

# The Medication Management Center



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Detail	Site Information
Location	Arizona
Primary Patient Population(s)	State of Arizona employee members and their enrolled spouses/dependents
Practice Setting	Telehealth
Pharmacist Authority	None
Care Team Members Providing Tobacco Cessation Services	Pharmacists Pharmacy technicians
Primary Payer(s)	MedImpact Healthcare Systems, a pharmacy benefits manager
Billing Codes	N/A
Metrics of Success	From 2010 to 2019, the center had a 19% quit rate for patients who engaged in the program



## About the Medication Management Center

The Medication Management Center (MMC) was established by the

University of Arizona (UA) College of Pharmacy in 2006. SinfoníaRx, a TRHC Solution and industry leader in medication therapy management (MTM), assumed responsibilities for the business operations of the MMC in 2010. SinfoníaRx provides a suite of MTM services, mainly through pharmacist-provided telehealth visits designed to meet the needs of health plans and their members.

According to [a profession-wide consensus of pharmacy stakeholders](#), MTM is defined as a distinct service that optimizes therapeutic outcomes for individual patients through a broad range

of pharmacist-delivered professional activities and responsibilities. These services are customized according to the individual needs of the patient and may include:

- Performing or obtaining necessary assessments of the patient's health status.
- Formulating a medication treatment plan.
- Selecting, initiating, modifying, or administering medication therapy.
- Monitoring and evaluating the patient's response to therapy, including safety and effectiveness.
- Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events.

- Documenting the care delivered and communicating essential information to the patient's other primary care providers.
- Providing education and training designed to enhance patient understanding and appropriate use of his or her medications.
- Providing information, support services, and resources designed to enhance patient adherence with his or her therapeutic regimens.
- Coordinating and integrating MTM services within the broader health care management services being provided to the patient.

The SinfoníaRx MMC has a team of pharmacists solely focused on providing medication reviews and clinical interventions to improve health, wellness, and the management of chronic health conditions. The MMC provides telehealth services and does not dispense prescription medications. SinfoníaRx MTM services are provided in addition to health care services that are delivered through primary care physicians and local pharmacies.

SinfoníaRx is contracted with MedImpact Healthcare Systems, Inc., a pharmacy benefits manager (PBM), to provide tobacco cessation medication services to covered employees and dependents/spouses of the State of Arizona. This tobacco cessation program has been offered since 2010.



## **Training and Authority to Provide Tobacco Cessation Services**

The pharmacy team that provides tobacco cessation services is specifically trained to support patients in need of these services. Pharmacists provide these services within the current pharmacist scope of practice in the State of Arizona, which includes prescriptive authority for nicotine replacement therapy (NRT) products only.

### ***Pharmacist Training***

Pharmacists and pharmacy technicians who perform tobacco cessation services complete a tobacco cessation training program. The training content, developed by the UA, focuses on improving intervention skills related to tobacco cessation medications and behaviors. Clinical training includes education on how the medications work, adverse effects, warnings and precautions, duration of use, dosage, medication discontinuation, and documentation for each tobacco cessation medication.

### ***Prescribing Authority***

MMC pharmacists do not utilize prescribing authority. When pharmacists counsel patients and tobacco cessation medication therapy is deemed appropriate, pharmacists work closely with each patient's primary care provider to secure a prescription order. Collaborative practice agreements (CPAs) are not utilized in the service

because patients can be referred from any physician in Arizona; requiring a significant number of CPAs to be executed and maintained would be too time consuming for the patient volume from any individual practice.



## Accessing Pharmacist-Provided Tobacco Cessation Services

Patients access tobacco cessation services at MMC primarily through self-referral. Patients are informed about the program and how to enroll in the following ways:

1. In information packets they receive from their insurance provider each year.
2. From their employer.
3. From their pharmacy when retrieving tobacco cessation medication.
4. Through MedImpact fliers that are made available on behalf of the health plan to inform their members about the program and encourage participation.

After receiving information about these services, patients must call MMC to enroll in the program. MMC staff confirm eligibility during this first encounter.



## Delivery of Pharmacist-Provided Tobacco Cessation Services

Typically, one pharmacist follows the same patient throughout his or her tobacco cessation journey with MMC. Pharmacists are supported by pharmacy technicians who assist with all aspects of communications. The MMC tobacco cessation service process begins with a patient interview, during which basic information such as demographics, smoking history, and previous quit attempts is obtained. Patients are also encouraged to enroll in counseling through the [Arizona Smokers' Helpline \(ASHLine\)](#). ASHLine is a state service available at no cost to anyone who wants to quit tobacco; the patient does not have to be affiliated with a specific health plan or employer. The service provides telephone coaching and access to free NRT.

### **Initial Clinical Pharmacy Visit on Tobacco Cessation**

The pharmacist reviews the patient information after the pharmacy technician completes the initial intake. This information includes patient demographics, smoking history, willingness to quit, pertinent medical history, food/drug allergies, and current medications. The pharmacist also reviews the patient's past quit attempts, including techniques that have/have not worked for the individual patient. The pharmacist and patient then work together to set a quit date and determine the best medication therapy

for the patient. A request for medication authorization is then faxed to the patient's primary care provider.

MMC coordinates tobacco cessation medication care on behalf of the patient. For eligible patients, medication therapy options are 100% covered, and there is no copay for any of the seven U.S. Food and Drug Administration-approved cessation medications. The pharmacist prepares the prescription, requests prescriber authorization, and forwards the prescriber-issued prescriptions to the patient's pharmacy for fulfillment. Prescribers typically respond within 24 to 72 hours, and MMC has an 87% physician acceptance rate for medication recommendations.

### ***Follow-up Clinical Pharmacy Appointments on Tobacco Cessation***

Once the patient obtains his or her medication(s), MMC calls the patient to review medication instructions, possible side effects, and the process for follow-up, which is therapy dependent. Then, MMC sends the patient a welcome letter with patient-friendly medication information, prepared by ASHLine.

Depending on the medications prescribed, patients typically receive three to six follow-up calls from the MMC pharmacy team. Patients who report successfully quitting tobacco products during the final follow-up consultation "graduate" from the program and thereafter work directly with their physicians if additional medication is needed. MMC conducts check-in calls to assess how program

graduates are progressing. Patients who relapse can self-refer to MMC for re-engagement in the program.

### ***Documenting Services***

SinfoníaRx has developed custom solutions to allow for comprehensive, robust patient assessment and engagement, despite having only patient-reported data and information. Call scheduling and management are achieved through MMC's existing MTM systems. Customized documentation specific to the tobacco cessation program includes standardized intake and encounter forms, prescriber communication forms, patient education documents, and pharmacy communication templates. MMC retains all data, documents, and other patient information in accordance with applicable state and federal regulations.



### **Sustainability**

MMC's strong and established relationship with MedImpact to provide MTM services for State of Arizona employee members and their enrolled spouses and dependents proved valuable when the tobacco cessation program was initiated. MedImpact identified an opportunity to provide tobacco cessation services to self-insured employers and health plans and expanded MMC's scope of work to deliver these services as the MMC previously did not have a program to address need. The tobacco cessation program is well-integrated into the MMC daily operations, and

workflows are designed so that each patient has an assigned pharmacist who follows him or her through the tobacco cessation journey, building rapport and trust. Redundancy of skills within the MMC pharmacy team allows for high availability, and the MMC's extended business hours enable patients to enroll or have follow-up consultations at a time convenient for them. The MMC follows patient outcomes, which demonstrate the continued benefit of the program for State of Arizona employees. Of the patients who remain engaged throughout the follow-up calls, 58% sustained cessation after 13 months.

MMC receives payment for these services from MedImpact based on a set fee schedule for an initial call and follow-up calls. The integration of the tobacco cessation program into established services provided for MTM facilitates the program's sustainability.



### Overcoming Challenges to Achieve Success

Since the inception of the tobacco cessation program in 2010, 469 prospective patients have contacted MMC for information on tobacco cessation services and 428 have enrolled in the program. This program is ongoing, and the duration of enrollment is dependent on the patient and the medication therapy utilized for tobacco cessation. Patients are able to request a change in their medication therapies during their enrollment, and several patients have re-enrolled in the program

in their continued attempts to quit tobacco. Some patients who call MMC for information elect not to enroll at the time of contact or may have enrolled in ASHLine only.

Of the 427 patients who completed the tobacco cessation program, 81 were tobacco free at the completion of medication counseling, which represents a 19% quit rate. As of December 31, 2019, MMC had conducted 7-month follow-up calls with 132 patients. Of these, 72 remained tobacco free (55% of respondents). A second follow-up call was done 13 months after members completed the program. MMC reached 72 of those spoken with at the 7-month follow-up, with 42 (58%) patients remaining tobacco free.

The successful quit rates achieved with this telephonic program have previously been published in the [\*Journal of the American Pharmacists Association\*](#). The MMC has conducted 1,549 consultations in support of patient quit attempts, with an average of 3.6 consultations per patient. Patients most frequently use NRT as their medication therapy to support cessation, though 41 (7%) have used a combination of FDA-approved therapies in their quit attempts. Some patients may have tobacco cessation medication on hand upon enrollment. When enrolling patients do not yet have medication, MMC pharmacists will make a recommendation. MMC pharmacists have made 397 medication recommendations, and most patients receive at least one medication recommendation.



## **Current Challenges**

Pharmacists engage with each patient and develop strategies to overcome patient-specific barriers to success. The primary barriers to success for patients engaging in tobacco cessation services at MMC are:

- *Patient recruitment*—MMC cannot directly impact initial patient engagement in the program. The vendor is responsible for outreach and promotion of the program to health plans' patient populations for which the vendor is the plan's PBM.
- *Lack of primary care physicians*—Patients must have a primary care provider to prescribe tobacco cessation medications; it can be a rate-limiting step to find a provider and get started in the program.
- *Patient engagement*—MMC is often challenged with patients continuing to engage in the program and accept telephone follow-up calls.

- *Patient motivation*—Patient relapse and medication non-adherence are barriers to success, and patient engagement is tied to motivation to quit. Patients who enroll because of an employer requirement are less intrinsically motivated to quit—and, thus, less engaged—than those who call because a friend or relative was recently diagnosed with cancer.

## **Next Steps**

The MMC has been a leader in telehealth services that expand the role of pharmacists to impact patient health through the cessation of tobacco products. MMC's engagement with student pharmacist development helps further promote the role of pharmacists as partners in health outcomes across the profession. MMC continues to provide these services for State of Arizona employees who have MedImpact as their PBM.



## **Providing Personal Outreach**

**“Often, patients who engage in the program are reluctant or haven’t had previous success, but having the support of our pharmacists and the ASHLine counselors makes a big the difference. Sometimes that personal touch can encourage patients and empower them to know it is possible to quit.”**

*—Martin Pelger, PharmD, MMC-Certified Tobacco Cessation Specialist*



## Summary of Facilitating and Limiting Factors

MMC's tobacco cessation services are both facilitated and limited by specific patient factors, system factors, and policy factors.

### Facilitating Factors

- Direct payment by a PBM.
- Telehealth capabilities.
- Workflow integration into larger business model.

### Limiting Factors

- Self-enrollment of patients who are eligible to participate.
- Patient readiness to quit or adhere to the quit plan at the time of enrollment.
- Ongoing patient engagement in the program.
- Patient may not have a primary care physician to prescribe medication.

## This promising practice profile was developed based on information from and interviews with:

- Stephanie Forbes, PharmD, Clinical Operations Pharmacist, SinfoníaRx, a TRHC Solution
- Martin Pelger, PharmD, Pharmacy Manager, SinfoníaRx, a TRHC Solution

*The views expressed in this profile are their own and do not necessarily reflect the views of SinfoníaRx or the Medication Management Center.*





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*This document is a component of the APhA Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions.*