

Emerging Trends: Medication Therapy Management (MTM)

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November 2, 2010



Agenda

- Background of MTM
 - Medicare Part D
- Why Retail? Why Now?
- Trends in MTM
- MTM in a Retail Setting
- Discussion



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CMS Steps In for Medicare Part D Patients

- Medicare Prescription Drug, Improvement and Modernization Act (MMA 2003)
 - Goal of MTM:
 - Improve patient's understanding of meds
 - Improve adherence
 - Detect ADEs, overuse and underuse
 - MTM programs are expected to:
 - Optimize therapeutic outcomes
 - Improve medication use including adherence
 - Reduce risk of poor outcomes
 - Reduce adverse drug interactions (biggest money saving element)
 - CMS cited *qualified* health care providers to provide MTM service and patients who should receive service

Empowering Patients Everyday through MTM

"Not only have I empowered patients on issues pertinent to their health by educating them during their MTM service, but also I've earned their respect as a pharmacist and medication specialist. The need for MTM is much larger than most patients and most health care providers, even many pharmacists, can comprehend."—Lisa Adams Padgett, PharmD, Kerr Drug

Medicare Facts

- Medicare beneficiaries with multiple illnesses:
 - See an average of 13 different physicians
 - Have 50 different prescriptions filled each year
 - Account for 76% of all hospital admissions
 - Account for 72% of physician visits
 - Are 100 times more likely to have preventable hospitalization than someone without a chronic condition

Source: Senate Special Committee on Aging, "The Future of Medicare: Recognizing the Need for Chronic Care Coordination, Serial No. 110-7, pp 19-20 (May 9, 2007)



Eye-Opening Medication Related Stats

Over 3.8 billion prescriptions filled annually¹... 12% don't fill, another 12% fill but don't take. Overall, two-thirds fail to take any or all of their prescriptions² 50% of Americans take medicines for chronic conditions.³ People with chronic conditions account for 83% of health care spending⁴ Over 60% of the time doctors fail to communicate critical medicine info⁵...Mention adverse effects 35% of the time, how long to take med 34% of the time⁵

Non-adherence results in an estimated 125,000 deaths annually⁶ Drives direct health care costs of over \$100 Billion annually⁷

Pharmacists can help close the gap! Historically they have lacked the systems, data, and business model.

¹"2008 Sees Significant Rise in Prescription Abandonment and Uptake of Generics." Wolters Kluwer, April 2009; ²"Statistics You Need to Know." American Heart Association, December 2009; ³ "Six Olympic Legends Battling Chronic Diseases Lead Revolution in Advancing Pharmacy Care." Press Release. MedcoHealth, 2007.; ⁴ Partnership for Solutions: Better Lives for People with Chronic Conditions, Robert Wood Johnson Foundation, 2006; ⁵ Tarn, Derjung, et. al, "Physician Communication When Prescribing New Medications," Archive of Internal Medicine. Sept. 2006; ⁶ "Adherence to a Drug Regimen." Merck. Nov. 2005.; ⁷ "Improving Medication Adherence. Challenge for Physicians, Payers, and Policy Makers." Archive of Internal Medicine, Sept. 2006.



Patient Benefits of MTM Counseling Services

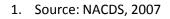
Medication Therapy Management is designed to provide patients with valuable Pharmacist expertise and personalized care.

- Safer Results—lowers the chance of adverse effects or dangerous drug interactions. Pharmacists can see how all the drugs that the patients are taking work together.
- Costs Savings—Pharmacists can assist in helping patients find lower costs alternatives to the drugs the patients are on.
- Education & Awareness—A patient medication record is provided.
 - May be shared with the patients' family members
 - May be shared with the patients' physician/s
 - May be shared in a hospital setting
- *Resource*—pharmacists are a resource and may answer questions about medications.



Why Retail Pharmacy? Why Now?

- Highly trusted by consumers, physicians
- Most accessible/convenient healthcare professionals¹
- Clinically trained, administratively savvy
- Focused (as a profession) on shifting from product dispensing to clinical patient services
- "New" convenient channel for member engagement



How MTM Services Differ From OBRA '90

OBRA '90 Requirement

- Where Occurs at point-of-dispense (some states require only for new medications)
- What Focus on specific topics regarding medication dosing and administration and side-effect mitigation
- How Advice and education provided in a single session at the pharmacy counter

Pharmacists use their discretion to determine the topics that they believe are significant to the patient

Optional interaction with physician if patient is non-adherent

Reasonable effort made to maintain patient records including address, phone, drug profile, interactions and allergies

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Occurs outside of the dispensing routine

Focus on broad range of medications looking at costs, safety and adherence

Highly interactive, protocol-driven services which may include multiple sessions with the patient through the following channels: phone, mail, face-to-face

Pharmacists expected to consistently follow a uniform intervention protocol

Pharmacist instructed to interact with physician when safety, cost, and adherence issues are identified

Must complete required document using documentation feature in MirixaPro^{s™} in order to authorize and bill the case



MTM Core Elements: APhA/NACDS 2.0

- Medication Therapy Review (MTR)
- Personal Medication Record (PMR)
- Medication-related Action Plan (MAP)
- Intervention &/or referral
- Documentation & follow-up

Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model Version 2, March 2008 http://www.pharmacist.com/AM/Template.cfm?Section=News_Releases2&CONTENTID=15496&TEMPLATE=/CM/ContentDisplay.cfm



Impact of MTM

- 98.2% of MTM programs in 2008 used pharmacists to provide their MTM services¹
- Recent analysis in JAPhA centered on pharmacists' role in improving patient health²
 - MTM interventions delivered through retail pharmacy have greater reduction in drug cost than other intervention methods



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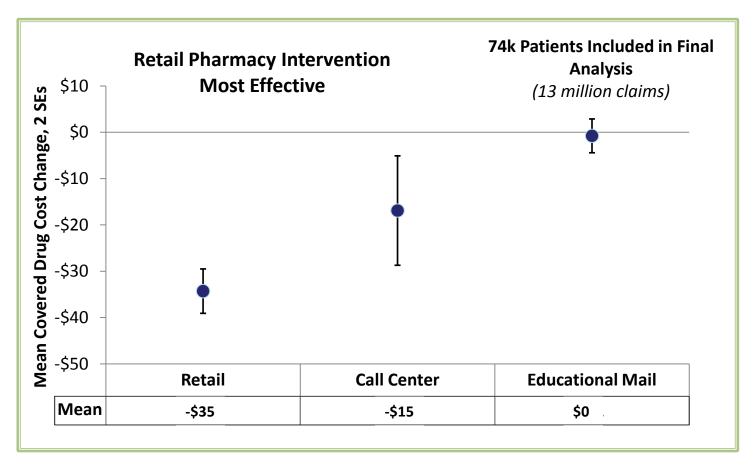
www.amaric.aspharmacist.na

¹ "Changes Ahead." <u>America's Pharmacist.</u> September 2009, pg 23.

² "Impact of drug cost and use of Medicare Part D of medication therapy management services, delivered in 2007." <u>Journal of American Pharmacist Association</u>. Nov/Dec 2009, pgs 813-820



MTM Analysis: Results Comparison



Covered Drug Cost = Ingredient Cost Paid + Dispensing Fee + Sales Tax

Covered Drug Cost Reduction = Post MTM 6m (PMPM) – Pre MTM 4m (PMPM)

Source: "Impact of drug cost and use of Medicare Part D of medication therapy management services, delivered in 2007." Journal of American Pharmacist Association. Nov/Dec 2009, pgs 813-820



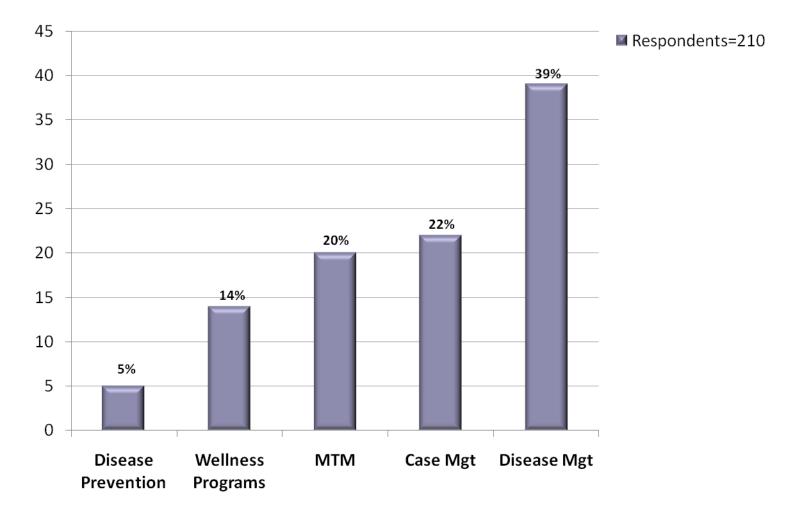
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Evidence that Pharmacist-Delivered Programs Work

Project	Findings
Asheville Project: Long-Term Clinical and Economic Outcomes of a Community Pharmacy Diabetes Care Program	 ↑ Glycemic control - improvement in HbA1C , from 33% to 67% within normal range ↑ Improvement in lipid levels (> 50% of pts) ↓ Total direct medical costs by \$1,200 to \$1,872 / yr (J Am Pharm Assoc. 2003)
Wishard Health Services Project (Indiana) targeting low income patients with CHF	 ↑ Medication adherence (68% to 79%) ↓ ER visits and hospitalizations (Annals of Int Med, 2007)
Walter Reed Hypertension Study	Medication adherence (61% to 96%) – sustained over time (vs. usual care) (JAMA, Dec 6, 2006)
Mirixa 2007 MTM Study	 Effectiveness of Face-to-Face Pharmacy programs vs. call center and letter programs Observed reduced prescription costs by \$34 PMPM (J Am Pharm Assoc, Nov/Dec, 2009)



Priorities: Where Managed Care Pharmacy rate MTM



Source: Adapted from Slide 37. FMCP, 3,726 managed care pharmacists surveyed , 210 responded via internet, August 2009.



How Prepared are Pharmacists to Provide MTM Services?

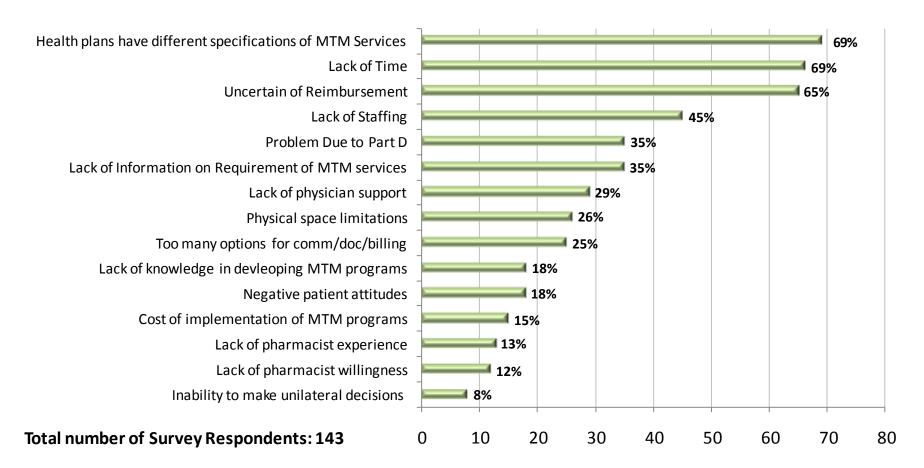
PREPAREDNESS	Agree/Stron gly agree (%)	DISAGREE/STRONGLY DISAGREE (%)	NOT SURE (%)
I feel I have enough clinical knowledge to provide MTM Services	95.7%	2.8%	1.4%
I feel I have enough clinical experience to provide MTM Services	90.1%	7.8%	2.1%
My Pharmacy is currently prepared to provide MTM services	77.1%	18.6%	4.3%
I think pharmacists in general are willing to provide MTM services	78.4%	17.3%	4.3%
Pharmacists have access to the information necessary to design appropriate MTM services	84.8%	13.1	2.2
Pharmacists should be involved in providing MTM services	99.3%	0.7%	0%

Source: Adapted from figure 1."Ready, Willing, and Able to provide MTM Services?: A survey of community pharmacists in the US." Law AV, et al. Res Social Adm Pharm. 2009;5(4):376-381



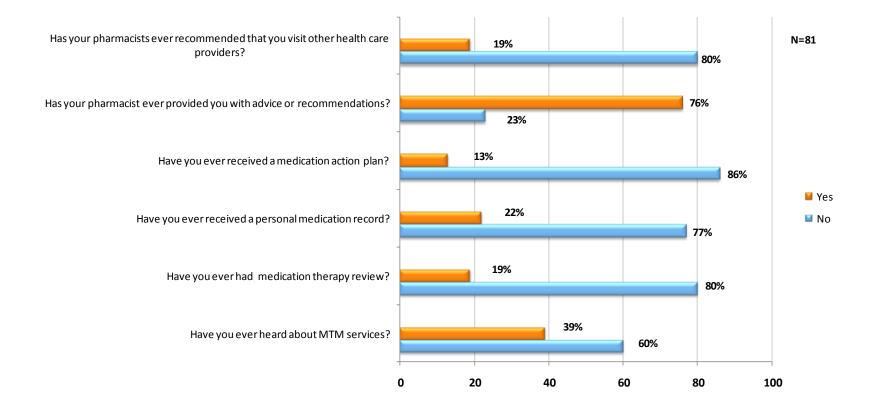
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Pharmacist's Perceived Challenges in Developing & Implementing MTM



Source: Adapted from figure 1."Ready, Willing, and Able to provide MTM Services?: A survey of community pharmacists in the US." Law AV, et al. Res Social Adm Pharm. 2009;5(4):376-381

General Patient Perceptions of MTM

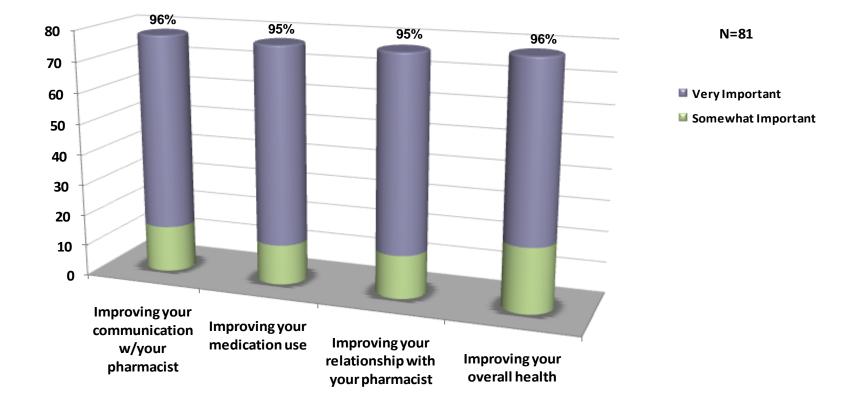


Source: Adapted from Figure 2. "Perceptions of patients on Medicare Part D medication therapy management services." Truong HA, et al. Journal American Pharmacist Association. 2009; 49 (3) 392-398



Patient Perceptions of MTM Benefits

Patient rate benefits of MTM "Somewhat" or "Very Important"



Source: Adapted from Figure 4. "Perceptions of patients on Medicare Part D medication therapy management services." Truong HA, et al. Journal American Pharmacist Association. 2009; 49 (3) 392-398



Successfully incorporating MTM services into your workflow

- Tap into student interns
- Delegate to Pharmacy Techs where appropriate
- Prepare in advance for the MTM encounter
- Maximize pharmacist's time
 - Schedule MTM sessions during low volume script filling time periods
- Stay on top of appointments
 - Remind patients about their MTM session



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Discussion



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Mirixa Company Overview

Key	Facts
Company Headquarters	Reston, Virginia
Technology Center	Emeryville, California
Parent Company	The National Community Pharmacists Association (NCPA)
Mirixa Company Status	For Profit Delaware Corporation
Number of Years in Business	5 years
Background of Key Employees	AOL, WebMD, Sage Software, ASCP
Mirixa's Customer Reach	International/ Domestic clientele*
Software-as-a-Service Model	Mirixa recognized in Gartner Publication**

Source: *Mirixa Press Releases 2008, 2009, 2010 **"Get the Right IT: Using Business Models." Gartner EXP CIO Signature, October 2007.

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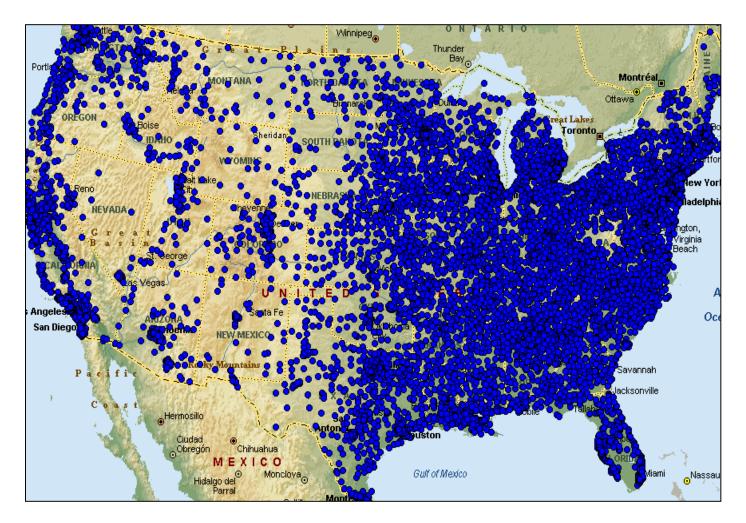
Mirixa's Offerings

Solutions	MTM Medication management for Part D and commercial lives	Formulary Alignment Formulary management to save \$ for health plans	Disease- Specific Programs Disease targeted education and Rx management	Adherence Assist targeted patients with staying on therapy
Assets	The MirixaPro™ Platform	Pharmacy's	clinical software suit	e delivered on
A33613	Pharmacy Network	Over 40,000) contracted pharmad	cies
Analytics	Mirixa Analytics	 Patient ider Program an 	ntification and qualificalist	cation



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Mirixa Contracted Pharmacy Network



Over 40,000 contracted pharmacies

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A Unique Delivery Platform

What is the MirixaPro[™] Platform

 The MirixaPro web-based clinical platform for pharmacy streamlines and systemizes the delivery of data-driven, protocol-based patient care services

How the MirixaPro Platform Works

 The MirixaPro platform allows pharmacies to deliver multiple programs, each configured distinctly, using a single, easy-to-use interface and common workflow pattern

What Pharmacies Can Do with the MirixaPro Platform

- Receive pre-qualified "pushed" cases, including patient-specific information
- Consistently implement program protocols
- Deliver patient education materials
- Capture patient insights and document program results
- Get compensated for professional services



Mirixa Pro Platform

Mirixa Pro	м		My Account Admin Tools	<u>Training and Support</u> <u>Sign Out</u> Pharmacy: Jack's Pharmacy
	Home	Cases Calendar	Programs	
Home				
Case Summary			- 0	What's New
🕪 <u>New</u>	2			New MirixaPro Enhancements
🕪 <u>In Progress</u>	2		1.00	New MirixaPro SM improvements
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		e worked, pres	poard Page ents new program opp rces and publishes pro	. ,
Note: All patients show	n in demo are fictit	ious and part of the Mirix	aPro platform training environment.	N /
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Pharmacy Care Services at Retail: Overcoming the Historic Challenges

Historic Challenges...

- Disparate programs without a common framework or system
- Operational requirements placed on pharmacy to participate
- No systematic way to engage a broad and deep network on behalf of a program sponsor to drive quality at scale

Require New Solutions...

- Common yet adaptable framework
- Systematic, data-driven approach
- Scalable deployment model
- Reduced adoption barriers
- Policy-driven SLAs, performance monitoring
- Integrates with workflow and staffing in a variety of settings

That Promote Innovation

- Programs must be able to vary (and compete) based on...
 - Clinical design
 - Behavioral design
 - Reach/frequency
 - Outreach modalities
 - Content quality
 - Documentation
 - Follow up
 - Evaluation design

