

ABC 2018: MEDICATION THERAPY MANAGEMENT (MTM) AWARENESS



CVD TREATMENT CHALLENGES

Comorbidities and other complications in CVD mean that **non-adherence** and **medication-related problems** have a huge clinical and economic cost for patients and the healthcare system:

\$9,000+

Current average per person/year cost of non-adherence in CVD specifically; rising patient out-of-pocket costs further exacerbate low non-adherence ^{1,2}

up to **1.5**

Number of medication-related negative outcomes occur in heart failure patients in a 6-month period ³

up to **98%** (community setting)*

CVD patients who face possible medication-related problems or possible adverse drug reactions ⁴

up to **81%** (hospital setting)**

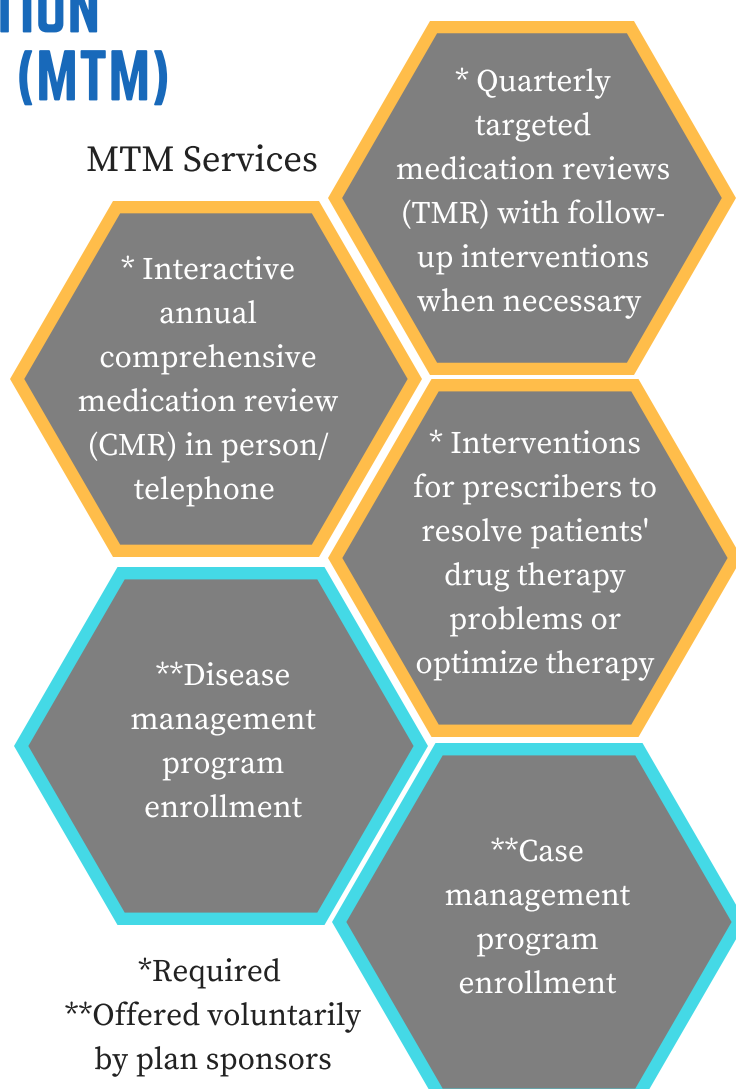
*Analysis of 3 articles show a range of 14.1% - 98.2% ⁴

**Analysis of 13 articles show a range of 17.2% - 81% ⁴

ONE SOLUTION: MEDICATION THERAPY MANAGEMENT (MTM)

MTM became a formal requirement for Medicare Part D over fifteen years ago. Broadly, it is a set of services for specific patients that seeks to “optimize therapeutic outcomes through improved medication use” and “reduce the risk of adverse events, including adverse drug reactions.” ⁵

MTM is an umbrella term that covers a number of services as shown in the figure on the right.



ELIGIBILITY CRITERIA

- **Part D MTM eligibility can vary by plan sponsor** but Medicare Advantage, Medicare PDP and elderly Medicaid patients with CVD who meet the following criteria often qualify ⁶:

✓ **3 + chronic diseases**

✓ **Multiple medications (7-8)**

✓ **Incur drug costs >\$3,919/year**

- ~25% of commercial plans nationwide offer MTM, although specific services and patient eligibility typically vary ⁷

CLINICAL BENEFITS OF MTM

50%
reduction in
CVD events and
CVD-related
hospitalizations ⁸

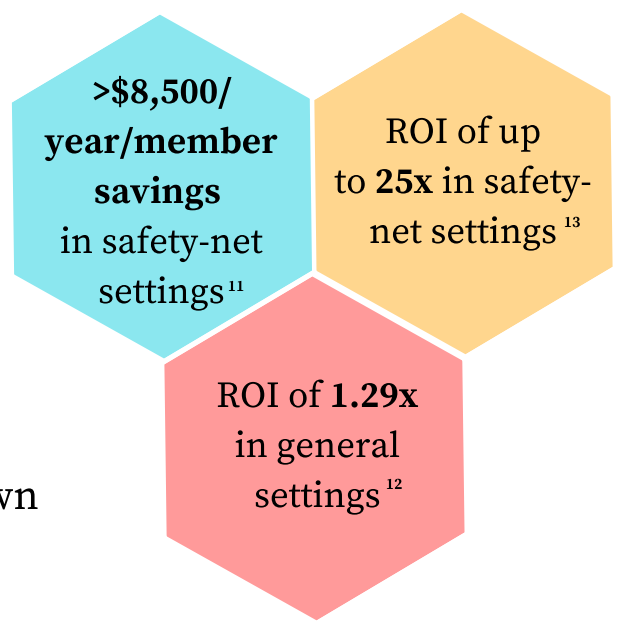
Various studies have shown MTM can lead to a **reduction** in ^{9,10}:

- Mortality rates
- Physician visits
- Unneeded prescriptions
- Emergency room visits
- Hospitalizations in multiple disease states

ECONOMIC BENEFITS OF MTM

Health plans, pharmacy benefit managers, and others concerned with health economics look to MTM to achieve ⁷:

- Patient satisfaction
- Improved quality ratings
- Cost savings for the system (as shown in the figure on the right)



PATIENT INPUT, UTILIZATION AND SATISFACTION WITH MTM

- Patients are becoming more familiar with MTM programs, but many do not take advantage of the program¹⁴
- Patient questions center around concerns about out-of-pocket costs and whether they can go to a familiar setting¹⁵
- Patients often look to physicians for support in accessing MTM¹⁵

Key fact: High satisfaction

Various satisfaction surveys find that up to **84-95%** of patients report MTM as valuable to their health^{12,16}

Key fact: Low participation

25% of Part D members estimated as eligible, however data since 2006 shows only a **10% MTM participation rate**¹⁷

OPPORTUNITY

The Association of Black Cardiologists (ABC) believes there is an important opportunity for cardiologists and other providers to collaborate and advance MTM to improve CVD outcomes for minority patients

- Physicians generally find MTM helps with patient outcomes ⁷:

“[MTM has] improved outcomes such as HEDIS scores, hospitalization rates, safety (drugs to be avoided in the elderly, ACEI/ARB use in patients with hypertension and diabetes, etc.), and clinical outcomes (LDL control, A1C control, medication adherence, etc.)”⁷

- Currently, blacks and other minorities have lower relative access to the benefits of MTM programs; studies show that providers play a big role in which patients are referred or choose to participate in MTM^{7,18}

ABOUT THE ABC MTM AWARENESS AND ENGAGEMENT PROGRAM

ABC will launch a regional in-person educational program in Fall 2018 in four cities for physicians, nurses, pharmacists and other stakeholders. The objective is to raise awareness and dialogue and help support more meaningful communications between providers about MTM. For more information or to request an invitation to a program in your area, please contact Katrese Phelps from the ABC at kphelps@abc cardio.org

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