

# Comparison of Suboptimal Treatments Identified from Claims Data Alone with a Medication Therapy Management Patient Interview

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## BACKGROUND

- To optimize therapeutic outcomes, identifying suboptimal treatment for disease conditions is a common strategy used by Medication Therapy Management (MTM) providers to detect medication-related problems.
- While there may be a tendency for MTM providers to rely solely on pharmacy claims and diagnosis codes supplied by CMS to identify suboptimal treatments, sometimes the claims data may not accurately reflect patients' actual medication taking practices.
- This study aims to determine the change in information accuracy by comparing suboptimal treatments identified from claims data alone with a MTM patient interview.

## STUDY DESIGN

The University of Florida College of Pharmacy MTM Call Center was established in March 2010. The center is a partnership with WellCare Health Plans, Inc. to provide telephonic MTM to WellCare Part D Medicare members enrolled in the MTM program.

A retrospective study was performed on 100 medication reviews conducted by the University of Florida College of Pharmacy MTM Call Center during June and July of 2010.

### Inclusion criteria:

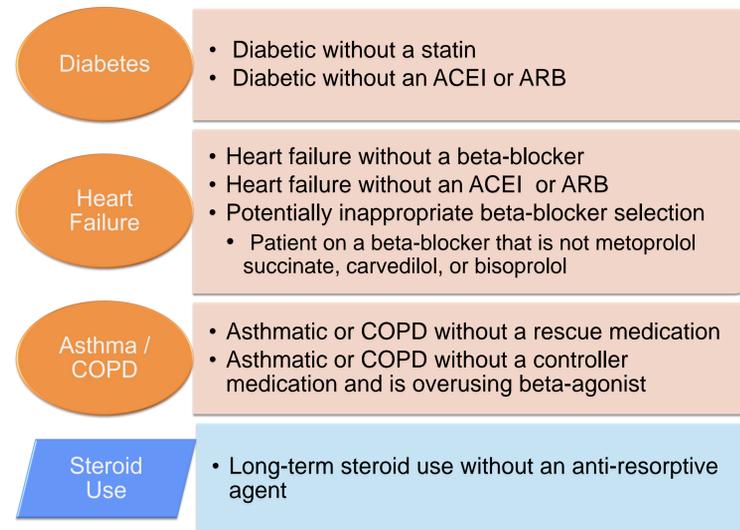
- Qualified for MTM program during the study period based on the following criteria:
  - Eight or more covered Part D prescription medications.
  - Three or more chronic disease states.
  - Annual drug cost exceeds \$3,000.
- Participated in a medication review in the format of an interactive telephonic patient interview during the period of June 1 to July 31, 2010.

### Identifying Suboptimal Treatments

- Eight types of medication-related problems involving suboptimal treatment were targeted in the MTM program. Seven focused on the medication use for specific disease conditions and one concerned the appropriate medication regimen for long-term steroid use.
- Pharmacy claims submitted within 120 days prior to the medication review and Rx Hierarchical Condition Category (RxHCC) codes supplied by CMS were used to develop a list of presumed issues of suboptimal treatment.

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GOLD STANDARD

## Suboptimal Treatment Targets



- During the patient interview, patient's health condition, medication use and diseases states were discussed, and the presumed suboptimal treatments were confirmed with the patient.

## DATA COLLECTION

- Electronic patient charts, utilizing a documentation system called *MTM 360*<sup>®</sup>, were examined for selected medication reviews.
- A retrospective chart review was performed to extract the number and types of suboptimal treatment from the list of medication-related problems identified by the MTM provider from (1) the pre-interview based on review of administrative claims, and (2) from the summary of the patient interview and documentation of the post-interview assessment and plan.

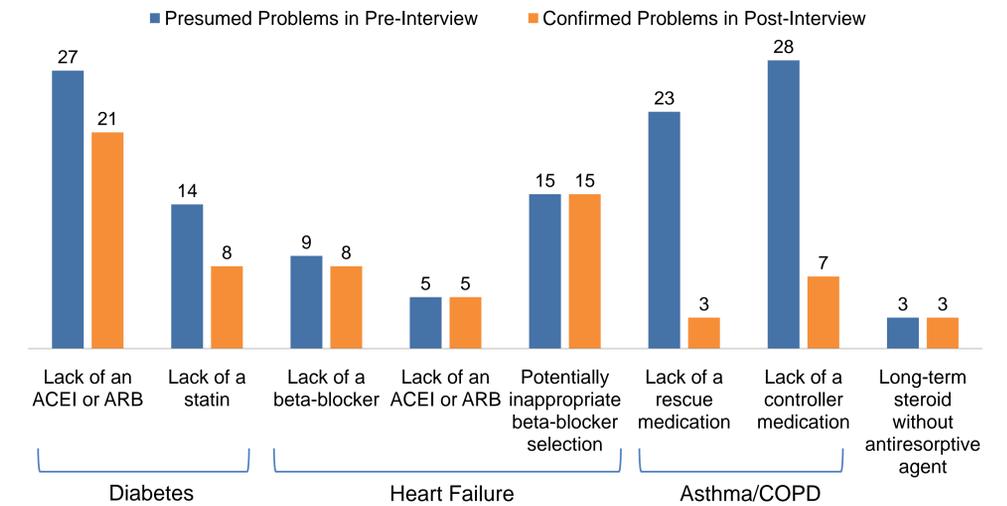
## RESULT

The sample included subjects older than 65 of age as well as those younger than 65 who meet Medicare eligibility due to a qualifying disability. 94% of the subjects were dually eligible for Medicare and Medicaid. 78% had a RxHCC code for diabetes, 36% for congestive heart failure and 46% for asthma/COPD.

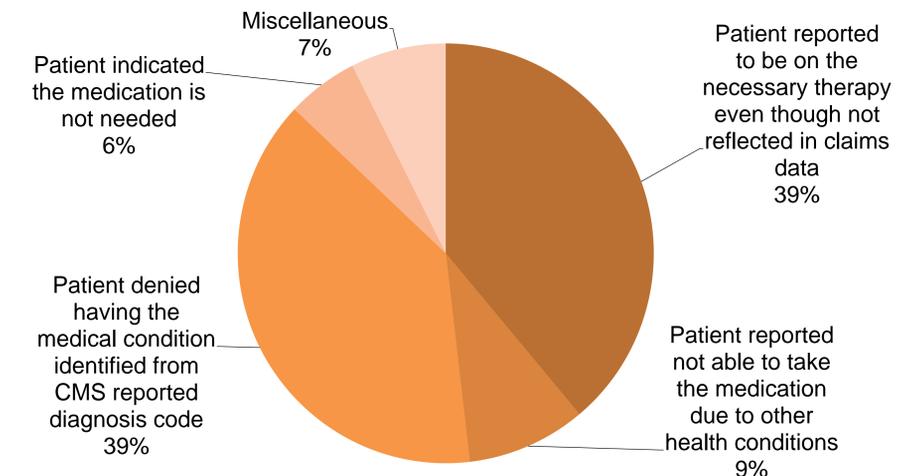
Based on claims data alone, a total of 124 presumed medication-related problems involving suboptimal therapy were identified in 68 patients.

After interview, 56.5% of the presumed medication-related problems involving suboptimal therapy were confirmed based on patient's self-report, and the confirmed issues were communicated to the patient's physician via fax.

## Frequency of Suboptimal Treatment



## Reasons for Elimination of a Suboptimal Treatment Issue



- Five new suboptimal treatments were discovered for four patients based on the new disease conditions revealed from the interview.

## CONCLUSIONS

- During the interview, 9.8% of the targeted medical conditions identified with diagnosis codes provided by CMS were denied by the patients.
- Patient interviews confirmed slightly over half of the medication related problems related to suboptimal treatment identified from claims data.