Background

- As the United States healthcare system rapidly transitions away from fee-for-service models, institutions, such as pharmacists, in patient care has resulted in reduced range in and associated morbidities, improved patient outcomes, and reduced costs.

- The involvement of medication experts, such as pharmacists, has demonstrated that MTM programs are associated with a decrease in hospital admissions, emergency department visits, medication-related problems are among the top five greatest threats to the health of elderly patients, 125,000 Medicare-life plan beneficiaries, Magellan Rx Management, has collaborated in the development and implementation of a clinical program designed to specifically address the CMS Star Rating measure D15-Medication Therapy Management (MTM) Program Completion Rate for CMS.

Methods

- The following engagement strategies were utilized throughout this clinical program:
  - Interactive voice response (IVR) system
  - Medication List
  - Help desk interactions (SafeRx®)
  - Member care management (MCM)
  - LTC

- The Excellus BCBS MCM team focuses on members who require a high intensity of care management, when appropriate, the MCM team can refer members to pharmacists to answer medication-related questions and perform a CMR.

- Help desk interactions (SafeRx®):
  - Members may call the Excellus Pharmacy Help Desk line at the number on the introductory welcome letter is sent to them and members have been identified based on specific criteria, fill it out the form which includes a medication list as well as other health information and mail it back to Excellus.

- Medication List:
  - Once a member becomes MTM eligible, an introductory welcome letter is sent to them explaining the benefits of the program. If the member is in a Medicare Prescription Drug Plan, they will receive a Medication List (ML) to help improve overall quality of care.

- Direct patient outreach (leveraging overlapping synergies when possible)
  - Adherence: these members are being potentially non-adherent to MTM, MTM, and/or state medications.
  - Quality incentive Program (QIP): these members have been identified based on quality incentive measures such as (QIP) and (DRP) to help improve overall quality of care and prevent hospital admissions.
  - Mortality/Other: these members were referred to MCM for services during the previous measurement year.

- Long-term care (LTC) patients
  - Communicating with LTC staff members and caregivers to obtain a complete and accurate medication profile per interaction.

Results

- Figure 1: CMR Completion Rates by Engagement Method, YTD*
- Figure 2: CMR Completions by Engagement Method, YTD*

Discussion

- Leveraging multiple sources of engagement in a clinically synergistic and efficient manner can significantly improve Star Rating measure D15-Medication Program Completion Rate for CMS.

- Engagement methods such as MCM, IVR Live, and LTC, have very high CMR completion rates; however, they contribute a relatively small portion (2020, 38.3%) of the total CMR completions to date. Conversely, engagement methods such as Historical/Other and Adherence have lower CMR completion rates; however, they represent the largest impact on total completed CMRs (66.5%, 2%).

- MCM and SafeRx® (live and non-live) engagement methods leverage existing touch points with a member and thus provide a synergistic source of CMRs.

- UCG provides an efficient source of CMRs due to the ability to complete multiple CMRs per interaction with nursing staff and/or caregivers.

- IVR, MCM, Medication List, SafeRx®, and any corresponding live transfer components represent relatively low-cost methods of patient engagement; however, they represent only 12.2% of completed CMRs. Conversely, high-cost engagement methods that leverage outbound telephonic outreach by clinical staff provide a large pool of members, and therefore an abundant source of CMRs.

Limitations

- Even though multiple engagement methods are employed for the MTM-eligible population, a completed CMR is only attributed to the engagement method with which the CMR was completed (although prior outreach may have encouraged a member to be more responsive).

- Members have the option to opt-in to the MTM program at any time through expanded eligibility, and any corresponding live transfer components represent a relatively low-cost method of patient engagement; however, they represent only 12.2% of completed CMRs. Conversely, high-cost engagement methods that leverage outbound telephonic outreach by clinical staff provide a large pool of members, and therefore an abundant source of CMRs.

References


Disclosures

- This research was conducted by Magellan Rx Management and Excellus BlueCross BlueShield without external funding.

*Note: Some members may have a 3 engagement method. Data as of 8/20/2016.