Medication Therapy Management (MTM) Services: Attitudes and Factors Affecting Implementation by Community Pharmacists

Chrisa Lloyd1, PharmD Candidate, Atlal Wassimii1, PharmD Candidate, Courtney Weiser2, PharmD Candidate, Jason Reddick1, PharmD, Nicki Scovis1, PharmD, Mignonne Guy1, PhD Candidate, Kevin Boesen1, Pharm D, Amy Grizzle1, PharmD
Sharman Stephens2, BSN, MPH, Amber Taylor2, MHS, CFA, David Weinstein2, PhD, MBA
The University of Arizona, College of Pharmacy, Tucson, AZ, Community MTM Services Inc., Alexandria, VA

Abstract

Objective: The purpose of this study was to assess and compare the attitudes and perceived barriers of independent community pharmacies contracted to provide MTM via Community MTM Services Inc. (CMTM) to those not contracted to provide MTM services.

Methods: This survey-based descriptive study consisted of a sample of 200 pharmacies managed solely via telephone interview. The dependent variables were pharmacists’ perceptions of the knowledge and resources necessary to provide MTM services and pharmacists’ attitudes toward providing these services. Data were collected via telephone interview. Summary statistics were calculated for each variable. Comparison of frequencies and percentages were calculated using Chi-square analysis.

Results: Pharmacists who opted not to contract with CMTM in 2006 were less familiar with Medicare Part D MTM requirements (p = 0.001). Significantly more CMTM-contracted pharmacists strongly agreed that they qualified to provide MTM services (p = 0.001) and that an annual Personal Medication Record (PMR) would benefit patient outcomes (p = 0.01). No significant difference was found between groups in regard to the other variables addressed in the survey.

Conclusions: Pharmacists contracted with CMTM to provide MTM services in 2006 were more familiar with MTM requirements and felt more qualified to provide MTM services than those pharmacists who did not contract with CMTM in 2006. Pharmacists who did not contract did not feel as strongly that an annual PMR would benefit patient outcomes.

Background

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) created a prescription drug plan for Medicare-eligible patients and required the provision of MTM to high-risk patients. The implementation of the MMA has created an opportunity for pharmacists to provide and be reimbursed for a level of service beyond dispensing functions. MTM is a web-based interface application that provides community pharmacy with a convenient, comprehensive outline of eligible patient information and a step-by-step encounter guide to fulfill the requirements for a given MTM session, including documentation and billing. Pharmacists were given the opportunity to contract with CMTM to provide these services in 2006. The Medication Management Center (MMC) at the University of Arizona College of Pharmacy works in partnership with CMTM to conduct phone-based MTM sessions and to provide support for their program. The MTM provision of the MMA is seen by some to be the last chance for pharmacy to further its profession and receive reimbursement for cognitive services. It is curious then, that not all pharmacists have chosen to provide MTM. Research interests focused on what factors affected implementation of a community pharmacy-based MTM program.

Methods

Sample Determination:
• Using the National Council for Prescription Drug Programs (NCPDP) database, researchers identified a group of 1031 independent pharmacies not affiliated with any chain or franchise and eligible to contract with CMTM.
• The pharmacies were compared with a database of CMTM network pharmacies to identify a group of contracted pharmacies and a group of non-contracted pharmacies.
• With an estimated response rate of 20 percent and a population of approximately 1000 pharmacies eligible to complete the survey, a target sample size was set at 200. Twenty percent of the population was determined to be a sufficient sample size for a pilot study.
• Pharmacies were excluded from the study if the pharmacy manager could not be contacted between the data collection period of February 1, 2007 and February 15, 2007 or if the pharmacy was part of a chain or franchise.

Study Design and Instruments:
• This survey-based descriptive study compared the attitudes of pharmacy managers who contracted versus those who did not contract with CMTM during 2006, as well as determining barriers to implementation.

Results

 Aggregate Results:
• 79% stated that a pharmacist should be the provider of MTM services (Figure 4).
• 97% stated that reviewing a patient’s medication profile and providing interventions to prevent adverse events are important aspects in the role of a pharmacist.

Conclusions

As MTM is a new component of Medicare benefits, adequate studies have not yet been conducted to determine why some pharmacists have embraced MTM and others have not. Other studies to assess pharmacists’ attitudes about and barriers providing MTM are currently underway. Pharmacists contracted with MTM were more likely to rate themselves as familiar with and qualified to provide MTM services, while non-contracted pharmacists rated themselves less qualified; albeit less, non-contracted pharmacists felt qualified to perform MTM despite the fact they reported themselves as not familiar with the requirements to provide these services. Other attitudes and barriers assessed did not differ between groups indicating that these barriers or attitudes did not factor into the decision to provide MTM or could be overcome by those choosing to provide MTM. Although decline rates varied significantly between groups and were higher than expected, this was intended to be a pilot study and as such, additional research will follow.

Limitations
• Respondent pharmacies may not be contracted with CMTM, but could have provided MTM services during 2006 via methods other than the CMTM platform.
• CMTM-contracted pharmacies had at least one MTM-eligible patient, but may or may not have performed MTM services in 2006.

Conclusions

• Pharmacists contracted with CMTM to provide MTM services in 2006 were more familiar with MTM requirements.
• Contracted pharmacists felt more qualified to provide MTM services than those who did not contract with CMTM in 2006.
• Pharmacists who did not contract did not feel as strongly that an annual PMR would benefit patient outcomes.
• Education and support should focus on qualifications and requirements of MTM.

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