

Three MTM success stories

KEYWORDS

Medication Therapy Management, practice improvement, medication education

JOSE SCARPA, RPH¹

¹ Director of Pharmacy at Natchaug Hospital in Mansfield, CT. He also contracts independently with the private company, PharmaNetEx, to deliver MTM services for various clinic sites in and around the Mansfield area. He serves diverse patients suffering from mostly physical and some mental illnesses in a Medicaid population.

How is your MTM position funded? Do you receive reimbursement for the MTM services you provide?

The position is funded on a fee-for-service basis through a contractual agreement between PharmaNetEx and the Department of Social Services in Connecticut. The funds come from the Center for Medicaid Services. In this contract there are no ICD codes submitted for services provided.

What did you need to change after starting your MTM practice to make it work the way it does now?

I needed to train myself to conduct and sustain structured, comprehensive interviews with patients and to take written notes as the interview went on rather than trying to use the computer to do notations as I was talking to the patient. This was important in order to be able to maintain eye contact with the patient, which was very important to me. In addition, experienced pharmacists with PharmaNetEx conducted quality assurance monitoring.

[Watch video to see Jose describe how his MTM practice benefits patients in three main ways:](#)

1. Empowerment
2. Effective medication education
3. Optimization of medication regimens

What do you think is key to the future of MTM?

I believe that we pharmacists need to remain very active through the pharmacists' organizations in each of the states and really teach each other about MTM throughout the various meetings we may have throughout the year to promote MTM services more. I am a strong believer that each state needs to do a [contract MTM] program, much as PharmaNetEx did, and bring the results to their dept. of social services because these numbers are very telling. I would encourage pharmacists to get involved with their associations because I think together we can accomplish something with the government rather than approaching it as individuals.

Finally, I believe we need to foster student participation and buy-in on the part of the students through mentoring them in MTM practice. We can't let MTM dwindle down as we pass on the baton.

SARA DUGAN, PHARMD, BCPP²

² Clinical pharmacist at Klein's Pharmacy at Community Support Services, an Outpatient Mental Health Clinic in Akron, OH. Her position is situated in an ambulatory clinic setting that provides outpatient mental health and primary care services that also has a full pharmacy and laboratory. In her position, that was designed to be an MTM position from the beginning, she serves on active treatment teams, conducts discharge medication education and medication supply coordination for individual patients, and performs consultations on patients with difficult medication regimens or those who are having difficulty with managing their medications.

How is your MTM position funded? Do you receive reimbursement for the MTM services you provide?

My position is funded by the College of Pharmacy (80%) and by the full on-site independent pharmacy (20%). However, we are billing for and getting paid for the pharmacologic management services that I provide. Medicaid in Ohio does not compensate for clinical pharmacy services, per se. However, there is one billing code under Ohio Department of Mental Health that is the "Pharmacologic Management Services" that allows for Medicaid billing, with the pharmacist as the provider, for education, monitoring, and assessments associated with pharmacologic management for a patient who is on psychiatric medication. For Medicare patients we bill "incident to physician visit."

What did you need to change after starting your MTM practice to make it work the way it does now?

We've had to change quite a few things. We needed to get buy-in from the clinic staff as they had never had a clinical pharmacist there before. Initially they really weren't sure what my role was going to be and where I was going to fit in. We really bided our time and seized an opportunity to come through in helping with hospital discharge medication reconciliation, a specific problem area. Once the staff was able to see that we were able to clear up a lot of problems, get patients their meds/injections, etc. that has made the biggest difference. Also, I give the pharmacy students a ton of credit for their role in establishing a great relationship with

clinic staff and stepping into roles and helping to establish ties with the other staff.

[Watch video for Sara's description of how her MTM practice benefits her patients:](#)

1. education
2. reasonable medication regimens
3. decreased emergency room visits and hospital admissions

What suggestions do you have for a psychiatric or neurologic pharmacist who is interested in pursuing the provision of MTM services?

One of the biggest things is to get to know all the people involved. Talk to nurses, providers, administration, billing, etc. Find out where the need is and what some of the problems are. This will help reduce any resistance in getting you in [the door]. Talk to the billing department they can take care of a lot of the headaches with billing and some of the details as far as having you credentialed for some of the other insurance companies. Finally, be persistent in continuing the discussion—this is not something that is going to come over night, but once you start to make a difference, it really will take off on its own.

CARLA COBB, PHARM.D., BCPP³

³ Clinical pharmacist in Billings, MT. She is currently providing comprehensive medication management in 2 different settings. The first is in a community health center (FQHC) where she works with family medicine faculty and residents with a focus on providing care to primary care patients with mental illnesses. The second is a private practice that she owns with 3 other pharmacists. There she provides medication management services for patients from the community with either medical or mental illnesses. Patients may be referred by a physician or self-referred. Recommendations from the review are made to the patients and their physicians.

How is your MTM position funded? Do you receive reimbursement for the MTM services you provide?

We are funded in a number of ways. I am paid in part by the family medicine residency and by school of pharmacy for clinical rotations. The Montana PharmAssist program, funded by tobacco tax, pays for comprehensive medication management. Our private practice recently received a grant from an Eli Lilly settlement trust fund. The grant is intended to educate primary care providers about the appropriate use of psychiatric medications through the provision of medication management services. I think that creative and mixed funding for these services are going to be necessary to prove the value of the service to payers.

What did you need to change after starting your MTM practice to make it work the way it does now?

We quickly realized that we would have to provide a setting in which to provide the service which is separate from the community pharmacy setting. My partners and I made a small investment to rent office space and purchase a medication management database, Assurance, to help us document our practice. The other need was to educate physicians and patients about the unique service that we offer and how we work as a team with their physicians to optimize their medication use. In every case we have identified drug-related problems leading to adverse effects that had previously been undetected.

How do patients benefit from receiving MTM services in your practice setting?

Patients really seem to appreciate the time we take to focus on their medications and to help them understand how their medication use could be improved to address effectiveness or adverse effects.

What suggestions do you have for a psychiatric or neurologic pharmacist who is interested in pursuing the provision of MTM services?

I would recommend learning about what it means to provide comprehensive medication management. In a nutshell it is 1) working with a patient to help them identify their medication-related needs, 2) providing a comprehensive medication review to identify medication-related problems that need to be solved to help reach those goals, and then 3) following up to ensure that those goals are met. There are numerous resources available. One of the best is the Patient-Centered Primary Care Collaborative document entitled "The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes." It is available in the resources section at www.PCPCC.net It provides the data to support the value of the services and a detailed description of the services.

The other need is for pharmacists to work within their institutions or to develop relationships with institutions who are developing a Patient-Centered Medical Home. There are specific requirements that a practice must implement to meet the criteria. Psychiatric pharmacists are well positioned to help practices meet those needs. There are a number of resources that define those criteria and I would encourage pharmacists to read them.

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