



COMPLETED GRANT SYNOPSIS

## Integrating Medication Therapy Management (MTM) Services Provided by Community Pharmacists into a Community-based Accountable Care Organization (ACO)

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Objectives	
1) Ensure service level expectations of MTM services provided by community pharmacists for SPCC	
attributable Medicaid recipients,	
2) Prepare and equip pharmacists to function effectively in SPCC community-based healthcare teams, and,	
3) Integrate the electronic documentation of community pharmacists providing MTMS into the SPCC Health	
Information Technology (HIT) infrastructure.	
Methods	
Design	• This was a 26 month feasibility study conducted at the request of, and in collaboration with, SPCC as part of the Centers for Medicare & Medicaid Services – State Innovation Models (SIMs)
	initiative in Minnesota
	• A quality improvement program evaluation methodology was used to determine the feasibility of
	integrating MTM services provided by pharmacists into community-based healthcare teams,
	including access and operability within a medical records platform across SPCC providers
Study	• Number of pharmacists credentialed by the State of Minnesota Department of Human Services and
endpoints	the MedEdgeRx Network to provide MTM services
	Number of SPCC MTM Medicaid recipient referrals
	Integration of community pharmacists providing MTM into the SPCC HIT architecture
Results	
• 22 pharmacists at 17 sites were credentialed to provide MTM services (15 community & 2 clinic pharmacies)	
• MTM pharmacists were integrated into new community-based care teams using modified TeamSTEPPS (Team	
Strategies and Tools to Enhance Performance and Patient Safety) training at a series of 4 SPCC workshops	
<ul> <li>Electronic communications between pharmacists and SPCC providers was achieved through a Direct Secure Messaging portal</li> </ul>	
• Although progress toward bi-directional HIT integration was impeded when the original SPCC HIT Integration	
Vendor went out of business, a secure electronic MTM referral system became functional at project conclusion	
as 32 SPCC recipients were referred for MTM in the last two months of the project.	
Conclusion	
Although extenuating challenges occurred when the original SPCC HIT Integration Vendor went out of business, the	
success of this project was attributable to the integration of pharmacists credentialed to provide MTM services into	
new community-based care teams supporting value-based reimbursement. This project provides community	
pharmacists with key steps for building and joining community care teams that will support new Medicare Access	
and CHIP (Children's Health Insurance Program) Reauthorization Act (MACRA) reimbursement strategies.	
Reimbursement for MTM services provided for SPCC attributable Medicaid recipients through the Minnesota	
Medication Therapy Management Care Law provided community pharmacists with a fee-for-value bridge to begin	
demonstrating contributions to better care and better health at lower cost in the CMS Quality Payment Program. At	
the conclusion of this project, an effective electronic communication and MTM referral system was activated, and	

consideration is being given to include SPCC MTM pharmacists in future SIM Program shared savings agreements.