TUESDAY, FEBRUARY 14: CMS ENHANCED MTM PILOT PROGRAM
WELCOME

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CMS Enhanced MTM Pilot Program
IPA 2/2/2 Webinar
02.14.17

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Medication Therapy Management (MTM): Today
Approximately 56% of MTM programs target beneficiaries who have filled at least eight covered Part D drugs.

Almost 24% of MTM programs use expanded eligibility requirements, up from 19% in 2014.

73% utilize an MTM vendor.

Over 66% of Medicare MTM programs use their MTM vendor’s in-house pharmacists to deliver the CMR; 28% use their MTM vendor’s local pharmacists.
2017 National Average: 24.0% (2.7 Stars)
Increase from 15.4% (2.3 Stars) in 2016
2017 National Average: 45.6% (2.4 Stars)
Increase from 30.9% (2.3 Stars) in 2016
Priority Health validated the success of its OutcomesMTM administered Medication Therapy Management program saw a cost savings of

$60 \text{ per member/per month over a 12-month period} \quad \& \quad $66 \text{ per member/per month over 24 months}
POWER OF THE NETWORK

How active are local pharmacists in MTM today?

Nearly 7,000 new pharmacies participated in OutcomesMTM programs in 2015.
Last year, more than 34,000 pharmacies submitted an MTM claim—almost 7,000 of them new to MTM. This increase greatly enhanced the network’s capability to respond to the needs of millions of MTM-eligible patients.

The number of MTM service claims increased by 90% over 2014.
Just shy of 50,000 pharmacists and 8,800 technicians worked on MTM opportunities in 2015. Although MTM is most often associated with CMRs, these 2.4 million MTM encounters also represent local pharmacists assisting patients outside CMS-required MTM programs. Every day, MTM services benefit members of Medicare, Medicaid, commercial and other groups.

That increase generated 160% more service payments for pharmacies in 2015.
Today, more than half of U.S. pharmacies are active in OutcomesMTM programs, earning revenue for their clinical services while helping healthcare payors reach their goals.

2.4 M+ CLAIMS

137,870 MTM services helped patients avoid unnecessary healthcare utilization (doctor appointments, hospitalizations, ER visits and life-threatening events).

72% of successfully resolved prescriber-level interventions were validated in prescription claims data.

Average calls per day to the OutcomesMTM Provider Resources Help Desk: 333

In addition to the 2.4 million MTM service claims submitted by network pharmacists, remote telephonic teams contributed an additional 106,000 MTM claims for patients who could not receive MTM services at their local pharmacies.

ROI per pharmacist-identified cost-savings intervention: $656.39
Medication Therapy Management (MTM): The Future
The Future of Healthcare

The Need for MTM is Growing

Since 2002, there has been a 15% increase in the number of 55-64-year-olds taking five or more medications.1

50% of patients walk out of appointments not understanding what they were told by their physician.1

By 2020, 157M Americans are expected to be living with a chronic condition.

81 million will have multiple chronic illnesses.1

In 2023, the cost burden of chronic illness—currently 78% of total health spending—will increase markedly by an estimated $4.2 trillion.1

90% of adults over the age of 65 years take at least one prescription drug.1

Patients actively participate in their own clinical decision-making <10% of the time.2
Averting Dangerous Drug Interaction

Personal Pharmacist™ Lise Hennick, Kroger Pharmacy, Suwanee, GA

Lise’s patient was experiencing episodes of severe low blood pressure despite aggressive treatment by his cardiologist. The cardiologist had prescribed three medications to help raise the patient’s blood pressure, but the patient was still experiencing symptoms. Lise noticed the patient’s primary care doctor had recently prescribed a new prostate medication for the patient. She knew that a common side effect from this medication is low blood pressure.

Lise contacted the patient’s cardiologist to determine if he was aware the patient was taking the prostate medication since it was prescribed by a different doctor. The cardiologist immediately had the patient discontinue the prostate medication because of his uncontrolled low blood pressure. Thanks to Lise, the patient’s blood pressure is now stable, and a potentially life-threatening drug interaction was prevented.
• Optional participation
  • Start: 1/1/2017
  • Duration: 5 years

• Model costs excluded from CMS bid

• PDP Plans in 5 Medicare Regions
OBJECTIVES

Learn how to “right size” investment in MTM services

Identify and implement innovative strategies to:
- Optimize medication use
- Improve care coordination
- Strengthen system linkages
- Include local networks of local pharmacies and prescribers in MTM
- Capture Medicare A&B Savings
Increased regulatory flexibilities

New prospective payment

New performance-based payment
• Services designed to manage/reduce medical utilization:
  • Medication reconciliation
  • Monitoring patients taking medications commonly linked to adverse events
  • Targeted interventions to prevent and/or resolve medication therapy problems
  • Longitudinal approaches to adherence
  • Education for patients with complex chronic disease
“We also believe that without participation of retail community pharmacists, the testing of enhanced MTM models will fall short of achieving the maximum potential in terms of positive outcomes and impact on beneficiary health.”

House Committee on Energy and Commerce Subcommittee on Health in a letter to Secretary of Health and Human Services Sylvia Burwell
• Reporting data elements designed to leverage existing code sets
  • Systematized Nomenclature of Medicine–Clinical Terms® (SNOMED CT®)
  • National Plan & Provider Enumeration System (NPPES): National Provider Identifier (NPI)
  • Washington Publishing Company: Healthcare Provider Taxonomy Code (HPTCs)
  • RxNorm: Concept Unique Identifier (RXCUI)
  • CMS: Healthcare Common Procedure Coding System (HCPCS) Level II codes
• Standardizing codification of MTM services (SNOMEDCT Codes)
  • Pave way for integration across multiple systems
  • Value set under development
• Monitoring measures
  • Ability to benchmark models across the industry
  • Identify best practices that achieve model goals
• **SNOMED CT**
  • Systematized Nomenclature for Medicine – Clinical Terms
  • Federally recognized health IT standard for clinical documentation
  • Required for exchange of health information
  • Required for reporting quality measures

• **Value Sets**
  • Subset of SNOMED CT codes
  • Starter set established by Pharmacy HIT for pharmacy
• Stakeholder meeting in July 2016 to build consensus on a standardized framework for cross-walking MTM services to SNOMED CT codes
  • Definitions
  • Value sets
• Stakeholder proceedings available at www.amcp.com/SNOMED
• Public comment period closed in September
• Meeting with CMS occurred October 13th
• Joint Commission of Pharmacy Practice (JCPP)
  • Stewards of definitions used to describe pharmacy services

• PHIT Collaborative
  • Steward of pharmacy SNOMED CT codes and value sets
Definitions

- Medication
- Pharmaceutical Care
- Medication Therapy Management (MTM)
- Adherence
- Adverse Medication Reaction
- Comprehensive Medication Review (CMR)
- Education
- Medication Action Plan (MAP)
- Medication Goals

- Medication Reconciliation
- Medication Synchronization
- Medication Therapy Problem
- Medication Therapy Recommendation
- Medication Therapy Intervention
- Non-Pharmacological Recommendation
- Non-Pharmacological Intervention
- Personal Medication List (PML)
- Targeted Medication Review
- MTM Value Sets (starter set)
  - Issues
  - Procedures
  - Referrals
  - Outcomes
  - Other
• Value Set Authority Center (VSAC)
  • Access MTM Value Starter Sets developed by Pharmacy HIT Collaborative and IMPAQ

• Value Set Authority Center Collaboration Tool
  • Pharmacy value sets are posted here for public comment and on-going maintenance

• SNOMED CT Code Inquiry/Request
  • Value Set Inquiry/Request
  • http://www.pharmacyhit.org/index.php/links

• SNOMED CT Implementation: A Beginner’s Guide (Pharmacy HIT Collaborative)
MONITORING MEASURES

Enhanced MTM Model Test

- Percentage of Beneficiaries Discharged from the Hospital who Received Enhanced Medication Therapy Management Services
- Percentage of Targeted Beneficiaries with at least One Medication Therapy Issue
- Percentage of MTM Recommendations that were Implemented
• Percentage of Beneficiaries Discharged from the Hospital who Received Enhanced Medication Therapy Management Services

(adapted from PQA QII)

• Numerator
  • Number of patients in the denominator who receive enhanced MTM services within 7 days. The patient must have received at least one service (as defined by having an encounter record) during the 7 days after discharge. At this time, no restriction is made on the kind of service (e.g. referral, intervention, issue)

• Denominator
  • Number of patients who meet targeting criteria and are discharged alive from the hospital
• Percentage of Targeted Beneficiaries with at least One Medication Therapy Issue
  • Numerator*
    • The number of patients in the denominator who either:
      • Have at least one MTM encounter record with a medication therapy issue code used for the Encounter Code; or
      • Have at least one MTM encounter with an Intervention code; or
      • Have at least one of each kind of record
  • Denominator
    • Number of patients who meet targeting criteria

*A patient who receives an assessment but does not have any identified problems is NOT counted in the numerator
MONITORING MEASURES
Enhanced MTM Model Test

• Percentage of MTM Recommendations that were Implemented
  • Numerator
    • Number of eligible encounters in the denominator for which a corresponding implementation is seen in the Part D claims data. These criteria will be defined separately for each eligible Encounter Code.
  • Denominator
    • Number of beneficiaries with at least one encounter during the reporting period where the Encounter Code is a SNOMED CT code for an eligible Intervention (e.g. drug therapy outcome)
LOOKING AHEAD
Enhanced MTM Model Test

Standardized MTM Coding Adoption

PDP EMTM Model Implementation

January 1, 2017

MAPD MTM Adoption

Non-Medicare MTM Adoption

December 31, 2021

Quality Measures

Interoperability
During an adherence check-up, a patient inquired about a change in her bladder medication dose. The patient said that in the past she had been taking an extended release tablet at a higher dose but now her newest prescription was for a lower dose and was not extended release. When asked whether she thought the new dose was working, the patient stated that she had noticed an increase in her urinary frequency and urgency. Jared consulted with the patient’s doctor and recommended to resume the prior dose and formulation. The prescriber agreed and the patient has now regained bladder control.
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QUESTIONS
JOIN US TUESDAY, MARCH 14 AT 2:00 PM

Questions? Contact David Schaaf at dschaaf@iarx.org or 515-270-0713