

CY2024 Medication Therapy Management Program Description

The Kaiser Permanente of Washington (KPWA) Medication Therapy Management (MTM) program offers interventions to beneficiaries and prescribers, regardless of patient setting. These interventions may include the use of computer algorithms, contacting the patients primary care provider and/or prescriber, or contacting the patient for additional follow-up.

Eligible beneficiaries are identified on a bi-monthly basis and automatically enrolled in the MTM program. Participation in the KPWA MTM program is voluntary. Members will be enrolled unless they request to be disenrolled and they may refuse or decline individual services without having to disenroll from the MTM program.

Enrollment Criteria

To be eligible for the MTM Program, beneficiaries must meet the following three factors:

1. 3 or more of these chronic health conditions
 - Bone Disease-Arthritis-Osteoporosis
 - Bone Disease-Arthritis-Rheumatoid Arthritis
 - Chronic Heart Failure (CHF)
 - Diabetes
 - Dyslipidemia
 - End-Stage Renal Disease (ESRD)
 - Hypertension
 - Respiratory Disease-Asthma
 - Respiratory Disease-Chronic Obstructive Pulmonary Disease (COPD)
 - HIV/AIDS
2. Using 5 or more Covered Part D Drugs
 - Chronic/Maintenance Drugs only
3. Incur costs as follows per year for all covered Part D drugs. Year-to-date cost threshold for:
 - Months 1-3 - \$1,333
 - Month 4 - \$1,759
 - Month 5 - \$2,239
 - Month 6 - \$2,665
 - Month 7 - \$3,091
 - Month 8 - \$3,571
 - Month 9 - \$3,998
 - Month 10 - \$4,424
 - Month 11 - \$4,904
 - Month 12 - \$5,330

All eligible patients, regardless of care settings, will receive a welcome letter with a description of the KPWA MTM program and program benefits. The letter will offer a consultation with a MTM service provider, called a Comprehensive Medication Review (CMR). If the patient does not respond to the initial welcome letter, KPWA attempts to contact the patient through other means, including a phone call and possibly a FAX or secure message that offers to schedule a

CMR. Ongoing monitoring of medication therapy will be done via Targeted Medication Reviews (TMRs) for all enrolled MTM members at least quarterly, regardless of active participation in MTM, receipt of a CMR, or care setting.

The KPWA MTM program uses computer algorithms and pharmacy claims data to assess for opportunities for MTM service provider interventions. In some cases, KPWA MTM service providers may have access to the patient's electronic medical record and will assess medical and pharmacy claims data to identify opportunities for MTM service provider interventions. The types of interventions vary, depending on the information available to the MTM service provider. Types of interventions that may be included in these assessments are:

- 1) Use of medications considered to be High Risk in the elderly by the American Geriatric Society and quality measurement organizations
- 2) Patients with cardiovascular risks who may have therapy gaps such as no record of taking an ACE inhibitor, Angiotensin Receptor Blocker, or Statin medication
- 3) Opportunities to promote cost-effective medication use or
- 4) Poor adherence to chronic medications.

When appropriate, interventions will be made directly with the patient's healthcare team via telephone, FAX, mail, electronic medical record messaging, or face-to-face visit. Prescriber interventions may focus on identifying unnecessary drug therapy, needing additional therapy/a different drug product, ineffective dose, unsafe dose, adverse drug reactions, cost-effective alternative therapies, medication adherence issues, or drug-drug interactions. The MTM service provider may work under a collaborative practice agreement with the patient's providers to initiate or adjust medication therapy as well as order medication-specific laboratory tests or procedures. The MTM service provider may refer the patient to disease management or case management referral services as needed. All interventions will be documented in the patient's medical record.

Information regarding Comprehensive Medication Reviews (CMR)

All eligible patients, regardless of patient settings, will receive a Comprehensive Medication Review (CMR) offer letter describing the MTM service and will be offered an interactive consultation with a pharmacist. Multiple means of communication in addition to the initial offer letter will be used to outreach to these patients, including phone outreach to the patient, or an authorized individual for the patient, such as their prescriber or caregiver. For patients in the Long-Term-Care facilities, we have developed processes and procedures to contact the facility and request assistance from the facility to identify beneficiaries who are not cognitively impaired and may participate in a CMR in a meaningful manner.

Patients who accept the offer for a CMR will receive an interactive consult with a pharmacist to review the patient's medications (prescription, OTC, herbal, dietary supplements), to assess the patient's medication use and identify medication-related problems. The consultation the pharmacist and patient, or an authorized individual or caregiver for the patient, may either be in the form of an interactive phone, video, or face-to-face consultation.

Following each CMR, the pharmacist will provide the patient with an individualized, written summary in the CMS standardized format to the patient, or authorized individual or caregiver.

The standardized written summary includes beneficiary cover letter, personal medication list (Medication list), and medication action plan (Recommended-To-Do list). A hard copy written summary may be provided to the patient via mail and/or via e-mail per the patients request. The pharmacist interventions included in the medication action plan (Recommended-To-Do list) may focus on optimizing drug therapy, reducing duplicative therapy, avoidance of drug-drug interactions, identification of excessive/insufficient doses, reducing the incidence of adverse events, improving adherence, or identification of cost-effective alternative therapies.

In addition to the patient receiving the standardized written summary, the CMR is documented in the members electronic medical record (EMR). The patients EMR, which is readily available and accessible to most network providers, also is updated to contain copies of the pharmacists notes with the interventions/recommendations. Thus, the information regarding the CMR consultation is included in the patients EMR available to most network providers and other members of the patient's healthcare team. Providers who do not have access to the patients EMR will receive a faxed summary of the interventions/recommendations.

When appropriate, interventions will be made directly with the providers. A pharmacist may advise and consult with the patient's physician via phone, email, FAX, EMR messages, and/or face-to-face, to initiate or adjust medication therapy and order medication specific laboratory tests or procedures. The pharmacist may refer the patient to specialty pharmacist-managed services or chronic conditions management services as needed. Such pharmacist interventions will be documented in the patients EMR.

Information regarding Targeted Medication Reviews (TMR)

The MTM Program uses Targeted Medication Reviews (TMRs) to assess patient medication use for potential opportunities to improve medication therapy. TMRs are performed at least quarterly for all MTMP patients regardless of patient setting, active patient participation in MTMP, or receipt of a CMR. TMRs may utilize available data including computerized clinical algorithms to assess patients for potential targeted opportunities to promote safe, quality, and affordable medication use, which include identification of potential therapy gaps, drug therapy issues, or opportunities for cost-savings.

When necessary, MTM service providers will complete follow-up interventions with patients, caregivers, and/or prescribers to resolve drug therapy problems through interactive or passive means, depending on the results of the TMR. Any immediate medication or safety concerns may involve MTM service provider contract with the health care team to address these concerns.

Information Regarding the Safe Disposal of Prescription Drugs

This information is included in the envelope with the welcome letter to all MTM eligible members. It is distinct from the welcome letter and served as a stand-alone document to bring attention to it. Members may discuss any questions or concerns they have regarding the document at the CMR. In instances where the welcome letter is undeliverable, the safe disposal document may be sent in the CMR letter or as a stand-alone document.