The Medicaid Program currently provides healthcare for 72 million low-income beneficiaries.

Medication therapy management (MTM) produces positive health outcomes and contains costs for Medicare beneficiaries, yet no mandate currently requires MTM services (e.g., comprehensive medication reviews) for Medicaid patients.

Limited research on MTM’s effectiveness in Medicaid populations has shown cost savings, improved adherence and enhanced quality of prescribing.

In 2014, the University of Arizona Medication Management Center (UAMMC) created a novel pilot program to collaborate with community health centers in provision of comprehensive MTM services for rural Arizona.

**METHODS (CONT.)**

**High-Risk Criteria**

- High-risk patients met at least one of the following criteria:
  - DM: A1c >7%; fasting blood glucose (FBG) >130; frequent hypoglycemia; presence of DM complications; or missing preventive screenings
  - HTN: Blood pressure not at the predetermined, individualized goal per national treatment guidelines
  - Respiratory: Uncontrolled symptoms, confusion regarding inhaler use
  - Congestive Heart Failure: Fluid overload symptoms, missing fluid management plan
  - Adherence: Any non-adherence with medications defined as a patient forgetting a dose six or more days out of 30, per patient self-report.

**RESULTS**

**Demographics**

- A total of 88 patients participated in the program.
- Patients had an average of 1.2 chronic conditions (SD: 1.01).
- The majority of participants were female (65%) and Hispanic (65%)
- The median age of participants was 50 years old.
- Table 1 describes patient demographic characteristics.

**Data Collection and Analysis**

- Data collection took place from January 1, 2016 to December 31, 2016.
- All measured biomarkers showed clinically significant improvement, which is encouraging.

**Health Promtion MRPs**

- A total of 199 interventions (including vaccine recommendations, MRPs; identified, and education on hypoglycemia management) were identified, resulting in an average of 2.26 interventions per patient (SD: 1.66).
- A total of 46 patients required education on appropriate management of hypoglycemia.
- Table 4 summarizes vaccine recommendations made and MRPs identified.

**DISCUSSION**

- All measured biomarkers showed clinically significant improvement, which is encouraging given the short follow-up period between initial and follow-up consultations.
- The statistically significant improvement in adherence during the 6-month follow-up period suggests the need for and benefit of MTM-delivered medication education for this Medicaid program population.
- Although both collaborating sites operated under the medical home model, designed to improve coordination of care and preventative services, the pilot program demonstrated increased coordination of care and preventative services, the pilot program demonstrated increased coordination of care and preventative services.

**CONCLUSIONS**

- This pilot program evaluation provides initial evidence that collaborative academic-community partnerships, in provision of MTM services, may offer a feasible option to increase medication adherence, decrease MRPs, and improve health monitoring and prevent health outcomes in rural Arizona.
- Future work is needed to study provider and patient acceptance rates resulting from collaborative MTM interventions; engage diverse Medicaid populations in other outpatient settings; and address other health outcomes.

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