

Medication Therapy Management Process and Guidelines

Program Description and Objective:

Description: The medication therapy management intervention will be an elective CCIP capability for patients with complex pharmacy needs who would benefit from more robust education on proper medication management. This intervention will be relevant for all patients experiencing difficulty in managing their pharmacy regimen, including patients enrolled in CCIP with complex conditions and patients experiencing equity gaps.

Objective: Reduce adverse events due to pharmaceutical mismanagement and educate patients on better self-care.

High-Level Program Design:

1. Identify patients requiring medication therapy management
2. Pharmacist consult with patient in coordination with PCP/care team
3. Develop a person-centered medication plan
4. Implement person-centered medication action plan

Detailed Program Design:

Guidelines

1. Identification of patients requiring medication therapy management
 - Define criteria to identify patients with complex pharmacy needs conducive to pharmacist intervention
 - Patients with multiple chronic conditions, medication regimen complexity, failure to achieve treatment goals, at high risk for adverse events, frequent inappropriate utilization (hospital admissions, readmissions, emergency department visits), and multiple care transitions.
 - Develop process for the responsible medical professional and/or care team to assess patient medication therapy management needs:
 - If patient is part of the CCIP Complex Care population, this assessment should occur at the time of the person-centered assessment
 - For patients who are not a part of one of the CCIP programs, patients in need of additional medication therapy management can be identified/referred by other members of the care team
 - Automated trigger based on EHR programmed “alert” and/or claims or EHR based analytic reports
2. Pharmacist consult with patient in coordination with PCP/comprehensive care team
 - The initial consult with the pharmacist will occur in person.
 - If the patient is also participating in CCIP complex patient target population program the consult should occur in conjunction with the initial comprehensive care team person-centered assessment and/or care planning meeting
 - All other patients will have an in-person consult scheduled with the pharmacist within a specified timeframe post identification of the need for medication therapy management

- The Advanced Network or FQHC will pick a pharmacist integration model that aligns with their current network needs/current state. Models include:
 - The pharmacist is employed by the practice as a clinician staff member
 - The pharmacist is embedded in the practice site through a partnership between the practice and another entity (e.g.; hospital, school of pharmacy, etc.)
 - A regional model, the pharmacist works for a health system and serves several practices in a geographic area
 - A Shared resource network model, the pharmacist is contracted by a provider group, ACO, or payer to provided services to specific patients
 - Regardless of model, pharmacist will receive training to interact directly with the patient and provide medication therapy management as part of a clinical team. Training includes:
 1. Clinical training to support one on one patient interactions
 2. Valid credentials
 3. Interdisciplinary team work training (should be aligned with team based training for comprehensive care team)
 - Pharmacist training should occur at on-boarding with additional team based training as needed (i.e.; new team members join, protocols change, etc.) and annual validation of credentials
 - The team based pharmacist will have experience in a direct patient care role
3. Develop a person-centered medication action plan
- The action plan will be developed during the initial patient consultation in partnership with the patient and/or family members as needed or designated by the patient
 - To inform the person-centered medication action plan the pharmacist will:
 - Build a comprehensive list of currently prescribed medications and self-reported medications.
 - Assess each medication for appropriateness, efficacy, safety, and adherence
 - This assessment will be person-centered and take into account the individual's cultural traditions, personal preferences and values, family situation, social circumstances and lifestyle
 - The person-centered medication action plan will include:
 - An updated and reconciled medication list
 - Medication education related to self-management goals
 - Documentation and communication of actionable medication management recommendations to patients and all of their health care providers
 - Pharmacists recommendations on how to avoid medication errors and resolve inappropriate medication selection, omissions, duplications, sub-therapeutic or excessive dosages, drug interactions, adverse events, adherence problems, health literacy challenges, and regimens that are costly for the patient or health care system
 - Outline the duration of the intervention, frequency of touchpoints throughout the intervention, and instructions on follow-up with the pharmacist, comprehensive care team and primary care team as needed.
 - Patients with more complex needs may require more frequent follow-up with the pharmacist and care teams

- The person-centered medication action plan should identify the format (i.e.; in person, telephone, etc.) for touch points. The format should be informed by patient preference and the complexity of their needs.
 - The person-centered medication action plan should specify when touchpoints should occur and which members of the care team should be involved
 - The person-centered medication action plan will become a part of the patient's medical record
 - A process or protocol to make the person-centered medication plan accessible to all necessary care team members will be developed. The process or protocol will include:
 - Identifying who needs to have access to the person-centered medication action plan. It will be required that at a minimum the pharmacist and primary care physician will have access. If the patient has a comprehensive care team or is working with a Community Health Worker those individuals should also have access
 - Developing technological capabilities or processes for necessary individuals to have access to the person-centered medication action plan
4. Implementation of person-centered medication action plan with revisions as necessary.
- Touchpoints with the patient will occur as outlined in the person-centered medication action plan
 - Touchpoints will be with the pharmacist and will include other care team members as needed and as defined in the person-centered medication action plan
 - Define process to revisit and adjust person-centered medication action plan as necessary
 - If the patient is also participating in the CCIP complex patient intervention, the pharmacist should participate in the comprehensive care team meetings
 - Where possible the touch points for patients who are also participating in the CCIP complex care management intervention should align with the touch points identified in the person-centered medication action plan