

What does the total value of Medication Therapy Management (MTM) look like?

Many patients receive care from several different providers and specialists. At the same time, an increasing number of conditions are treated with medication. Together, these two trends make MTM valuable for more patients than ever, and more valuable for pharmacist and payers.

Let's look at several patient profiles, and the difference MTM can make.¹

Patient Profile #1: 37-year-old female

With uncontrolled asthma, unresponsive depression, pain and nausea.

30-min MTM consultation identified five problem areas:

- One duplicate therapy
- Adherence: overuse of short-acting inhaler
- Omission of care: missing long-acting controller inhaler
- Omission of care: untreated disease state
- Suboptimal treatment of disease state

Medications		Other healthcare expenses ²	
\$2,905	18 current medications	\$24,511	Avoided asthma hospitalization* ³
\$188	Added three medications and discontinued one medication		
\$3,092	Total (annual revenue)	\$24,511	Total other healthcare expenses
		(\$3,092)	Medication costs
		\$21,419	Total potential savings²

* Asthma patients who receive MTM services are shown to be six times less likely to have an ER/hospital event.⁴

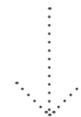
Result: No longer using a rescue inhaler as maintenance medicine; referred to a physician to restart depression medications; discontinuation of duplicate therapy.



Patient 1



Medication Therapy Management consultation



Improved asthma maintenance / avoided duplicate therapy

What does the total value of MTM look like?

Patient Profile #2: 47-year-old female

With history of asthma, diabetes, high blood pressure, overactive bladder, COPD, dyslipidemia, hypothyroidism, anxiety, bipolar disorder, chronic pain, depression, osteoporosis and ulcers; not currently vaccinated for flu or pneumonia.

30-min MTM consultation identified four problem areas:

- Drug-drug interaction
- Suboptimal management of disease state
- One duplicate therapy: two NSAIDs
- Omission of care: antiplatelet

Medications		Other healthcare expenses ²	
\$4,108	25 current medications	\$23,072	Avoided gastrointestinal bleed hospital stay ⁵
\$74	Added one medication and two vaccines	\$15,788	Avoided pneumonia hospital stay ³
(\$50)	Discontinued one medication		
\$4,132	Total (annual revenue)	\$38,860	Total other healthcare expenses
		(\$4,132)	Medication costs
		\$34,728	Total potential savings²

Result: Patient received two vaccines to prevent potential illness-related ER visits and/or hospitalizations; received asthma action plan to manage asthma exacerbations; educated patient on avoidance of duplicate NSAID therapy.



Patient 2



Medication Therapy Management consultation



Vaccinations / asthma action plan / avoided duplicate NSAIDs

Patient Profile #3: 54-year-old male

With history of angina, decompensated congestive heart failure (CHF), COPD, high blood pressure, dyslipidemia, diabetes, acid reflux and tobacco user.

30-min MTM consultation identified four problem areas:

- Non-adherence with two medications
- Omission in care: lack of ACE-I therapy
- Needed additional therapy
- Suboptimal therapy for disease state management

Medications		Other healthcare expenses ²	
\$1,072	12 current medications	\$10,900	Avoided CHF hospitalization* ⁶
\$261	Added/changed three medications and improved adherence with two medications		
\$1,333	Total (annual revenue)	\$10,900	Total other healthcare expenses
		(\$1,333)	Medication costs
		\$9,567	Total potential savings²

* Congestive Heart Failure patients who receive MTM services are shown to decrease the incidence of hospitalizations by 50 percent.⁷

Result: Increased adherence with medication therapies; addition of two new therapies; smoking cessation; improved optimal therapy for disease state management (CHF).



Patient 3



Medication Therapy Management consultation



Increased adherence / stopped smoking / improved treatments

What is the total value of an MTM consultation?

- For **patients**, it's a healthier, happier and more independent lifestyle
- For **pharmacists**, it's more than the reimbursements for MTM services: it's improved patient care, increased medication adherence and stronger customer loyalty
- For **payers**, it's ensuring the wellness of your members, as well as significant cost savings from medication adherence, reducing gaps in care and decreased ER visits and hospitalizations



88.6 percent of Comprehensive Medication Reviews **are not** completed today for CMS-eligible MTM patients⁸

How Cardinal Health can help

Today, far too few MTM cases are being completed. That's why we're here to help. As an extension of your team, our MTM Solution helps you expand patient care by delivering MTM cases to your eligible patients and members. We'll help you meet important medication adherence measures that affect CMS Star Ratings, and help ensure your patients have a thorough understanding of how, when and why they should take their medication.

To learn more, visit cardinalhealth.com/MTM or email mtm@cardinalhealth.com

Our network of expert, licensed pharmacists will:

- Perform Comprehensive and Targeted Medication Reviews with eligible patients and members
- Communicate interventions and resolve patient drug therapy problems and gaps in care
- Perform customized follow-up with patients and members
- Document and deliver a Personal Medication List (PML) and a personalized Medication Action Plan (MAP)
- Provide robust communication of results

1. Actual patient information used for illustrative purposes only.
2. Other healthcare expenses and total potential savings calculations are for illustrative purposes only. Values may vary based on each individual case.
3. Agency for Healthcare Research and Quality. Mean Expenses per Person with Care for Selected Conditions by Type of Service: United States, 2012. Medical Expenditure Panel Survey Household Component Data. Generated interactively. (October 14, 2014)
4. Bunting BA, Cranor CW. The Asheville Project: long-term clinical, humanistic, and economic outcomes of a community-based medication therapy management program for asthma. *Journal of the American Pharmacists Association*: JAPhA. Mar-Apr 2006;46(2):133-147.
5. Levit K (Thomson Reuters), Stranges E (Thomson Reuters), Ryan K (Thomson Reuters), Elixhauser A (AHRQ). *HCUP Facts and Figures, 2006: Statistics on Hospital-based Care in the United States*. Rockville, MD: Agency for Healthcare Research and Quality, 2008. <http://www.hcup-us.ahrq.gov/reports.jsp>
6. Pfunter A (Truven Health Analytics), Wier LM (Truven Health Analytics), Steiner C (AHRQ). *Costs for Hospital Stays in the United States, 2011*. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb168-Hospital-Costs-United-States-2011.pdf>.
7. Marrufo G, Dixit A, Perloth D, Montesinos A, Rusev E, Packard M. Medication therapy management in a chronically ill population: interim report. *Accumen, LCC*. January 2010; 1-102.
8. 2013 Part D Display Measure, DMD12 <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Performance-Data.html>

