

Positioning and integrating medication therapy management

Jon C. Schommer, William R. Doucette, Kathleen A. Johnson, and Lourdes G. Planas

Abstract

Objectives: To summarize findings from medication therapy management (MTM) “environmental scans” conducted from 2007 through 2010, interpret findings from the environmental scans using insights gained from the Future of MTM Roundtable convened in October 2010, and propose ideas for future positioning and integrating of MTM programs in the U.S. health care system.

Methods: Data for the environmental scans were collected from purposive samples of MTM pharmacist providers and MTM payers throughout the United States using self-administered online surveys in 2007, 2008, 2009, and 2010.

Results: Based on the findings, it appears that MTM is becoming more developed and that some aspects of MTM have become established within the organizations that are providing and paying for these programs. However, the findings also revealed that a need exists to better integrate MTM between organizations and patients serviced (business-to-consumer relationships), between partnering organizations (business-to-business relationships), and between collaborating practitioners (peer-to-peer relationships).

Conclusion: The findings suggest that a “channel of distribution” is emerging in which organizational relationships and cost efficiencies will be important considerations in the near term. We propose that applying (1) customer portfolio management and (2) transaction cost economics would help improve positioning and integrating MTM into the U.S. health care system.

Keywords: Medication therapy management, cost analysis, pharmacy services, surveys, return on investment.

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Medication therapy management (MTM) was defined by a consortium of pharmacy organizations as “a distinct group of services that optimize therapeutic outcomes for individual patients. MTM services are independent of, but can occur in conjunction with, the provision of a medication product. MTM encompasses a broad range of professional activities and responsibilities within the licensed pharmacist’s or other qualified health care provider’s scope of practice. MTM services encompass those services being provided either via face-to-face contact or telephonically by a pharmacist or other qualified health professional, but do not include mailings to patients.”^{1–6} The pharmacy profession adopted MTM terminology, developed core elements for MTM provision, and assumed leadership for its availability to all patients.^{1–12}

To track MTM development, introduction, and expansion activities by both providers and payers,^{13,14} the American Pharmacists Association (APhA) conducted annual “environmental scans” of pharmacist-provided MTM programs during 2007–10.^{15–22}

With four annual environmental scans now completed (2007, 2008, 2009, and 2010), the goal of the current study was to combine the findings in a way that could be used to help understand the emergent life cycle of the MTM concept. In addition, findings from the Future of MTM Roundtable were avail-

able to the authors to help interpret findings and generate new ideas.²³

Objectives

The current work seeks to (1) summarize findings from environmental scans conducted from 2007 through 2010,^{15–22} (2) interpret the findings from the environmental scans using insights gained from the Future of MTM Roundtable convened in October 2010,²³ and (3) propose ideas for future positioning and integrating of MTM programs in the U.S. health care system.

Findings from environmental scans: 2007–10

Data for the environmental scans were collected from purposive samples of MTM pharmacist providers and MTM payers throughout the United States using self-administered online surveys in 2007, 2008, 2009, and 2010. Descriptions of research methods and complete results have been disseminated in previously published reports and articles.^{15–22} In the next sections of this article, highlights from those scans are summarized.

MTM provider perspectives

In this section, perspectives about value and implementation strategies are summarized from the MTM provider perspective.

MTM provider perspectives of value. Table 1 presents findings related to the value associated with pharmacist-provided MTM services from the MTM provider perspective. These findings reveal providers’ reasons for providing MTM, as well as the importance of MTM in bringing value to the provider organization.

Reasons for providers to offer MTM are associated with professionalism and patient care. The most important factors for deciding to provide MTM services remained similar during 2007–10, with more than 50% of provider respondents reporting the following factors as very important: (1) responsibility as a health care provider, (2) patient health needs, (3) recognized need to improve health care quality, (4) contribution to health care team, and (5) professional satisfaction. Each of these factors is related to professionalism/patient care, whereas other factors we studied were related to business/economics.

MTM’s significance in terms of value to providers is related to professionalism and patient care. In terms of the importance of providing value to the organization, MTM providers in 2007–10 most commonly rated the following as very important: (1) increased professional satisfaction, (2) increased patient satisfaction, and (3) increased quality of care/outcomes via performance measures. Again, these factors are related to professionalism and patient care compared with business and economic aspects of practice.

Of note, the ways in which providers have framed the value of MTM services and how they view the importance of those services have been associated with professionalism and patient care outcomes to a greater extent than business/economic outcomes. During 2007–10, these provider perspectives remained relatively constant. We propose that MTM providers

At a Glance

Synopsis: Based on findings from medication therapy management (MTM) “environmental scans” conducted from 2007 through 2010 and the Future of MTM Roundtable held in October 2010, the authors believe that the MTM concept is becoming more developed and that some aspects of MTM have become established within the organizations that are providing and paying for these programs. Analysis also revealed that a need exists to better integrate MTM between organizations and patients serviced (business-to-consumer [B2C] relationships), between partnering organizations (business-to-business [B2B] relationships), and between collaborating practitioners (peer-to-peer relationships).

Analysis: The findings reported here suggest that a “channel of distribution” is emerging for MTM program provision through which information, services, and payment are created and exchanged. The authors assert that MTM program provision is moving to integrated, orchestrated, and harmonization stages in its development and that organizations will experience success and failure as channel members compete for market power, efficiencies, and chances to be opportunistic in order to be profitable in both the short and long term. Strategic planning is needed regarding both B2C and B2B relationships, agreements, and exchanges in order to further develop and position the MTM product offering in health care systems.

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