Definition of Medication Therapy Management: Development of Professionwide Consensus

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ABSTRACT

Objective: To describe events leading to development of a professionwide consensus definition of medication therapy management (MTM) and attendant programs and services and present the document (definition, services, and program requirements) resulting from the process.

Data Sources: Author's own knowledge and records of events.

Summary: Following the late 2003 passage of the Medicare Prescription Drug Improvement and Modernization Act, the pharmacy profession had a need to act quickly to define MTM so that a consensus definition would be available as regulations implementing the Medicare Part D benefit were being written. The American Pharmacists Association facilitated this process by convening a broad working group of members and other involved parties to draft a preliminary definition. The Pharmacy Practice Activity Classification was used to check elements of the definition for consistency with services being offered in a wide variety of settings. A professionwide stakeholders conference was then convened with representatives from each of 11 national pharmacy organizations. This group, following a daylong meeting in late May 2004 and several weeks of e-mail messages and conference calls, finalized the MTM definition, which was then approved by the chief executive officers of all 11 groups.

Conclusion: Through the extraordinary efforts of the numerous organizations and participants, the MTM Services Definition is one that is applicable within diverse pharmacy practice segments, whose services are feasible for a majority of practitioners to implement, and whose elements are supported by a profession-wide consortium of 11 national professional pharmacy organizations. This historic achievement is the first step on a journey to find the best ways to effectively deliver MTM services to patients.

Keywords: Medication therapy management, Medicare, pharmaceutical care.

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What would be the outcomes if pharmacists actively worked with patients and their physicians to identify and manage medication therapy for chronic diseases? Imagine the possibilities if pharmacists and other members of the health care team shared clinical data and worked from the same medical records. Could patient outcomes be improved if pharmacists took the initiative to re-engineer their practices and provide patient-centered services in a collaborative manner? What advanced service delivery options will pharmacists offer as they seek to add value to the process and outcomes of care?

These are key questions that must be addressed as innovative medication therapy management (MTM) services are implemented and expanded in the health care system in the coming months and years. While this process will be driven to some degree by the Medicare Part D prescription drug benefit taking effect in January 2006, MTM services are also increasingly valued by employers and other payers whose primary interests lie in the well-being of the employees working in their factories and offices and dependent family members covered under company policies.[1–7]

Following the late 2003 passage of the Medicare Prescription Drug Improvement and Modernization Act (MMA), many organizations and opinion leaders within pharmacy floated "definitions" for MTM and began conceptualizing programs that would provide such services under the Medicare Part D benefit. One of the common threads in the ensuing discussions was an imperative to clarify the issue and promptly provide a consensus MTM definition that could provide meaningful guidance to the Centers for Medicare and Medicaid Services (CMS) as regulations for MMA were promulgated. The expectations from within the pharmacy profession also were that this definition should be very comprehensive, one that would encompass MTM programs and services offered in all types of settings and situations. This posed a challenging dilemma for uniting a profession around the new service delivery model in a very short amount of time.

AT A GLANCE

Synopsis: Through the initiative of the American Pharmacists Association and the cooperation and dedication of 10 other national pharmacy groups, the profession coalesced quickly following the late 2003 passage of the Medicare Prescription Drug Improvement and Modernization Act to develop a consensus definition of medication therapy management (MTM) services. The act, in addition to creating a Medicare Part D prescription drug benefit, included provisions for coverage of medication therapy management services, and a definition and examples of such services and programs would assist federal regulators in drafting appropriate regulations governing the provision and reimbursement of MTM services. By expediently writing and approving the MTM consensus definition presented in this article, the pharmacy profession presented a united front at a critical juncture in the profession's history.

Analysis: *Development of a comprehensive definition that spelled out pharmacy's view on MTM services was especially critical since pharmacists were the only health care professionals mentioned in the act, but the law did not specify that pharmacists had to be the health professional providing these services. Thanks to the definition presented here, pharmacists are in a prime position to assure the success of collaborative practice efforts because of their accessibility to patients and physicians, access to resources needed to provide an advanced level of care, information management capabilities, motivation to expand care, and education and training ideal for providing patient-focused MTM services.*

Objectives

This article describes the events leading to development of a professionwide consensus definition of MTM and presents the document (definition and program criteria) resulting from the process.

Vision and Plan for MTM Services

Understanding the dilemma and the imperatives involved in this situation, the American Pharmacists Association (APhA) made an early decision to take the lead and play a coordinating role in assisting the profession in defining MTM services. APhA made several commitments related to this role, specifically that it would seek input from all practice segments, remain transparent in the process, ensure that the profession defined a practical and viable framework, establish a consistent platform for communication about the definition and regulatory language change, and pursue efforts for effectively operationalizing MTM services.

To address the formidable challenge of achieving professional consensus on a practical and viable MTM definition, APhA established three core objectives:

1. To ensure that the MTM definition was inclusive of the types of services and programs that are or can be provided in diverse pharmacy practice segments
2. To include in the MTM document a description of examples of services that can be implemented by a majority of pharmacy practitioners
3. To engage all national professional pharmacy organizations in development of a consensus MTM definition that all would support and use as they worked for favorable regulatory language and needed changes in the health care delivery system

APhA first focused on the process through which a consensus definition could be developed. The Pharmacy Practice Activity

Classification (PPAC) represented a previously achieved professional consensus on such a scale, and the PPAC also provided a mechanism for mapping the MTM definition components to recognized pharmacy practice patient care activities. As a result, the decision was made to use the PPAC as the common reference point for starting and keeping the consensus-building effort on track. A Donabedian approach (structure, process, outcomes) was envisioned and created in April 2004 to describe the process (see Figure 1).

To successfully address all three core objectives and provide a starting point for 11 national pharmacy organizations to begin developing a consensus definition, APhA strongly believed that a working group of pharmacists from diverse backgrounds with an extensive knowledge of practice and the health care market (as it related to medication use) would be needed. Within APhA's leadership structure a relatively diverse group was already present, the APhA Strategic and Tactical Analysis Team (STAT) on Payment and Empowerment of Pharmacists. Those individuals along with a group of leaders and members from the APhA–Academy of Pharmacy Practice and Management and APhA–Academy of Pharmaceutical Research and Science were invited to participate in an MTM Services Working Group.

MTM Services Working Group Activities

The MTM Services Working Group (Table 1) convened at APhA headquarters in Washington, D.C., on May 2–4, 2004. Participants were invited to provide any materials they thought would be relevant beforehand.

Following a May 2 roundtable discussion in which each participant was asked to share his or her vision for MTM services, the group had a goal on May 3 of ensuring that all participants understood the perspectives that had been offered by all other members. The day began with a legislative update, a vision for improving medication therapy across the country, and a proposed approach for achieving that vision. Documents distributed before the meeting were reviewed and discussed, including the PPAC categories and the Pharmacist Provider Coalition's (PPC) *Essential Principles of Medication Therapy Management*.

The afternoon session included an in-depth dialogue about convergence of the clinical and business case scenarios for various MTM service delivery options in various practice settings. Using a "round the table" format, participants shared their perspectives, and the day concluded with the entire group appearing to be united around several core issues.

On May 4, with the collective group perspectives known to all, the MTM Services Working Group began the process of drafting an MTM services definition. This definition was later crosswalked with the PPAC to ensure consistency. Through tireless efforts of group members over the following 2 weeks, the draft definition was refined and completed through e-mail and telephone communications. The draft definition served as the starting point during the next phase of consensus building, involving 11 national pharmacy organizations.

Table 1. Members of APhA's Medication Therapy Management Services Working Group

STAT members
Bruce Canaday, PharmD, FAPhA, FASHP, BCPS, Wilmington, N.C.
Jannet M. Carmichael, PharmD, BCPS, Reno, Nev.
Dale B. Christensen, BPharm, PhD, Chapel Hill, N.C
Doug Hillblom, PharmD, Sacramento, Calif.
George O. Kitchens, BPharm, Tallahassee, Fla.
Patty Kumbera, BPharm, Des Moines, Iowa
Mike Pursel, BPharm, MBA, Kansas City, Mo.
David H. Schwed, BPharm, FACA, Mt. Laurel, N.J.
Ronald Taniguchi, PharmD, MBA, Honolulu, Hawaii
F. Randy Vogenberg, BPharm, PhD, Providence, R.I.
Winston Wong, PharmD, Baltimore, Md.
Academy leaders and members
Richard Baylis, CGP, FASCP, Buford, Ga.
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Dan Buffington, PharmD, MBA, Tampa, Fla.
Steven Carlisle, PharmD, BCPS, Bowie, Md.
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David Mott, PhD, Madison, Wis.
Larry Pedersen, BPharm, CPh, Palatka, Fla.
Anthony Provenzano, PharmD, CDE, Darien, Ill.
APhA staff
Susan Bishop
Ben Bluml
Anne Burns
Lisa Geiger
Diane Goyette
Ruby Singh

Abbreviations used: STAT, Strategic and Tactical Analysis Team; APhA, American Pharmacists Association.

Professionwide Consensus Conference

A total of 11 national pharmacy organizations were invited to participate in a Pharmacy Stakeholders Conference on MTM Services in Washington, D.C., on May 25, 2004. Delegates representing each organization are shown in Table 2.

John A. Gans, PharmD, APhA Executive Vice President and CEO, opened the meeting with welcoming remarks and set the stage for the day's activities by providing everyone with background on

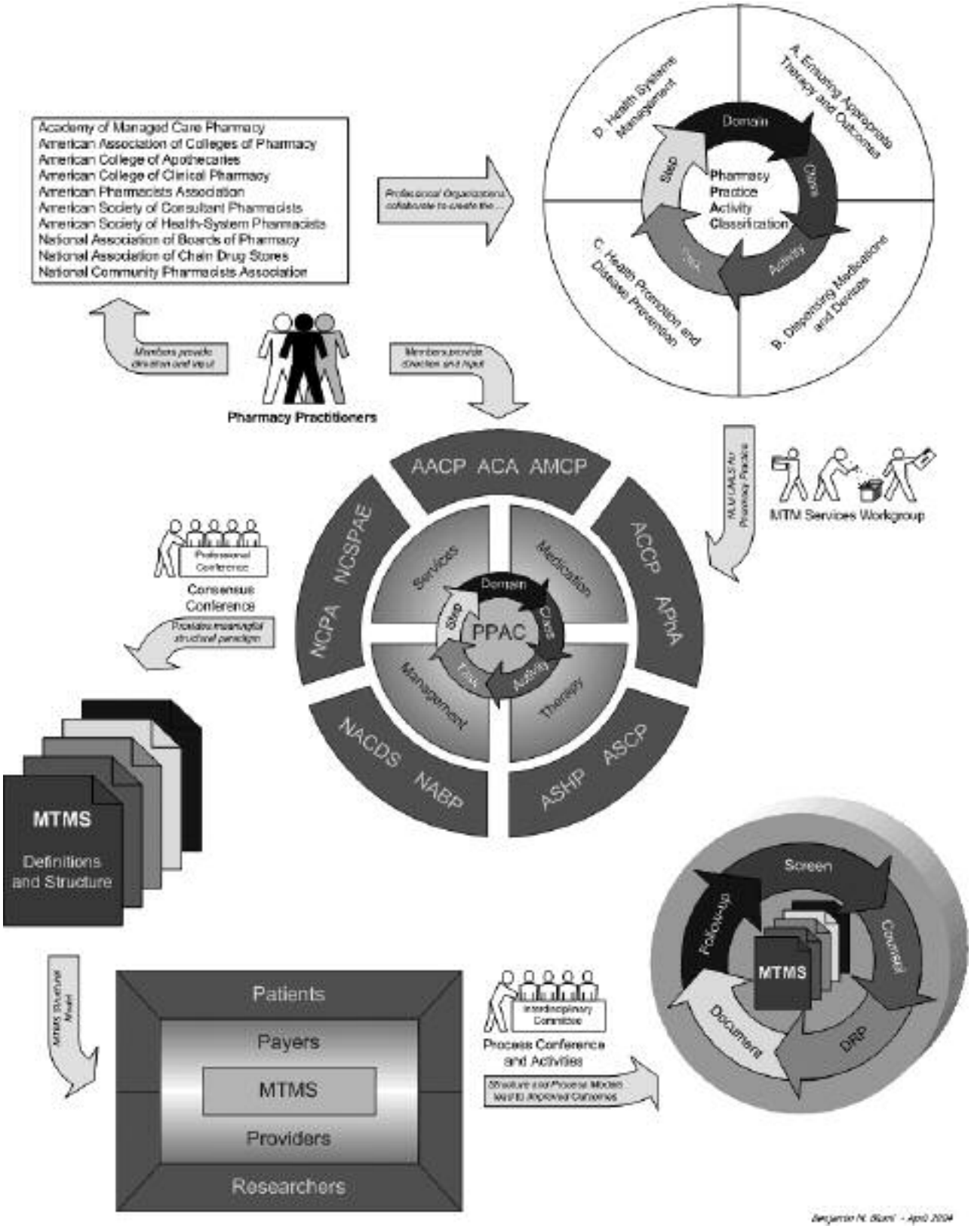

Figure 1. Defining and Implementing Medication Therapy Management Services Using the Pharmacy Practice Activity Classification

Table 2. Participating Organizations, Delegates, and Officers Who Approved Medication Therapy Management Definition

Organizations	Delegates	Executive Officers Who Approved Definition
Academy of Managed Care Pharmacy	Judith A. Cahill, CEBS Alexandria, Va.	Judith A. Cahill, CEBS Executive Director
	William Hermelin, JD Alexandria, Va.	
American Association of Colleges of Pharmacy	Anne Y. F. Lin, PharmD Glendale, Ariz.	Lucinda L. Maine, PhD Executive Vice President
American College of Apothecaries	David H. Schwed, BPharm, FACA Mt. Laurel, N.J.	D. C. Huffman, Jr., PhD, FCCP Executive Vice President
	Nelson Showalter, BPharm Broadway, Va.	
American College of Clinical Pharmacy	John A. Bosso, PharmD, BCPS Charleston, S.C.	Michael S. Maddux, PharmD, FCCP Executive Director
	Mary Roth PharmD, MHS Chapel Hill, N.C.	
American Pharmacists Association	Daniel Herbert, BPharm Richmond, Va.	John A. Gans, PharmD Executive Vice President and CEO
	Susan C. Winckler, BPharm, JD Washington, D.C.	
American Society of Consultant Pharmacists	Thomas R. Clark, BPharm, MHS Alexandria, Va.	John Feather, PhD, CAE Executive Director
	John Feather, PhD, CAE Alexandria, Va.	
American Society of Health-System Pharmacists	Todd W. Nesbit, PharmD, BCPS Baltimore, Md.	Henri R. Manasse, Jr., PhD, ScD Executive Vice President and Chief Executive Officer
	William A. Zellmer, MPH Bethesda, Md.	
National Association of Boards of Pharmacy	Eleni Z. Anagnostiadis, BPharm Bethesda, Md.	Carmen A. Catizone, BPharm, MS, DPh Executive Director/Secretary
National Association of Chain Drug Stores	Rebecca Chater, BPharm, MPH, FAPhA Asheville, N.C.	Craig L. Fuller President & CEO
	John Coster, BPharm, PhD Alexandria, Va.	
National Community Pharmacists Association	Patty Kumbera, BPharm Des Moines, IA	Bruce T. Roberts, BPharm Executive Vice President & CEO
	Holly Whitcomb Henry, BPharm, BCPS Seattle, Wash.	
National Council of State Pharmacy Association Executives	Cheryl Clarke, BPharm, CDM West Des Moines, Iowa	Rebecca P. Snead, BPharm Administrative Manager
	Rebecca P. Snead, BPharm Richmond, Va.	

the primary goals and objectives of the MTM effort, the nature of the challenge facing the profession, and APhA's commitment to input from all practice segments, transparency in the process, and consistency with unified efforts around the definition going forward.

This was followed by a series of presentations designed to provide a foundation for group discussions:

- Keynote Address—Medication Therapy Management Services (Mark Hayes, BPharm, Senate Finance Committee Staff)
- The Process of Defining Medication Therapy Management Services (Lisa M. Geiger, then APhA Director, State and Federal Policy and Benjamin M. Bluml, BPharm, APhA Foundation Vice President, Research)
- Integrating Payment into the Medical Model (Dan Buffington, PharmD, Director, Clinical Pharmacology Services, Inc., and the profession's representative to the American Medical Association's Healthcare Professionals Advisory Committee)
- Presentation of Working Group MTM Services Draft Definition (Michael D. Hogue, PharmD, McWhorter School of Pharmacy, Samford University)

Key concepts presented from the Working Group discussions were: (1) MTM is a distinct service or group of services that can occur in conjunction with or independent of the provision of a drug product, (2) MTM encompasses a broad range of professional activities and responsibilities, and (3) MTM programs should include a core set of considerations to provide value to key stakeholders in the health care delivery system.

Following the presentations, each organization was asked to provide perspectives on MTM services in an effort to ensure that all participants were fully informed about the entire scope of issues. The ensuing dialogue involved a wide range of topics across the spectrum of pharmacy practice. Universal agreement was achieved quickly that the definition needed to be broad, that the profession needed to set the standards that a provider must meet when delivering the service, and that all licensed pharmacists should be able to provide these services at some level. The afternoon was spent revising the draft definition. Consensus was on the horizon, but further work was needed as the meeting ended. The participants committed to continuing the work after the meeting.

Achieving Consensus

Now that 11 national organizations had a revised draft definition, the goal was to develop language that was acceptable to every organization. Achieving consensus with such organizational diversity presented a daunting challenge but in the end would add immeasurable strength to the final document. Each of the organizations contributed extensive staff and volunteer time during the ensuing weeks to circulate, comment on, and continue to refine the definition in an effort to achieve consensus. Through several teleconferences and volumes of e-mail and telephone communications, the participants from each of the respective organizations finally agreed upon language that could be forwarded for each organization's formal approval. By July 27, 2004, approval for the consensus definition (Appendix I) had been received from chief executives of all 11 organizations (Table 2).

Creating a Preferred Future

Effective management of medication therapy requires a dedicated health care team whose members—including physicians, pharmacists, nurses, and others—collaborate to ensure that patients understand their condition, level of risk, diagnostic results, and treatment and goals, as well as comprehend the amount of control they personally exert over their condition and its outcomes. Pharmacists are in a prime position to assure the success of collaborative practice efforts because of their accessibility to patients and physicians, access to resources needed to provide an advanced level of care, information management capabilities, motivation to expand care, and education and training ideal for providing patient-focused MTM services.

A significant number of contemporary research efforts to date have demonstrated the value that pharmacists can add in the health care delivery system. These include empowering patients, increasing collaboration, enhancing safety, improving outcomes, and reducing total costs for care over time.[1–7] This also coincides with a great transformational wave that is underway in the pharmacy profession as pharmacists increasingly add more clinical service delivery components to their practices. Through the extraordinary efforts of the numerous organizations and participants during the spring and summer of 2004, the MTM Services Definition is one that is applicable within diverse pharmacy practice segments, whose services are feasible for a majority of practitioners to implement, and whose elements are supported by a professionwide consortium of 11 national professional pharmacy organizations. While this is a historic achievement for the profession, it is also just the first step on a journey to find the best ways to effectively deliver MTM services to the patients we serve.

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Appendix I. Medication Therapy Management Services: Definition and Program Criteria

Medication Therapy Management is a distinct service or group of services that optimize therapeutic outcomes for individual patients. Medication Therapy Management services are independent of, but can occur in conjunction with, the provision of a medication product.

Medication Therapy Management encompasses a broad range of professional activities and responsibilities within the licensed pharmacist's, or other qualified health care provider's, scope of practice. These services include but are not limited to the following, according to the individual needs of the patient:

a. Performing or obtaining necessary assessments of the patient's health status

b. Formulating a medication treatment plan

c. Selecting, initiating, modifying, or administering medication therapy

d. Monitoring and evaluating the patient's response to therapy, including safety and effectiveness

e. Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events

f. Documenting the care delivered and communicating essential information to the patient's other primary care providers

g. Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications

h. Providing information, support services, and resources designed to enhance patient adherence with his/her therapeutic regimens

i. Coordinating and integrating medication therapy management services within the broader health care management services being provided to the patient

A program that provides coverage for Medication Therapy Management services shall include:

a. Patient-specific and individualized services or sets of services provided directly by a pharmacist to the patient.[a] These services are distinct from formulary development and use, generalized patient education and information activities, and other population-focused quality assurance measures for medication use.

b. Face-to-face interaction between the patient[a] and the pharmacist as the preferred method of delivery. When patient-specific barriers to face-to-face communication exist, patients shall have equal access to appropriate alternative delivery methods. Medication Therapy Management programs shall include structures supporting the establishment and maintenance of the patient[a]–pharmacist relationship.

c. Opportunities for pharmacists and other qualified health care providers to identify patients who should receive Medication Therapy Management services.

d. Payment for Medication Therapy Management services consistent with contemporary provider payment rates that are based on the time, clinical intensity, and resources required to provide services (e.g., Medicare Part A and/or Part B for Current Procedural Terminology [CPT] and Resource-Based Relative Value Scale [RBRVS]).

e. Processes to improve continuity of care, outcomes, and outcome measures.

—Approved July 27, 2004, by the Academy of Managed Care Pharmacy, the American Association of Colleges of Pharmacy, the American College of Apothecaries, the American College of Clinical Pharmacy, the American Society of Consultant Pharmacists, the American Pharmacists Association, the American Society of Health-System Pharmacists, the National Association of Boards of Pharmacy,[b] the National Association of Chain Drug Stores, the National Community Pharmacists Association, and the National Council of State Pharmacy Association Executives.

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[a]In some situations, Medication Therapy Management services may be provided to the caregiver or other persons involved in the care of the patient.
[b]Organization policy does not allow the National Association of Boards of Pharmacy to take a position on payment issues.