

Current content, delivery, and perceptions of comprehensive medication reviews in the United States

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Background

- Comprehensive medication reviews (CMRs), which are mostly delivered telephonically in the United States, are offered to eligible Medicare beneficiaries.
- Components CMRs should contain and the degree of heterogeneity in CMR delivery remain unclear.

Objectives

- Quantify and qualify trends in the peer-reviewed and grey literature describing telephonic CMR delivery and content via a scoping review.
- Characterize current CMR services with diverse stakeholders via semi-structured interviews.
- Assess CMR content and delivery from telephonic CMR providers via qualitative analysis of CMR calls.

Methods

- Scoping review: Four bibliographic databases for peer reviewed literature and three bibliographic databases for grey literature were searched from 2000 to April 2020. Key search terms included CMR, medication therapy management, telemedicine, plus synonyms. Two independent reviewers screened titles and abstracts and extracted data from included studies.
- Semi-structured interviews: Ten key informants were interviewed. Transcripts were analyzed by two independent researchers using the inductive saturation model and phenomenological approach to identify key themes.
- Qualitative analysis of CMR calls: 32 transcribed CMR interactions from three organizations were qualitatively analyzed by two independent researchers to identify key themes. Differences in codes between researchers were resolved through discussion with a third researcher.

Results: Key Informant Interviews

“[A CMR is] a comprehensive look at how patients are taking their medication; whether they’re taking the appropriate medications for the condition; optimizing the patient’s health by looking at drug-drug interactions, safety concerns, gaps in care, adherence, cost saving measures.” (Provider)

“The incentives out there for the industry, it’s around CMR completion; not necessarily ensuring that there are drug therapy problems being resolved. So, it’s more focused on quantity, and the rate of getting those completed... we’re still lacking the quality aspect of ensuring that the services are not ‘Check the box’.” (Provider)

Organizational goals

“Every year as part of their annual bid, each Part D sponsor is required to submit their MTM program, the parameters that they use for targeting enrollees”. (Standards-setting organization)

CMR definition

“[I] explain how they qualified for the service, why we’re calling them, what the expectation is, and ... how long it is going to take”. (Provider)

CMR content

“CMS really only requires one CMR offer per year”. (Standards-setting organization)

Eligibility

“We can run reports on a daily basis to see how we’re doing ... if it seems like our refusals are going up...we’ll talk to the vendor about that and often be able to drill down to see where it’s occurring”. (Payer)

CMR frequency

“As long as there is a licensed pharmacist with them [non-pharmacist personnel] to supervise them directly if they’re conducting a CMR, then we generally accept that as part of an MTM program”. (Standards-setting organization)

Acceptance & completion

“Right now, the only measurement of the value of a CMR is did it get done or it didn’t get done? And I think that’s devaluing the CMR...so, over the next five years, I think we’ve got to really address that issue”. (Provider)

CMR process & personnel

“If you spend a half hour working someone up and then you can’t engage with them, that’s a half hour wasted”. (Payer)

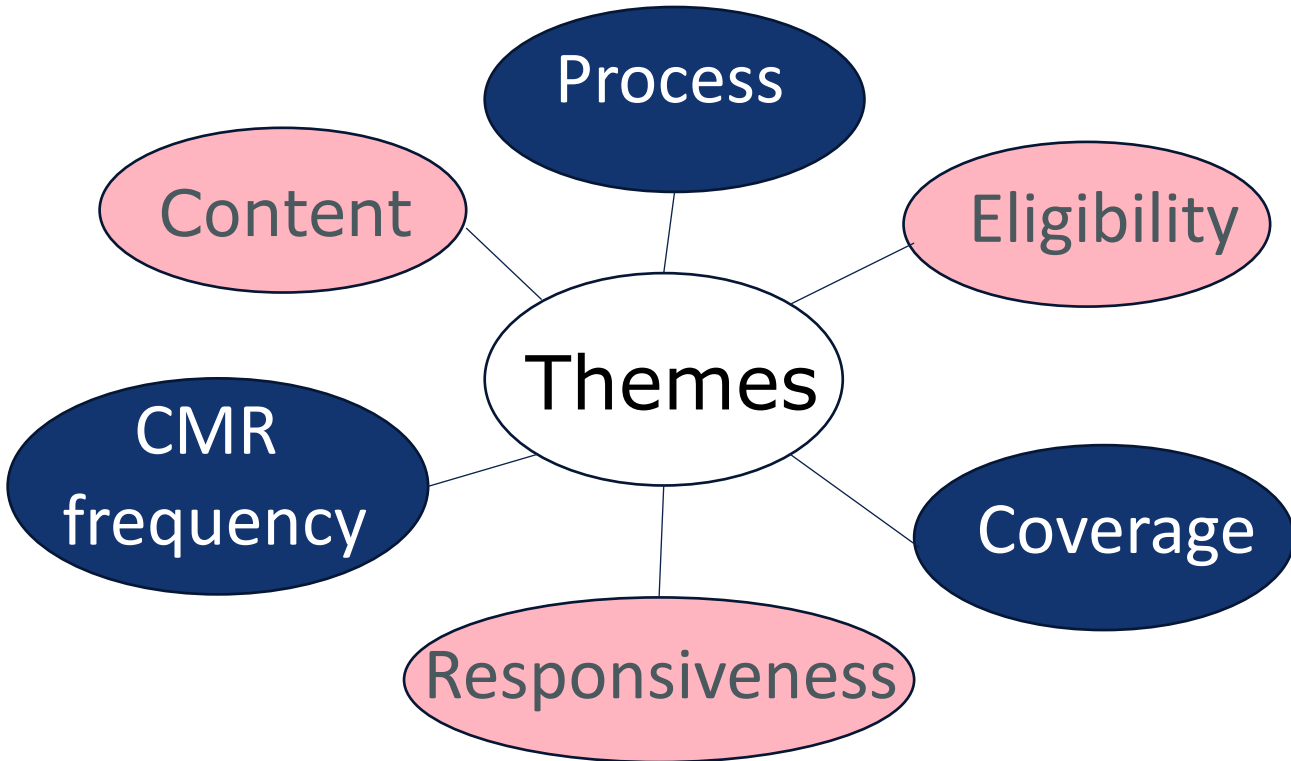
Quality assurance

“We have quality benchmarks that our team needs to meet, and it’s not just on the pharmacist. Every person who touches that patient is held to quality standards that we have very clearly identified, and we have a rubric to score them on that”. (Provider)

CMR preparation & training

Future directions

Results: Scoping Review



Results: CMR Transcripts

Stage 1: Call opening
➤ Service explanation ➤ Insurance coverage/cost ➤ Identity/privacy/recording ➤ Patient’s medication management
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Stage 2: Medication Reconciliation
➤ Drug name, dose, frequency, indication ➤ Medication deletion & addition ➤ Over the counter/vaccine assessment ➤ Drug efficacy assessment ➤ Prescribing provider assessment
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Stage 3: Clinical Assessments/Guidance
➤ Allergy assessment ➤ Drug therapy problem assessment ➤ Drug-related adverse events ➤ Medication modification
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Stage 4: Call closing
➤ Documentation ➤ Primary care provider confirmation ➤ Patient satisfaction ➤ Call transfer

Conclusions

- There is an increasing consensus for CMR content and purpose.
- CMR services largely met perceived guidelines and government/payer goals, with variation in value-add services.
- There is a need for standardization and patient-centered measures to ensure appropriate CMR components are covered, while maintaining flexibility for patient needs.