

Medication Therapy Management: An Opportunity to Improve Health Outcomes, Star Ratings, and Medicare Advantage (MA) Performance

Presented By:

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Medication management market insights



RISE

Prescription drug use of U.S. adults ages 65 and older has increased¹

According to a recent study, the mean number of medications used per older adult has increased:

3.0 in 1999–2000

3.9 in 2004–2005

4.3 in 2017–March 2020

9 out of 10 adults aged 65 years or older take at least one prescription medication

“Polypharmacy” increased across those same time periods:

23.6% in 1999–2000

35.9% in 2004–2005

43.0% in 2017–March 2020

“Hyperpolypharmacy” increased from 1999–2000 through 2007–2008 from **1.8%** to **6.1%**

“Aging of the US population and increasingly common chronic conditions have led to growing reliance on the use of prescription medications.”

“During the same period, chronic conditions, such as diabetes and multimorbidity, increased, while at the same time, adverse drug events increased.”

1. U.S. Pharmacist. Older Americans Are Prescribed More Medications Than Ever. <https://www.uspharmacist.com/article/older-americans-are-prescribed-more-medications-than-ever>. July 2024.

Inappropriate medication utilization is common in older adults and can result in adverse outcomes

Inappropriate use²

Lack of care coordination and increased clinical complexity have been associated with the new prescribing of potentially inappropriate medications (PIM).

The use of PIMs is common in older adults and is associated with potential negative consequences, such as falls and cognitive decline

Polypharmacy prevalence³

Among adults aged 65 years and older

42% use five or more prescribed medications

18% use PIMs

Regular access to primary care providers (PCP) for medication reconciliation and deprescribing would be helpful to reduce polypharmacy

Risks of polypharmacy & PIMs³

While there are benefits, PIMs cause increased risk for adults aged 65 and older trying to manage multiple conditions.

- Adverse pharmacological interactions
- Increased hospitalizations
- Higher mortality
- Poor medication adherence

2. Jungu k, et al. BMC Geriatrics. Patient factors associated with new prescribing of potentially inappropriate medications in multimorbid US older adults using multiple medications. <https://bmgeriatr.biomedcentral.com/articles/10.1186/s12877-021-02089-x>. March 2021.

3. Nguyen K, et al. Springer Nature. Risk Factors Associated With Polypharmacy and Potentially Inappropriate Medication Use in Ambulatory Care Among the Elderly in the United States: A Cross-Sectional Study. <https://link.springer.com/article/10.1007/s40801-023-00358-2>. May 2023.

Medication adherence in older adults is a major health care challenge caused by multiple factors

Financial Issues⁴

23% of adults who take prescription drugs said it was difficult to afford their medication

8% said it was “very difficult”

When affordability is an issue, a patient may choose to take cost-cutting measures that are detrimental to their health

Medication Mismanagement & Misinformation⁵

Multiple prescription drugs, or more medications than necessary, and at different intervals throughout the day, go hand-in-hand with medication non-adherence in older adults

Providing adequate patient education can strongly influence an individual’s ability and willingness to adhere to medication instructions

Lack of Health Literacy⁵

When patients struggle to ask their healthcare provider the right questions or access information about their condition independently

4. Sparks G, et al. Kaiser Family Foundation. Public Opinion on Prescription Drugs and Their Prices. <https://www.kff.org/health-costs/poll-finding/public-opinion-on-prescription-drugs-and-their-prices/>. October 2024.

5. Georgetown University, School of Nursing. Improving Medication Adherence in Older Adults. <https://online.nursing.georgetown.edu/blog/improving-medication-adherence-in-older-adults/>. March 2022.4.

Medication Therapy Management Program (MTMP)

Objective according to CMS: Ensures optimum therapeutic outcomes for targeted beneficiaries through improved medication use and reduces the risk of adverse events⁶

MTM overview

Required for all MA and Part D plans for a subset of eligible beneficiaries

Annually, Sponsors must submit a MTMP description to CMS for review so bids can be developed for the upcoming contract year

Paid out of administrative funds and cover all costs of managing and administering the Part D plan

Impact to Star Measures:

- Part D - MTM Program Completion Rate
- DSNP - Care for Older Adults (COA) - Medication Review

MTM member eligibility for 2024

- 3 or more chronic diseases, including: Alzheimer's disease, hypertension, diabetes, chronic heart failure, mental health
- Taking 8 or more chronic/maintenance (Part D) drugs
- Likely Part D medication costs of \$5,330 or more in 2024

OR

Qualified for the Drug Management Program because member is taking an opioid medication prescribed by more than 1 healthcare provider and/or using more than 1 pharmacy

OR

Had a drug-related hospital visit in the last 12 months and have been prescribed an opioid in the last 6 months

MTM Program Components

1. **Comprehensive medication review (CMR)** - interactive, person-to-person, or telehealth consultation performed by a pharmacist or other qualified provider for the beneficiary with an individualized, written summary in CMS' standardized format
2. **Quarterly targeted medication review** with follow-up interventions when necessary.
3. **Interventions** for beneficiaries and prescribers initiated to close gaps. (e.g., prescription fill reminders, general therapy education, mailers with information about their benefit, case management or disease management referrals, etc.)

6. Centers for Medicare & Medicaid Services. Medication Therapy Management. <https://www.cms.gov/medicare/coverage/prescription-drug-coverage-contracting/medication-therapy-management>. Accessed November 2024.

Improve medication adherence to improve Star Ratings, competitiveness, and overall plan profitability

CMS Star Ratings Medicare Advantage Prescription Drug (Part D) Plans earning 4.0 Stars or higher⁷

2022 **70%**

2023 **51%**

Medication adherence is a “force multiplier”⁷

Triple-weighted medication adherence measures

Cascading impact to related

- Healthcare Effectiveness Data and Information Set (HEDIS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures

Catastrophic coverage

Starting in 2025, Medicare Part D plans will have a \$2,000 cap on out-of-pocket spending for covered drugs

Impact on health outcomes and costs⁸

Members who miss adherence quality measures have increased risks of health care resource utilization and increased costs

Adherence to quality measures may reduce inpatient stays and ED visits by **21% to 50%** and may reduce total health care costs by **11% to 13%**

7. Rose, Jason Z. The American Journal of Managed Care. Contributor: Medication Adherence Is a “Force Multiplier” for Medicare Advantage Profitability, Enrollment, Star Ratings. <https://www.ajmc.com/view/contributor-medication-adherence-is-a-force-multiplier-for-medicare-advantage-profitability-enrollment-star-ratings>. January 2023.

8. Poonawalla I, et al. The American Journal of Managed Care. Medication Adherence Star Ratings Measures, Health Care Resource Utilization, and Cost. <https://www.ajmc.com/view/medication-adherence-star-ratings-measures-health-care-resource-utilization-and-cost>. May 2024.

Poll question #1

Which statement best describes the state of your Medication Therapy Management program?

1. **Very Effective:** Exceeding all goals and making a positive impact on health outcomes and cost savings.
2. **Effective:** Meeting most goals with measurable improvements in patient outcomes.
3. **Moderately Effective:** Some goals are being met, but room for improvement.
4. **Ineffective:** Few goals are being met; limited impact on outcomes.
5. **Very Ineffective:** Not meeting goals; minimal or negative impact on outcomes.

Expanding MTM to the home



RISE

In-Home Health Evaluation (IHE)

Signify Health's IHE provides a comprehensive evaluation of members health status, helping to identify chronic conditions close gaps in care, and help coordinate care.

Signify Health clinicians spend up to an hour in the home allowing the time needed to thoroughly assess your member's whole-person health

- Comprehensive physical exam
- Chronic condition assessment
- Medical, social and family history
- **Medication review**
- Social determinants of health (SDOH) evaluation
- Fall risk screening
- Quality and care gap closure
- Mental health screening

Accurate coding and documentation help support a comprehensive view of member's health conditions



Signify Health clinician outlines member education initiatives and management strategies

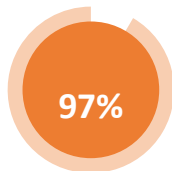
Results are shared with the..

Member
Primary Care Provider (PCP)
Health Plan

to help facilitate..

- Care management/disease management
- Care coordination
- Non-urgent/urgent case referrals

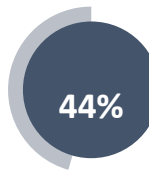
more than
350K case
management
referrals in
2023



of members who were highly satisfied with their in-home evaluation say they'd want another in the future



clinical and social data points captured during a single visit



of IHE visits identify a new condition



of members accepted a diagnostic test & lab collection as part of the IHE

Helping to bridge the information gap between PCP visits

Expanding MTM to the home is a win, win, win opportunity

Integrating your MTM program as part of your in-home strategy with MA members benefits your health plan, your members, and their PCP

Value to Plan

Impact to Star Measures

Part D - MTM Program Completion Rate, including medication adherence

Impact to CAHP

Individualized and interactive review drives increased member satisfaction

Improved Medical Loss Ratio (MLR)

through improved medication plan adherence

CMS-ready data files

Standard

Value to Member

Increased benefit of the in-home encounter

- Dedicated, personalized review and education on all medications
- Opportunity to address adherence barriers

Consolidation of plan outreach improves member experience by removing the need for an additional vendor or health plan outreach to complete CMR and/or TMRs

Individualized medication plan including hard copy of the Medication Action Plan (MAP) and Personal Medication List (PML) for reference by the member and care team

Removal of barriers to access and adherence with referrals to plan-sponsored programs to address disparities related to social determinants of health

Value to PCP

Up-to-date medication plan received between office visits

- Supports proactive condition management and improved quality of care
- Surfaces potential drug: drug interactions and/or contraindications
- Highlights polypharmacy issues and considerations for de-prescribing where appropriate

Improved PCP care coordination ratings

Medication Review at the Kitchen Table

“Recently, a health plan member said he was **planning to stop taking one of his medications**, and fortunately because we have the time to do so, I was able to explain just how important that medicine is to his health.”

- Physician Assistant,
Signify Health

“I visited a member who was taking two separate cancer-related drugs. **She didn’t have a good understanding** of when to take the medications. As a result, she was taking one drug too often which I was able to help address.”

- Nurse Practitioner,
Signify Health

A member fed up with increases to their diabetic medication dosage was now experiencing intolerable side effects. I was able to get their medication sorted correctly by explaining potential interactions, and recommending they see a diabetes specialist for blood work and to regularly check their blood glucose levels and A1C.

- Pharmacist,
Signify Health

A member was taking **more than 20 medications** and struggling with symptoms including low energy, depression, and insomnia. He said he had given up on ever feeling better. We went through everything and discussed the actions he could take to better manage his blood pressure. As I left the visit, the member said how impressed he was with the visit and attention we provided.

- Nurse Practitioner,
Signify Health

Roadmap capabilities: MTM adherence bundled with CMR

Star Measure Gap Closure

- Patient Adherence
 - D08 - Medication Adherence for Diabetes Medications
 - D09 - Medication Adherence for Hypertension (RAS antagonists)
 - D10 - Medication Adherence for Cholesterol
- Gaps in Therapy
 - D12 - Statin Use in Persons with Diabetes (SUPD)
 - C16 - Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Display Measures
 - DMD13 - Polypharmacy Anticholinergic
 - DMD10 - Concurrent Use Opioid Benzo

Adherence Monitoring Program (AMP)

- Quarterly adherence check-ins
- >80% proportion of days covered

Adherence Levers

- 90/100 day supply
- Transition to mail order
- Lower cost equivalent
- Patient Education

Poll question #2

What are some of the gaps or opportunities for improvement with your Medication Therapy Management program? (Select all that apply)

1. Identifying and resolving medication-related issues
2. Maintaining adherence as members transition
3. Removing potential barriers to adherence
4. Educating members about the importance of medication adherence
5. Collaboration between pharmacists (or MTM providers) and prescribers
6. Meeting reporting requirements and quality performance measures
7. Ensuring members receive a Medication Action Plan (MAP) and a Personal Medication List (PML)

Use case: Addressing statin medication gaps



RISE

People with diabetes have elevated cardiovascular risk caused in part by unhealthy cholesterol levels⁹

Cardiovascular disease is the leading cause of death in the United States⁹

92.1 million American adults have one or more types of cardiovascular disease⁹

Unhealthy cholesterol levels places people at significant risk for developing atherosclerotic cardiovascular disease (ASCVD)⁹

Statins are a class of drugs that lower blood cholesterol

Recommended by

- American College of Cardiology
- American Heart Association
- American Diabetes Association (ADA)

Statin Therapy recommended for adults with established clinical ASCVD, and as a primary prevention of cardiovascular disease in patients with diabetes, based on age and other risk factors⁹

Adherence to statins aids in ASCVD risk reduction in both populations⁹

Despite improvement in diabetes care in the U.S. in recent years, **more than half** of all people with diabetes are not meeting established guidelines goals¹⁰

9. National Committee for Quality Assurance (NCQA). Statin Therapy for Patients With Cardiovascular Disease and Diabetes (SPC/SPD). <https://www.ncqa.org/hedis/measures/statin-therapy-for-patients-with-cardiovascular-disease-and-diabetes/>

10. Centers for Disease Control and Prevention. National Diabetes Statistics Report. <https://www.cdc.gov/diabetes/php/data-research/index.html>. Accessed October 2024.

HEDIS and Star measures for statin use and statin therapy help guide medication and condition management¹⁰

MEDICATION MANAGEMENT

Statin Use in Persons with Diabetes (SUPD)

The percentage of individuals ages 40 to 75 years who were dispensed a medication for diabetes that receive a statin medication.



Measure compliance

Measure population



Member dispensed =>1 statin medication
Open gap: =0 statin medication dispensed



Member dispensed =>2 diabetes medication fills during the measurement year

SUPD measure average score in 2024¹¹

Earning four stars requires >85% of diabetics be on a statin, or be excluded.¹²

CONDITION MANAGEMENT

Statin Therapy for Patients with Diabetes (SPD)

Assesses adults 40-75 years of age who have diabetes and who do not have clinical ASCVD, who received and adhered to statin therapy.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

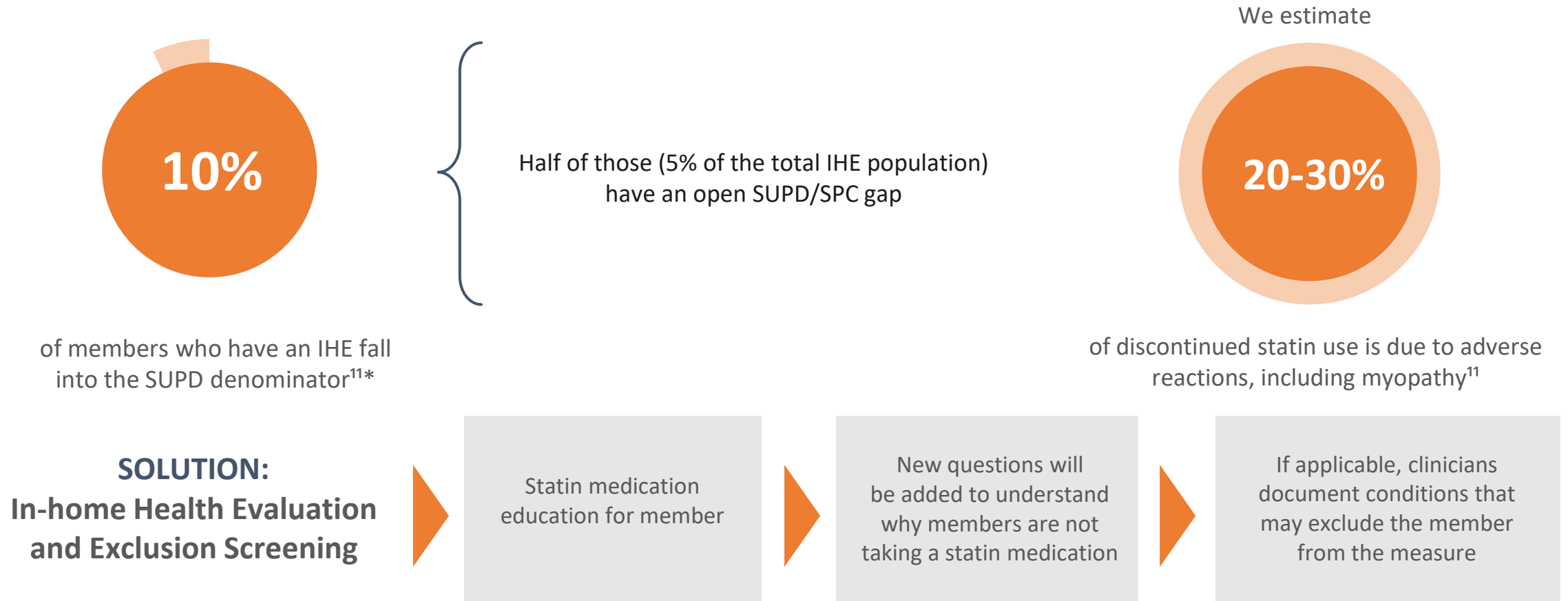
Assesses males 21–75 years of age and females 40–75 years of age who have clinical (ASCVD) and who received and adhered to statin therapy.

10. Centers for Disease Control and Prevention. National Diabetes Statistics Report. <https://www.cdc.gov/diabetes/php/data-research/index.html>. Accessed October 2024.

11. Pharmacy Quality Solutions (PQS). 2024 Medicare Part C & D Star Ratings Technical Notes Summary. <https://www.pharmacyquality.com/wp-content/uploads/2023/10/PQS-Medicare-Star-Ratings-Update-2024.pdf>.


12. Centers for Medicare & Medicaid Services (CMS). Fact Sheet - 2024 Medicare Advantage and Part D Star Ratings. <https://www.cms.gov/files/document/101323-fact-sheet-2024-medicare-advantage-and-part-d-ratings.pdf>.

SUPD/SPC Care Coordination and Medication Adherence



14. Pharmacy Quality Solutions (PQS). 2024 Medicare Part C & D Star Ratings Technical Notes Summary. <https://www.pharmacyquality.com/wp-content/uploads/2023/10/PQS-Medicare-Star-Ratings-Update-2024.pdf>.

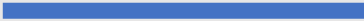
Integration of statin medication uses questions and education




Signify Clinician identifies open gap with member

- Diabetes (SUPD)
and/or
- Cardiovascular disease (SPC)


Member will/has discontinued taking a statin



Clinician asks questions to document reasons for member's statin non-use



Clinician provides statin education and encourages current guidelines



If applicable, clinicians document conditions that may exclude the member from the measure

Signify Health can help identify the right members for the SUPD/SPC measures and evaluate them for exclusions like myalgia

Value for your health plan and your members



RISE

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References



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References

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4. Sparks G, et al. Kaiser Family Foundation. Public Opinion on Prescription Drugs and Their Prices. <https://www.kff.org/health-costs/poll-finding/public-opinion-on-prescription-drugs-and-their-prices/>. October 2024.
5. Georgetown University, School of Nursing. Improving Medication Adherence in Older Adults. <https://online.nursing.georgetown.edu/blog/improving-medication-adherence-in-older-adults/>. March 2022.
6. Centers for Medicare & Medicaid Services. Medication Therapy Management. <https://www.cms.gov/medicare/coverage/prescription-drug-coverage-contracting/medication-therapy-management>. Accessed November 2024.
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