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Using an array of implementation strategies to improve success rates of pharmacist-initiated medication therapy management services in community pharmacies



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ABSTRACT

Background: With the introduction of the Centers for Medicare and Medicaid Services Stars Measure program has come a greater expectation of Medication Therapy Management (MTM) services from community pharmacies. To meet the growing demand of these services, pharmacies have sought out various methods of engaging pharmacists to provide MTM. Barriers for completing MTM include inadequate time to complete the services, insufficient staffing, lack of sufficient compensation, billing difficulty, lack of interest among patients (including refusing MTM services when offered), inadequate training/experience, and lack of support from management.

Objective: To evaluate the impact of a financial incentive alone versus the incentive plus a package of individualized implementation strategies on the success rate of MTM services.

Methods: To increase MTM completion rates, The Kroger Company implemented a financial incentive for pharmacists in one of its market services areas. The following year the incentive was continued and an array of training and support strategies were implemented. The numbers of MTM claims and success rates for 2013 (no intervention), 2014 (financial incentive alone), and 2015 (incentive plus required training and ongoing support) were compared.

Results: A total of 7038 claims were extracted from 2013 to 2015. The number of completed claims had increased from 1385 in 2013 to 3265 in 2015. The total MTM success rates rose significantly from 42.9% in 2013 to 49.0% in 2014 ($p = 0.001$) and to 64.0% in 2015 ($p < 0.001$).

Conclusions: A financial incentive plus a package of individualized implementation strategies increases success rates of MTM services compared to a financial incentive alone.

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1. Introduction

Medication therapy management (MTM) is a service provided by many community pharmacies in the United States since the

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addition of the Medicare Part D benefit in 2006 through the Medicare Modernization Act of 2003.¹ In their annual program submission guidance, the Centers for Medicare & Medicaid Services (CMS) describe two types of MTM services—a comprehensive medication review (CMR) and targeted medication review (TMR).² While Medicare Part D plans are required to offer these services to eligible beneficiaries, private insurance may offer them as well. A CMR is an interactive, person-to-person or telehealth consultation and medication review of a patient's medications (including prescriptions, over-the-counter (OTC) medications, herbal therapies, and dietary supplements) by a pharmacist or qualified provider that is intended to aid in assessing overall medication therapy and

optimizing patient outcomes.³ The eligibility for a CMR is determined by a health plan based on certain criteria such as number of chronic diseases, number of medications, total amount spent on medications per year, or other criteria. A TMR can be designed to address specific medication-related problems, or to assess medication use. Examples of problems include high-risk medications, improper dosing, adverse effects, or adherence issues.^{4,5} A TMR claim can be initiated by a community pharmacist through an MTM vendor or can be identified by the health plan and sent to the pharmacist as a prompt with an expiration date for completion. A number of health plans reimburse pharmacists for both CMR and TMR services.

The goals of MTM services continue to be aligned with efforts to improve the health of the population. MTM services contribute to the Institute for Healthcare Improvement's Triple Aim of improving patients' experience of care, improving the health of the population and reducing the cost of care.⁶ In addition, the Centers for Medicare & Medicaid Services (CMS) Star measures program now evaluates their Medicare Advantage (MA) and Prescription Drug Plans (PDP) on the completion rates of CMRs, the percentage of patients on high risk medications, and patient adherence to certain classes of medications.⁷ In addition to offering MTM services to all eligible patients, MA and PDP plans must also ensure that a certain percentage of those patients actually receive the service. Plans are not required to have pharmacists complete these services; however, 100% of Medicare Part D plans use pharmacists to complete MTM services in some capacity.⁸ In 2016, 84.2% of plans used an MTM vendor such as OutcomesMTM[®] or Mirixa[®] as one of their approaches to provide MTM services.⁸ MTM vendors contract with community pharmacies as well as use in-house pharmacists to complete MTMS. Community pharmacists are well-positioned to provide these services due to the relationship pharmacists have with patients, and the accessibility they provide. Community pharmacies are visited an average of 35 times per year⁹ by patients. Public and private payers alike are continuing to place a greater emphasis on rewarding healthcare professionals for improvements in measurable outcomes (e.g. blood pressure control, beta blocker treatment after a heart attack, depression remission).¹⁰ While pharmacies are not currently being held responsible for patient outcomes, MTM services are designed to impact many of those measurable outcomes.

Despite reimbursement to pharmacies, uptake of MTM services has consistently been low among community pharmacies.¹¹ Barriers for completing MTM reported in the literature include inadequate time to complete the services, insufficient staffing, lack of sufficient compensation, billing difficulty, lack of interest among patients (including refusing MTM services when offered), inadequate training/experience, and lack of support from management.^{12–15} There is a great need to develop and evaluate implementation strategies to address these barriers to promote and improve implementation of MTM services. This manuscript presents implementation outcomes associated with a multi-year implementation program that was deployed and evaluated in 29 community pharmacy locations of large supermarket chain, The Kroger Company, to increase MTM services. More specifically, the objective of this study was to evaluate the impact of a financial incentive alone versus the incentive plus an array of individualized implementation strategies on the success rate of MTM services competed from the web-based MTM platforms Mirixa[®] and OutcomesMTM[®] by addressing barriers such as lack of support from management, inadequate training/experience, and difficulty in billing. As described below in more detail, the implementation program began with the deployment of a financial incentive for reaching MTM completion goals set by the Kroger company. Additional implementation strategies were developed and initiated

after the financial incentive alone was not associated with meeting the MTM goals. As such, this program represents a “continuous quality improvement”¹⁶ approach in a real-world implementation context. To our knowledge, this report represents one of the largest such quality improvement initiatives focusing on MTM services in community pharmacy locations in the United States.

2. Methods

2.1. Practice settings

This study was conducted in all pharmacies included in one market service area (MSA) of Kroger Pharmacy. This MSA is made up of 28 pharmacy locations in Arkansas and 1 in Poplar Bluff, Missouri. The pharmacies have diverse patient demographics, staff make up, and prescription volume from store to store.

2.2. Implementation context and strategies

Prior to 2014, MTM services were provided in all 29 pharmacies in the MSA by a traveling clinical pharmacy team (1–3 pharmacists). The pharmacists provided the MTM services using OutcomesMTM[®] and Mirixa[®] platforms outside of the dispensing workflow. Patients eligible to receive the service were (and continue to be) identified through these web-based platforms. Health plan-initiated MTM opportunities increased significantly as CMS placed greater emphasis on pharmacy-related patient outcomes through its CMS Star measures demonstration project.¹¹ In addition, The Kroger Company raised MTM service expectations by increasing MTM yearly sales goals for each of its divisions. As expectations of MTM services grew, it became evident to the local Kroger leadership that a different model of MTM delivery was needed, and further that implementation strategies in support of increasing MTM success rates were needed. The small traveling team of clinical pharmacists would be unable to meet this growing demand. Leadership hypothesized that the provision of MTM by in-store pharmacists (over 100 pharmacists) would increase access to these services.

Starting in 2014 (Fig. 1), a proprietary bonus incentive program was created to reward pharmacists in each store who completed a company-set MTM goal.¹ The pharmacy-specific goal required pharmacists to submit a minimum number of successful MTM claims per month. The service could be provided by any pharmacist including pharmacy managers, staff pharmacists, floating pharmacists, or the traveling clinical pharmacists as long as it was provided to a patient whose claims showed up in that pharmacy's clinical queue. If the pharmacy's MTM goal was met, all pharmacists tied to that store received the bonus. No formal training was provided to pharmacists during this time period, but traveling clinical pharmacists were available for consultation at the request of the pharmacist or store.

Near the end of 2014, it was noted by the clinical team that in-store pharmacist participation was still low and the division was not meeting the MTM goals despite the financial incentive provided. The clinical team reviewed individual stores' and pharmacists' MTM reports and conducted informal interviews and observations of underperforming stores. They discovered that many pharmacists did not appear to have a firm grasp of the logistics of providing MTM services. It was also noted that the majority of the few pharmacists that were providing MTM services had received previous training in other settings such as through a

¹ We are not able to report what those goals were or what the incentives were due to proprietary concerns of The Kroger Company.

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