

Medication Therapy Management and USPHS Public Health Response

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Objectives

- Learn about medication therapy management (MTM) in relations to Medicare Part D
- How MTM can be applied towards emergency health response/preparedness (USPHS deployment)?

Medicare Prescription Drug, Improvement, and Modernization Act of 2003

- MMA 2003, Congress stipulated that Part D sponsors (i.e. plans) must establish an MTM program that is designed “to optimize therapeutic outcomes (for targeted beneficiaries) through improved medication use, and to reduce the risks of ADE and drug interactions. MMA 2003 also said MTM program elements should promote these goals:
 - Counsel patients for appropriate use of medications and risk of ADE
 - Increase adherence to prescription drug regimens through medication refill reminders, special packaging, and other means
 - Detection of ADE and pattern of drug overuse and underuse

Mark B. McClellan, M.D., Ph.D.

Administrator, Centers for Medicare and Medicaid Services (CMS)

- “Medicare is changing from a passive program that pays for treatments for the complications of diseases, to a proactive program that helps pharmacists and other health professionals...keep our beneficiaries healthy. And that means a better health care system, with **pharmacists playing a central role**”

MMA 2003

- If properly implemented in community pharmacy, the provision of MTM services will lead to:
 - Improved care for patients
 - Higher patient and customer satisfaction
 - Lower overall health care expenditures
 - New profit centers in community pharmacies
 - Greater professional fulfillment for pharmacists
 - Unprecedented national recognition of pharmacist's value

Statistics

- From 1993 to 2003, retail prescription drug sales in pharmacies climbed from \$59 billion to \$203 billion (nearly quadrupling)
- Total drug spending for Medicare population is projected to grow from \$95 billion in 2003 to \$284 billion in 2013, an increase average rate of over 10% annually.
- \$177 billion spent/wasted annually on drug-related complications
- 44,000 to 98,000 Americans die annually from medical errors → a growing cause of preventable medical errors
- Number of Americans with chronic conditions 1995 to 2003: 118 to 171 millions
- In 2004, Medicare spent an estimated \$300 billion on health care
- Currently, Medicare serves more than 41 million Americans, including 35 million seniors (65+) and 6 million disabled persons
- Projected # of Medicare beneficiaries from 1970 to 2030: 20.4 to 77.2 million

MMA 2003

- Over the past 40 years, although beneficiaries generally have been well covered for acute-care crises, the program traditionally has not paid for most outpatient prescription drugs (i.e. peptic ulcer surgery ave. cost \$28,000 but program did not cover for abx therapy to prevent ulcers (ave. cost per patient: \$ 500))
- Medicare Prescription Drug Benefit
 - A: inpatient hospital services, SNF, hospice
 - B: physician and outpatient hospital services, annual mammography and other cancer screenings, and others – lab procedures and medical equipment)
 - C: Medicare managed care plans
 - MMA (medicare modernization act) 2003 adds Part D: prescription drug benefit

What is MTM?

- MTM includes services not limited to
 - Performing patient health status assessments
 - Formulating prescription drug treatment plans
 - Managing high-cost specialty medications
 - Evaluating and monitoring patient response to drug therapy
 - Providing education and training
 - Coordinating MTM with other care management services
 - Participating in state-permitted drug therapy management

Who is eligible?

- Part D eligible beneficiaries who
 - Have multiple chronic diseases
 - Take multiple covered part D drugs
 - Are likely to incur annual costs for drugs that exceed a predetermined level that CMS determines

How will MTM be developed?

- The final rule states that: “MTM must be developed in cooperation with licensed and practicing pharmacists and physicians.”

How does CMS (Center for Medicaid and Medicare Services) view MTM services?

- CMS views MTM services as an important but evolving benefit – meaning the scope of covered MTM services and patient eligibility requirements may change in the future as CMS gathers data on how well these new services are working and identifies best practices

Medication Therapy Management: Components

- Medication therapy review (MTR)
 - Monitor ongoing therapy
 - Review of all meds: Rx, OTC, herbal, DS at least annually
 - Outcome: to optimize drug therapies
- Personal medication record
 - List of patient's own meds, strength, dosing directions, and other info
 - RPh encourages patients to share this list with all of their health care providers
- Medication Action Plan (MAP)
 - A MAP contains info to help patient improve their medication management
- Intervention on medication therapy problems and/or referral
 - RPh intervenes to address med related problems
 - RPh refers patients to other health care providers
- Documentation of services and follow-up

VPhA Screening forms

Patient's Question/Concern and Pharmacist's Assessment/Response Form

Patient name: _____ Birth date: _____ Patient number: _____

Question/Concern #1: _____

Assessment/Response #1: _____

Question/Concern #2: _____

Assessment/Response #2: _____

Question/Concern #3: _____

Assessment/Response #3: _____

Question/Concern #4: _____

Assessment/Response #4: _____

Question/Concern #5: _____

Assessment/Response #5: _____

Pharmaceutical Care Drug Assessment & Diagnosis Form

Patient Name: _____ Birth date: _____ Patient number: _____

Allergies: _____

Diagnoses:

- | | | | |
|---|-------|----|-------|
| 1 | _____ | 6 | _____ |
| 2 | _____ | 7 | _____ |
| 3 | _____ | 8 | _____ |
| 4 | _____ | 9 | _____ |
| 5 | _____ | 10 | _____ |

Medications: _____

Assessment: _____

- | | | |
|----|-------|-------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |
| 4 | _____ | _____ |
| 5 | _____ | _____ |
| 6 | _____ | _____ |
| 7 | _____ | _____ |
| 8 | _____ | _____ |
| 9 | _____ | _____ |
| 10 | _____ | _____ |
| 11 | _____ | _____ |
| 12 | _____ | _____ |
| 13 | _____ | _____ |
| 14 | _____ | _____ |
| 15 | _____ | _____ |
| 16 | _____ | _____ |
| 17 | _____ | _____ |

Date for follow-up: _____

Follow-up Comments: _____

VPhA screening forms

Patient's Proper Medication Usage Form

Patient Name (Tên): _____ Birth date: _____ Patient Number: _____

	Medication (Thuốc)	Dose	Frequency				Comment (duration, food...)
			Sáng (A.M.)	Trưa (noon)	Chiều (P.M.)	Tối (H.S.)	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

Other Comments/Recommendation:

Pharmacist Communication To Physician Form

Patient Name: _____ Birth date: _____ Patient #: _____

S: _____

O: _____

A/P: _____

Pharmacist: _____ Signature: _____ Date: _____

PHYSICIAN'S RESPONSE/COMMENT TO RECOMMENDATION/FINDING

Applicability to USPHS Emergency Health Response

- Standardized forms for screening
- Standardized flyers for different types of services: Immunization (influenza, hepatitis...), Diabetes, Cholesterol, Hypertension, Osteoporosis, Hepatitis B, Food Pyramid, Exercise, Heartburn, Asthma, Depression, Generalized Anxiety Disorder
- Consent forms
- Electronic prescribing and dispensing

- PharmPAC health work group
 - Use MTM model to support USPHS pharmacy response to public health emergencies

Reminder:

Medicare Part D - May 15, 2006

- Last day to sign up for an insurance plan until the next opening period
- Who does this apply to?
 - All Medicare members – typically those > 65
- What if I don't sign up by 05/12/06?
 - You may have to pay up to 12% penalty for each year you wait to sign up

- Contact Information
 - Binh.Nguyen@fda.ora.gov
 - 949-608-4492

References

- VPhA
 - Medication Therapy Management in Community Pharmacy Practice
- APhA