INTEGRATING MEDICATION THERAPY MANAGEMENT AS PART OF MEDICARE STAR IMPROVEMENT STRATEGY

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As health care transitions from a fee-for-service to a value-based or pay-for-performance model, there is increased focus on identifying opportunities to drive efficiency and improve quality of care. One tremendous opportunity in this vein is optimizing the use of medications which have potential to not only reduce wastage, which currently may be to the tune of $200 billion, but also to avoid patient complications and fatality.

UNDERSTANDING THE SCOPE:
A $200 BN CHALLENGE!

The statistics below highlight some of the key areas of concern as organizations look to tackle the challenge.

- **157 MN** Americans will be affected by at least one chronic condition requiring medication therapy by 2020.
- **125,000** Annual deaths accounted for by patients who do not follow their therapy routines.
- **~30–50%** Treatment failures.
- **28 MN** US adults have limited English proficiency.
- **1/3** Patients have difficulty understanding medication instructions.
- **20%** Baby boomers take more than ten daily medications.
- **51%** Americans treated for hypertension are adherent to long term therapy.
- **25–50%** Patients discontinue statins within one year of treatment.
- **1.5 BN** Prescriptions are dispensed each year to patients who may not know how to use them properly.

*Numbers and statistics sourced from various reputable health care and medication management organizations.*
The challenge is exacerbated by a host of other factors including misuse of antibiotics, suboptimal use of generics, delay in evidence-based treatment, and most importantly medication non-adherence.

Patients who take multiple medications (polypharmacy) are at an increased risk for complications. This risk is even higher in patients >65 years and traditionally enrolled in Medicare or a Dual Eligible program.

Medication non-adherence in itself contributes to approximately $100 B out of the total $200 B avoidable cost.\(^5\)

Considering the importance of medication adherence, the CMS has been consistently tracking 3 adherence-related measures as part of the Medicare Advantage Star program.

As per the latest 2016 Star report, more than 22% of eligible Part C and D members have a Proportion of Days Covered of less than 80%.

**C. Everett Coop**

Ex US Surgeon General

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**DRUGS DON'T WORK IN PATIENTS WHO DON'T TAKE THEM**

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**MEDICATION ADHERENCE**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Adherence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>78%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>80%</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>75%</td>
</tr>
</tbody>
</table>
There are multiple factors that result in patients not adhering to drug therapy routines.

As out-of-pocket costs with co-pays and deductible increases Medicare donut hole continues to be a significant driver, of non-adherence, the problem will worsen. Therapy is getting more complex with injectables and specialty prescriptions, and this is exactly where a pharmacist conducting medication therapy management can simplify the regimen. With increased access to the Internet and conflicting reviews and publications, patients may have mixed views about their medications. This is especially applicable for the silent diseases such as hypertension when outcomes may not be obvious in the short run and patients may stop taking their medications.

Some of the key barriers for patients not adhering to drug therapy routines and the strategy to overcome these barriers are shown in the below representation.

For example, certain treatments may comprise complex medication regimens, which can be further complicated by patients’ difficulty in understanding medication instructions due to limited English proficiency. Such a situation can be addressed by simple, unambiguous pictorial representation of day and time in the language the patient understands.
Medication Therapy Management has been around for approximately 10 years in some shape or form.

**Core Elements of Medication Therapy Management as Defined by CMS**

- Review all current medications including non-prescription and herbal agents
- Assess medication-related problems
- Provide a personal medication record (PMR) – for self-management, care coordination, and continuity
- Compile a medication-related action plan (MAP) for tracking progress in self-management
- Identify cases needing intervention, including collaborating with other clinicians

**The Medicare Modernization Act of 2003** required each Part D sponsor to have a medication therapy management program in their benefit for Part D Medicare beneficiaries. Subsequently, it became a CPT code and was recently included as part of the 2016 Star rating program by CMS.

**MTM can be broadly broken down into 5 core elements from identifying eligible beneficiaries, creating a personal medication list, accessing medication problems, and creating a Medication action plan for the patient.**
INCREASING IMPORTANCE OF MTM TO SUCCEED IN MEDICARE STARS

Based on certain factors, it is likely that by Star year 2020, i.e., Measurement year 2018, approximately 30% of measures included in the Star ratings can be directly or indirectly impacted by MTM.

Even though the CMR completion rate is a 1X-weighted process measure, the CMS advance notes provide a very good picture about the future. We see MTM evolving from a process to an impactful outcome measure that can be used to drive improvements across many chronic care measures.

CMS has already included Medication Reconciliation Post Discharge and Statin Therapy for Cardiovascular Disease in 2018 Stars and measures such as opioid overutilization and asthma medication are expected to be included in 2020 Stars. There is also a possibility that the High-Risk Medication measure would be reinstated. Based on prior trends, most medication-based measures are highly weighted and have a higher impact on the overall Star rating.

Some of the existing measures such as the Proportion of Days measures, Blood sugar control for Diabetics, BP control, and (DMARD) disease modifying Anti-Rheumatic drug therapy can also be improved by comprehensive medication reviews.

There are numerous case studies and reports that have demonstrated the effectiveness of MTM programs in not only improving intermediate outcomes such as improved A1c level but also in reducing cost and utilization of emergency rooms.

For example, a level I trauma center based in Minneapolis began assigning pharmacists to review prescriptions and medication instructions for patients awaiting discharge to skilled nursing facilities. Having this second layer of medication reconciliation (physicians conducted an initial reconciliation when writing their discharge orders) enabled pharmacists to check that patients had complete instructions, flag concerns, and work with physicians to resolve any discrepancies.

The results revealed that approximately 30% of the errors that the pharmacists corrected were significant enough to have led to ED visits or hospitalization. With pharmacists reviewing prescriptions, ED visits among those patients decreased by 30%, hospitalizations by 42%, and cost of care by about $2,500 per patient.

~30% WEIGHTAGE IN 2020 STARS
DIFFERENCE BETWEEN HIGHLY RATED PLANS AND LAGGARDS
CONCLUSION

Medication therapy management is poised to be an integral part of the Star improvement strategy of MA plans. Some plans are already executing Quality Improvement Programs (QIPs) that offer MTM services to members not mandated per CMS eligibility criteria, and are able to demonstrate improvement in Star measures.

Innovative approaches to MTM, including multichannel and digital channels to effectively engage with patients, are required to go beyond a “checking the box” approach and truly impact the Triple Aim™ goals of improving population health, better member experience of care, and lower per capita cost. It is also equally important to conduct quarterly targeted medication reviews and integrate the MTM results within the provider workflows so that it does not end up becoming a yearly exercise.

INNOVATIVE APPROACHES TO MTM, ARE REQUIRED TO GO BEYOND A “TICKING THE BOX” APPROACH AND TRULY IMPACT THE TRIPLE AIM™ GOALS OF IMPROVING POPULATION HEALTH, BETTER MEMBER EXPERIENCE OF CARE, AND LOWER PER CAPITA COST.
REFERENCES

5. Avoidable Costs in U.S. Healthcare – IMS Health
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