

2011-09-12

Personalized Medication Management: A Medicaid Community Service Model

Jessica Carpenter
University of Massachusetts Medical School

Et al.

Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/commed_pubs



Part of the [Health Services Administration Commons](#), [Health Services Research Commons](#), and the [Pharmacy and Pharmaceutical Sciences Commons](#)

Repository Citation

Carpenter J, Coderre K. (2011). Personalized Medication Management: A Medicaid Community Service Model. Commonwealth Medicine Publications. <https://doi.org/10.13028/0svd-ns13>. Retrieved from https://escholarship.umassmed.edu/commed_pubs/48

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Commonwealth Medicine Publications by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.

Personalized Medication Management

A Medicaid Community Service Model

Karen M. Coderre, MS, Pharm.D., BCPP

Clinical Consultant Pharmacist

Clinical Pharmacy Services

Jessica Carpenter, MS, RD, LDN

Director

Community Case Management

September 12, 2011



Objectives

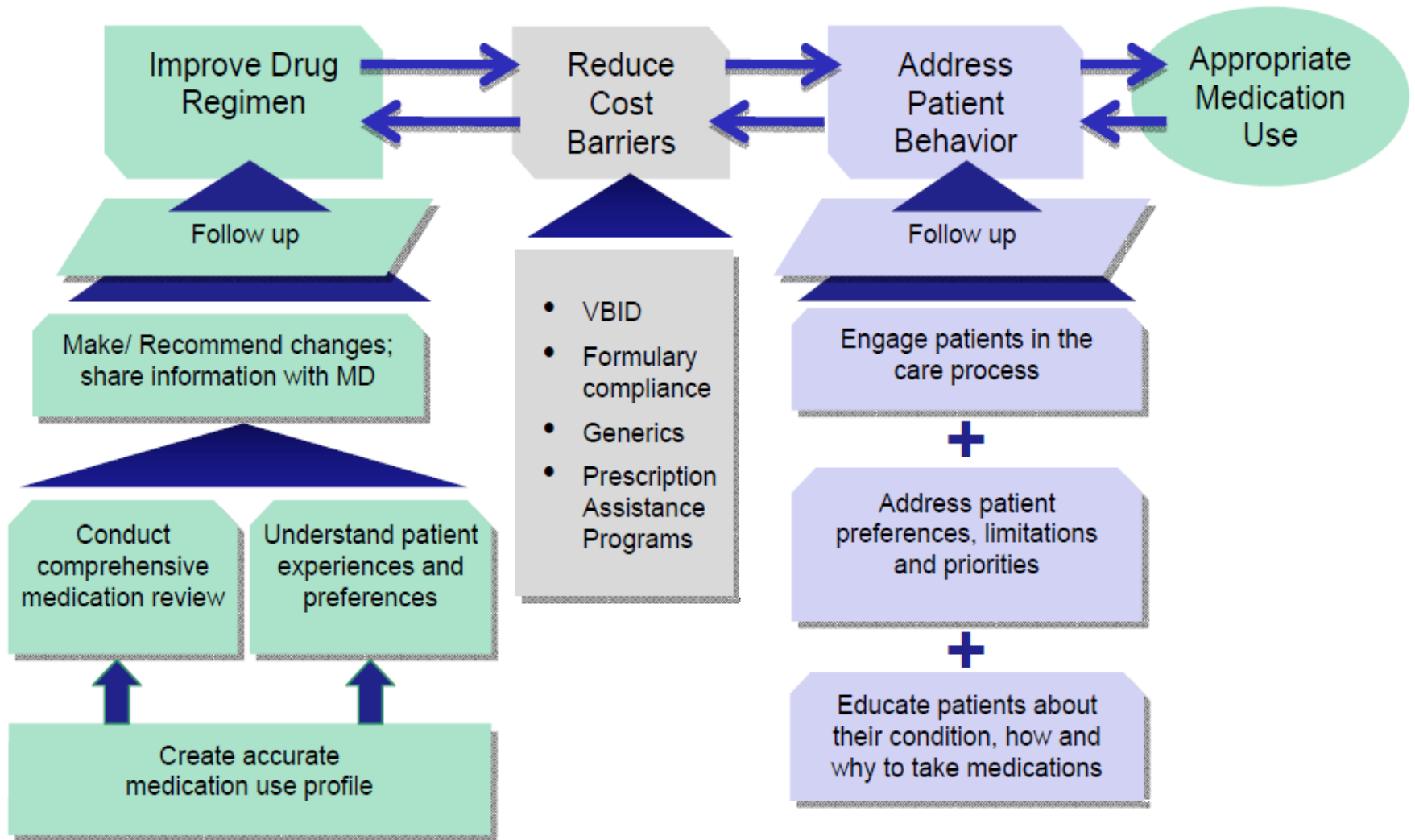
- Define the role of the Mass Health (MH) Special Populations pharmacist within Community Case Management (CCM)
- Demonstrate value added component of the MH Special Populations program utilizing case studies
- Provide program related cost savings and cost avoidance data

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

From: Osterberg L, Blaschke T. Adherence to medication. N Engl J Med 2005; 353:487-497.

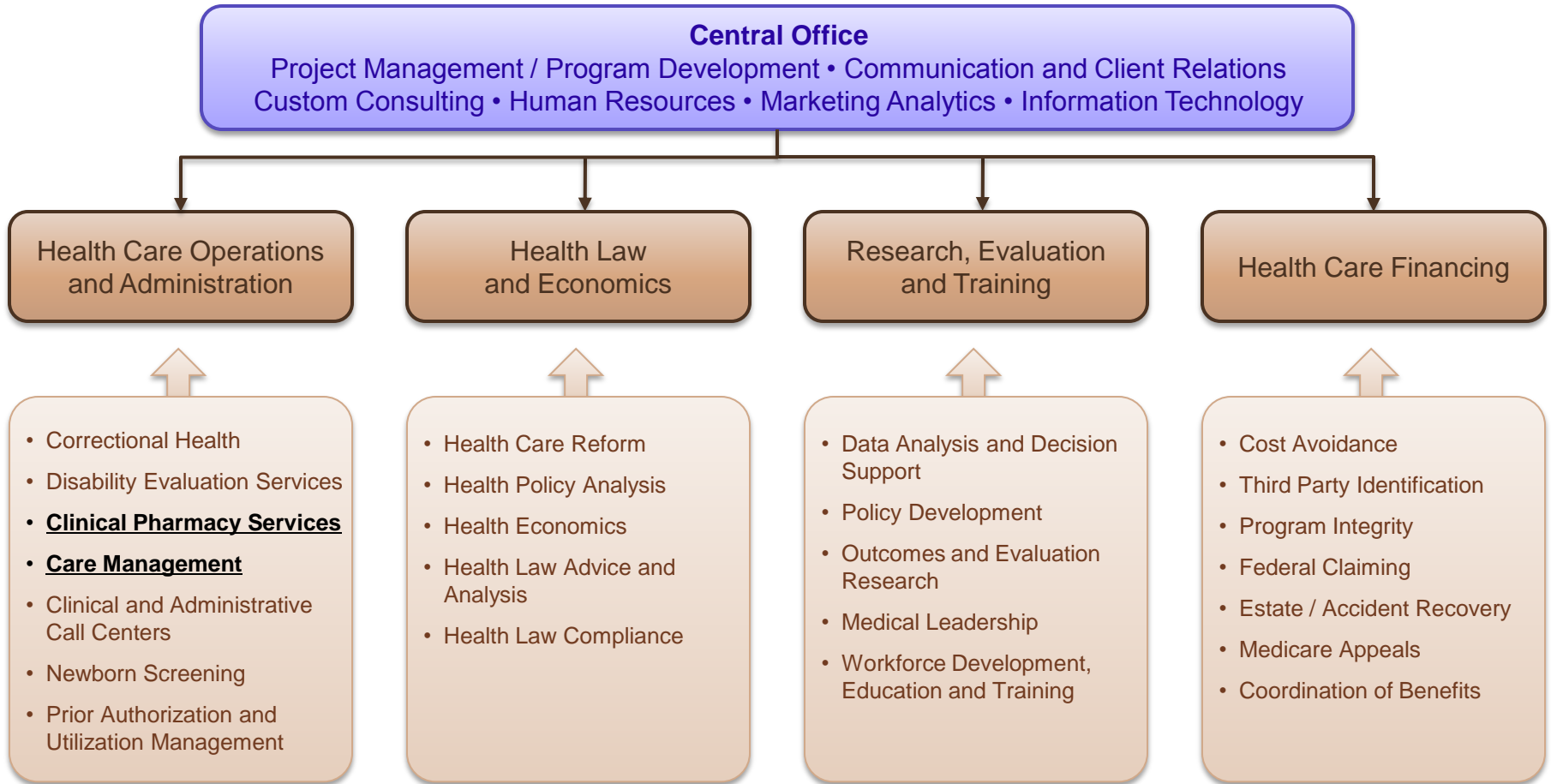
Figure 1. Three Pillars of Improved Adherence



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

UMASS MEDICAL SCHOOL

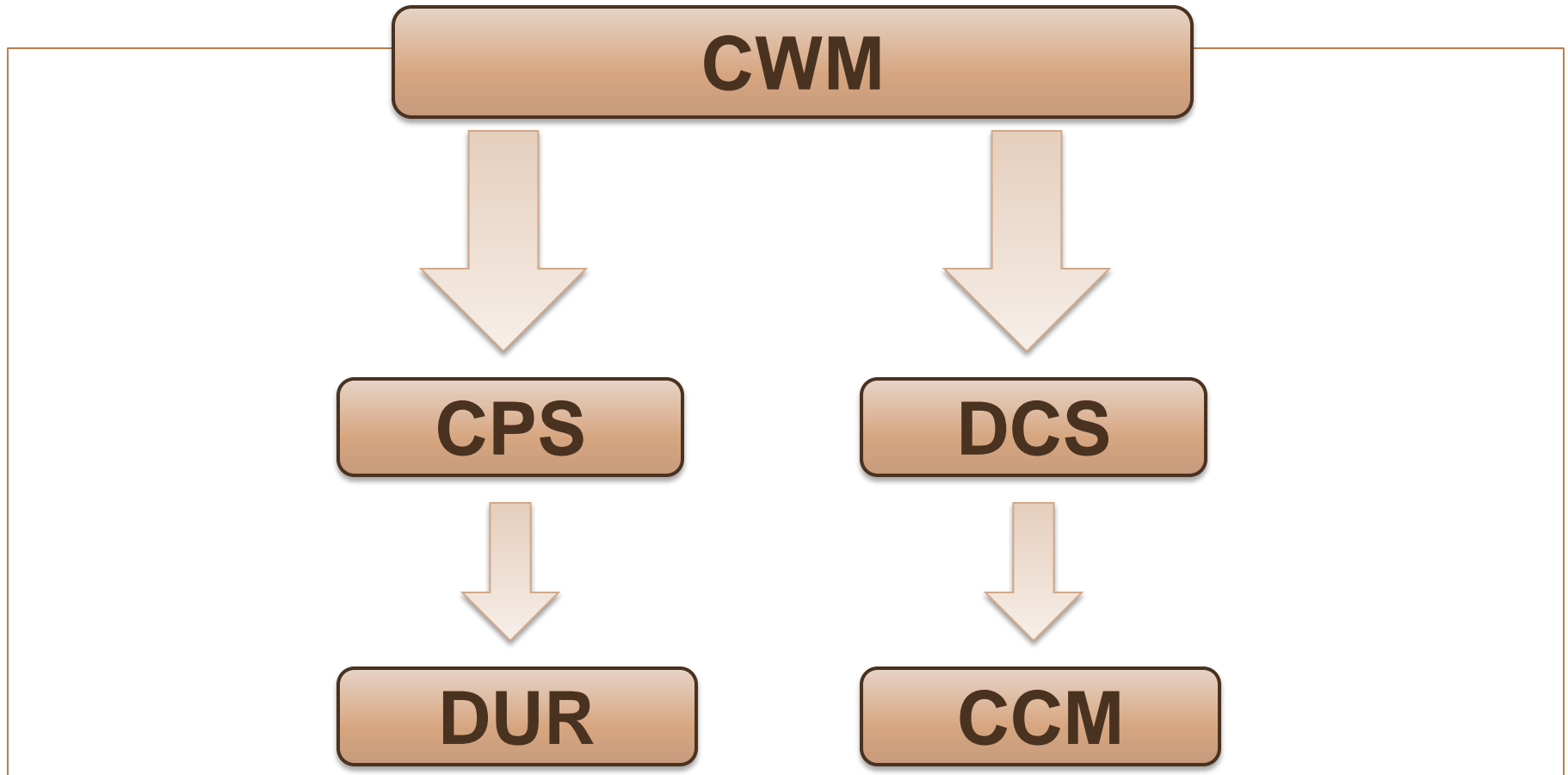
CLINICAL PHARMACY SERVICES

1998 - MassHealth (MH) DUR Program

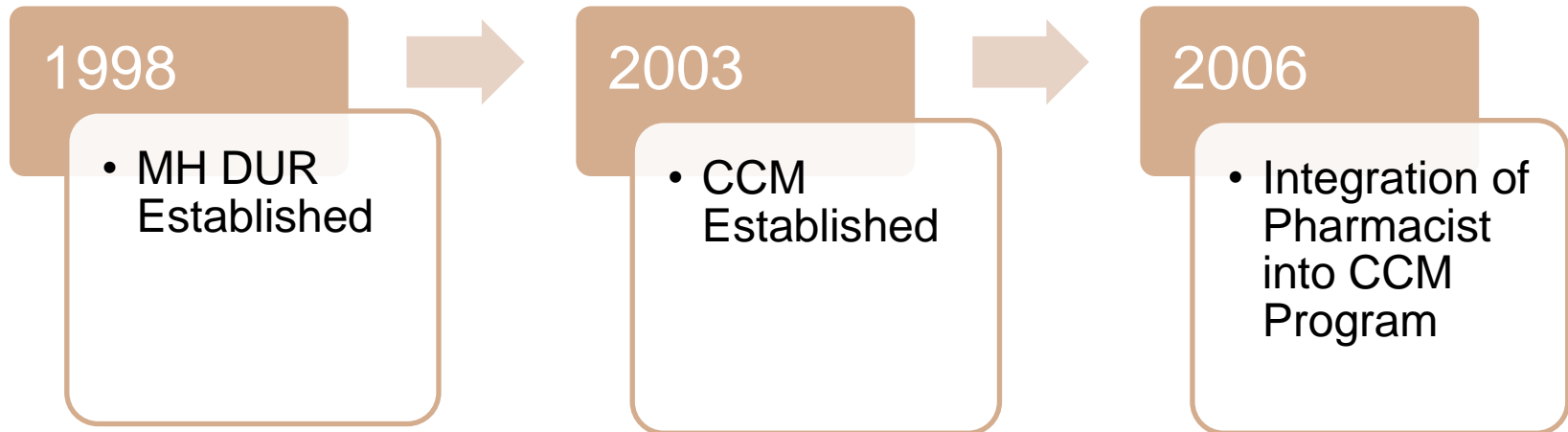
Massachusetts Division of Medical Assistance

- 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



Integration of Pharmacy Services into Community Case Management



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

