
  - Promote Med-Synchronization and Appointment-based model
- **Employer Based Actions**
  - Offer pharmacist-provided MTM as covered benefit
  - Promote pharmacist access to e-HR
  - Develop sustainable (value-based) reimbursement models
- **Payer-Based Actions**
  - Increase awareness of MTM to high-burdened populations by promoting value
  - Offer incentives to pharmacists for providing MTM services
  - Expand network of pharmacies that offer MTM in high-burdened geographies

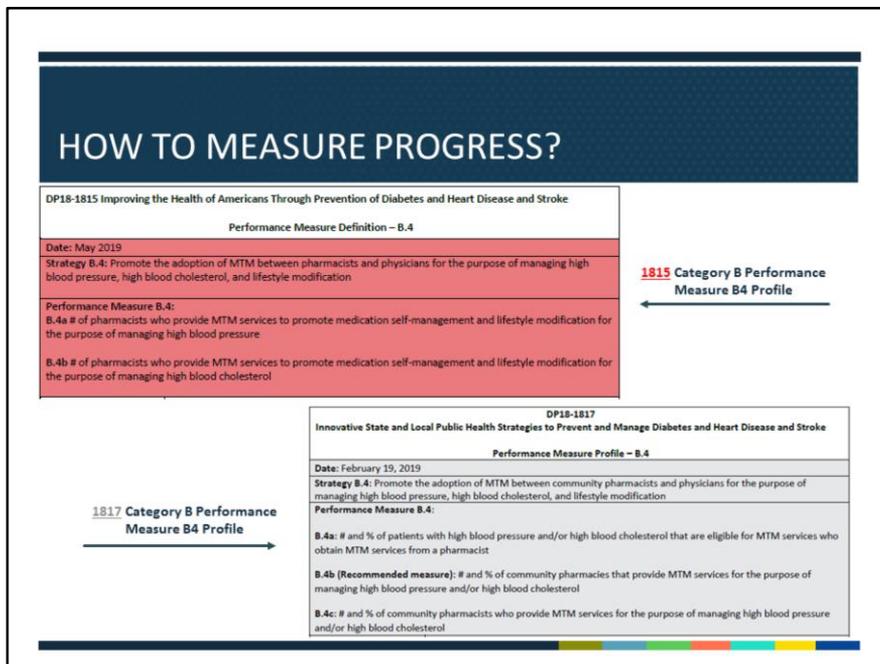
### For example,

1. Encourage prescribers to refer eligible patients to an MTM pharmacist,
2. Support pharmacists with obtaining MTM training,
3. Promote medication synchronization and the appointment-based practice model.
4. Educate employers on the value of providing MTM services as a covered benefit, and encourage them to create sustainable practice models.
5. Promote community pharmacist access to the electronic medical records,
6. Increase awareness of MTM to eligible patient populations,

## QUESTIONS TO ANSWER

1. What are medication therapy management services?
2. Why promote MTM services?
3. What are common barriers to providing MTM services?
4. Where to begin and how might you achieve the performance measure?
5. **How do you measure success?**

Finally, I will now answer the question “how to measure success in achieving the MTM performance measures”



Success in reporting the Category B MTM performance measures differ by cooperative agreement.

The 1815 Category B performance measure B4 (a and b) asks recipients to report the # of pharmacists in health-systems and other settings who provide MTM services and promote medication self-management and lifestyle modification for the purpose of managing high blood pressure and high blood cholesterol.

The intent of this measure is to assess the impact of your efforts in promoting MTM between pharmacists and physicians, by measuring the change from baseline of how many pharmacists within a health-system provide MTM services for patients with high blood pressure and blood cholesterol, and offer self-management training, and lifestyle modification counseling.

The 1817 Category B performance measure B4 asks recipients to report the recommended performance measure B4b, which asks for the # and % of community pharmacies that provide MTM services for the purpose of managing high blood pressure and high blood cholesterol.

The intent of this measure is to assess the impact of innovative strategies that promote MTM between pharmacists and physicians, by measuring the change from baseline of how many pharmacists in community pharmacies provide MTM for patients with high blood pressure and blood cholesterol, and offer self-management training, and lifestyle modification counseling.

If it is not feasible for you to report B.4b, it is also acceptable to report only B.4a or B.4c.

As you work to promote MTM service and strive to achieve this performance measure, I encourage you to approach the issue by using the “Access, Availability, and Awareness” framework. That is,

If you discover that the barriers are related to access (that is, MTM is not a covered benefit), then promote the value of MTM employers and payers as a covered benefit)  
If you discover that the barriers are related to the availability of trained MTM pharmacists, then support MTM training of pharmacist for priority populations.  
If you discover that the barriers are related to a lack of awareness among patients of the MTM benefit or its value, then invest your efforts in educating patients about their MTM benefit and its value.

## RESOURCES FOR CALCULATING PERFORMANCE MEASURES

1815	1817
<ul style="list-style-type: none"> <li>• Pharmacist assessment or survey</li> <li>• Pharmacy records from health care systems or affiliated pharmacies</li> <li>• Insurance, claims database</li> </ul>	<ul style="list-style-type: none"> <li>• Database from chain or independent retail pharmacies</li> <li>• Insurance, claims database</li> <li>• State health care workforce planner</li> <li>• Pharmacy records from community, ambulatory, and/or health care systems,</li> <li>• CMS Star Measure Reports</li> <li>• Pharmacy records from health plan intermediaries (e.g., OutcomesMTM, Mirixa, PharmMD, SinfoniaRx)</li> <li>• Pharmacy Benefit Managers (e.g., Express Scripts, OptumRx, CVS Health)</li> <li>• Pharmacist assessment or survey</li> </ul>

Finally, I would like to conclude with providing you a few resources to assist with your efforts.

This slide illustrates data sources that may be used to calculate the MTM performance measures.

This information and additional helpful hints are available in the 1815 and 1817 Performance Measure Guidance and Definition Documents.

## RESOURCES FOR INCREASING PHARMACISTS PROVIDED MTM SERVICES

- **American Pharmacists Association MTM Central Web-site**
  - Implementing MTM in Your Practice
  - Getting Your MTM Business Started
  - Innovative MTM practice Sites
  - Advancing the Value of MTM
  - Toolkit for Marketing MTM to Prescribers
  - MTM Services: Activities by State
  - MTM Library of Tools: Business, Clinical, Education, Practice

<https://portal.pharmacist.com/mtm>

Also, the American Pharmacists Association maintain a website that contains many resources for pharmacists to expand MTM services.

This library of resources include tools to help pharmacists...

1. Implement MTM
2. Start an MTM Business
3. Learn about other innovative MTM practice sites
4. Advance the Value of MTM
5. Market MTM to Prescribers
6. Obtain a list of MTM Service Activities by State, and...
7. Address business, clinical, education, practice, and quality issues related to MTM.

This concludes my presentation. I will now turn the microphone over to Lauren for closing comments.

# Thank You

JEFF DURTHALER, M.S., R.PH.  
POPULATION HEALTH CONSULTANT PHARMACIST, IHRC, INC.



MODERATOR:

At this time, we'll take questions, but first we'll check to see if any questions have come in through the Q&A box.

**\*If we have questions ask the questions posed by the attendees to the presenter\***

**\*If we do not have questions, proceed with the script below\***

Since it appears that we have no questions at this time from the audience, we have some questions that we wanted to ask that might be insightful to our participants.

Questions:

- (1) What is the difference between the Pharmacists Patient Care Process and MTM Services?*
- (2) How do I know if MTM services are effective in addressing drug therapy related problems?*



MODERATOR:

Next, please stay with us for two short poll questions.

Please allow a few seconds for the poll to pop up on your screen. We will pause for a few moments after the question is presented to give you time to answer. One moment everyone.

**\*Moderator present poll question. Make sure to read the following after presenting each.\***

The **[first, second]** question should be showing, it read **[read question and potential answers]**

Please respond with the appropriate answer at this time.

**The quality of the presentation was:**

Excellent

Good

Fair  
Poor

**The level of information was**

Too basic  
About right  
Beyond my needs

**The information presented was helpful to me.**

Yes  
Somewhat  
No not at all

## REMINDERS!

- All sessions are archived and the slides and script can be accessed at <https://www.cdc.gov/dhds/pubs/webcasts.htm>
- If you have any questions, comments, or topic ideas send an email to [AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov)

Thank you for your participation!

As a reminder, all sessions are archived and the slides and script can be accessed at our Division website at the link shown. Today's slides will be available in about 3 weeks.

If you have any ideas for future topics or questions, please feel free to contact us at the listed email address on this slide.

## NEXT COFFEE BREAK

- **When:** Tuesday, September 10, 2019
- **Topic:** Effectiveness and Economic Review of Self-Measured Blood Pressure Monitoring Interventions
- **Presenter:** Sharada Shantharam, MPH



MODERATOR:

Our next Coffee Break is scheduled for Tuesday, September 10<sup>th</sup> and will be focused on Effectiveness and Economic Review of Self-Measured Blood Pressure Monitoring Interventions.

Thank you for joining us. Have a terrific day, everyone. This concludes today's call.