



Original Research

Strategies for community-based medication management services in value-based health plans

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Abstract

Background: Health plans are moving away from a volume-driven payment structure toward value-driven and risk-based contracts. There is very limited information on commercial payers' perspectives on coverage of medication management services (MMS) in value-based alternative payment models. While some health plans have experience with Medicare Part D Medication Therapy Management (MTM) programs, this experience does not promote the integration of pharmacists as health care team members.

Objectives: The study objectives were to: (1) understand the evaluation process that health plan executives would use to determine benefit coverage for pharmacist-provided MMS in value-based health plans, (2) identify the facilitators and barriers that affect pharmacist-provided MTM services at the community pharmacy level, and (3) propose strategies for pharmacist-provided MMS in value-based health plans.

Methods: This study used qualitative research methods that involved structured key informant interviews with commercial health plan executives and focus groups with community pharmacists who had experience providing MTM services.

Results: Health plan executives agreed conceptually that MMS could be a valuable program and recognized its potential. However, the most substantial barriers that health plan executives expressed were funding MMS in today's fee-for-service payment models; lack of physician infrastructure to implement and manage MMS; and difficulty in collecting timely, accurate data to execute and assess MMS programs. Community pharmacists identified the most serious barrier to altering health outcomes through MTM as the current lack of integration of MTM with a coordinated health care team. MTM services are conducted as a separate program by pharmacists who do not have access to patient health records, are time-constrained, and poorly incentivized.

Conclusions: The findings can inform the development of successful strategies for pharmacist-provided MMS that align with emerging value-based health plans and alternative provider payment models. Current MTM program barriers and facilitators are identified that could be addressed in future Part D MTM program policy changes.

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Introduction

In a recent US Centers for Disease Control and Prevention report entitled *Health, United States, 2013*, the percentage of Americans taking prescription drugs has increased dramatically. From 2007 to 2010, approximately 48% of persons indicated that they were taking a prescription medication, compared with 39% in the period between 1988 and 1994.¹ About 90% of elderly adults (65 years or older) reported that they took one or more prescription drugs in the past month, and approximately 40% of elderly adults reported taking 5 or more drugs in the past 30 days.

One reason for the greater use of prescription drugs is the growth of third-party insurance coverage over the past few decades, which has made drugs more affordable.² A 2013 Kaiser Foundation Employer Health Benefits survey reported that nearly all (98%) of workers who participate in employer-sponsored plans have a prescription drug benefit.³ Additionally, Medicare Part D was introduced in 2006, offering a drug benefit as part of the insurance program relied on by most elderly persons.

Medication safety problems are increasing

As Americans rely more on prescription drugs, there is an increasing likelihood of drug interactions, adverse effects, confusion taking multiple medications or complex regimens, and adherence problems. The US Centers for Disease Control and Prevention (CDC) Medication Safety Program reports:

- Adverse drug events led to an estimated 4.5 million ambulatory care office visits per year.⁴
- 700,000 emergency department visits and 120,000 hospitalizations are due to ADEs annually.⁵
- \$3.5 billion is spent on extra medical costs of ADEs annually.⁶
- An estimated 40% of costs of ambulatory (non-hospital settings) ADEs are preventable.⁶

Chronic care management is a team sport

Pharmacists are highly trained, yet underutilized, health professionals who can play important roles in optimizing therapeutic outcomes and promoting safe, cost-effective medication use for patients with multiple chronic diseases. With state and national level initiatives for care delivery and payment reform, there is an opportunity to examine innovative approaches to expanding

patient-centered medication management services in a collaborative, team-based practice model.

Grumbach and Bodenheimer⁷ have recommended that primary care teams incorporate health care practitioners who have complementary skills to those of the physician, including pharmacists, to achieve quality improvement goals and improve physician productivity. It is estimated that today's primary care physicians spend 37% of their time on activities related to chronic care management, which often includes managing complex medication regimens.⁸

As care team members, pharmacists can provide a range of medication management services (MMS) including medication reconciliation, pharmacotherapy management and monitoring, and care coordination across multiple prescribers and care settings. This would allow time for primary care physicians to see patients who had acute symptoms or complicated illnesses, and spend the rest of their time leading the team of health care professionals and staff.⁹

Given time constraints of outpatient visits, prescribers typically spend less than a full minute discussing a new medication prescription with patients.¹⁰ Moreover, between 20% and 40% of patients never receive medication instructions from their physicians on a new medication.¹¹ The ostensibly up-to-date medication histories obtained and documented in a busy primary care practice are often incomplete or inaccurate. These shortcomings complicate the medication reconciliation process and contribute to inappropriate or unsafe medication decision-making.¹² Pharmacists who work as an integrated member of the patient's health care team can address these care gaps.

Experience with Medicare Part D MTM benefit

In 2006, the US Medicare Modernization Act (Public Law 108-173)¹³ provided Medicare beneficiaries with a voluntary new individual prescription drug coverage program known as Medicare Part D. The federal law also required Medicare Part D plans to offer medication therapy management (MTM) services for some targeted Medicare beneficiaries. In the ambulatory setting, MTM goals include ensuring the beneficiary is on the right drug and dose and improving medication adherence.

Each year CMS publishes MTM Program guidelines for the Medicare Part D plans. In 2015, Medicare Part D enrollees are automatically enrolled in the MTM program if they have up to 2–3 chronic diseases, have filled 2–8 prescriptions

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