Medication Therapy Management

ARC is connecting Bay Area hospitals with OutcomesMTM, the national leader in the design, delivery and administration of Medication Therapy Management (MTM) programs. Hospitals can reduce readmissions by working together with OutcomesMTM to reach out to local pharmacists and take advantage of this Medicare outpatient pharmacy benefit.

What is it?

As defined by the Medicare Modernization Act of 2003 (MMA), MTM services are designed to:

- Review patient medication regimen
- Counsel patients to enhance understanding and increase adherence
- Detect adverse drug events, and patterns of overuse and underuse of prescription medications
- Make corrective recommendations to prescriber

How is it paid for?

- Provided at no cost to *eligible* Medicare Part D (drug benefit) enrollees
- Pharmacists are paid by the Part D plan
- Supported by other payors/plans as well e.g. Alameda Alliance

Who is eligible?

- Patient must meet 3 criteria:
 - Have multiple chronic diseases (Part D plan can't require more than 3)
 - Taking multiple Part D drugs (plan can't require more than 8 Part D drugs)
 - Are likely to incur Part D drug costs of at least \$3000
- Patients targeted by most hospitals as being at high risk for readmission match these MTM criteria pretty well (e.g., CHF, COPD)

How is this service provided?

- Outcomes MTM is looking to work with hospitals that are attempting to improve care transitions
- They would like hospitals with approved community pharmacists who would perform the MTM functions either in a home visit or telephonically

What are the steps of this process?

- 1. Hospital staff take one hour training with Outcomes MTM and sign confidentiality agreement
- 2. Patient meeting criteria identified
- 3. Eligibility determined/obtained
- 4. Patient referred to Outcomes MTM
- 5. Outcomes MTM refers case to community pharmacist
- 6. Community pharmacist visits/calls patient & performs a comprehensive medication review
- 7. Pharmacist documents and follows up as needed
- 8. Readmission rates for referred patients tracked