Medication Management Services (MMS) and the Patient-Centered Medical Home:

Practice Profile

Type of Practice/Facility: University-based interprofessional primary care practice, serving university employees/dependents (self-insured); clinical education site for physicians, pharmacists, nurses.

Location: Columbus, Ohio

Pharmacist Relationship To Practice: Physically present, employee staff, practicing under approved collaborative drug therapy management protocols; three part-time primary care physicians, nurse practitioner, practice manager

MMS provision: Patient-specific care related to:
- Identify/document medication-related problems
- Medication goals/plan development
- Disease/medication management coordination
- Medication access assistance
- Patient education (in-person/telephonic)

Access to MM Service: (1) Physician/PCP referral
  (2) Pharmacist follow up appointments
  (3) Direct patient request/appointments

Payment/Billing Methods: (1) Self-insured university employee health benefit
  (2) Patient co/pay

Service Assessment Measures (documented): (1) Clinical treatment goals/care plan achievement
  (2) NCQA/HEDIS measures
  (3) Annualized cost avoidance of higher intensity services
  (4) Patient satisfaction

Physician/Staff View: “Practicing medicine as a part of an interprofessional team has greatly enhanced the quality of patient care I am able to deliver. I have noted a marked increase in patient adherence and improved outcomes as a result of the more intensive education and medication monitoring that we are able to provide.”

  – Kelly Hall, M.D., Primary Care Physician
Medication Management Services (MMS) and the Patient-Centered Medical Home:

Practice Profile

Type of Practice/Facility: Group model health maintenance organization providing ambulatory care and acute care services for enrolled members

Location: Denver, Colorado

Pharmacist Relationship To Practice: Both physically and virtually present models, employee staff, practicing under approved collaborative drug therapy management protocols; integrated within specific primary care clinics, medical services, and departments

MMS provision: Patient-specific care related to:
- Identify/document medication-related problems
- CVD/hypertension therapy
- Anticoagulation management
- Chronic care/geriatrics/palliative care
- Mental health/neurology
- Care transition/medication reconciliation
- Patient education (in-person/telephonic)

Access to MM Service: (1) Physician/PCP referral
(2) Inter-service referrals
(3) Pharmacist follow up appointments
(4) Direct patient request/appointments

Payment/Billing Methods: (1) PM/PM Capitation Model
(2) Patient-pay/co-pay

Service Assessment Measures (documented): (1) Clinical treatment goals achievement
(2) NCQA/HEDIS measures (various)
(3) Annualized cost avoidance/ROI
(4) Patient satisfaction

Physician/Staff View: “My primary care clinical pharmacy specialist is as important as my nurse and LPN in getting work done efficiently throughout the day and in giving excellent care to our patients. I can’t imagine working without her help.”

Patient/Caregiver View: “I call them my heart team …I pay attention to what they tell me,” [The patient] looks forward to calls from her pharmacist, who adjusts her medications for cholesterol, thyroid disease and blood pressure. "He makes sure my heart is protected, let me tell ya,"

Medication Management Services (MMS) and the Patient-Centered Medical Home:

Practice Profile

Type of Practice/Facility: Multi-specialty physician private group practice

Location: Greensboro, North Carolina

Pharmacist Relationship To Practice: Physically present, contracted staff (medical practice contract with clinical pharmacy services private practice), practicing under collaborative drug therapy management protocols and “clinical pharmacist practitioner” licensing (NC specific).

MMS provision: Patient-specific care related to:
- ID/document medication-related problems
- Anticoagulation management and testing
- Insulin/oral hypoglycemic therapy
- Hyperlipidemia therapy
- Multi-disease medication regimen optimization
- Patient education
- Longitudinal outcomes monitoring

Access to MM Service: (1) Physician/PCP referral
(2) Direct patient request/appointment
(3) Benefit design/contract

Payment/Billing Methods: (1) Incident-to-physician using E&M CPT codes
(2) MTM CPT codes for Medicare patients
(3) Patient-pay

Service Assessment Measures (documented): (1) Clinical treatment goal achievement
(2) Patient adherence
(3) Adverse effects identified/prevented
Medication Management Services (MMS) and the Patient-Centered Medical Home:

Practice Profile

Type of Practice/Facility: Community pharmacy practice; pharmacists with focused training in medication management, working with small physician groups in rural Minnesota

Location: Minnesota – several small to medium communities: Willmar, Little Falls, St. Cloud, Princeton

Pharmacist Relationship To Practice: Pharmacist is employed by the pharmacy chain; medication management practice is separately structured from the dispensing operation

MMS provision: Patient-specific care related to:
- Comprehensive assessment of medication and medical conditions
- Identification/documentation of drug therapy problems
- Physician-pharmacist care plan development
- Follow up/evaluation visits
- Written documentation of encounters to physician and patient

Access to MM Service: (1) Physician/PCP referral to pharmacist
(2) Direct patient request/appointments
(3) Employers/other payer referral

Payment/Billing Methods: (1) MTM CPT code billing/documentation
Minnesota Medicaid
Self-insured employers (U. of Minn., General Mills, Fairview Health System, state employees)
(2) Patient self-pay/copayments

Service Assessment Measures (documented): (1) Volume and complexity of patients
(2) Clinical goals achievement
(3) Hospitalizations avoided/clinic visits prevented
(4) Medication cost savings
(5) Days at work saved
(6) Patient adherence to regimen
Medication Management Services (MMS) and the Patient-Centered Medical Home:

Practice Profile

Type of Practice/Facility: Staff model health maintenance organization/medical home framework providing acute and chronic ambulatory care services to enrolled members.

Location: Seattle, Washington

Pharmacist Relationship
To Practice: Physically present, salaried employee staff, practicing under approved collaborative drug therapy management protocols; integrated as core team members within primary care clinics.

MMS provision: Patient-specific care related to:
- Identify/document medication-related problems
- CVD/hypertension therapy
- Anticoagulation management
- Group care registries for chronic disease panels
- Patient education (in-person/telephonic)

Access to MM Service: (1) Physician/PCP referral
(2) Pharmacist-initiated follow up appointments
(3) Direct patient request/appointments

Payment/Billing Methods: (1) PM/PM Capitation Model
(2) Patient-pay/co-pay

Service Assessment
Measures (documented): (1) Clinical treatment goals achievement
(2) HEDIS/NCQA measures
(3) Annualized cost avoidance/ROI
(4) Patient satisfaction
(5) Medication/treatment adherence

Physician/Staff View: “Most patient care interactions involve medications and the limitations both in knowledge and time on my part make the addition of a clinical pharmacist on the medical home team MANDATORY! I would have a difficult time maintaining our current standards without this person on board.” - James Bergman, M.D. – Staff Physician, Associate Professor of Family Medicine, U. of Washington
Medication Management Services (MMS) and the Patient-Centered Medical Home:

Practice Profile

Type of Practice/Facility: Physician-directed interprofessional community health center (HRSA supported)

Location: Tucson, Arizona

Pharmacist Relationship
To Practice: Physically present, employee staff, practicing under collaborative drug therapy management protocols

MMS provision: Patient-specific care related to:
- ID/document medication-related problems
- Insulin/oral hypoglycemic therapy
- Hyperlipidemia therapy
- CVD/hypertension therapy
- Patient education

Access to MM Service: (1) Physician/PCP referral
(2) Pharmacist follow up appointments
(2) Direct patient request/appointments

Payment/Billing Methods: (1) HRSA/community funded
(1) MTM CPT codes (documentation only)
(2) Patient-pay/co-pay

Service Assessment
Measures (documented): (1) Clinical treatment goals achievement
(2) Patient adherence
(3) Adverse effects identified/prevented

Physician/Staff View: “Working with a pharmacist as part of my medical service team is like having an additional clinical resource in my pocket. I have access to a wealth of medication knowledge to improve patient safety and health outcomes. The collegiality found with a pharmacist who can build trust with me and our patients [allows] us to complement each other’s services and to meet mutual goals with our patients.” – Arthur Martinez, M.D. – Chief Medical Officer