The Kaiser Foundation Health Plan of Washington (KPWA) Medication Therapy Management (MTM) program offers interventions to beneficiaries and prescribers, regardless of patient setting. These interventions may include the use of computer algorithms, contacting the patient’s primary care provider and/or prescriber, or contacting the patient for additional follow-up.

Eligible beneficiaries are identified on a monthly basis and automatically enrolled in the MTM program. The KPWA MTM program targets members who have multiple chronic diseases, are taking multiple Part D drugs, and are likely to incur costs for covered Part D drugs that exceed a predetermined level as set by CMS each year. Participation in the KPWA MTM program is voluntary. Members will be enrolled unless they request to be disenrolled, and they may refuse or decline individual services without having to disenroll from the MTM program.

All eligible patients, regardless of care settings, will receive a welcome letter with a description the KPWA MTM program and program benefits. The letter will offer a consultation with a pharmacist, called a Comprehensive Medication Review (CMR). If the patient does not respond to the initial welcome letter, KPWA attempts to contact the patient through other means, including a phone call and possibly a FAX or secure message that offers to schedule a CMR. Ongoing monitoring of medication therapy will be done via targeted medication reviews (TMRs) for all enrolled MTM members at least quarterly, regardless of active participation in MTM, receipt of a CMR, or care setting.

The KPWA MTM program uses computer algorithms and pharmacy claims data to assess for opportunities for pharmacist interventions. In some cases, KPWA MTM pharmacists may have access to the patient’s Electronic Medical Record (EMR) and will manually assess medical and pharmacy claims data to identify opportunities for pharmacist interventions. The types of interventions vary, depending on the information available to the MTM pharmacist. Types of interventions that may be included in these assessments are:

- Use of medications considered to be ‘High Risk’ in the elderly by the American Geriatric Society and quality measurement organizations
- Patients with cardiovascular risks who may have therapy gaps such as no record of taking an ACE-inhibitor, Angiotensin Receptor Blocker, or Statin medication
- Opportunities to promote cost-effective medication use
- Poor adherence to chronic medications

When appropriate, interventions will be made directly with the patient’s healthcare team via telephone, FAX, mail, electronic medical record messaging, or face-to-face visit. Prescriber interventions may focus on identifying unnecessary drug therapy, needing additional therapy/a different drug product, ineffective dose, unsafe dose, adverse drug reactions, cost-effective alternative therapies, medication adherence issues, or drug-drug interactions. The pharmacist may work under a collaborative practice agreement with the patient’s providers to initiate or adjust medication therapy as well as order medication-specific laboratory tests or procedures. The pharmacist may refer the patient to disease management or case management referral services as needed. Such interventions will be documented in the patient’s medical record.
A Comprehensive Medication Review (CMR) is a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the patient, caregiver and/or prescriber. It is designed to improve patients’ knowledge of their prescriptions, over-the-counter (OTC) medications, herbal therapies and dietary supplements, identify and address problems or concerns that patients may have, and empower patients to self-manage their medications and their health conditions.

In the event that a targeted member is unable to accept the offer for or participate in a CMR, KPWA MTM service providers will reach out to the member’s caregiver, prescriber, or other authorized individual to take part in the member’s CMR. This applies to members in any setting. In the event that KPWA MTM service providers are unable to identify an alternate individual who is able to participate in the CMR, the KPWA MTM program will continue to perform TMRs at least quarterly with follow-up patient or provider interventions when necessary.

Those who accept a CMR offer will receive an interactive consult with a pharmacist performed person-to-person or via telephone. During the CMR pharmacist will review prescription medications, over-the-counter (OTC) medications, and herbal and dietary supplements. The pharmacist will assess medication use, may identify medication therapy problems, and address patient reported medication concerns or questions. After the CMR, the pharmacist will send a written summary in the CMS standardized format, including a beneficiary cover letter, medication action plan, and personal medication list. The written summary may be mailed to the patient or sent via FAX at the patient’s request. The pharmacist interventions included in the action plan include suggestions for optimizing drug therapy, improving medication monitoring, education or self-management.

In addition to the patient and/or caregiver receiving the standardized written summary, the CMR is documented in the member’s health plan electronic medical record (EMR) as an encounter. The patient’s EMR, which is readily available and accessible to select providers, is also updated to contain copies of the pharmacist notes with the recommendations. Thus, the information regarding the CMR consultation is included in the patient’s EMR available to the prescriber and other members of the patient’s healthcare team. Providers who do not have electronic access to the patient’s EMR will receive a faxed summary of the interventions/recommendations.

After the CMR is completed, the pharmacist will provide the recipient of the CMR an individualized written summary of the CMR in CMS’ standardized format, including a beneficiary cover letter, medication action plan, and personal medication list. The written summary will be mailed to the patient or sent via FAX at the patient’s request. The pharmacist interventions included in the action plan include suggestions for optimizing drug therapy, improving medication monitoring, education or self-management.

In addition to the patient and/or caregiver receiving the standardized written summary, the CMR is documented in the member’s health plan electronic medical record (EMR) as an encounter. The patient’s EMR, which is readily available and accessible to select providers, is also updated to contain copies of the pharmacist notes with the recommendations. Thus, the information regarding the CMR consultation is included in the patient’s EMR available to the prescriber and other members
of the patient’s healthcare team. Providers who do not have electronic access to the patient’s EMR will receive a faxed summary of the interventions/recommendations.

The MTM program uses Targeted Medication Reviews (TMRs) to assess patient medication use for potential opportunities to improve medication therapy. TMRs are performed at least quarterly for all MTMP patients regardless of patient setting, active patient participation in MTMP, or receipt of a CMR. TMRs may utilize available data including computerized clinical algorithms to assess patients for potential targeted opportunities to promote safe, quality and affordable medication use, which include identification of potential therapy gaps, drug therapy issues, or opportunities for cost-savings.

When necessary, pharmacists will complete follow-up interventions with patients, caregivers and/or prescribers to resolve drug therapy problems through interactive or passive means, depending on the results of the TMR. Any immediate medication or safety concerns may involve pharmacist contact with the healthcare team to address these concerns.