PQA Quality Innovation and Research Initiative to Advance Medication Therapy Management Quality Measurement

Environmental Scan Summary – December 11, 2023

The Pharmacy Quality Alliance (PQA) launched the Quality Innovation and Research Initiative to Advance Medication Therapy Management Quality Measurement – a national initiative to advance medication therapy management (MTM) quality measurement and other strategies to improve MTM services. The initiative started in June 2023 with a robust environmental scan that included peer-reviewed and gray literature, federal resources, and two stakeholder surveys. This summary document provides an overview of information from the environmental scan that informed discussions at a *PQA Convenes* event on November 2, 2023. The event brought together PQA members and MTM stakeholders to help build consensus on the research, measurement and strategies needed to evolve our national approach to evaluating MTM service quality. Participants discussed the state of MTM practice, learnings from the Medicare Part D Enhanced MTM Model, implications of recent policy proposals, and opportunities to evolve MTM measurement.

Medicare Part D Medication Therapy Management

The Centers for Medicare & Medicaid Services (CMS) requires that Medicare Part D MTM programs are designed to ensure optimum therapeutic outcomes for beneficiaries through improved medication use, and to reduce the risk of adverse events. MTM programs include high-touch interventions to engage the beneficiary and their care teams. At a minimum, MTM services include interventions for both beneficiaries and prescribers, an annual comprehensive medication review (CMR) with written summaries in a standardized format, quarterly targeted medication reviews (TMR) with follow up interventions, and information about safe disposal of prescription medications that are controlled substances.[1]

Since its inception, the Medicare Part D MTM program requirements have changed to enhance enrollment, improve the quality of services, and reduce gaps in care. For the 2024 Medicare Part D MTM program eligibility criteria, targeted beneficiaries for an MTM program are enrollees in the sponsor's Part D plan who have a maximum threshold of 3 chronic diseases (any chronic disease, or targeted chronic diseases that must include at least 5 out of a CMS-defined list of 9 core chronic conditions or diseases), are taking 2 to 8 covered Part D drugs, and who are likely to incur at least $5,330 in annual costs for covered Part D drugs.[2] Targeted beneficiaries for Part D MTM programs also include at-risk beneficiaries under a Drug Management Program,[3] which include beneficiaries who are at risk for misuse or abuse of frequently abused drugs.[4] CMS recently proposed, but did not yet finalize, expanding the eligibility for MTM for Part D beneficiaries, estimated to increase the number of eligible Part D enrollees from approximately 4.5 million to approximately 11 million.[5]

Medicare Part D Enhanced MTM Model Learnings

The Enhanced MTM Model was launched by CMS on January 1, 2017, to assess if providing standalone Part D Prescription Drug Plan (PDP) sponsors with flexibilities within MTM program and payment incentives could improve therapeutic outcomes and decrease Medicare expenditures. The Model included six PDP sponsors and was conducted over five years, concluding on December 31, 2021. Four key innovations were implemented within the program that differed from the traditional MTM program, as described in the Model's Fifth Evaluation Report:[6]

1. Additional flexibility gave sponsors significant latitude in intervention design.
2. Sponsors received prospective payments from CMS for administrative expenses.
3. Sponsors received performance-based payments from CMS, contingent on reductions in Medicare Parts A and B expenditures.
4. Sponsors had additional data reporting requirement for the Model.

The Model was expected to improve beneficiaries' health outcomes and reduce the need for high-cost health services; incentivize participating sponsors to implement innovative interventions more tailored to beneficiaries' needs; and improve care coordination, collaboration, and communication between plans, beneficiaries, MTM providers, and prescribers. Across Model-participating plans, there were no statistically significant effects on cumulative gross or net Medicare Parts A and B expenditures. Further, there were no improvements in intermediate measures of medication use. Despite a lack of impact by the Model, substantial insight was gained from the Model's implementation that can support future efforts to improve MTM services within Medicare Part D.

Evidence for Medication Therapy Management

An essential component of quality measurement is to understand the evidence supporting the linkage between the process (e.g., provision of MTM services) and the outcomes (e.g., adherence, adverse events). Therefore, twenty-three studies were reviewed to identify the evidence supporting the correlation between MTM services and outcomes. Most of the studies reviewed were cohort studies that compared the intervention of interest with a control group, consisting of patients who met eligibility criteria but declined MTM enrollment, or were single-arm studies with no active comparator reporting outcomes measured after the MTM service, but not consistently reporting similar measures pre-MTM. The types of outcomes reported in the studies were limited by the data sources available to conduct the studies (e.g., enrollment files, claims). Furthermore, there were several design-based limitations of the studies that curtail our efforts to understand the process-outcomes linkage or the effect of the eligibility criteria.

Of the 23 studies reviewed, 18 examined CMR as the intervention of interest. CMS' stated goals for a CMR are focused on what the patient can gain from the interaction: improving medication use knowledge; empowering patients to self-manage medications; and addressing patient concerns.[1] These goals can be translated to CMR-specific outcomes and are potentially assessable immediately after a CMR. They are outcomes that are very proximal to the service, which is ideal for quality measurement, and are amenable to patient reports. However, none of the 23 studies reviewed examined or reported on patient-reported outcomes.

Disparities in Medication Therapy Management Program Eligibility and Access

Although MTM eligibility criteria has fluctuated over the years, research consistently suggests that MTM eligibility criteria may not effectively identify beneficiaries who would benefit from MTM services.[7-10] With flexibility to further target beneficiaries, some health plans have adopted eligibility criteria with thresholds that have led some patients who may benefit from receiving MTM to not meet their plan's specific eligibility criteria, resulting in missed opportunities to improve patient outcomes through MTM interventions.[9, 10] Generally, inequities with services have been identified by: enrollment in MTM for dually enrolled and low-income beneficiaries;[11] opt-out rates among Black, Hispanic, and Asian beneficiaries;[12] offer of CMR for beneficiaries who are Black, Hispanic, low-income, dually enrolled, and those with any hospitalization or who reside in areas with poor healthcare access or quality;[11, 13] and receipt of CMR among beneficiaries who are Asian, Hispanic, dually enrolled, those with any hospitalization or an emergency department visit, and who have a higher number of comorbidities.[11]

Patient Perspectives

Medicare beneficiaries' perspectives on the Part D MTM program are essential components to understanding and improving the quality of these services. Literature on beneficiaries' perspectives of Medicare Part D MTM investigated beneficiaries' reasons associated with service acceptance such as perceived susceptibility to medication related problems;[14] perceived value of the service both as impacting their health[15, 16] and a misalignment of expectations;[15, 17] aspects that are important to beneficiaries such as convenience in the mode of telephonic delivery, familiarity with the provider, and physician involvement;[14, 15, 17] products received after engaging in MTM such as the medication list;[15, 18, 19] and the impact MTM services had on beneficiaries.[16, 17] This body of literature suggests that there is a need for a validated, standardized tool to effectively elicit and assess patient perspectives.

Plan Sponsors and MTM Providers Perspectives

Studies reporting findings from surveys or key informant interviews conducted with plan sponsors or MTM providers consistently highlighted similar barriers to implementing and evaluating MTM services or programs. Identified barriers to establishing or maturing MTM services include time constraints,[20-25] competing priorities,[26, 27] lack of staff,[20, 22, 24, 25] staff turnover,[27] lack of training,[20, 28] lack of integration into workflow, challenges related to follow-up and communication with prescribers,[22, 25, 28-33] non-standardized clinical information systems and data infrastructure,[25-27, 31, 34-36] plus the lack of reimbursement for MTM.[21, 22, 37] Pharmacies noted that they had to use multiple clinical information systems dictated by individual payers creating documentation inefficiencies and the inability to standardize data collection and aggregation.[25, 28] Overall, plan sponsors and MTM providers consistently highlighted the presence of plan sponsor programmatic variation, service implementation and practice variation, and the lack of data standardization and interoperability across MTM platforms, as well as with other important clinical information software and patient-specific clinical data.[36-41] These prevailing issues impede the ability to measure service quality and determine its value to patients and payers.

Stakeholder Surveys on MTM Quality Measures and Standardized Documentation and Reporting

PQA conducted two surveys to characterize the use of MTM quality measures and standardized documentation of MTM services. Of nearly 200 MTM stakeholders invited to complete both surveys, 46 completed the MTM Quality Measures Survey and 39 completed the Medication Therapy Problem (MTP) Categories Framework Survey. The responding organizations most represented include health plans, academia, and health systems.

Many respondents commented on the limitations of the PQA *Completion Rate for CMR* (CMR) performance measure which assesses the extent to which MTM-eligible patients receive a CMR during their MTM-eligibility period, citing its lack of usefulness for evaluating the quality of MTM services.

Some organizations reported using the PQA *Medication Therapy Problem Resolution* (MTPR) monitoring measure, which is based on the PQA Medication Therapy Problem (MTP) Categories Framework and assesses the percentage of interventions that resolve medication therapy problems among individuals participating in an MTM program. Though the measure is not currently implemented in a CMS quality program, some respondents reported intentions to implement the measure for future use. Most comments considered the MTPR measure useful to consistently evaluate the impact of MTM in resolving MTPs. Challenges related to implementation include measure complexity and lack of clarity regarding practical application. Some reported tracking MTP recommendations or intervention outcomes without using the PQA specifications. Concern was expressed about use of the MTPR measure for external program evaluation because of the variability in targeting criteria and membership demographics between plan sponsors.

Aside from the MTPR measure, the MTP Categories Framework was commonly used for standardized documentation of clinical practice, quality improvement, and research. Some respondents recommended framework expansion, including adding interventions, disease states, drug interactions,

and social determinants of health. Several respondents called for additional training materials to educate staff on the purpose of the framework and its use.

Several organizations reported using the two PQA MTM quality improvement indicators, *Provision of Medication Therapy Management Services Post Hospital Discharge* and *Readmission of Patients Provided Medication Therapy Management Services Post Hospital Discharge*. Evaluating MTM (or medication reconciliation) post hospital discharge was considered useful in theory but not in practice, because of the lack of access to timely hospital discharge data and documentation reporting challenges.

Several organizations reported using modified versions of PQA or National Committee for Quality Assurance (NCQA) measures to assess the impact of MTM services. Several reported using satisfaction as a measure of MTM service quality, including satisfaction of members, providers, and plans. Some organizations reported evaluating outcomes such as costs and health care utilization. However, most of these evaluations were not for performance measurement but rather for assessing impact. Suggestions for new measure development included initiation or optimization of guideline-directed medication therapy (e.g., heart failure, chronic kidney disease), clinical endpoints, (e.g., hypertension, diabetes, obesity, depression), care coordination, and social determinants of health identification and resolution.

Related to standardized documentation to advance MTM quality measurement, survey responses highlighted the need for balance between standardization and flexibility. Although most survey respondents were familiar with SNOMED CT codes, few reported their use. Some respondents believe that the use of SNOMED CT codes will standardize documentation and that its widespread adoption can improve measuring the quality of MTM services. One respondent commented that standardized reporting with SNOMED CT should be required by a regulatory body to promote widespread use. Others were concerned about variable application across programs, administrative and technological burden, and that excessive reporting requirements would be costly and inefficient.

Developing a Call to Action

A draft call to action was unveiled at the November 2 *PQA Convenes* event that focuses on MTM quality measures, eligibility criteria, standardized documentation and reporting requirements, patient-centered program improvements, beneficiary awareness and education, prescriber involvement, and access to data. Following a public comment period to refine the draft call to action, PQA will summarize the public comments and share the final call to action during an online webinar, open to all stakeholders on February 29, 2024. A report including the call to action will be published in April 2024.

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