

# MTM means fundamental change

By Geoff Walden

PHILADELPHIA – If pharmacy is to step up delivery of medication therapy management (MTM) it will have to transform itself, Kerr Drug director of clinical services Rebecca Chater said at an MTM conference here last month.

While traditional change is hard, “what we’re talking about is transformational change, which is a lot harder, and we must rise to the challenge,” Chater noted at the second annual such gathering, which was organized by the National Association of Chain Drug Stores and the American Pharmacists Association (APhA).

She said that while pharmacists can’t be expected to completely disrupt their work flow to provide MTM, steps can be taken to foster its delivery. Pharmacies should institute core MTM elements, including an annual comprehensive drug therapy review for patients as well as personal medication records. The records should list over-the-counter drugs and dietary supplements as well as prescription medications, and in between yearly assessments targeted reviews should address new drug problems and monitor established therapies.

The records, review and a “medication action plan” can be the basis of a variety of services, including immunizations, disease state management, case management, risk assessment, diabetes education and health screenings.

While MTM has become a familiar acronym, misconceptions persist that it is limited to Medicare patients and to community practice, she said. On the positive side, it has helped broaden the perception of pharmacists beyond drug dispensers, she said.

Now it is time to spread the word that the new practice is widely available, she added. “MTM delivery is not limited to a single population or a single payer. MTM is a broad umbrella.”

The unique qualifications of pharmacists to deliver MTM must also be emphasized, she noted. “Clinical practice is alive and well in community pharmacy, and growing. That is something that we all should relish. After all, look at where patients get their prescriptions filled. Look at the tremendous access points we have to better the lives of our patients.”

David Joffe, a clinical pharmacist at Sweetbay, said MTM must provide financial rewards as well as professional excitement.

Chater later noted that Kerr this year is designing a bonus plan for pharmacists practicing MTM.

The day-and-a-half event, called “Medication Therapy Management Services in Community Pharmacy: Building Process, Partnerships and Outcomes,” was introduced by NACDS Foundation president Phil Schneider and APhA president Winnie Landis.

“There is an increasing, highlevel awareness that our current system is not sustainable and that something must be done to change it,” Schneider said.

MTM can help shift the focus of health care to wellness and prevention “rather than waiting for the patient to become ill” which “all too often requires more expensive care,” he noted.

Schneider said that while the pharmacy community knows that patient-care services provided by pharmacists improve both clinical and financial outcomes, individuals outside the profession, including health care policy makers, “appear either unaware of the value that we contribute – or are unwilling to recognize it and assign a proper value to pharmacy services.”

“The potential positive impact that community pharmacy offers if our expertise was fully utilized on a national scale remains to be realized – in part because we need to do a better job of communicating our value,” he said.

To help address this issue, APhA and NACDS, with support from the NACDS Foundation and the National Community Pharmacists Association, are partnering on Project Destiny, he said.

The initiative is supported by pharmaceutical manufacturers Boehringer Ingelheim, GlaxoSmithKline, Pfizer, sanofi-aventis and Wyeth. The five companies, Schneider noted, “share a common vision for new practice models for community pharmacy.”

“Project Destiny, he said, “aims to develop new models for community pharmacy practices and reimbursement that are designed to position the pharmacist as the medication expert and the key provider of MTM services.”

Landis, a diabetes care pharmacist and Purdue University affiliate instructor of pharmacy practice for CVS Corp., said the profession is in the midst of “a time of challenge and unprecedented opportunity.”

“Now is the time to draw attention to the growing need in health care for pharmacists to assume the role of medication use experts and coaches, particularly through the provision of MTM services,” she said.

Calling MTM APhA’s No. 1 priority, she said the organization’s goal was to mainstream the practice with financially viable business models.

“MTM services have the potential to revolutionize the delivery of health care and the role of pharmacists in this country,” said Landis.

MTM both empowers patients to take a proactive role in their care and recognizes pharmacists' value, she said.

But fostering widespread adoption of MTM "is bigger than any one organization," she added. "Collaboration and partnerships are needed."

Conference moderator Jean Venable "Kelly" Goode, an associate professor in the department of pharmacy at the Virginia Commonwealth University School of Pharmacy, said collaboration from a number of key stakeholders as well as innovation and diligence from practicing pharmacists are needed to broaden MTM implementation.

She cited William Shedd's line that a ship in a harbor is safe, but that is not what ships are built for. Making the transition to widespread practice of MTM requires pharmacists "to move outside their comfort zone," Goode said. "Although the dispensing role may feel safe, pharmacists are highly trained professionals who have the knowledge and the skills to contribute so much more to our patients and society."