Personalized Medication Management: A Medicaid Community Service Model

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Personalized Medication Management
A Medicaid Community Service Model

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Objectives

• Define the role of the Mass Health (MH) Special Populations pharmacist within Community Case Management (CCM)

• Demonstrate value added component of the MH Special Populations program utilizing case studies

• Provide program related cost savings and cost avoidance data
Impact of Poor Medication Adherence

• Additional medical costs related to physician, hospital, and emergency room visits
• 33% to 69% of medication-related hospital admissions
• 89,000 deaths annually
• $100 billion per year in hospitalization costs alone

Figure 1. Three Pillars of Improved Adherence

- Improve Drug Regimen
  - Follow up
  - Make/Recommend changes; share information with MD
    - Conduct comprehensive medication review
    - Understand patient experiences and preferences
    - Create accurate medication use profile

- Reduce Cost Barriers
  - VBID
  - Formulary compliance
  - Generics
  - Prescription Assistance Programs

- Address Patient Behavior
  - Follow up
  - Engage patients in the care process
    - Address patient preferences, limitations and priorities
  - Educate patients about their condition, how and why to take medications

- Appropriate Medication Use

Source: Avalere Health, NEHI Analysis
UMass Medical School and Commonwealth Medicine

- UMass is the only state-operated, non-profit academic medical school in Massachusetts

- A multi-faceted organization with deep clinical, health care finance, health policy, research and health care operations expertise

- In 1999, UMass founded Commonwealth Medicine (CWM) to share UMass Medical School expertise with public agencies

- CWM designs, implements, operates and evaluates a wide range of health care programs nationwide – leveraging resources across the UMass system

- CWM currently includes 1,600 FTEs
CCM Overview

• Developed in 2003
• UMASS Medical School functions as an agent of MA Medicaid (MassHealth):
  ➢ Perform coordination and authorization of MassHealth Community Long Term Care (CLTC) Services
  ➢ To a defined MassHealth population of medically complex individuals
CCM Eligibility Criteria

• Under the age of 22, upon referral
  ➢ Referrals sources can be Members, Families, Hospitals, Physicians, Clinicians, etc.

• CCM RN conducts an in-person assessment to determine if the Member qualifies for MassHealth coverage of Continuous Skilled Nursing (CSN) services
  ➢ Greater than 2 continuous hours in duration
  ➢ Medically Necessary per MassHealth Regulations

• Reassessments completed on an annual basis
CCM as Single Point of Entry

• CCM RNs serve as single point of entry for MassHealth CLTC Services
• Facilitate access to services within MassHealth, other state agencies, third party insurers
• Multidisciplinary Team of professionals coordinate and authorize:
  ➢ CSN Services, Skilled Nursing Visits, Home Health Aides
  ➢ Personal Care Attendant (PCA) Services
  ➢ Durable Medical Equipment & Supplies
  ➢ Oxygen & Respiratory Equipment & Supplies
  ➢ Therapy Services (Physical, Occupational, Speech)
  ➢ Enteral and Absorbent Products
The Academic Relationship

University of Massachusetts Medical School

Commonwealth Medicine

Clinical Pharmacy Services
1998 - MassHealth (MH) DUR Program
Massachusetts Division of Medical Assistance

• Comprehensive program ensuring appropriate drug therapy for 1.1 million MA Medicaid lives

• Provides prospective and retrospective DUR

• CPS advises and presents at monthly DUR Board meetings comprised of 12 selected health care professionals within MA
The **CWM** Relationship

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CWM

CPS  DCS

DUR  CCM
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Integration of Pharmacy Services into Community Case Management

1998
• MH DUR Established

2003
• CCM Established

2006
• Integration of Pharmacist into CCM Program
Pharmacy Assistance with Medication Procurement for CCM

- Pharmacy billing
- Prior authorization
- Dual eligible billing
- Discharge planning
- Disaster planning
Integration of a Pharmacist into CCM Program Activities

• Provide medication management services
  • Antiepileptic therapy
  • Pain management
  • Mitochondrial disease
  • Ketogenic diet
• Attend multidisciplinary team meetings
• Accompany clinical manager on home visits
Case Study

• 22 year old member
• Rare neurodegenerative disease
• Diagnosis at age 17
• Medications
  • Six anticonvulsants
  • Four supplements
  • Three pulmonary medications
  • Multiple ‘over the counter’ medications
  • Medications administered nine times daily
Case Study
Pharmacist Interventions

• Assistance with:
  • Acquisition of syringes to administer medications
  • Prior authorization assistance
  • Procurement of supplement (coenzyme Q10)
  • Dual eligible issue (Medicare/Medicaid/Private Insurance)
Case Study
Pharmacist Interventions

• Discharge planning
• Pain management consult
• Protocol for seizure management
• Consultation with multiple prescribers
• Communication with pharmacies
Outcomes of Pharmacy Service on a Drug Utilization Review Program

• Identification of members potentially impacted by changes
• Increased awareness on part of prior authorization reviewers
• Population specific guideline development and modifications
• Outreach to ensure continuity of care
Impact of Pharmacist Services: Return on Investment of 4:1

- Cost savings
  - Less costly alternatives
  - Third party liability
  - Hospital/emergency room/MD visit avoidance
  - Unnecessary medication
- Cost avoidance
  - Prevention of adverse drug reaction
  - Improved adherence
Conclusions

• This collaborative effort between MH and Commonwealth Medicine represents an effective strategy to enhance the quality of care for medically complex members
• The MH Special Populations pharmacy program continues to expand
• Cost avoidance/cost saving data supports the value added component of this program
• Pharmacy services can contribute to improved patient outcomes and the success of case management programs