Utah Department of Health & Human Services

Comprehensive Medication Management Services encounter guidance

Introduction

In general, a key difference between Medication Therapy Management (MTM) and Comprehensive Medication Management (CMM) is the degree of access of clinical patient information available to the pharmacist. MTM services are usually provided by pharmacists who may not have access to provider chart notes, including patient lab results, and who primarily rely on a comprehensive medication list. In contrast, CMM can be performed at outpatient health systems/clinics where the ambulatory care pharmacist has access to patient labs, provider chart notes, and other clinical test results. Thus, CMM can potentially result in a more comprehensive clinical evaluation of the patient's medications compared to MTM services. Pharmacists that provide CMM are expected to generate a patient summary report and a provider summary report after a CMM encounter, similar to the MTM format.

Purpose

The purpose of this document is to provide guidance to pharmacists in ambulatory care settings enrolled with Utah Medicaid on how to provide CMM to the patient.

I. Comprehensive Medication Management guidance

This section was developed based on Alliance for Integrated Medication Management (AIMM) The Patient Care Process for Delivering Comprehensive Medication Management (CMM) guidance with modification to fit the needs of Utah community-based and ambulatory care pharmacists.

Table 1: Patient care process for delivering CMM

Essential functions	Operational definitions
1) Collect and analyze information The pharmacist assures the collection of the necessary subjective and objective information about the patient and is responsible for analyzing information in order to understand the relevant medical/medication history and clinical status of the patient.	1a. Conduct a review of the medical record to gather relevant information (e.g., patient demographics, active medical problem list, immunization history, admission and discharge notes, office visit notes, laboratory values, diagnostic tests, medication lists). 1b. Conduct a comprehensive review of medications and associated health and social history with the patient. You or a member of the interdisciplinary health care team member should: • Inquire as to whether the patient has any questions or concerns for the visit. • Review social history (e.g., alcohol, tobacco, caffeine, other substance use). • Review social determinants of health relevant to medication use (e.g., can the patient afford his/her medications, does the patient's education level, housing arrangements, or means of transportation

	affect his/her ability to use medications as intended). ● Review past medication history, including allergies and medication adverse effects. ● Obtain and reconcile a complete medication list that includes all current prescription and nonprescription medications, as well as complementary and alternative medicine the patient is taking (e.g., name, strength and formulation, dose, frequency, duration). ● Review the indication for each medication. ● Review the effectiveness of each medication. ● Review the safety of each medication. ● Review the patient's adherence to his/her/their medications using available resources (e.g., ask the patient about adherence to each of his/her/their medications, claims data, pharmacy fill history). ● Review the patient's medication experience (e.g., beliefs, expectations, and cultural considerations related to medications). ● Determine the patient's personal goals of therapy. ● Review how the patient manages his/her/their medications at home (e.g., independently or with help, pill boxes, calendars,reminders). ● Gather any additional information that may be needed (e.g., information from physical assessment and/or review of systems, home monitored blood glucose readings, blood pressure readings, and/or relevant laboratory parameters). 1c. Analyze information in preparation for formulating an assessment of medication therapy problems.
2) Assess the information and formulate a medication therapy problem list The pharmacist assesses the information collected and formulates a problem list consisting of the patient's active medical problems and medication therapy problems in order to prioritize recommendations to optimize medication use and achieve clinical goals.	2a. Assess and prioritize the patient's active medical conditions taking into account clinical and patient goals of therapy. 2b. Assess the indication of each medication the patient is taking by considering the following: ● Does the patient have an indication for the medication? ● Is the medication appropriate for the medical condition being treated? ● Does the patient have an untreated medical condition that requires therapy, but is not being treated or prevented?

	2c. Assess the effectiveness of each medication the patient is taking by considering the following: ● Is the patient meeting clinical goals of therapy? ● Is the patient meeting overall personal goals of therapy? ● Is the most appropriate drug product being used for the medical condition? ● Is the dose, frequency, and duration appropriate for the patient? ● Do additional labs need to be obtained to monitor the effectiveness of the medication therapy? 2d. Assess the safety of each medication the patient is taking by considering the following: ● Is the patient experiencing an allergy or adverse effect from a medication? ● Is the dose too high for the patient? Is the frequency and duration appropriate for the patient? ● Do safer alternatives exist? ● Are there any pertinent drug-disease, drug-drug, or drug-food interactions? ● Do additional labs need to be obtained to monitor the safety of the medication therapy? 2e. Assess adherence of each medication the patient is taking by considering the following: ● Is the patient receiving the most affordable option to optimize adherence? ● Is the patient able to obtain his/her medications, and, if not, why? ● Are the medications taken at times during the day that are convenient for the patient? ● Is the patient taking the medications as prescribed/instructed or missing doses? ● If the patient is not taking as instructed or missing doses, why? ● Is the frequency and formulation appropriate for the patient to optimize adherence? 2f. Formulate a medication therapy problem list, see page 11. 2g. Prioritize the patient's medication therapy problems.
3) Develop the care plan	3a. Develop a care plan in collaboration with the patient to address the identified medication therapy problems.

The pharmacist develops an individualized, evidence-based care plan in collaboration with the patient or caregiver and other health care providers.	3b. Identify the monitoring parameters important to routinely assess indication, effectiveness, safety, and adherence. 3c. Review all medication lists to arrive at an accurate and updated medication list. 3d. Determine and coordinate who will implement components of the care plan (i.e., patient, other health care provider). 3e. Determine the type of follow-up needed. 3f. Determine the appropriate timeframe for patient follow-up. 3g. Determine the appropriate mode for follow-up (e.g., in person, electronically, by phone).
4) Implement the care plan The pharmacist implements the care plan in collaboration with the health care team and the patient or caregiver.	4a. Discuss the care plan with the patient. 4b. Ensure patient understanding and agreement with the plan. 4c. Provide personalized education to the patient on his/her/their medications and lifestyle modifications. 4d. Provide the patient with an updated, accurate medication list. 4e. Implement those recommendations that you as the clinical pharmacist have the ability to implement (if there is CPA in place for ambulatory care pharmacist). 4f. Communicate the care plan to the providers. 4g. Document the encounter in the electronic health record (e.g., summary of relevant patient information, assessment, and plan, including rationale, monitoring, and follow-up). 4h. Arrange patient follow-up. 4i. Communicate instructions for follow-up with the patient.

5) Follow-up and monitor The pharmacist provides ongoing follow-up and monitoring to optimize the care plan and identify and resolve medication therapy problems, with the goal of optimizing medication use and improving care.	5a. Provide targeted follow-up and monitoring (e.g., in person, electronically, or via phone), where needed, to monitor response to therapy and/or refine the care plan to achieve patient and clinical goals of therapy. Targeted follow-up includes, but is not limited to, quick check-ins to assess general status of care, monitor blood sugar or blood pressure, adjust insulin, check INRs, provide education. 5b. Repeat a comprehensive medication management visit at least annually, whereby all steps of the Patient Care Process are repeated to ensure continuity of care and ongoing medication optimization. 5c. If the patient is no longer a candidate for CMM, ensure that a plan is in place for continuity of care with other care team members.

II. Patient and provider demographic information and patient medical history template

The template below may be used for documenting required patient and provider demographic/contact information, and past patient medical history as listed under the Documentation Requirements section on the Medication Therapy Management Services page.

Patient information	
Medicaid ID:	**Name:**
DOB:	**Address:**
Phone #:	**Gender:**
Name of legal representative receiving CMR on behalf of the patient (if patient is not able to give consent due to young age, physical or cognitive impairment):	**Legal representative's relation to the patient:**
Patient's or legal representative's signature of consent for MTM service:	**Date of consent:**
MTM pharmacist information	
Name:	**NPI:**
Phone #:	**Fax #:**
Address:	
Pharmacy/Facility/Clinic Name:	**Pharmacy/Facility/Clinic NPI:**

Primary care provider information	
Name and title:	**NPI:**
Phone #:	**Fax #:**
Address:	

Specialist provider information	
Name and title:	**NPI:**
Phone #:	**Fax #:**
Address:	

Date of encounter: _____
Location of patient if using telemedicine: _____
Date of CMR completion of documentation: _____
Time spent with the patient: _____

Patient's medical history

Medication allergies/intolerances:
Resolved medical condition(s):
Active medical condition(s):
Alcoholic drinks per day? (if applicable): **If the patient currently smokes, are they interested in smoking cessation?**

Other relevant objective information provided by the patient: (i.e., home BP/BG readings, recent lab values, barriers to medication adherence)

III. Patient MTM Summary Report

As stated in Part C of the Utah Medicaid Medication Therapy Management (MTM) policy document, MTM pharmacists must provide the patient a copy of the Patient MTM Summary Report immediately following the MTM encounter or sent by mail within 2 days after the encounter.

MTM providers who do not use/have access to an electronic MTM service documentation system should refer to the Medicare Part D Medication Therapy Management Program Standardized Format and Technical Instructions - Form CMS-10396, as a guide on how to generate each component of the Patient MTM Summary Report (e.g., Cover Letter, Recommended To-Do List or Care Plan, How to Safely Dispose of Unused Prescription Medications (optional), Medication List). The hyperlink contains useful information regarding component formatting and samples.

IV. Provider MTM Summary Report

Part C of the Utah Medicaid Medication Therapy Management (MTM) policy document requires that MTM pharmacists provide the patient's primary care provider and specialist provider (if necessary), a copy of the Provider MTM Summary Report via fax within 2 days after the encounter. The MTM pharmacist should make evidence-based recommendations to providers regarding the patient's care plan or recommended to-do list. Providers must be contacted by phone for all interventions that require immediate attention.

MTM providers who do not use/have access to an electronic MTM service documentation system must generate their own Provider MTM Summary Report template. An example of such a template is provided below.

V. Prescriber MTM Summary Report template

Patient name (first, last)	
Medicaid ID	
DOB (MM/DD/YYYY)	

Dear Provider,

Your patient, (full name) _____, is enrolled in and receiving Medication Therapy Management (MTM) services to help improve his/her/their medication adherence and health outcomes. MTM services are being administered by (facility name, NPI) _____.

Medication list	
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.

MTM visit summary
A comprehensive assessment of this patient's drug-related needs was conducted. The following are identified drug therapy problems and recommended solutions.

Drug therapy problem 1: Condition:
Drug therapy problem 2: Condition:
Drug therapy problem 3: Condition:

Allergies	
Medication	**Reaction**

Adverse drug reactions	
Medication	**Reaction**

MTM pharmacist name: _____

MTM pharmacist signature: _____

Pharmacist contact information (phone, email, fax):_____

Utah Medicaid Comprehensive Medication Management (CMM) problem tool

This guidance is developed according to the Pharmacy Quality Alliance (PQA)'s medication therapy problem framework to provide guidance and a standardized way of identifying MTPs during a MTM encounter.

Medication related needs	Medication therapy problem category	Medication therapy problem rationale
Indication	Unnecessary medication therapy	Duplicate therapy
		No medical indication at this time
		Non medication therapy more appropriate
		Addiction/recreational medication use
		Treating avoidable adverse medication reaction
	Needs additional medication therapy	Preventive therapy
		Untreated condition
		Synergistic therapy
Effectiveness	Ineffective medication	More effective medication available
		Condition refractory to medication
		Dosage form inappropriate
	Dosage too low	Dose too low
		Frequency inappropriate
		Incorrect administration
		Medication interaction
		Incorrect storage
		Duration inappropriate
	Needs additional monitoring	Medication requires monitoring
Safety	Adverse medication event	Undesirable effect
		Unsafe medication for the patient
		Medication interaction
		Incorrect administration
		Allergic reaction
		Dosage increase/decrease too fast
	Dosage too high	Dose too high
		Frequency inappropriate
		Duration inappropriate
		Medication interaction
	Needs additional monitoring	Medication requires monitoring
Adherence	Adherence	Does not understand instructions
		Patient prefers not to take
		Patient forgets to take
		Medication product not available
		Cannot swallow/administer medication
	Cost	More cost-effective medication available
		Cannot afford medication product

References

1) Alliance for Integrated Medication Management. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). 2020. https://aimmweb.org/wp-content/uploads/2020/09/CMM_Care_Process.pdf
2) Centers for Medicare and Medicaid Services. Medication Therapy Management. https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM
3) Pharmacy Quality Alliance (PQA). Medication Therapy Problem Categories Framework for PQA Measures. Last update: August 2017.