New Model Portfolio Plan – Health Plan Innovation

Part D Technical Expert Panel Executive Summary

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Prepared for:
Greg Woods
Tracey McCutcheon, Centers for Medicare & Medicaid Services

Prepared by:
Vanessa Sammy, MITRE
Ryan Robbins, MITRE

Introduction

Atlas Research convened a technical expert panel (TEP) on April 24, 2015, in Washington D.C. to solicit perspectives and input from a panel of 12 Medicare prescribers on issues surrounding medication management for their patients that could influence the design and implementation of a potential Part D enhanced Medication Therapy Management (MTM) model. The panel consisted of primary care and specialty care physicians, including endocrinologists, cardiologists, and nephrologists. The TEP members were asked to share information on the current state of medication management in their clinical practices and identify potential resources that could facilitate improved medication management. They were also asked to discuss common clinical scenarios related to medication management to identify challenges they face and improvements that may be possible if the appropriate resources were available.

Prescriber Experience with MTM and Part D: Barriers and Challenges

TEP members described several barriers to achieving optimum medication management with their patients. Most agreed that the lack of a reliable source of truth for determining the medications that their patients are taking contributes to several of these barriers, including: not knowing if a patient has filled a prescription, not knowing if a patient takes the medications as prescribed, and not knowing if other physicians prescribed additional medications.

Knowing which medications are prescribed to patients and which medications patients are actually taking are primary barriers to effective medication management that often lead to incidents of drug-to-drug adverse interactions, duplication of medications, and overprescribing of medications. Determining the existence of medication related problems is difficult when a prescriber doesn't know which medications a patient is actually taking. TEP members indicated they often find patients are confused about how to take their medications and that overuse is a significant problem. Several panelists stated that it would be a problem if their patients adhered to all of their medications due to the prevalence of overprescribing.

Prescribers can only determine the existence of these types of problems through good medication reconciliation, but conducting comprehensive medication reconciliation is an activity they find difficult to fit into their current workflow due to time constraints and insufficient information. At present, physicians lack a source of truth for patients' medication information, and they have little confidence in the faxes sent by Part D plans indicating that a patient may not have filled their prescription. TEP members agreed that the faxes sent by payers are often outdated and frequently inaccurate, rendering the information useless.

Some prescribers described how their practices took alternative approaches for completing medication reconciliation, such as using medical assistants to pull medication histories in advance of appointments and working with patients to reconcile their medications before they see the physician. They stated that this approach is often ineffective because medical assistants typically lack the training to adequately perform medication reconciliation and identify drug-drug interactions. Even if medical assistants had the required training and patients could

accurately verify their medications, there is insufficient time to perform appropriate reconciliation along with taking vital signs and other tasks that must be completed prior to the physician's arrival.

TEP members indicated that the cost of medication is another barrier to medication management because prescribers lack readily available information on which formulary alternative products (and associated cost-sharing) their patients have access to under their Part D plan. Patients are often confused about their Part D plans and benefits. Several prescribers noted their time for clinical care was usurped to investigate which Part D plan their patients used in an effort to ensure their patients received the most cost effective formulary alternatives. The overarching conclusion was that many patients were not being prescribed the cheapest drug alternatives because prescribers do not have the necessary information to identify these low-cost alternatives.

Effective communication between prescribers, pharmacists, and payers is complicated in many ways. This can compound the challenges faced in providing optimum medication management. The TEP members discussed several contributing factors, including the following:

- Most patients are seen by multiple providers, and most electronic health record (EHR) systems do not include medication histories. Even those EHR systems that include medication information are not shared between providers because they use EHRs that are not yet interoperable.
- Primary care physicians are dependent upon specialists and hospitalists to contact them regarding a change to a patient's medications. The change in medication may be contraindicated or duplicative of other medications the patient takes. Prescribers are often unaware of the entirety of medications prescribed for the patient.
- Payer data does not reflect the patient's use of samples provided by physicians to avert costs. This can result in future drug-drug interactions and inconsistent perspectives on prescription adherence.
- Patients are often confused about their prescription drug benefits which can keep them from filling medications or lead to misuse of medications.
- Patients may fill prescriptions, but then fail to adhere to them correctly because they find the lengthy informational pamphlets provided at the pharmacy frightening or difficult to understand without counsel from a pharmacist or confirmation and assurance from the doctor they trust.
- Pharmacies frequently switch manufacturers for generic drugs to reduce costs. As a result, patients may receive drugs differing significantly in appearance from the equivalent medication they were previously taking. Many patients identify their medications by appearance and can become confused by the change, leading to nonadherence or duplication.

Physicians underscored their lack of trust in the accuracy and usefulness of the faxed communications received from Part D plans today. Most indicated that the alerts were a burden on their practice and, as a result, they had adopted workflows to ignore the alerts.

Many of the TEP members stated that they do not even look at the faxed documents they receive and simply put them in the recycling bin. Physicians indicated that transparency about the algorithms used to determine adherence might improve their trust in and use of these alerts.

Opportunities for Enhanced MTM: Ideas to Support and Facilitate Improved Medication Management

The number one most identified opportunity for improving MTM was the ability to refer a patient for a pharmacist consultation. Panelists stated how valuable it would be if they could refer patients for MTM services that could be provided by personnel with clinical pharmacological knowledge, similar to the way they now prescribe for services like nutrition counseling. Prescribers indicated this would allow them to focus clinical visits on providing acute care and "practice at the top of their license". They don't always have the time or qualified personnel in their practices to address pharmacological issues, so a consult would be beneficial.

Panelists also identified the opportunity for improved access to accurate medication histories. It was agreed that nobody really knows which medications patients are taking, including even the patients themselves. The patient's own confusion about the medications they are taking contributes to the lack of a "source of truth" from which medication management can be performed. The panelists identified the need to engage patients in their home, involve caregivers and pharmacists, and improve electronic linkages to ensure that every member of a patient's healthcare team has access to the complete and verified list of a patient's medications, dosages, and prescribers.

Prescribers agreed that improving medication management requires flexibility and funding. Each prescriber wanted to enhance MTM services for both their high utilizers of medications and other patients they consider high risk, such as those patients who lack an adequate caregiver support system, suffer from dementia, frequently experience problems adhering to medications, or have financial hardships.

Conclusion

The Part D technical expert panel provided valuable insight into the challenges faced by prescribers in medication management and confirmed the need for improvements in the Part D MTM program. Opportunities were identified for improved collaboration between prescribers, pharmacists, patients, and payers to better manage the medications prescribed. Panelists voiced the need for additional resources, such as accurate patient medication histories and the flexibility to refer patients for pharmacist consultations and other MTM services. There was strong support for the potential Part D model being explored with an emphasis on the importance of providing plans the flexibility to design MTM programs that best serve their beneficiary populations.