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

1. 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

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

3. 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

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

CWM

CPS

DUR

DCS

CCM
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.