



Academy of
Managed Care
Pharmacy®

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To: Tracey McCutcheon, MHSA, MBA
Senior Advisor, Program and Policy Group
Center for Medicare and Medicaid Innovation

From Edith Rosato, RPh, IOM
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Re: AMCP Suggestions to CMS to Improve MTM Services

As a follow-up to our conversation, on August 11, 2014, the Academy of Managed Care Pharmacy (AMCP) offers the following suggestions to improve the medication therapy management program (MTM) and describes current and potential ways that AMCP and CMS may work together to improve MTM. AMCP is a national professional association of pharmacists and other health care practitioners who serve society by the application of sound medication management principles and strategies to improve health care for all. The Academy's nearly 7,000 members develop and provide a diversified range of clinical, educational and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit.

Currently, beneficiaries are eligible for MTM services after meeting an approved list of requirements consisting of core chronic conditions, medication use, and estimated drug expenditures. However, these requirements may not enable health plan administrators to identify and complete MTM services for beneficiaries undergoing transitions of care, which represent very costly and often avoidable expenditures. MTM services are poised to help prevent unintended readmissions due to medications. Therefore, CMMI-funded demonstration projects and grants to study the effectiveness of MTM services for selected patients undergoing transitions of care represents a significant opportunity for enhanced knowledge for prioritizing MTM services for beneficiaries.

AMCP Transitions of Care Pilot Program

One example to help ensure eligibility for patients undergoing transitions of care would be to allow managed care organizations to substitute beneficiaries identified as such with one of the core chronic diseases. AMCP has identified a large health plan administering a prescription drug benefit for Medicare beneficiaries along with two hospital systems located in Kentucky and Tennessee (representing 17 individual hospitals) which currently have a robust electronic medication (MedRec) reconciliation software system installed.

The coalition will assess the impact of providing timely post-discharge medication therapy management (MTM) services using electronic solutions to enrolled Medicare members at risk for readmission. Specifically, this pilot will focus on members with conditions where CMS has applied readmissions penalties (Congestive Heart Failure, Pneumonia, Acute Myocardial Infarction) including Chronic Obstructive Pulmonary Disease. The hospitals involved will electronically provide applicable patient information including the reconciled, discharge medication list to the health plan MTM pharmacist to complete MTM services. MTM service documentation will be transmitted electronically (where possible) back to the hospital, primary care provider, and community

pharmacy. Some of the outcomes measured by the pilot study will include: impact on 30-day readmissions, overall healthcare utilization and cost at 3 and 12 months, and member satisfaction with provided services.

Develop Electronic Solutions for MTM and Ensure Electronic Connectivity for All Health Care Providers

Another gap for providing robust MTM services revolves around the lack of uptake in current, electronic solutions and furthermore, the difficulties with interconnectivity and communication between electronic health records. In order to help close this gap, CMMI could help fund community pharmacy and physician office communication solutions which involve use of Health Information Exchanges (HIEs). Such communication using Direct Message Protocol (DMP) and requiring standardized MTM service coding documentation would help ensure adequate follow-up by closing the loop of communication between all healthcare providers and allow those providing MTM services to share results of a comprehensive medication review (CMR) and medication action plan (MAP).

Electronic Prior Authorization (ePA)

Due to the recently developed and approved ePA Transaction Standards by the National Council for Prescription Drug Programs (NCPDP), patients have the potential to receive more timely access to approved medications and physicians are able to reduce administrative time requirements ensuring the most cost effective use of available medications. However, the specific time savings and enhanced quality of care has not been measured due to the recency of this available standard. Therefore, funded pilots to help study the increased efficiencies and enhanced quality of care through improved primary medication non-adherence and more timely access to medications would help ensure more widespread adoption. In particular, funded pilots should also involve specialty drugs administered in physician offices as data would help contribute to building concise clinical records and increase the body of real world data. For example, if ePA was used for the newer specialty drugs used for HCV, real world data would be able to be captured quickly and efficiently by the typical question sets involving viral load, comorbidities, previous illicit drug use, duration of the disease, etc.

Prescription Drug Monitoring Programs (PDMPs)

According to the recent (30 June 2014) AHRQ Draft Comparative Effectiveness Review entitled *The Effectiveness and Risks of Long-Term Opioid Treatment of Chronic Pain*, more research is still required in order to “understand the long-term benefits, risk of abuse and related outcomes, and effectiveness of different opioid prescribing methods and risk mitigation strategies.” In order to better understand the effectiveness of risk mitigation strategies a CMMI funded demonstration project would help develop a more substantial body of literature. The project should allow states to demonstrate how PDMP data allows for earlier identification for at risk patients, decreased substance abuse and improved outcomes, and others. It is also believed that such a project would allow prescribers to know the best methods for initiating and titrating opioids for various outcomes and improvements in quality of life, a high priority for all beneficiaries.

Again, thank you for the opportunity to provide input and suggestions to improve MTM. AMCP looks forward to working independently and with CMS and CMMI to advance these projects. If you have any questions, please contact me at erosato@amcp.org or 703-683-8416.