

Wisconsin Pharmacy Quality Collaborative (WPQC) Medication Therapy Management Services (MTMS) Program

Background

The Wisconsin Pharmacy Quality Collaborative (WPQC) is a group consisting of both pharmacists and health plan/purchaser representatives dedicated to creating a pharmacy quality pay for performance demonstration project that will align incentives for both pharmacists and payors. The group was established July 17, 2006.

Objective

To establish a uniform set of pharmacist-provided medication therapy management services and a quality credentialing process in Wisconsin through a collaborative venture between third party payors (health plans, employers and government agencies) and pharmacy providers in the state. The expected results of this health care quality initiative include:

1. Improved medication use among enrolled patients as evidenced by attaining specific patient care outcomes
2. Improved patient safety (decreased numbers of medication errors and adverse drug events)
3. Reduced health care costs for participating payors
4. Professional recognition and compensation based upon the development and implementation of pharmacy practice services that improve the use and safety of medications

Pilot pharmacies will be required to:

- Have Internet access sufficient to access a web-based patient management software system
- Be active in providing care for beneficiaries of participating network payor(s)
- Complete required software system documentation and billing training
- Have a private or semi-private patient care area accessible for providing comprehensive medication review and assessment
- Agree to serve as a mentor and trainer for future enrollee pharmacies as the program expands
- Have an established relationship with patients who may be provided Level II Services via the telephone

Quality-based Requirements

Pharmacies will provide the following services or meet the following characteristics in order to be included in the pilot network for this project. Pharmacies will have policies and procedures in place ensuring the provision of these services. WPQC endorses these requirements as “best practices” that maximize patient safety in the medication use process. These requirements will be augmented as the program expands in order to continually increase the quality of pharmacy services provided. Specific educational tools and training programs will be provided to participating pharmacies in order to facilitate the consistent implementation of these best practices. Pharmacies will be required to keep a self-assessment form on site documenting that their site meets the following quality-based requirements.

A. Workflow:

1. Performance of a brief medication history on all new patients or patients who fill medications at multiple pharmacies
2. Consistent verification and documentation of allergies and adverse drug reactions
3. Consistent profile review of all patients (to include documentation of weight and dose/weight or dose/body surface area for pediatric patients).
4. Use of a standard procedure to show each patient each medication in order to identify medication errors, changes in manufacturer or patient confusion.
5. Use of at least two unique identifiers for each new prescription order to verify that patient data is correct and upon consultation when patient is unknown to pharmacist.
6. Utilization of a check-off form during consultation that describes what the pharmacist did from intake to consultation when applicable.
7. Utilization of a process to identify eligible patients for Level I, Level II, and/or Condition-Specific Services.

B. Pharmacy Management:

1. The availability of online and/or up-to-date hard-copy pharmacy information resources
2. Implementation of a continuous quality improvement (CQI) program for medication risk management
3. Participation in FDA's Medwatch program
4. Communication and action upon receipt of FDA drug safety alerts and Class I recalls from the FDA or PSW
5. Conduction of an annual standardized patient satisfaction survey, analyzing the results with internal staff and developing action plans based on results

Level I (Intervention-based) Services

Level I services include drug product-focused services that will be reimbursed on a per-intervention basis. The prescriber will be contacted with each intervention. Successful billing requires that the suggested intervention be accepted by the prescriber except in cases of focused adherence intervention and medication device instruction intervention. Level I services must be provided at a WPQC network pharmacy to guarantee reimbursement.

- Cost effectiveness intervention: (e.g. formulary interchange, therapeutic interchange, tablet splitting opportunity, conversion to an OTC product and dose consolidation)
- Dose/Dosage form/Duration change intervention: (e.g. opportunity to change patient's dose, dosage form, or duration of therapy based upon manufacturer recommended dose, organ function or age-appropriateness of dose; insufficient or excessive duration or quantity of medication prescribed; sub-optimal dosage form prescribed; drug-drug interaction or drug-food interaction.)
- Focused adherence intervention: consultation with a patient regarding a significant lack of adherence in order to enhance the patient's understanding of their medication regimen. An adherence tool or referral for a comprehensive medication review and assessment will be provided if applicable. (e.g. possible drug misadministration, inability to correctly split tablets, inability to afford medications, presence of adverse drug reaction(s), misunderstanding of prescribed instructions, sharing of unauthorized medications, presence of an uncontrolled disease state, prescription of an inappropriate dosage form, concern relating to health literacy or another concern as determined by the pharmacist.)
- Therapeutic duplication intervention: a recommendation to discontinue a potential therapeutic duplication. (e.g. patient obtains prescriptions from more than one pharmacy, receives sample medications, shares medications with another individual, orders medications from the internet or via mail order pharmacy, takes over-the-counter or herbal medications which duplicate prescription therapy, receives prescriptions from multiple providers or another duplication as noted by the pharmacist.)
- Medication device instruction intervention: intensive pharmacist consultation lasting more than 5 minutes on any device associated with a medication and subsequent patient or caregiver demonstration of the device's use. (e.g. new medication, incorrect technique or non-adherence to therapy, patient or prescriber request for instruction or another reason as determined by the pharmacist)
- Medication additions or deletions intervention: recommendation of the addition or deletion of a medication based on clinical guidelines, indication, adverse drug reaction, contraindication, black box warning or FDA safety alert, additive toxicity, drug-drug interaction, drug-food interaction, drug allergy, or other reason as determined by the pharmacist)

Level II (Comprehensive Medication Review and Assessment) (CMR/A) Services*

Level II services include value-added professional services provided by a pharmacist:

- Performance of an initial face to face CMR/A to identify, resolve and prevent medication-related problems, including adverse drug events; this includes performing medication reconciliation for a patient discharged from the hospital or long term care setting
- Obtaining necessary assessments of the patient's health status
- Formulation of a medication treatment plan
- Provision of an updated Personal Medication Record (PMR) and Medication Action Plan (MAP) to each patient following each CMR/A visit
- Provision of information, support services and resources designed to enhance patient adherence with the patient's therapeutic regimens
- Provision of verbal education and training designed to enhance patient understanding and appropriate use of the patient's medications
- Performance of follow up medication reviews to monitor and evaluate the patient's response to therapy, including safety and effectiveness of target medications

- Documentation of the care delivered and communication of essential information to the patient's primary care providers
- Referral to an appropriate health care provider if necessary
- Coordination and integration of medication management services within the broader health care system
- Appropriate prescribers will be notified of each CMR/A service provided and sent a copy of the PMR and MAP. If authorizations to change specific medications are needed, the specific prescriber will be notified.

*Comprehensive Medication Review and Assessment components obtained from American Pharmacists Association (APhA)/National Association of Chain Drug Stores (NACDS) 2005 consensus definition of Medication Therapy Management Services

Condition-specific Medication Management Services

Condition-specific, standardized algorithms developed using clinical guidelines will be provided to pharmacists via the MTM software system to aid in the provision of Level II services to patients with specific conditions. Each algorithm will be designed to compliment provider and payor-sponsored disease management programs. The program standards will be consistent with industry best practices. Future conditions may include hypertension, asthma, hyperlipidemia, anticoagulation, tobacco cessation, chronic kidney disease, congestive heart failure, osteoporosis, chronic obstructive pulmonary disease, depression, HIV and transplant. The first module will focus on diabetes.

Eligible Level I (Intervention-based) Providers

- All professional network pharmacy staff including pharmacy technicians may participate in the identification of Level I interventions.
- For the pilot program, only pharmacists who have completed specified training will receive access to the MTM software system utilized for billing.

Eligible Level II (Comprehensive Medication Review and Assessment) Providers

- All professional network pharmacy staff may participate in the identification of Level II eligible patients.
- For the pilot program, only pharmacists who have completed specified training will receive access to the MTM software system utilized for billing.
- Pharmacists who provide and bill for Level II services will be required to have a National Provider Identifier (NPI).

Training Requirements

- Home study training will include: program background and background reading materials (to include motivational interviewing and health literacy), incorporation of quality-based network requirements and MTMS into the pharmacy workflow, diabetes clinical guideline review, and audio visual examples of how to provide each level of service.
- Software Training will include integrated system training that incorporates workflow training, motivational interviewing and role playing.

Level I Patient Eligibility & Benefit Structure

- Level I (Intervention-based) Services: any outpatient with prescription drug coverage by a participating payor is eligible
- Total number of Level I interventions annually per patient will not be limited with the exception of Level I medication device instruction intervention and focused adherence intervention which will be limited to no more than 4 of each such intervention annually per patient.
- The benefit year for MTMS eligibility follows the calendar year (January through December)

Level II Patient Eligibility & Benefit Structure

- Level II (Comprehensive Medication Review and Assessment) Services: any *high-risk* outpatient covered by a participating payor is eligible. Patients meeting criteria for Level II services will be eligible unless they choose not to participate in the program. Payors and pharmacists will be involved in the identification of eligible patients.

High-risk patients include those who meet at least one of the following criteria:

- ✓ Take four or more prescription medications to treat or prevent two or more chronic conditions (one of which must include hypertension, asthma, diabetes, chronic kidney disease, congestive heart failure, dyslipidemia, COPD or depression)
 - ✓ -OR- Have diabetes (condition-specific benefits)
 - ✓ -OR- Receive prescriptions from three or more health care providers
 - ✓ -OR- Have recently been discharged from the hospital or long term care setting
 - ✓ -OR- Experience health literacy issues* as determined by the pharmacist (prior authorization required)
 - ✓ -OR- Patients may also be eligible based upon prescriber referral, plan prior authorization or plan identification).
- Health Literacy Criteria* (requires prior authorization from payor):
 - ✓ Requires the use of a trained medical translator
 - ✓ Is unable to demonstrate pill count(s)
 - ✓ Is familiar with personal medications by color only
 - ✓ Is unable to read or is suspected to have very low literacy
 - ✓ Is suspected to have adherence problems due to low literacy
 - ✓ Takes medications obtained from another country
- Eligible high-risk patients will be allowed one initial Level II service annually or following each discharge from the hospital or long-term care facility.
 - Eligible high-risk patients with non-condition specific benefits will be allowed up to three follow up medication reviews annually. No additional follow-ups will be granted for patients following hospital or long term care setting discharge. The medication reconciliation comprehensive medication review for these patients will be considered a “stand-alone” service.
 - Eligible high-risk patients with condition-specific benefits will be allowed up to three follow up medication reviews annually. No additional follow-ups will be granted for patients following hospital or long term care setting discharge. The medication reconciliation comprehensive medication review for these patients will be considered a “stand-alone” service.
 - Level II services provided to patients following discharge from the hospital or long-term care facility may not be provided by a pharmacist practicing in a non-dispensing practice site.
 - If Level I Services are noted during provision of Level II Services, the pharmacist should bill for Level I and Level II Services. Focused adherence interventions and medication device instruction interventions are considered part of the Level II Service and shall not be billed for separately.
 - The benefit year for MTMS eligibility follows the calendar year (January through December).

Documentation

Documentation for both Level I and Level II services will be carried out via the RelayHealth/McKesson Internet-based platform to ensure uniformity and the ability to collect standardized data for evaluation of the program.

Billing

Both Level I and Level II Service claims will be submitted for billing via the Internet-based MTM platform to RelayHealth. These claims will be bundled and sent directly to appropriate network payors. Pharmacies will receive bundled compensation checks from AccessHealth on a regular basis via electronic funds transfer.

Quality Assurance

Payors will have access to the MTM platform for auditing purposes. Pharmacies will be required to keep a self-assessment form on site documenting that their site meets the network quality-based requirements.

Evaluation

An evaluation of the 50 pharmacies in the pilot program will be conducted.