MTM As A Team Sport:

Introduction To Utilizing Technicians
To Enhance MTM Services



Today's Team

Webinar Moderator



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Speakers



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Speakers (continued)



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APhA Medication Management SIG Coordinator-Elect 2016-2017

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APhA Medication Management SIG Business
Model Committee Co-Chair

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2015 APhA-APPM Medication Management SIG Needs Assessment Questionnaire



Webinar Objectives

- Discuss how to prepare your pharmacy to integrate technicians into the MTM workflow.
- Identify opportunities for technician involvement in preparation of the patient interview.
- Outline areas for technician involvement in the documentation, billing, and follow up of MTM services.
- Describe a case example of successfully utilizing technicians in the MTM process.

Getting Technicians Off the Bench and Into the Game

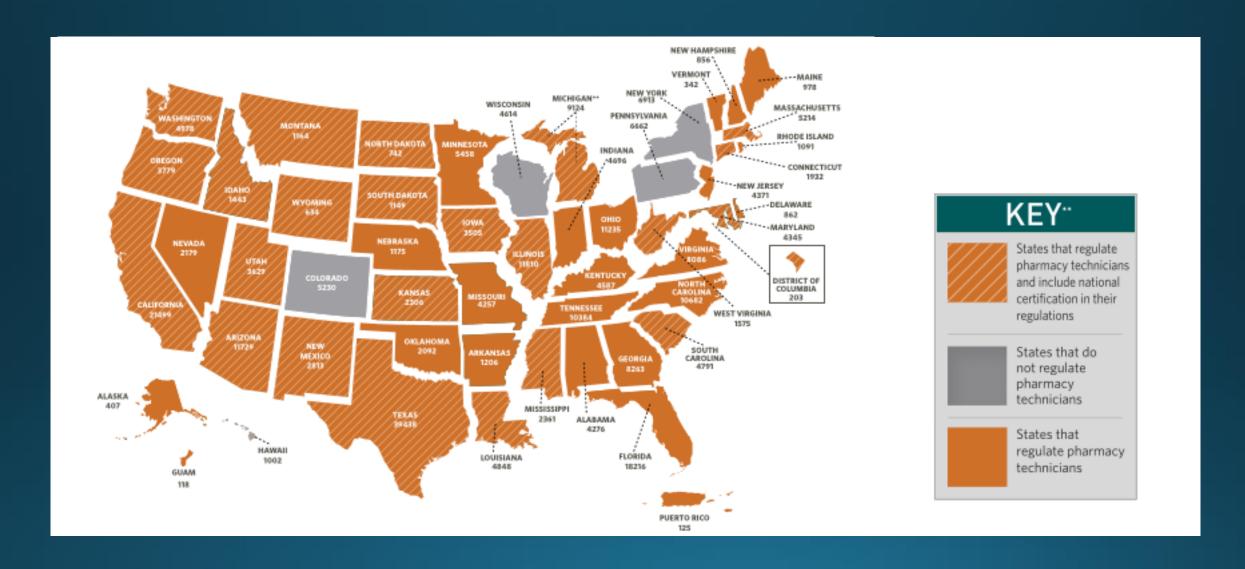
Getting Started



Evolvement of the Technician

- Pharmacy Technician Certification Board (PTCB)
 - Majority of states now require technicians to be certified nationally and/or are regulated by the state
- Certified Pharmacy Technician (CPhT): Expansion
 - Pharmacy Technician Certification Exam (PTCE)
 - By 2020, candidates must complete an ASHP/ACPE accredited training program to take the PTCB certification exam, known as the PTCE
 - As of 2014, of the 20 CE hours required for recertification, one hour must be on patient safety and one hour must be on law





Unsung Heroes

Acknowledgments: Jessica McCain

- Certified Pharmacy Technicians (CPhTs) have shown success in:
 - Taking medication history
 - Reduced problems in medication orders
 - Obtaining, documenting, and communicating medication reconciliation data
 - Tech-Check-Tech programs (ASHP 2011)







Identify your Technicians MVP or Team of the Year?

- Code of Ethics for Pharmacy Technicians
 - Honesty
 - Integrity
 - Respect
- Potential and Readiness



Is Your Team Ready to Play?

- Documentation
 - Is the MTM service well established?
- Scheduling
 - When will pharmacist(s) conduct MTMs?
- Location
 - Where and how will MTM services be provided?
- What are potential challenges or barriers for your patient population?



Get Some Skin in the Game

- Start the conversation
 - What is MTM?
 - What is the importance of MTM?
- Goals of the service
 - Financial and clinical outcomes
- Education, training, and tools for success
- Encouraging involvement
 - Incentives



Communication is the Key to Victory!

- 30 second speech
 - For all team members to promote the service
- Utilize a phone call script
 - Highlight the service and how it will help the patient
 - Can also apply to different situations
- Tips
 - Communicate with patients in a way that they understand
 - Keep it professional
 - Establish "troubleshooting" responses
 - Open-ended questions are vital!



Sample 30 Second Speech

"A pharmacists will sit with you one-on-one to review all your medications, including your over-the-counter treatments. We can help answer any questions you may have such as how to use it safely, explain why you are using it and how it can best help you. This is to ensure you are maximizing the benefits of your medications while minimizing side effects and possibly even cost.

We will work together with you, you're physician and other caregivers to help you reach your goals. At the end of the service we will provide you with a complete medication card and a document reviewing the things we discuss and you can do to help you achieve those goals "



Bulk Up Your Playbook

- "Shop" APhA at www.pharmacist.com
 - Communication and Management Skills for the Pharmacy Technician by Jody Jacobson Wedret
 - The Pharmacy Technician's Introduction to Pharmacy by L. Michael Posey
- Medication Management Special Interest Group
 - Get Involved and Engage



The Technician: The Communications Quarterback

Getting Ready for the Patient Visit



Gathering Your Lists

- 1. Pharmacy Profile
- 2. List from MTM Vendor
- 3. Diagnoses and medication list from physician(s)
- 4. Patient Interview



Comparing Medication Lists

- Which medications are not on all lists?
- Are there any gaps in the patient's refill history?
- What conditions do you think the patient has?

Appointment Reminders

- Confirm time and location
- Remind them to bring their bottles and any vitamins, creams, eye drops, over the counter, etc.
- Bring any glucose/BP logs, etc. if appropriate

Medication History Interview

- Settings
 - Geriatric ward
 - ED
 - Tertiary care hospital
 - Community pharmacy
- Training Considerations
- Workflow: before pharmacist visit
 - Via phone
 - In person (warm handoff)



Medication History Interview

Findings

- Students/technicians can accurately complete a med history
- It takes about the same time as a pharmacist or a little longer
- Simple drug errors can be found and dealt with by the pharmacist or other provider

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Succeeding in the Red Zone:

MTM Documentation and Billing



Unsung Heroes: Technician Roles Changing

- Certified Pharmacy Technicians (CPhTs) have shown success:
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Run Your Winning Play in a New Way

- We can utilize the same process already in place
- Minimizing workflow interruptions and training needs

Technician Prescription Processing

Prescription dropped off



Technician enters data



Pharmacist verifies data

Technician MTM Processing

MTM identified by Pharmacist



Technician enters



Pharmacist verifies data



Pharmacist Identifies MTM Interventions

- Pharmacists identify and record:
 - Drug therapy problems (DTP)
 - Medication Action Plan (MAP)
 - Resultant MTM interventions
- Worksheets to simplify the process

Example MTM Worksheet

VISIT TYPE	DI-SHIDE-II	П Рын С	disting					
		low-up [] Phone Const	☐ Phone Consultation ☐ Hypercholesterolemia ☐ COPD ☐ Other					
ONDITIONS	Diabetes			☐ Hypercholesterolemia		THE	UOther	
SSESSMENTS	[] Asthma			Hypertension		100		
ONE THIS	Clinical (signs and symptoms)					Behavioral (risk factor management, goals, education)		
ISIT TIME	MINUTES							
ATIENT DUCATION theck all that pply)	☐ Medication ☐ Disease		☐ Trigger Management ☐ Use of Self-Monitoring Device		Self-care Compliance			
DRUG/MEDICAL PROBLEMS (please document all problems)		Problem	MD Consult		Result			
	□ Needs Therapy □ Unnocessary	Overese Effect	[] Drug Interac		[] Yes	Drug added Drug not added	Dose changed No chang	
	Therapy	The state of the s	190000000000000000000000000000000000000		D see		D their best and the best and	
	Suboptimal Drug	[] Medical Problem	[] Administrati			Drug discontinu	acd altered	
	Cost-Effective Needs Therapy	☐ Insufficient Desc/Duration ☐ Overuse Effect	Drug Interes		□ Yes	Drug changed	Compliance altered Dose changed No chang	
	Unnecessary Therapy	[] Underuse	[] Adverse Eff	0.10	□ No	Drug not added		
	Suboptimal Drug	Medical Problem	☐ Administrati	ion/Technique		Drug discontinu	and D Administration/technique	
	[] Cost-Effective	[] Insufficient Dose/Duration	☐ Excessive D			[] Drug changed	altered [] Compliance altered	
	☐ Needs Therapy	Overuse Effect	[] Drug Interac	ction	[] Yes	[] Drug added	Dose changed DNo change	
	Unnecessary	[] Underuse	[] Adverse Eff	ects	□ Ne	☐ Drug not added	[] Interval changed	
	Therapy Suboptimal Drug	[] Medical Problem	[] Administrati	and Technique		Drug discontinu	Administration/technique	
	Cost-Effective	☐ Insufficient Dese/Duration	[] Excessive D			Drug changed	altered [] Compliance altered	
	☐ Needs Therapy	Overuse Effect	Drug Interac		□ Yes	[] Drug added	Disc changed DNo change	
	[] Unnecessary Therapy	Underuse	[] Adverse Eff	ects	□ No	[] Drug not added	[] Interval changed	
	Suboptimal Drug	Medical Problem	[] Administrati	ion/Technique		☐ Drug discontinu	ued [] Administration/technique	
	Cost-Effective	[] Insufficient Dose/Duration	[] Excessive D	nserDuration		Drug changed	Compliance altered	
	☐ Needs Therapy	Overuse Effect	[] Drug Interac	ction	[] Ves	[] Drug added	Dose changed DNo change	
	[] Unnecessary Therapy	Undense	Adverse Eff	ects	□ No	Drug not added	☐ Interval changed	
	Suboptimal Drug	Medical Problem	[] Administrati	ion/Technique		Drug discontinu	ed AdministrationAechnique	
	[] Cost-Effective	[] Insufficient Dose/Duration	[] Excessive D			[] Drug changed	Compliance altered	
	☐ Needs Therapy	Overuse Effect	[] Drug Interes	ction	□ Ves	□ Drug added	D Door channel D No	
	[] Unnecessary	Underuse	[] Adverse Effi	incts	ΩNe	☐ Drug not added	[] Interval changed	
	Therapy [] Suboptimal Drug	[] Medical Problem	D Administra	no Tarbaina		[] Drug discontinu		
	Cost-Effective	☐ Insufficient Dose/Duration	Administration/Technique Excessive Dose/Duration			Drug changed	altered [] Compliance altered	
	Asthma: PEFR: Zone: Green Yellow Red							
LINICAL UTCOMES								
	Diabetes: HbA1c: Blood Glucose: Lipid: Total/LDL/HDL/TG							
HEALTHCARE UTILIZATION	# of acute episodes		# of unscheduled MD visit			MD visits:	# of scheduled MD visits:	
nations reported in st month)	# of ER visit	# of hospitalizations:			# of missed work days			

Figure 1. North Carolina SHP MTM Program pharmacist clinical encounter form

Example MTM Worksheet

PATIENT ID		VISIT DATE	PHARMACI	ST ID_	1	NABP
VISIT TYPE	▼ Initial [] Follow-up [] Phone Consultation					
MEDICAL	☐ Diabetes		☐ Hypercholesterolemia ☐ C		OPD	Other
CONDITIONS	 		[] Hypertension		HF	
ASSESSMENTS DONE THIS VISIT	Clinical (signs and symptoms)				Behavioral (risk factor management, goals, cation)	
VISIT TIME	MINUTES					
PATIENT EDUCATION (check all that apply)	Medication Disease		☐ Trigger Managem ☐ Use of Self-Monit Device		V Self-o VComp	
DRUG/MEDICAL PROBLEMS (please document all problems)		Problem		MD Consult		Result
Asthma – needs	Needs Therapy	Overuse Effect	Drug Interaction	¶/Yes	Drug added	Dose changed No change
rescue inhaler	[] Unnecessary Therapy	Underuse	Adverse Effects	[] No	Drug not added	[] Interval changed
	Suboptimal Drug	Medical Problem	[] Administration/Technique		Drug discontinu	ed [] Administration/technique
_	Cost-Effective	☐ Insufficient Dose/Duration	[] Excessive Dose/Duration		Drug changed	[] Compliance altered
citalopram – taking Qam instead of pm complains of drowsiness	Needs Therapy Unnecessary Therapy	Overuse Effect Underuse	Drug Interaction	Ū Yes ŪNo	Drug added Drug not added	Dose changed No change
	Suboptimal Drug	Medical Problem	Administration/Technique		Drug discontinu	ed Administration/technique
urowsiness	Cost-Effective	☐ Insufficient Dose/Duration	[] Excessive Dose/Duration		Drug changed	Compliance altered
	Il Nords Therapy	II Overuse Effort	Il Done Interaction	II Ves	Il Dese added	Il Dose channel No

Example MTM Worksheet

Medication/Condition	Problem	Action
Advair 250/50	Patient is asthmatic but doesn't have rescue inhaler.	Pharmacist will request prescription for rescue inhaler.
Citalopram 20mg	Patient reports feeling drowsy during the day with taking Citalopram in the morning.	Patient should move dose to evening to limit drowsiness side effect causing problems during waking hours.

 Intervention
 Needs Therapy
 Administration/Technique



Technician Enters Data

- Technician takes recorded information and translates it into your dispensing and/or MTM platforms
 - Increased cost-efficacy of MTM
 - Increased clinical time for pharmacists

Pharmacist Verifies MTM Data Entry

- Following data entry by technicians, pharmacists verify data and submit claim(s)
 - CMR Standard Patient Takeaway
 - Personal Medication List (PML)
 - Medication Action Plan (MAP)
 - MTM Intervention claim(s)

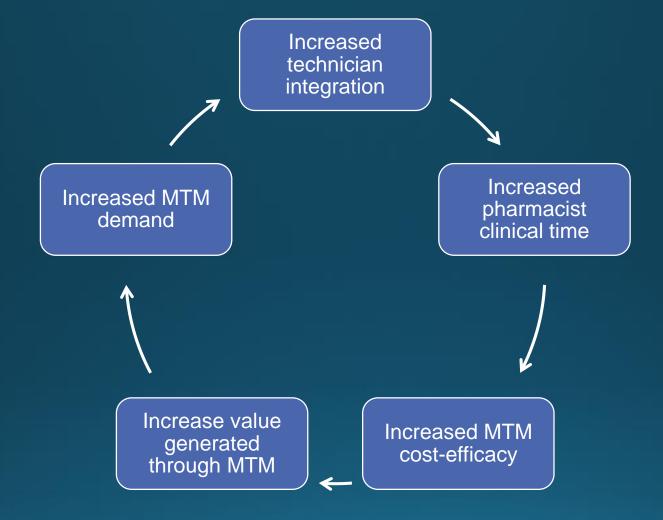
Tips for Team Success

- Worksheets that work for you
- Document effectively
- Control your calendar
- Push your purpose
- Celebrate success!





Why?



Rupp, Michael T. Analyzing the costs to deliver medication therapy management services. J Am Pharm Assoc. 2011;51:e19-e27.

Shimp LA, Kucukarslan SN, Elder J, et al. Employer-based patient centered medication therapy management program: Evidence and recommendations for future programs. J Am Pharm Assoc. 2012;52:768–776.

Doucette WR, McDonough RP, Mormann MM, et al. Three-year financial analysis of pharmacy services at an independent community pharmacy. J Am Pharm Assoc. 2012;52:181–187.



Utilizing Pharmacy Technicians:

A Grand Slam for Harps Pharmacy

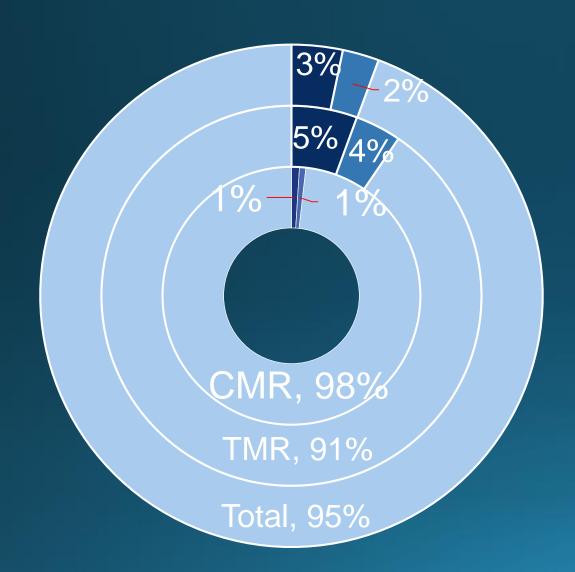


Harps Pharmacy Background

- Regional chain across Arkansas, Oklahoma, and Missouri
- 35 pharmacies
- Performing MTM services since 2014
- Light utilization of technicians
- Clinical pharmacist



Completion Rates



- □ Completed
- Declined
- No action



Current MTM Training Programs

- Knowledge of MTM services
- Patient interviewing skills
- Difficulty navigating MTM platforms
- Gaps in clinical knowledge for MTM services
- Time to complete services
- Integrating services into the pharmacy workflow
- Effective pharmacist-prescriber communication



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MTM The Future Today

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Implementation of MTM

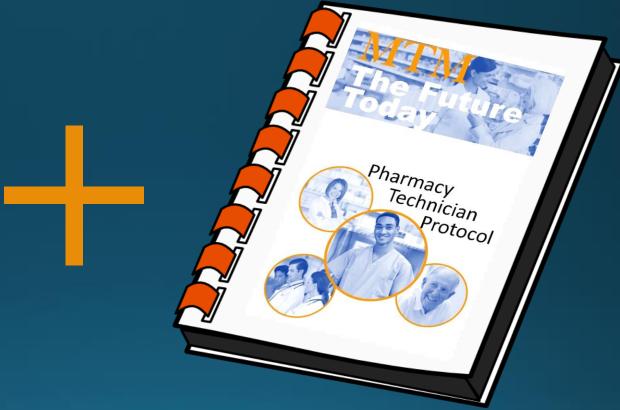


Implementation Solutions

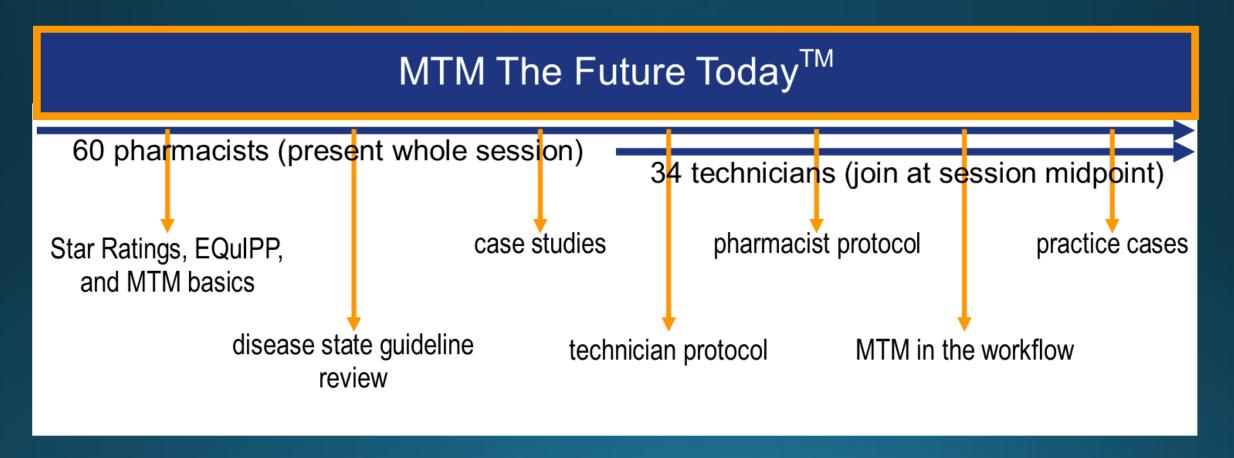


Implementation Solutions





The Training Program



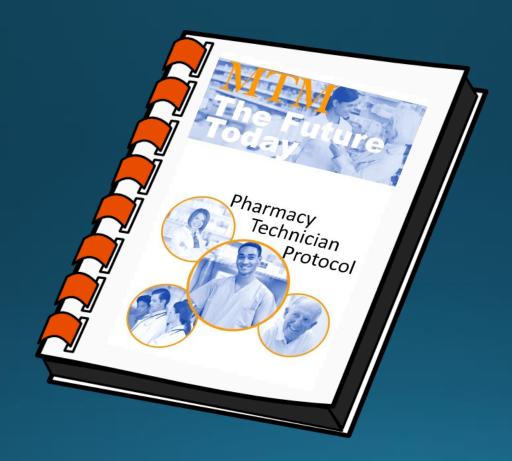


A Look at the Protocol

- Technician driven MTM services
 - Contact patients
 - Schedule appointments
 - Prepare patient folder
 - Fax prescribers
 - Document and bill for services
- Pharmacist time dedicated to providing patient care



Technicians in the Game



Implementing the New Program

Only store pharmacists

Jun-July 2014

Store pharmacists and clinical pharmacist

Aug-Sept 2014

Store pharmacists and

clinical pharmacist

Sept-Oct 2015

Sept-Oct 2015

4 store pharmacists and clinical pharmacist

Only store pharmacists

Nov-Dec 2015

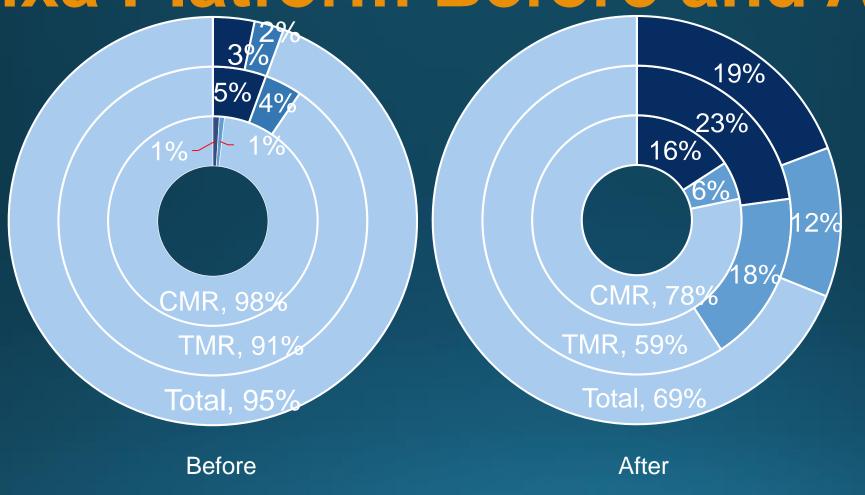
Nov-Dec 2015

Only store pharmacists

MTM The Future Today



Mirixa Platform Before and After



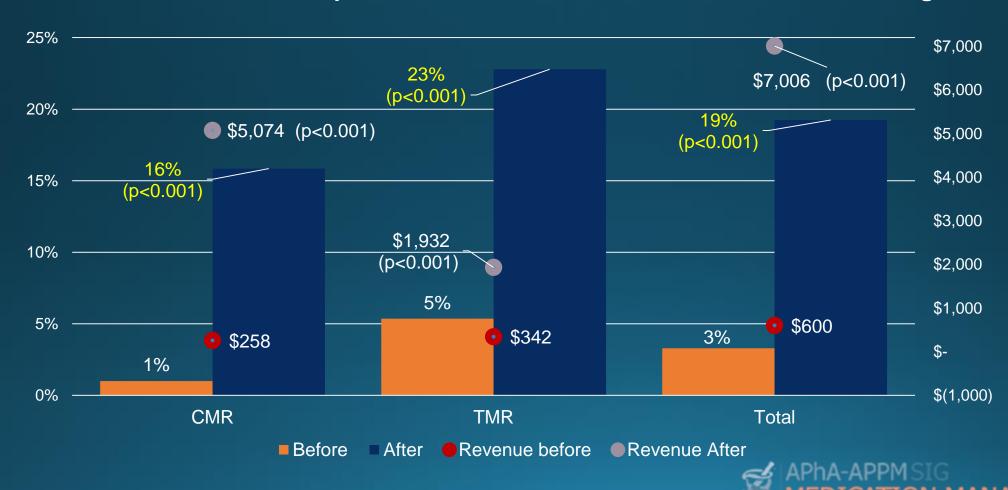
Completed

■ Declined ■ No action

APPRICATION MANAGEM

Outcomes Platform Before and After

Outcomes Completion Rates and Revenue Before and After Training



Pharmacist Survey Data

- Pharmacists reported significantly higher level of comfort in performing MTM after the training (p<0.001)
- Self-reported preparing time for providing CMR decreased after the training (p=0.001)
- Self-reported billing time for both CMR and TMR decreased after the training (p<0.05)
- Time to provide MTM was the biggest challenge before the training (50%) but after the training only 10% reported that time was the biggest challenge



Sustainability

- After launch of the program, pharmacies were responsible for their MTM completion
- Since November 1, 2015, the MTM program has generated revenue equivalent to \$1.5 million in prescription fill revenue
- Harps Pharmacies went from not being ranked in the Top 40 pharmacies to #8 in nation for the regional chain category in the first quarter of 2016

"It takes effort to win a game, but it takes courage to change the game."

Michael Jordan



Now it's time for Q & A!

Thank You For Participating!

Join the Medication Management SIG

