



Draft Call to Action to Advance Medication Therapy Management Quality Measurement

This draft call to action, unveiled during the [PQA Convenes](#) event on November 2, 2023, is based on information gathered from a PQA environmental scan of the Medicare Part D MTM program, stakeholder surveys and additional input from measurement experts. The call to action was initially vetted during an interactive session with live polling during the Convenes event. A public comment period will take place from December 2023 through mid-January 2024 to allow for additional feedback and insights. PQA will use these inputs to refine the call to action and host an online webinar, open to all stakeholders, on February 29, 2024. A final report and call to action will be published in April.

A. Develop a new performance measure for MTM quality.

A new measure is needed to assess and improve the quality of MTM services rather than receipt of the services. Patient-centered measure development is key to assess improvement in medication knowledge, patient empowerment for self-management, and addressing patients' medication- and health-related concerns. This is a missing link in the logical model between the process of providing MTM services and the impact on proximal and downstream outcomes.

B. Refine MTM eligibility criteria by establishing a common, more equitable denominator.

Adjustments to MTM eligibility criteria should be made as needed based on data-driven insights and the impact of such changes on enrollment rates, patient outcomes, healthcare utilization, and health equity should be regularly assessed. To allow for fair and consistent comparisons and enable the use of a performance measure to assess quality, a common denominator is necessary.

C. Strengthen requirements for standardized documentation and reporting related to the quality of MTM services.

The current reporting requirements are limited to descriptive beneficiary information and a broad overview of methods and procedures of the services. The current data elements that are reported to CMS provide limited insight into the quality of the services. Participants in the Enhanced MTM Model dedicated considerable time and resources to implement SNOMED CT codes and were generally supportive of broader adoption.



- D. Amplify the patient voice to improve the patient-centeredness of MTM programs.**
Beneficiaries' preferences and reasons for and against engaging in MTM services and accepting pharmacists' recommendations are needed to elucidate patient-centered process improvements to delivering MTM services.

- E. Optimize efforts to increase beneficiary awareness of Part D MTM services and the benefits beneficiaries may receive.**
An increase in beneficiaries' awareness and knowledge of MTM is needed to further promote service utilization, acceptance, and the perceived value of the services.

- F. Increase stakeholder education about the use of the Medication Therapy Problem Categories Framework to assist with standardizing documentation.**
The framework enables standardized documentation of identified and resolved medication therapy problems and can enhance the provider-prescriber communication.

- G. Enhance collaboration between prescribers and MTM providers to better address patient goals of care and implement appropriate medication changes.**
Establishing a more collaborative working relationship between prescribers, pharmacists, and health plans may improve patient participation, better meet patient preferences, and increase acceptance of pharmacists' MTM interventions or recommendations.

- H. Increase access to data from the Enhanced MTM Model.**
Increasing access to data from the Enhanced MTM Model will allow researchers to further evaluate the Model and provide insight on potential MTM approaches that may increase service quality.

December 11, 2023