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ScienceDirect

Research in Social and Administrative Pharmacy 12 (2016) 523–528

RESEARCH IN SOCIAL & ADMINISTRATIVE PHARMACY

Commentary

Making MTM implementable and sustainable in community pharmacy: Is it time for a different game plan?

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Summary

Although the literature has demonstrated positive patient outcomes from medication therapy management (MTM), implementing it in community pharmacy continues to be met with significant barriers. To make MTM implementation more attainable, scalable, and sustainable in community pharmacies, this paper puts out a call for the need to identify the proportion of patients who clinically qualify for various levels of intensity of MTM services. This paper presents three proposed levels of MTM: adherence management (lowest level of MTM intensity), interventions on drug-related problems (mid-level MTM intensity), and disease state management (highest level of intensity). It is hypothesized that the lowest levels of MTM intensity would be sufficient to address medication problems in the vast majority of patients and require fewer MTM skills and resources, while the highest levels of MTM intensity (requiring the most skills and resources) would address medication problems in the smallest number of patients whose medication problems could not resolved with lower-intensity MTM. Future research in this area will involve testing previously designed instruments to determine why patients are not adhering to their medication regimen, following patients who have already had their adherence managed with medication synchronization, and tracking patients who will require higher levels of pharmacy services.
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Keywords: Medication therapy management (MTM); Community pharmacy; Adherence; Medication synchronization; Drug-related problems; Disease state management

As pharmacists in the U.S. seek to expand their roles in and recognition for provider status[d] it becomes even more important to demonstrate their value. Nowhere is this demonstration more necessary than for those pharmacists working in community pharmacies. Community pharmacists represent the largest segment of the pharmacy profession, with more than 140,000 working in

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[d] See http://www.pharmacist.com/provider-status-what-pharmacists-need-know-now for more information about provider status.

1551-7411/$ - see front matter © 2016 Elsevier Inc. All rights reserved.
http://dx.doi.org/10.1016/j.sapharm.2015.07.006

this setting.[1] According to the World Health Organization, community pharmacists are the most accessible health care professionals.[2]

Fortunately there is ample evidence of the clinical value of pharmacists' interventions in a variety of conditions, including diabetes, hypertension, and dyslipidemia.[3–5] Though some of the literature in these systematic reviews comes from outside the US, considered in the broadest of terms, the interventions measured therein can be thought of as medication therapy management (MTM). MTM, which is often defined as a process whereby therapeutic outcomes are optimized through the identification and resolution of drug therapy problems,[6] can encompass a variety of services, including medication therapy reviews, pharmacotherapy consults, disease management coaching, pharmacogenomics applications, anticoagulation management, medication safety surveillance, public health and wellness initiatives, immunizations, as well as a variety of other clinical services including prescribing medication under protocol.[7]

While this all-encompassing definition is a testament to the wide scope of activities in which pharmacists can engage, it also has created a number of stumbling blocks for the measurement of the value of MTM services, and more importantly, the implementation of MTM services in the community pharmacy setting. For example, a recent systematic review of MTM services provided by pharmacists in outpatient settings found that current evidence was insufficient to establish a positive effect on the outcomes evaluated most often, including drug therapy problems and adverse drug events.[6] This despite other findings, from the same review, suggesting pharmacists' interventions improved medication appropriateness, adherence and adherence thresholds, appropriate medication dosing reductions, and improved health plan costs.[6]

Traditionally, the implementation of MTM services has been marketed to community pharmacists making two fundamental assumptions. The first assumption is that community pharmacists recognize the value of providing MTM services to patients. The second assumption is that community pharmacists have the skills, knowledge and resources needed to effectively implement MTM services into the workflow of their pharmacies. In general, the first assumption has been demonstrated with numerous pharmacist surveys showing that pharmacists see value in providing MTM services to patients.[8] However, the second assumption has proven more difficult to demonstrate, as the sustained and scaled implementation of MTM services in the community pharmacy setting has been met with significant barriers.

On the American Pharmacists Association (APhA) website, an interactive map, hosted thereon, shows there is tremendous spread in the number of pharmacies stating that they are providing MTM services (177 in Illinois to 0 in Louisiana).[9] Even taking all of these pharmacies together, this represents a small fraction of the more than 67,000 community pharmacies in the country.[10] These anecdotal observations are echoed in a recent study examining the integration of medication counseling by pharmacists into their practices, which found that time pressures often hindered the provision of services beyond simple dispensing to patients.[11]

It is also important to note that these observations are not unique to pharmacy practice in the US. For example, a recent survey completed with Canadian pharmacists found that despite a growing desire to integrate additional clinical services into their practice, most pharmacists still spend much of their time on dispensing duties.[12] In another study conducted with pharmacists in Spain, only 11% of respondents had implemented what the authors called "pharmaceutical care."[13] In fact, the vast majority of respondents (>65%) were only just beginning to think about the integration of pharmaceutical care into their practices.[13]

An important contributing factor to the lack of sustained and scaled implementation of MTM services in most community pharmacy settings may be how MTM service implementation has been dealt with in the past. According to some early work in establishing guidelines for the implementation of MTM services in the community pharmacy setting, *all* patients who could benefit should be offered the services.[14] Furthermore, that service should also be *individualized* to the patient and ideally undertaken in *face-to-face* meetings with that patient.[15] Given the relative novelty of community pharmacists' providing these services to patients, much of the subsequent attention on implementation has focused on adequately educating and supporting pharmacists in increasing their knowledge around the qualifications and requirements of MTM services.[8] Without question, ensuring that pharmacists are adequately trained to provide these services to patients is important. However, much less attention

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