Abstract

BACKGROUND: As defined by the Medicare Modernization Act of 2003, Medication Therapy Management (MTM) must be designed to enhance patient understanding, improve patient adherence, and detect adverse drug events. In 2008, WellPoint Inc. contracted with the pharmacist-run Medication Management Center (MMC) at The University of Arizona to provide a telephone-based Enhanced MTM program to approximately 5,000 beneficiaries.

ENROLLMENT CRITERIA: For the program was a minimum of two chronic disease states, three Part D covered medications, and greater than $400 per year in predicted drug spending among beneficiaries.

OBJECTIVE: To assess physician approval of the MTM services provided, specifically, to compare cost saving, guideline adherence, and safety concern interventions.

METHODS: A retrospective analysis of pharmacist interventions was performed using the MMC database for 2008. Data were collected on the type of intervention and approval by physicians. Physician specialty was also collected from state medical boards. Descriptive statistics were used to generate frequencies of approvals. Chi-square tests were used to compare physician approval by intervention type.

RESULTS: Pharmacists initiated 1,563 interventions that were faxed to physicians for approval. Of these interventions, cost saving, guideline adherence, and safety concerns were 35.3, 35.3, and 8.7 percent, respectively. Interventions primarily targeted diabetes (35.6%), cardiovascular disease (28.6%), gastrointestinal reflux disease (13.1%), and respiratory disease (8.4%). Physician approval for cost saving, guideline adherence, and safety concerns were 35.7, 41.4, and 41.0 percent, respectively. Approval for cost saving was greater than guideline adherence (59.0% versus 41.0%, P<0.001) and safety concerns (59.0% versus 44.4%, P<0.001). Approval among primary care physicians (PCPs) compared to specialty physicians was greater for both cost saving (60.0% versus 50.7%, P<0.046) and guideline adherence (43.2% versus 36.2%, P<0.046) interventions.

CONCLUSION: Results of this investigation provide evidence that there are differences in the types of MTM interventions that physicians will approve. In an effort to improve patient outcomes, this finding suggests a potential to increase overall physician approval of pharmacist-initiated MTM interventions in the areas of guideline adherence and safety concerns. Further research is needed to identify intervention categories.

Background

The Medicare Modernization Act of 2003 requires all Medicare Part D plan sponsors to establish a Medication Therapy Management (MTM) program for targeted beneficiaries. In 2008, WellPoint Inc. contracted with the pharmacist-run Medication Management Center (MMC) at The University of Arizona to provide a telephone-based Enhanced MTM program to approximately 5,000 Medicare Advantage beneficiaries.

MTM enrollment criteria for the program was a minimum of two chronic disease states, three Part D covered medications, and greater than $400 per year in predicted drug spending. Beneficiaries were selected for the Enhanced MTM program based on a health risk assessment completed by WellPoint Inc.

Patients identified for enrollment into the Enhanced Program were contacted via telephone by the MMC to schedule a consultation with a pharmacist. If patients could not be reached by telephone, a medication review was completed using the patients’ prescription and medical claims data. If the pharmacist identified opportunities for interventions, the patients’ physicians were notified via fax of the specific recommendations. Faxes detailed the rationale for the interventions and requested that the physicians sign the prescription(s) and return the fax to the MMC.

Upon return, pharmacists recorded the results and faxed any approved prescriptions to the patients’ designated community pharmacies.

Pharmacist consultations and medication reviews targeted three main intervention categories: cost saving, adherence to national consensus treatment guidelines, and safety concerns. The objective of this study was to assess physician approval of recommendations resulting from MTM services provided in relation to the three main categories of interventions:

- Cost saving: any intervention targeting financial savings for the patient and/or sponsor (e.g., switching to a lower tier medication).
- Guide line adherence: any intervention indicating a deviation from national consensus treatment guidelines (e.g., the absence of an angiotensin converting enzyme inhibitor in a diabetic patient’s therapy).
- Safety concerns: any intervention regarding safety concerns identified in the patient’s medication profile (e.g., drug/drug interactions, drug/disease interactions, etc.).

Methods

Database and Patients: A retrospective review of MTM sessions was performed using the MMC database for 2008.

Data Elements: Type of Intervention Categories

- Cost saving: any intervention targeting financial savings for the patient and/or sponsor (e.g., switching to a lower tier medication).  
- Guideline adherence: any intervention indicating a deviation from national consensus treatment guidelines (e.g., the absence of an angiotensin converting enzyme inhibitor in a diabetic patient’s therapy).
- Safety concerns: any intervention regarding safety concerns identified in the patient’s medication profile (e.g., drug/drug interactions, drug/disease interactions, etc.).

Data Elements: Response Type

- Approved recommended change
- Denied recommended change or no response

Data Analysis: Descriptive statistics were used to generate frequencies of physician approvals of the three recommendation intervention categories. Chi-square tests were used to compare physician intervention by physician specialty.

Results

- Physician approval of MTM interventions was significantly greater compared to specialty physician (60.6% versus 50.7%, P=0.046).
- Approvals of guideline adherence interventions among PCPs were significantly greater compared to specialty physician (43.2% versus 36.2%, P=0.045).
- No significant difference was found between the approvals of guideline adherence and safety concerns (41.0% versus 44.4%, P=0.470).

- Physician approval of MTM interventions was significantly greater compared to specialty physician (60.6% versus 50.7%, P=0.046).
- Approvals of cost saving interventions were significantly greater than guideline adherence (59.0% versus 41.0%, P<0.001) and safety concerns (59.0% versus 44.4%, P<0.001).
- No significant difference was found in the approvals of safety concerns among PCP and specialty physician (43.5 versus 45.8%, P=0.470).

- Physician approval of MTM interventions was significantly greater compared to specialty physician (43.5% versus 45.8%, P=0.045).

Conclusions

- There are differences in the categories of MTM interventions that physicians readily approve.
- Physicians are more likely to approve cost-saving interventions than guideline adherence or safety concerns.
- Specialty physicians show a lower approval for MTM interventions than primary care physicians.

- There is a potential to increase overall physician approval of pharmacist-initiated MTM interventions through alternative methods that expand PCP, and particularly, specialty physician response.

References