



Advising the Congress on Medicare issues

Medication Therapy Management Programs

Joan Sokolovsky and Hannah Miller

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Key findings

- Congress requires Part D plans to offer MTMPs to enrollees with multiple chronic conditions and high drug costs (at least \$4,000 per year estimated)
- MTMPs are designed to increase medication adherence, improve appropriate prescribing, educate beneficiaries about their medication, and detect and prevent potential drug interactions or adverse events
- Evidence is lacking on how well the programs are improving quality of care for enrollees
- We interviewed stakeholders on their experiences with MTM and they suggested ways that programs could be strengthened

MTMP Enrollment

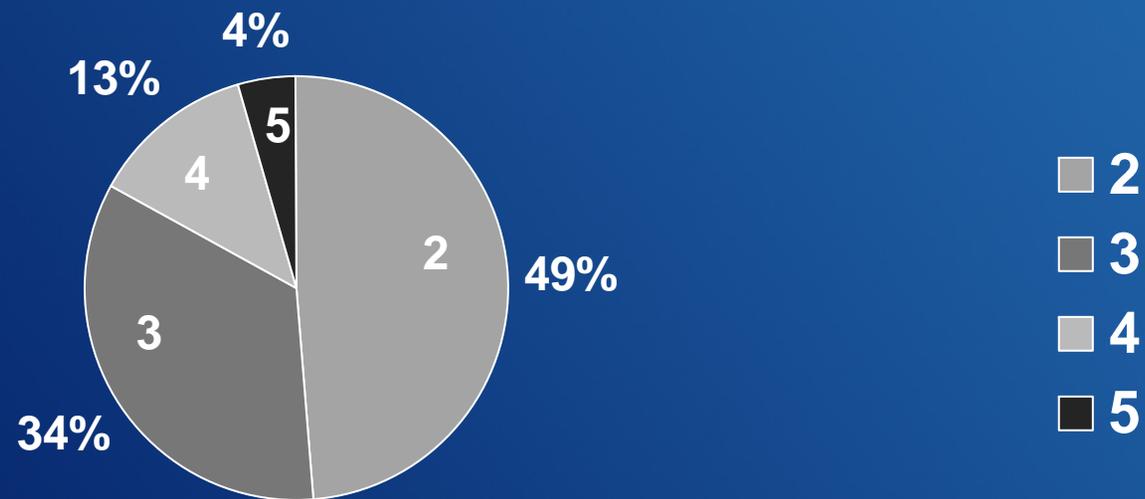
- We do not know how many people are enrolled in MTMPs.
- Plans have different eligibility criteria and enrollment methods.
- In 2007, 8.4 percent of beneficiaries enrolled in plans with MTMPs were enrolled in their plan's program.
- We estimate that approximately 14% of beneficiaries spent more than \$4,000/year on Part D drugs in 2006.

Plans take varied approaches to MTMP

- Eligibility criteria
- Enrollment methods
- Provide different services
- Provide services in various settings
- Collect different outcome measures

Most plans require beneficiaries to have at least 2 or 3 chronic conditions to qualify for MTMP

Minimum # of Chronic Conditions

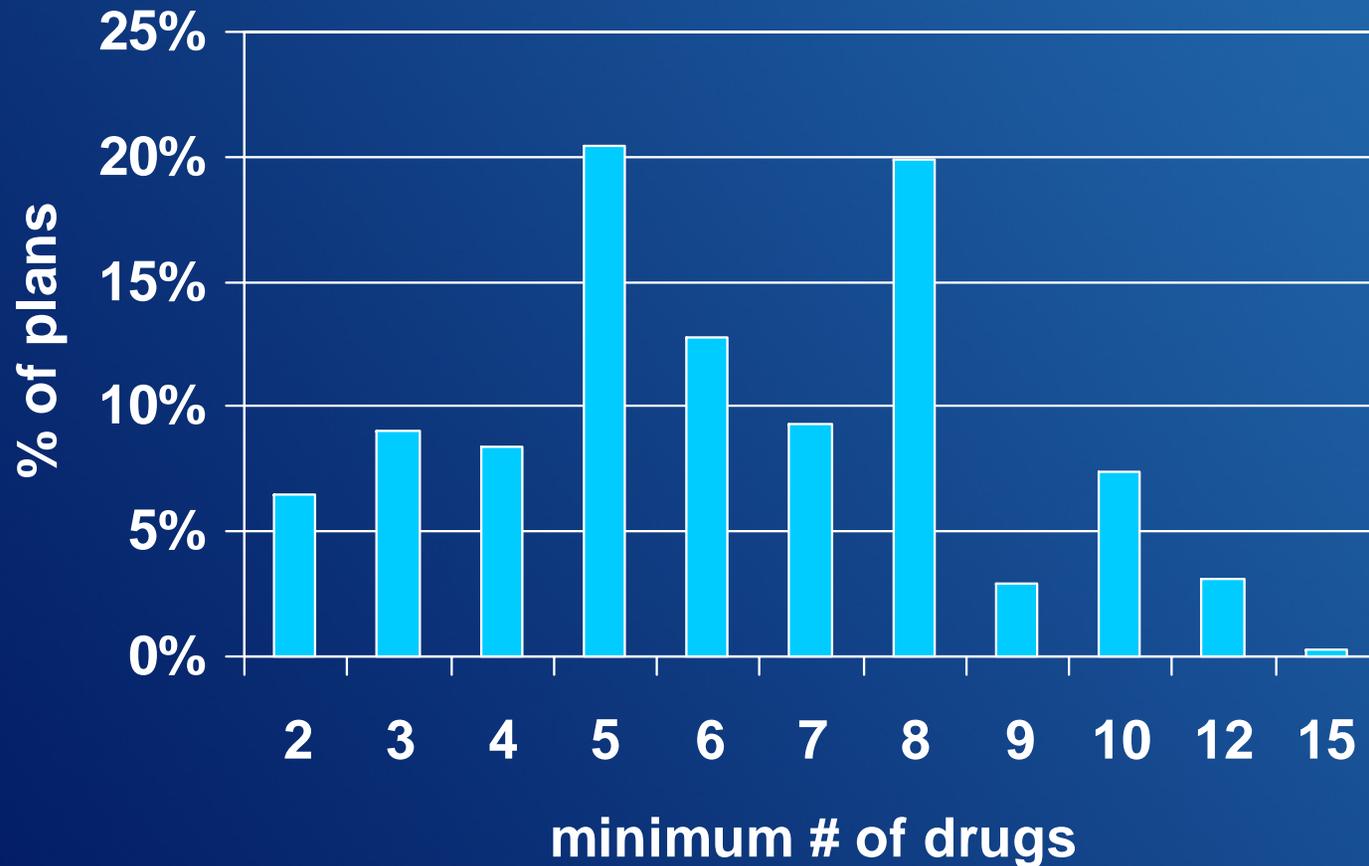


Source: CMS 2008

Most Frequently Targeted Conditions in 2008

- 1) Diabetes
- 2) Heart Failure
- 3) Hypertension
- 4) Dyslipidemia
- 5) COPD
- 6) Asthma
- 7) Rheumatoid Arthritis
- 8) Depression
- 9) Osteoporosis
- 10) Osteoarthritis

Most plans require that beneficiaries take fewer than 9 Part D drugs to qualify for MTMP



Source: CMS 2008

Ten most common interventions in 2008

- face-to-face interactions
- phone outreach
- medication reviews
- refill reminders
- intervention letters
- educational newsletters
- drug interaction screenings
- polypharmacy screenings
- disease-specific clinical initiatives
- medication profiles

About 10% of MTMPs do not contact physicians

Intervention Recipient	# of Programs	% of Programs
Beneficiary Only	72	10.1%
Provider Only	0	0.0%
Combination of Above	640	89.9%
Total	712	100.0%

Source: CMS 2008

Outcome data collected by CMS

- Number of eligible beneficiaries
- Number of enrolled beneficiaries
- Method of enrollment
- Number of disenrolled beneficiaries and reason for disenrollment
- Total prescription drug cost per MTMP beneficiary per month
- Number of covered Part D 30-day equivalent prescriptions per MTMP beneficiary per month
- Names of plan members enrolled in MTMPs

MTMPs in PDPs and MA-PDs

- PDPs might have less incentive to provide MTMPs to their members than MA-PDs
- We found no evidence that PDPs in aggregate provide more limited programs to enrollees
- In aggregate, PDPs require fewer chronic conditions and drugs for members to be eligible for MTMPs and have a higher percentage of members who are eligible and enrolled
- Organizations with both PDPs and MA-PDs provide the same MTMP for enrollees in both types of plans

Information about the effectiveness of MTMPs is lacking

- We do not know whether they improve patient adherence to medication
- We do not know whether they result in more appropriate prescribing
- We do not know whether they affect drug spending
- We do not know whether they affect utilization of other medical services

CMS has established a work group to identify effective programs

- It will analyze data to see which programs show the most positive impact on medication use
- CMS has also let a contract to help identify standardized outcomes that could be measured by all Part D sponsors
- We are unlikely to know the results of this project for several years

Strategies to improve the program

- Standardizing documentation and reporting platforms
- Setting minimum requirements for MTMP approval
- Requiring plans to measure and report specific outcome measures

CMS could:

- Set a minimum standard for the number of conditions or prescriptions required for program eligibility
- Mandate certain types of interventions like notifying a physician if they discover dangerous drug interactions
- Require plans to take beneficiaries risk scores into account in determining eligibility

Additional steps CMS could take

- Require plans to provide a medication review when enrollee leaves hospital or post acute setting
- Require plans to measure and report specific outcomes