USING MTM TO IMPROVE STAR RATINGS: CASE STUDIES

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Disclosures

- Nothing to disclose
Learning Objectives

- Describe how MTM can improve star ratings
- Discuss strategies for identifying and addressing adherence claims
- Review performance and billing of a successful CMR
Self Assessment Question #1

What is being added as a star measure in 2016?

1. CMR completion rate
2. Access to cholesterol screenings
3. Adherence to antidepressants
4. BMI goal achievement
Self Assessment Question #2

What is considered “adherent” per PQA?

1. 40% PDC
2. 60% PDC
3. 80% PCD
4. 100% PDC
Self Assessment Question #3

What is necessary to complete a CMR?

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2. Provision of a personal medication list
3. Calling the patient’s doctor to switch from brand medication
4. Provision of health literature about the patient’s conditions
Star Ratings

- The US health care system is moving closer to a system of value based care
- Star ratings are used by Medicare Part D plans
  - Calculated based on many types of measures
    - Timeliness of enrollment processing
    - Access to needed medications
    - Safety (triple weighted)
- Two year lag time
2015 Current Star Measures

- High risk medication in the elderly
- Adherence
  - Oral diabetes medications
  - Cholesterol medications (statins)
  - Blood pressure medications (RAS antagonists)
2015 Current Display Measures

- Drug-drug interactions
- High doses of DM medications
- Adherence to HIV antiretroviral measures
- Use of atypical antipsychotics
- **CMR completion rate**
What is MTM?

- “Distinct service or group of services that optimize therapeutic outcomes for individual patients.
  - Service designed to
    - Enhance enrollee understanding
    - Increase enrollee adherence
    - Detect adverse drug events and patterns of overuse and underuse of prescription medications”

- Can be plan identified focus on patients who need intervention

Why does this matter?

- Quality bonus payments
  - Plans paid more by Medicare
- Higher rated plans attract more members
- Lower rated plans removed from online enrollment, may be removed from Medicare
Why does this matter?

- Bonus payments to pharmacies
- Contracting possibilities
  - Quality based networks (QBNs)
  - Some plans have minimum qualifications in contract
Adherence MTM

Medication underuse

- Defined as <80% PDC to a drug class

\[
\text{Number of days covered by drug class} \times \frac{\text{Number of days in the calculation period}}{100}\%
\]

Why is this an issue?

- Causes the addition of unnecessary medications
- Lack of disease state control
Adherence Case Study - Outcomes

- Mr John Doe; 66 year old male with diabetes, hypertension, and dyslipidemia
- Started metformin ER 500mg qday March 1\textsuperscript{st}
- Fills
  - #30, March 1
  - #30, April 15
  - #30, June 1
  - #30, July 15
  - #30, September 1

$\frac{120 \text{ days covered}}{185 \text{ days}} \times 100\% = 65\% \text{ PDC}$
Working through an Adherence - Underuse of Medication TIP

Review the TIP:
- Is the patient currently taking the targeted medication or another medication in the same drug class?
- Is the patient underusing the medication according to your analysis of medication fills?

Yes  No

Patient refuses

Submit claim as Patient Refused.

Cannot reach patient after 3 attempts

Patient confirms underuse

Submit claim as Unable to Reach Patient after 3 Attempts.

Does the patient report one of the following reasons for underuse:
- Pays cash
- Resides in LTC/assisted living/hospice
- Received samples
- Hospital stay

Yes

Use the DRAW tool under Resources to determine reasons for non-adherence and recommendations for correcting non-adherence.

No

Leave claim as Pending Pharmacist Action and follow up with patient at least 14 days later.

Speak with the patient to determine if adherence has improved since the initial consultation.

Verify the patient has refilled the medication on time:
- The on-time refill must be after the date the non-adherence was identified but cannot be the same day.
- On-time is defined as +/- 20% of the days supply previously dispensed (e.g. within 6 days for a 30-day supply).

Submit claim with the result of Altered Adherence.
## Adherence Case Study - Outcomes

### Drug Adherence Work-up (DRAW®)

<table>
<thead>
<tr>
<th>GUIDES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
</tr>
<tr>
<td>Reminder tools, adherence aids or alarms</td>
</tr>
<tr>
<td>• Use specialized organizers, such as the day/time pill containers;</td>
</tr>
<tr>
<td>• Use of special blister packs if available;</td>
</tr>
<tr>
<td>• Institute a medication calendar if patient can and will use it.</td>
</tr>
<tr>
<td><strong>Simplifying regimen</strong> includes: 1) using long acting drugs where possible, 2) reducing number of medications</td>
</tr>
</tbody>
</table>

| **B**  |
| Patient education | addresses any identified knowledge deficiencies. Refrain from reiterating that their physician ordered it. Positive reinforcement of the benefits sounds better than being told about the negative outcomes from non-adherence. |

| **C**  |
| Guided counseling | addresses concerns about the effectiveness or necessity of the medication. |
| • Helping a person resolve their medication issues requires you to listen well and understand their concerns in order to work with the patient. |
| • Use open-ended questions to divulge their concerns and motivations. Example: Ask, “On a scale of 1 to 10, 10 being the most important, how important is it to you that you take this medication?” If the score is low, a follow-up question could be, “What can I do to help you raise your score to a 9 or 10?” Upper range is used to induce a dialogue with patient. |
| • Listen for indicators of the patient’s DESIRE, their ABILITY, their REASONS, and their NEED to make changes. Also listen for their COMMITMENT and TAKING STEPS to make changes. When you hear these, they are motivators or actions to encourage. |

### Symptom management:
| • Consider if the symptoms are consistent with side effects of medications the patient is taking. |
| • Consider if the symptoms need to be treated or if there is a need to make a change in treatment. |
| • For memory decline, refer to section E. |
Adherence Case Study - Outcomes

About the MTM Service

Why was the service initiated? (Reason)
- Adherence - Underuse of medication

What service was provided? (Action)
- Patient consultation

Adherence Barriers

What were the barriers that resulted in non-adherence? (The DRAW tool)
- Concerned about potential side effects
- Decreased cognitive function
- Experienced side effects
- Feels medication is not helping
- Feels medication is not needed

What was the outcome of the service? (Result)
- Altered adherence

Date of initial adherence consultation
- 08/08/2015

Date of follow-up (must be at least 14 days after the initial consultation and must include refill verification)
- 09/08/2015

Confirm the patient is now adherent (you must check both)
- I attest the patient picked up the next refill on time (within 6 days for a 30 day dispensed supply or within 18 days for a 90 day dispensed supply).
- I attest the patient reported improved adherence upon follow-up.
Adherence Identification

- How to be proactive: use whatever resources you have at your disposal!
  - Use Outcomes and Mirixa to track patients
    - Keep patient lists
    - Scan profiles for key medications
  - Use EQuIPP to detect outliers
    - Use same MTM techniques
  - Monitor all Part D patients!
    - Watch refills
    - Create reports
Comprehensive Medication Review

- Required: 30 minute face to face interaction*

- Required: Provision of:
  - Medication Action Plan (MAP)
  - Personal Medication List (PML)

- Work-up
  - Review of medication list for adherence, DDI, high risk medications

- Follow-up
  - Coordination of care with patient, prescribers, et. al
Mrs Jane Doe, 65 year old female with diabetes, hypertension, and dyslipidemia

- Takes atorvastatin 40mg qday, metformin 500mg BID, Bystolic 20mg qday, and lisinopril 20mg qday.
- Chief complaints: cost of Bystolic, daily bouts of diarrhea, and
CMR Case Study - Mirixa

Welcome to the CVS Caremark SilverScript 2015 MTMP

Through the CVS Caremark SilverScript 2015 MTMP, eligible patients will receive a Comprehensive Medication Review (CMR) that focuses on (i) Safety Alerts, (ii) Cost Savings Alerts, (iii) Care Gap Alerts identifying potential non-adherence and omissions in care, (iv) disease state assessment, and (v) preventive care and lifestyle recommendations.

Eligible patients must:

- Have at least three (3) of the following chronic conditions: Asthma, Chronic Heart Failure, Chronic Obstructive Pulmonary Disease, Depression, Diabetes, and Osteoporosis;
- Use at least eight (8) or more Medicare Part D covered chronic/maintenance medications; and
- Have an anticipated annual drug spend of at least $3,138.00

Before providing this service, you are required to read the CVS Caremark SilverScript MTMP 2015 Program Service Description (PSD).

**Required Service Elements:**

1. Patient (or Caregiver as appropriate) Meeting
   - Meet face-to-face or by telephone
2. Patient Assessment
   - Review and document allergies
   - Review and document conditions
CMR Case Study - Mirixa

- **Allergies** [none entered]
  - I asked the patient to identify any allergies they have and recorded their response on the Allergies tab.

- **Conditions** [none entered]
  - I asked the patient to identify their medical conditions and have recorded their response on the Conditions tab.

**Medications**

- **Amlodipine Besylate-Valsartan Oral Tablet 5-160 MG**
  - Last Fill: 53 days ago (6/16/2015)
  - Days Supply: 30
  - Quantity: 30
  - NDC: 00378172193
  - Prescribed By: [redacted]
  - No Longer Taking: [ ]

  [Fill History]
**CMR Case Study - Mirixa**

![Image of CMR Case Study - Mirixa](image)

### Red Flags - Safety Alerts

#### Active Alerts

<table>
<thead>
<tr>
<th>Drug/Drug</th>
<th>Meloxicam Oral Tablet 7.5 MG</th>
</tr>
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<tbody>
<tr>
<td><strong>2. Hypertension MTM</strong></td>
<td></td>
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- **Is the patient achieving blood pressure goal?**
  - Typically < 150/90 mmHg when ≥ age 60 without diabetes or CKD and < 140/90 mmHg for patients < age 60 or those with diabetes or CKD (JNC 8) or, < 140/80 mmHg or < 130/80 mmHg for patients with diabetes (ADA), and may vary based on presence of other diseases.
  - Yes
  - No
  - Unable to determine

- **Based on your review, patient’s response to therapy and standards of care, is current medication therapy for hypertension appropriate?**
  - Yes
  - No
  - Unable to determine

- **Does the patient perform home BP monitoring?**
  - Yes
  - No
CMR Case Study - Mirixa

The Medication Action Plan (MAP) should be delivered to the patient at the conclusion of the service, either in person or electronically. You cannot authorize this case until all required sections above are complete.

Service

- Provider of Record: Amanda Applegate
- Type of Service: Face to Face Session (99605)
- Date of Service: 8/8/2015

By authorizing and billing for this case, I affirm that I have provided services according to the Program Services Description and am aware that all services are subject to audit and verification with the patient and/or prescriber.
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Questions?

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