Factors affecting Medicare Part D beneficiaries' decision to receive comprehensive medication reviews

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Abstract

Objectives: To identify factors influencing Medicare Part D beneficiaries' decision to receive pharmacist-provided comprehensive medication reviews (CMRs) and to evaluate their experiences with pharmacist-provided CMRs.

Design: Cross-sectional descriptive study.

Setting: Beneficiaries living in Maryland or Minnesota, from November 2011 to January 2012.

Participants: Medicare beneficiaries of two Medicare Part D plans who had completed a previous telephone interview for a larger project of medication therapy management quality improvement.

Intervention: Self-reported mail survey.

Main outcome measures: Responses to survey items assessing beneficiaries' perceived importance of proposed factors affecting their decision to receive CMRs and items evaluating patients' experiences with pharmacistprovided CMRs if they had one in the previous year.

Results: The valid response rate was 33.4% (238 of 713). Among the proposed factors, "knowing the out-of-pocket cost" $(4.12 \pm 1.28 \text{ [mean } \pm \text{SD]})$ and "conducting in the usual pharmacy" (4.01 \pm 1.37) were most important in making a decision to get a CMR. Factors rated significantly more important by those who had versus had not received a CMR included "usual pharmacy," "receiving medication list," "physician's support," and "pharmacists discuss changes with physicians." About one-third (30.6%) of respondents reported having pharmacist-provided CMRs within the previous year. Most respondents believed that having CMRs was important for their health (90.6%) and were satisfied with the results of CMRs (94.7%).

Conclusion: Patients preferred their usual pharmacy or convenient places to have a CMR. Also, a collaborative pharmacist-physician working relationship would be helpful in providing CMRs. Patients who received CMRs expressed a positive attitude toward and satisfaction with pharmacist-provided services.

Keywords: Comprehensive medication reviews, Medicare Part D, medication therapy management, pharmacy services.

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edication therapy management (MTM) services were mandated under Medicare Part D and went into effect in 2006. Since then, MTM delivery programs have grown and requirements have been refined. To guide pharmacists, pharmacy leaders developed the core elements of an MTM service model, in which a comprehensive definition of MTM and its five core components were proposed, as a framework of pharmacist-provided MTM services.² Among the mentioned elements, comprehensive medication review (CMR) is viewed as the key activity to fully evaluate patients' drug experiences in order to identify problems and communicate recommended actions for resolving problems to patients and providers. Both Medicare Prescription Drug Plans and Medicare Advantage plans are required to give eligible patients access to annual CMRs, and in 2011, 100% of MTM programs offered CMRs at least annually.^{3,4} In spite of this expansion in access, many patients who are eligible for a CMR do not receive one; the rate of CMR provision is low compared with other MTM services.^{5,6} To help address this important issue, the Centers for Medicare & Medicaid Services plans to require Part D plans to report their CMR completion rate

At a Glance

Synopsis: Medicare Part D beneficiaries reported that the most important factors in their decision to get a comprehensive medication review (CMR) were awareness of out-of-pocket costs and having the CMR in their usual pharmacy. Less than one-third (30.6%) of respondents reported having pharmacist-provided CMRs within the previous year, but most respondents believed that undergoing CMRs was important for their health (90.6%). The findings reported here can be used by pharmacists to better engage patients in the medication therapy management (MTM) process.

Analysis: Medicare Prescription Drug Plans and Medicare Advantage plans are required to give eligible patients access to annual CMRs, and in 2011, 100% of MTM programs offered CMRs at least annually. However, despite this expanded access, many patients who are eligible for a CMR do not receive one, and the rate of CMR provision is low compared with other MTM services. Collaborative working relationships between pharmacists and physicians could help improve uptake of CMRs and other MTM services. For example, if pharmacists provided information to physicians about their MTM services, they could raise physician awareness of CMRs, which could affect patients' views of CMRs positively. Professional discussion of MTM services between pharmacists and physicians could be helpful in managing patients' medications collaboratively.

for Part D plans.7

Considering the benefits of MTM and the key role of CMRs, health insurers, providers, and policy makers have been seeking effective ways to encourage eligible beneficiaries to receive a CMR. Although some studies have been conducted to investigate the implementation strategies or identify the perceived barriers in providing MTM services such as CMRs, many of them have focused on the perceptions of providers rather than patients.8-12 Studies of patient perspectives have provided some insight, though a main finding of these studies was that the majority of eligible beneficiaries were not familiar with MTM services, including CMRs. 13-18

The outcomes expectations of patients regarding MTM services affect their views. 15,19 Patients who expect to gain something of value (e.g., personalized information about their medications) are more likely to have a CMR. A second influence on patients' decisions to receive MTM services is their relationship with their pharmacist. 13,20 Patients who know and trust their pharmacists will be more likely to seek nondispensing services such as MTM services. Another influence on patient willingness to use MTM services is physician support of using such services. 15,17,19 This support could be in the form of a referral to use MTM services or could be a physician's willingness to coordinate with pharmacists who provide MTM services. Finally, obtaining an updated medication list has been linked with patients' favorable attitude toward receiving MTM services. 15,17

Most previous research included large numbers of patients who had not received a CMR or were not familiar with MTM services as a concept. Because patients possibly are the greatest determining factor in successfully implementing MTM services, a study of patients' perceptions of CMRs could assist stakeholders in developing strategies to involve patients in CMRs and other pharmacist-provided MTM services. As part of a quality improvement demonstration project, we implemented an outreach telephone call to raise awareness about CMRs and other MTM services. This created an opportunity to survey patients-all of whom were aware of these services—about their perceptions of CMRs.

Objectives

We sought to identify factors that influence patients' decisions to obtain pharmacist-provided CMRs and to describe patients' experiences with pharmacist-provided CMRs among a unique sample of patients who had previously received a telephone call to raise awareness of CMRs.

Methods

An anonymous self-reported mail survey was mailed by a Medicare Part D MTM program administrator to 713 Medicare beneficiaries who had at least 12 prescription drug claims during a 6-month period. The sample had

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