Best Practice Service Level Expectations for a Comprehensive Medication Review (CMR)

Medicare Part D Symposium

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Disclosure

"Brian Isetts declares no conflicts of interest or financial interests in any product or service mentioned in this presentation, including grants, employment, gifts, stock holdings, or honoraria."

Learning Objectives

- Describe different approaches to conducting an interactive, person-to-person comprehensive medication review (CMR) in the Medicare Part D Medication Therapy Management (MTM) Program

- Recognize variations in service level intensity of a comprehensive medication review based on process of care indicators

MTM Fact Sheet Key Questions Addressed Today

- What information/data are useful to enhancing beneficiary awareness of MTM programs and services?

- What effect does a CMR have on beneficiary engagement, activation and satisfaction?

- Which beneficiaries will derive the greatest benefit from a CMR?

- What are the best methods for delivering a CMR?

- What methods are available for evaluating the quality of a CMR?

- What are the effects of CMRs on achieving improved care for individuals, better health for populations and at lower per capita expenditures?

Workshop Session Agenda

- National Quality Strategy aims for safer health care, improved transitions of care, & reduced health risks

- Overview of medication management initiatives across inter-agency & external stakeholder groups

- Importance of CMRs in designing a rational medication use system

- Analysis of CMR process of care indicators

- Beneficiary service level expectations

- Program improvements impacting beneficiary engagement in comprehensive team-based medication management

Road Map for Redesigning Health Delivery & Financing

- **National Quality Strategy – Report to Congress**

- Wide stakeholder input (300+ groups)

- National Aims: Better care for individuals, better health for populations, & at lower per capita expenditures

- Priorities: safer care, more effective transitions, patient engagement, and decreased mortality (starting with cardiovascular risks)

Engines for Redesigning Health Delivery and Financing

- Department of Health & Human Services inter-agency collaboration

- National Priorities Partnership stakeholder engagement – National Quality Forum (NQF)

- Contracts, programs, grants, projects

- Payment policies

HHS, The National Quality Strategy and Medications

- Creating safer systems - adverse drug events are one-third of hospital acquired conditions in the Partnership for Patients

- Care transitions - drug-related readmissions

- Improved effectiveness and prevention, starting with cardiovascular risks (Million Hearts initiative)

- National Prevention Strategy, Community Transformation Grants, & Pharmacy Outreach Project at the CDC

Examples of Medication Management in HHS Programs

- Health Care Innovation Challenge – Grants.gov
- Agency for Healthcare Research and Quality (AHRQ) – medication management evaluation
- Health Resources and Services Administration (HRSA)
- Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)
- Part D MTM Program – 2011 MTM Fact Sheet
- Office of the National Coordinator (ONC) – Beacon Program communities
- Adm. On Aging – 600+ Area Agencies on Aging

Many Partners: Two Aims

- **40% Reduction in Preventable Hospital Acquired Conditions over three years**
  - 1.8 Million Fewer Injuries
  - 60,000 Lives Saves
  - A reduction in HACs from 137/1000 to 111/1000
- **20% Reduction in 30-Day Readmissions in 3 years**
  - 1.6 Million Patients Recover Without Readmission
  - An 11.5% readmissions rate vs. a 14.4% readmission rate

Potential to Save $35 Billion in Three Years

Areas of Focus

- **Adverse Drug Events**
- Catheter-Associated Urinary Tract Infections
- Central Line Associated Blood Stream Infections
- **Injuries from Falls and Immobility**
- Obstetrical Health
- Pressure Ulcers
- Surgical Site Infections
- **Venous Thromboembolism**
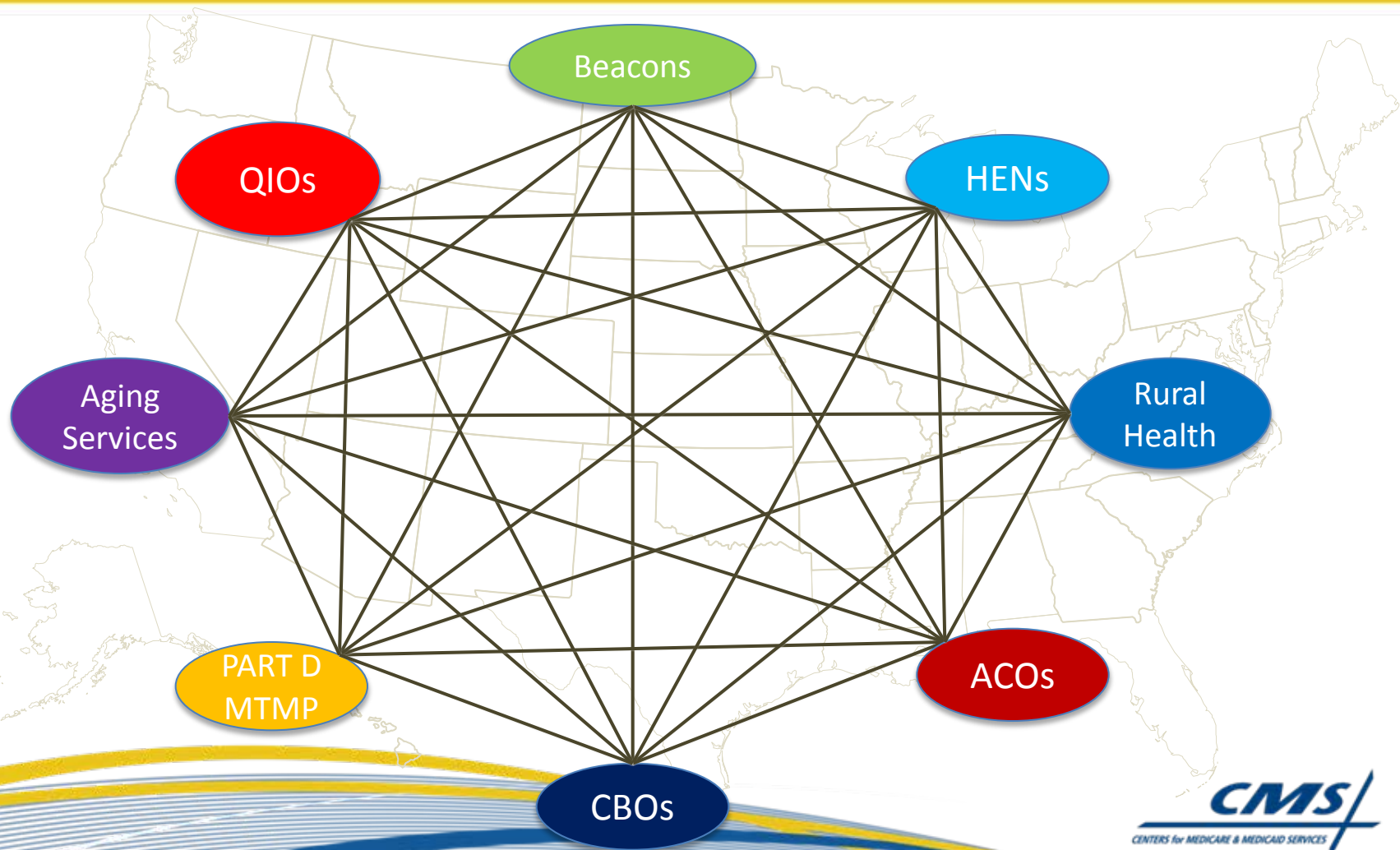- Ventilator-Associated Pneumonia
- **Readmissions**

Hospital Engagement Networks*

- **American Hospital Association (1935)**
- **Premier Healthcare Alliance (400)**
- **VHA (400)**
- **NC Hospital Assoc (227)**
- **Intermountain HealthCare (195)**
- **GA Hospital Assoc (144)**
- **TX Hospital Assoc (150)**
- **MN Hospital Assoc (145)**
- **Healthcare Assoc of NY State (135)**
- **IA Healthcare Collaborative (125)**
- **PA Hospital Assoc (104)**
- **WA Hospital Assoc (103)**
- **DFWHC Foundation (77)**

- **OH Hospital Assoc (75)**
- **NJ Hospital Assoc (72)**
- **Ascension Health (70)**
- **TN Hospital Assoc (70)**
- **MI Health & Hospital Assoc (66)**
- **Nat'l Public Hospital & Health Institute (66)**
- **LifePoint Hospitals, Inc (53)**
- **Joint Commission Resources (50)**
- **OCHSPS National Children's Network (83)**
- **Dignity Health (Catholic West) (38)**
- **NV Hospital Assoc (33)**
- **Carolinas Health Care (32)**
- **UHC (35)**
- ***** **Approximate numbers**

NPP/NQF Medication Affinity Group

- Focused interest groups convened to help the HENs achieve Partnership results
- OB health, patient engagement, rural health, transitions
- Medication Safety & Pharmacist Engagement Group
- Work with medication advisory groups of the HENs to decrease drug-related readmissions and ADEs
- Quality improvement results include reducing readmissions d/t hypoglycemia, anti-coagulation, etc.
- Hospital control charts to decrease rate of blood sugars less than 50 mg/dl and INRs greater than 5

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Examples of Quality Improvement Networks

Community-based Care Transitions Program (CCTP)

The CCTP provides the opportunity for community based organizations to partner with hospitals to improve transitions between care settings

- $500 million available for this program over 5 years
- Applications now being accepted and awarded on a rolling basis

The goals of the Community-based Care Transitions Program are to:

- Improve transitions of beneficiaries from the inpatient hospital setting to home or other care settings
- Reduce readmissions for high risk beneficiaries
- Document measurable savings to the Medicare program

The program will run for 5 years with possible expansion beyond 2015

Medication Management in Transitions of Care

- CMS Sec. 3026 Care Transitions Program:
- http://go.cms.gov/caretransitions, $500 million to test models for improving transitions for high risk Medicare beneficiaries

- First 4 of 7 awardees described medication needs assessment/root cause readmission components:

- Akron/Canton=Interdisciplinary teams with pharmacists

- So. Maine=Biggest root cause d/t problem medications

- Mass/So. N.H=Clinical risks associated with drugs

- Maricopa (AZ)=Medication access issues

Picture yourself on either side of this table: What should happen next?

ALL-Teach All-Learn Exploration

Story of SELF, Story of US, Story of NOW:

- How many individuals here today have heard about a care innovation initiative that is improving medication safety or effectiveness?

- Who is working on a team or initiative of any kind that can impact ADEs or drug-related readmissions?

- How many individuals are working to improve the beneficiary's CMR experience?

Powerful Meeting Cycle - 1 minute per person:

- Pair up with a buddy near you and share your response to any of the queries above

How can a CMR help us build a medication use "system?"

- We don't have a scientific medication use system

- When drugs are approved for marketing and end up in the homes of patients we abandon scientific principles

- Lack of a scientific system manifests in drug-related morbidity and mortality

- The root causes of DRM&M have been described as drug therapy problems related to intended medical use, effectiveness, safety, and convenience of use

- *Will we be able to build a system in which every drug in use in America is assessed for intended medical use, effectiveness, safety, and ability to be taken by the patient?*

DRM&M Translated into Drug Therapy Problems

- Unnecessary drug therapy (6%)

- Needs additional drug therapy (28%)

- Ineffective drug (8%)

- Dosage too low (20%)

- Adverse drug reaction (14%)

- Dosage too high (5%)

- Noncompliance (19%)

Building a Comprehensive Medication Management System

- It would be desirable if every drug in use in America were assessed for intended medical use, effectiveness, safety, and ability to be taken by the patient

- It would require the systematic application of special knowledge to the resolution of specific problems in a manner recognized by society

- It would be focused on achieving patient-specific goals of therapy, and the resolution of drug therapy problems impeding progress toward achieving goals of therapy

- It needs to be embedded in team-based care from cradle to grave across the care continuum

Describing Comprehensive Medication Management Recognized by Society

- Patient Centered-Primary Care Collaborative (PC-PCC): Each medication is individually assessed to determine that they are appropriate, effective, safe, and can be taken by the patient

  http://www.pcpcc.net/medication-management

- Current Procedural Terminology (CPT-MTM codes): Comprehensive assessment, care plan, and follow-up evaluation (CPT 2006: An Insider's Guide, Am. Medical Assn.)

- Pharmacy e-Health Information Technology Collaborative – Meaningful Use Criteria – Drug therapy problem resolution terminology in SNOMED-CT Nomenclature

- Standards of Practice (Cipolle, et.al., 2004 textbook)

Process of care indicators for a CMR

- A technical/scientific component: Assessing all of a patient's drug-related needs to make therapeutic determinations

- A social/behavioral or art of caring component: Establishing a therapeutic relationship or alliance with the beneficiary

- Assessment: A systematic review of all drug-related needs to determine progress towards goals of therapy

- Care plan: Outlines responsibilities for resolving drug therapy problems and achieving goals of therapy

- Follow-up evaluation: An accounting of outcomes and progress toward goals of therapy

MTM Services in Official Health Reporting Nomenclature-CPT®

- 2004: Code proposal submitted to the Amer. Medical Assn's Current Procedural Terminology Editorial Panel

- 2005: Assigned temporary, time-based MTMS CPT codes

- 2006: MTMS coding assigned permanent status based on evidence of widespread MTMS availability[1]

- Service level expectation: Comprehensive assessment, care plan, and follow-up evaluation to determine progress toward goals of therapy & drug therapy problem resolution. Face-to-face to optimize the response to medications[2]

(1) Isetts, Buffington: JAPhA, 2007; 47: 491-495
(2) CPT Changes 2006: An Insider's Guide (p. 309-312)

Comparing Part D CMR with CPT® MTMS

- Person-to-person compared to face-to-face assessment
- Possible differences in ability to establish a therapeutic relationship and resolve drug therapy problems
- Wider access through person-to-person is intriguing
- Integration into patient-centered health homes a concern
- Can better align beneficiary eligibility with the needs assessment in care transition models (Coleman, others)
- Integration with comprehensive, team-based medication management would be ideal
- Ability to measure patient and family engagement (patient activation measures) is an exciting development

Comprehensive Team-based Medication Management Example

Fairview Health System – Minneapolis, MN

- 7 hospitals, 42 primary care clinics, 2.7 million patients
- Shared savings contracts with all commercial payers
- Level 2 ACO (also serve as Pioneer ACO Network faculty)
- Pharmacists integrated in primary care for 13 years
- Care innovation based on patient's experience
- 50% of physician compensation based on outcomes
- Metrics of success based on patient experiences, performance benchmarks, & health expenditures
- Clinics released from RVU billing starting in 2009

Team-based Medication Management-Fairview Example

- All members help set patient-specific drug therapy goals for each of the patient's conditions

- Assessment of intended use, effectiveness, safety, and adherence embedded across the care continuum

- When patient is not achieving goals of therapy there is more efficient and effective use of pharmacists

- Coordination of care as hospital pharmacists conduct comprehensive assessment of drug-related needs

- Patients/care-givers help team define "high-risk" as core element of the patient-centered health home

Fairview Results

- Drug therapy problems resolved, goals of therapy achieved, return on investment

- Therapeutic decisions judged as clinically credible using RAND/CMS methods (*Arch Int Med*, 2003; 163:1813-20)

- Pt's w/diabetes meeting all 5 benchmarks = 40% (Statewide=17%): MN Community Measures Project

- Patient activation measure improvement over time

- Reduced readmission rates for high-risk patients

- Bending the cost curve – innovation clinics vs. usual care (decreased total expenditures from 14% to 3.4%/year)

How can we measure the quality of a CMR in the MTM Program?

- Use of structured implicit review using methods for evaluating physician decisions in Medicare (RAND Corp.)

- 7-point agree/disagree scale, 4 reviewers/case evaluating drug therapy problem identification, actions to resolve DTPs, follow-up evaluation status, and cost savings est.

- Minn. Medicaid – MTM Law Program Evaluation of 2007 MTMS service level review:
  - 236 chart reviews, 30% under-billed (resource-based relative value scale), 8% had unjustified DTPs (over-billed)

- Minn. Medicaid 2011 MTM Program Audit:
  - 200+ chart reviews–20% under-billed; a few paid $ back to Medicaid

How is a Comprehensive Medication Review Described to Society?

- Methodology:
  - Systematic review of publicly available descriptions of a CMR
  - Contacted a convenience sample of health plans and MTM vendors to obtain copies of pre-service and post-service letters and solicitations
  - Reviewed copies of beneficiary communications submitted during an environmental scan for the proposed standard formats initiative
  - Asked consumers who have not experienced a CMR what they think should occur at a CMR
  - Talked to individuals who have engaged in a CMR

Describing a CMR to Society: Results

- Health plan and vendor MTM program overviews typically limited to broad statements about optimizing response to medications

- Pre-service letters provide more context to the interaction in terms of empowering them to take control of their health care

- Post-service letters get closer to service level indicators of intended medical use, goals of therapy, & safety parameters

- Consumer focus group interviews indicate an expectation for close collaboration with their physician (Comm. Pharm. Found.)

- Beneficiary focus group sessions from the Part D MTM Program Standard Formats initiative are very important

- New Horizons: *2012 Medicare & You Handbook;* STAR ratings initiative; MTM complaint tracking module improvements

CMR Polling Question

(You may not abstain from voting)

- How many individuals here today have witnessed a comprehensive medication review (either as a provider, patient, care-giver or observer)?

- How many individuals here today have NOT witnessed a comprehensive medication review?

- How many individuals did not respond to a or b above?

CMR Vignette (adapted from CPT®):

Ms. C.S., 66 year-old female beneficiary with pre-existing osteoporosis and rheumatoid arthritis, has recently been started on medications for diabetes and hyperlipidemia. Concerns: Crestor ADEs & hypoglycemia risk.

- Medications:
    - Boniva - 150 mg, one tablet on the first Saturday of each month
    - Calcium Citrate with Vitamin D (300 mg/200 I.U.), one tablet twice daily
    - Enbrel - 50 mg, subcutaneously once weekly
    - Naproxen - 500 mg, one tablet as needed for joint pain
    - Metformin - 500 mg, one tablet with evening meal for 14 days, increasing to one tablet with breakfast and one tablet with dinner
    - Crestor - 5 mg, one tablet daily
    - Aspirin – 81 mg, one tablet daily
    - Multivitamin – one tablet daily

Patient and Family Engagement in Transforming Health Care

- Activated patients have the skills, knowledge and motivation to be effective members of the health team

- Improve health status, lessen symptom burden, reduces errors

- Patient Activation Measure is a valid, highly reliable, probabilistic instrument that reflects a developmental model of activation (22-item & 13-item versions)

- Pioneer ACO Program and Partnership for Patients seek patient engagement in shared decision-making processes

- Measuring and reporting patient's health care experiences is central to CAHPS survey, STAR ratings, HEDIS, others

- Patient-centered medical care focuses on redesigning care from the end-users perspective

Patient Empowerment in Comprehensive Medication Management

- The patient/care-giver knows the intended medical use for each of their medications, they know their goals of therapy for each medication, and they know the safety concerns specific to their condition/co-morbidities

- Patients are partners in stewardship of their own medication management care plan

- Health information technologies are tailored to enhance the patient's ability to monitor progress toward goals and the resolution of drug therapy problems (e.g. the "Blue Button" campaign, smart phone apps, Kindle references)

Beneficiary Engagement Forum: Story of NOW

- What did you learn, or what impressed you, about improving the beneficiary CMR experience that your "Symposium Buddy" shared with you 20 minutes ago?

- What are you working on to improve the beneficiary's experience with, and engagement in, a CMR?

- What can we work on collectively to improve beneficiary awareness of CMRs in the Part D MTM Program?

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Assessment Questions

Assessment Question 1

Which of the following is <u>NOT</u> a widely used approach to conduct a person-to-person CMR?

1/A Telephonic

2/B iPhone

3/C Face-to-Face

4/D Skype

Assessment Question 2

The highest service-level intensity of a CMR is:

1/A A disease state management assessment

2/B A targeted medication review

3/C A targeted medication review using high-risk disease state co-morbidities

4/D A systematic assessment of drug-related needs and medications in use

Questions?

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Presentation Evaluation