

Evaluation of various patient outreach models on the completion rate of comprehensive medication reviews (CMRs)

Daryl E. Miller, PharmD and Teresa E. Roane, PharmD, BCACP

University of Florida Medication Therapy Management Communication and Care Center

BACKGROUND

- The Medication Therapy Management Communication and Care Center (MTMCCC) provides medication therapy management (MTM) services including provision of comprehensive medication reviews (CMRs) to numerous managed care organizations.
- The Centers for Medicare & Medicaid services (CMS) rate the quality of health plans using Star Ratings. Star Ratings are created from performance measures that contribute to the rating of a health plan from one to five stars with five stars being the highest quality rating. "Medication Therapy Management Program Completion Rate for Comprehensive Mediation Reviews (Part D)" is currently a display measure and is anticipated to become implemented as a Star Measure in 2016.
- Completion rate of CMRs can directly impact the display measure for health plans. Once added as star measure, CMR completion rate will be rated as a process measure $(x 1)^2$
- CMR completion rate is calculated as • follows:³
 - = # of beneficiaries with CMR during period # of adult beneficiaries enrolled in a MTM program during period
- The average 2014 completion rate for Medicare Advantage Prescription Drug (MAPD) plans was 22.13% (Range: 88.50 % to 0%).¹
- Star ratings and display measures are visible to consumers and may impact a health plan's enrollment and bonus payments.
- MTM Eligibility criteria is defined by CMS • yearly. 2015 Medicare CMR Eligibility Criteria is as follows:²

2 to 3 chronic diseases 2 to 8 medications

Annual drug cost of \$3,138 or greater

OBJECTIVE

To compare the completion rate of comprehensive medication reviews (CMRs) using various modes of CMR delivery including cold calling, the scheduling of the CMR after an initial offering made by the health plan, and the scheduling of the CMR without an initial offering from the health plan.

METHODS

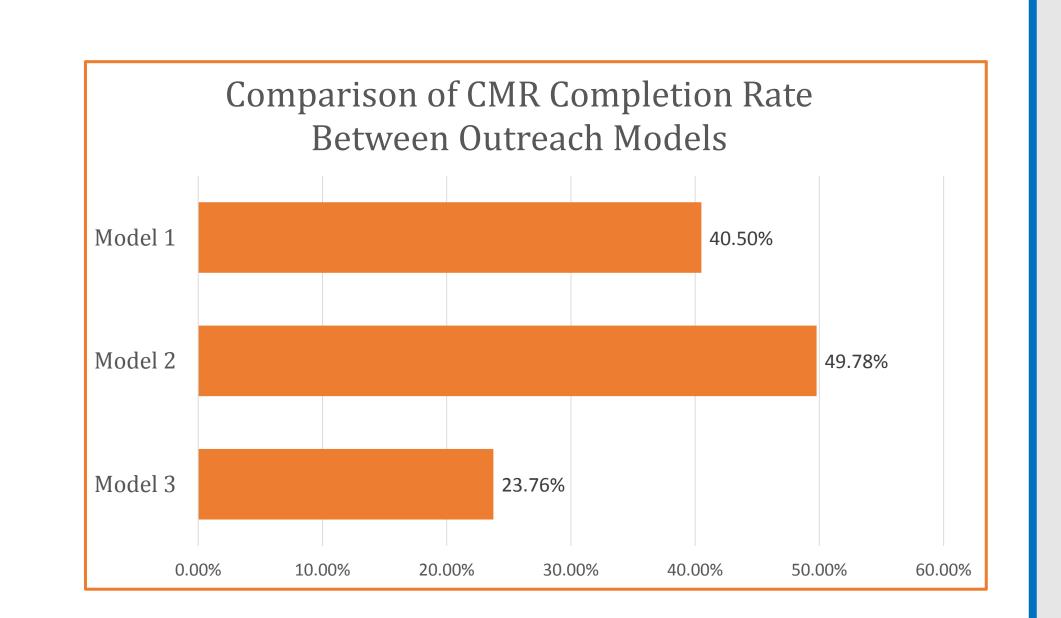
- This study is a retrospective chart analysis using data obtained from completed CMRs at the MTMCCC for health insurance beneficiaries enrolled in 3 different health plans.
- This study examines the CMR completion rate for 3 models of patient outreach utilized for 3 different health plans at the MTMCCC over the service period.
- CMR completion rate was calculated using the number of completed CMRs and the total number of beneficiaries who were contacted at least once for provision of a CMR for each respective model.

Model	Patient Population	Description
Model 1	Medicare Advantage Prescription Drug Plan (MAPD)	Cold call placed to patients who were never previously offered any MTM services other than an initial welcome letter
Model 2	Medicare Prescription Drug Plan (Part D)	The scheduling or completion of the CMR after an initial offering by, and subsequent acceptance of, the CMR through the beneficiaries' health plan
Model 3	Medicaid	The scheduling of the CMR on a future date and time without the

RESULTS

Primary Outcome: CMR Completion Rate

Model	Number of Completed CMRs	Number of Patients Attempted
1	939	2319
2	6,327	12,710
3	163	686



initial offering of the CMR by the

beneficiaries' health plan

Secondary Outcome: Difference in CMR Completion Rate for a MAPD plan after use of MTMCCC

22% CMR Completion Rate with pharmacy benefit manager (PBM) MTM vendor over 12 months (2014)

18% CMR Completion Rate with MTMCCC services over 3 months (last quarter in 2014)



40% Overall **CMR Completion Rate** for 2014

DISCUSSION

- All 3 models exceeded the 2014 average CMR completion rate for MAPD plans.
- Model 2 demonstrated the highest acceptance rate at 48.62%.
- Patient's in model 2 were previously ** offered and accepted CMR through the health plan before being contacted from the MTM vendor, which may contribute to a higher CMR completion rate.
- Determination of the model used for • • CMR outreach may be dependent upon patient population or health plan specific resources and factors.
- Services from the MTMCCC increased a health plan's CMR completion rate by 18% during a 3 month period of service.
- An 18% difference could impact a ** health plan's Star measure between two levels of ratings, which could impact overall plan ratings

LIMITATIONS

- The analyzed patient populations have differences among baseline characteristics based upon health plan enrollment, MTM eligibility criteria, and demographic factors (e.g. social, environmental, and economic).
- Attempts for outreach differ among the patient populations. Patients in model 2 are attempted at least 3 times, compared to other models which may have only received 1 attempt during the service period.
- Patient population selected for model 3 may have been predisposed to not accepting of the services due to known adherence concerns.
- Model 1 and Model 2 both include patients who have previously accepted and receive a CMR from the MTMCCC during prior years.

CONCLUSION

- Provision of CMRs from the MTMCCC ** results in an average completion rate that exceeds the 2014 MAPD average.
- Services from the MTMCCC have the potential to increase CMR completion rate by 18% over a 3 month period.
- Patient offering and acceptance of CMR ••• prior to provision of CMR services may increase CMR completion rate.
- Patient outreach model decision should • be customized per targeted patient population.
- Multiple attempts to reach patients in any model results in increased CMR completion rate.

REFERENCES

- 1. 2015 Part C & D Display Measures_v020615. Part C and D Performance Data. Centers for Medicare and
- 2. CY 2015 Medication Therapy Management Program Guidance and Submission Instructions.
- Department of Health and Human Services. Centers for Medicare and Medicaid Services. May 7, 2015. 3. Medicare 2014 Part C and D Display Measure Technical Notes. Centers for Medicare and Medicaid Services. December 12, 2013.