

Patient-perceived value of Medication Therapy Management (MTM) services: a series of focus groups

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Abstract

Objective: To determine the patient-perceived value of MTM services and non-financial barriers preventing patients with insurance coverage from receiving MTM services. **Design:** Focus groups. **Setting:** Fairview Pharmacy Services, Minneapolis, MN. **Participants:** Three focus groups, each with five to nine participants, consisting of different participant populations: (i) patients who paid out-of-pocket to receive MTM services; (ii) insurance beneficiaries, under which MTM is a covered benefit and participants may have received incentives for receiving MTM services; (iii) patients with an insurance plan which covers MTM services who were recruited to receive MTM services but declined. **Intervention:** MTM services. **Main Outcome Measure:** Patient-perceived value of MTM services and non-financial barriers. **Results:** Seven themes were identified relating to the patient-perceived value of MTM services: collaboration of the health care team, MTM pharmacist as a supporter/advocate/confidant, MTM pharmacist as a resource for questions and education, accessibility to the MTM pharmacist, financial incentives for participation in MTM services, MTM pharmacy as a specialty field, and the MTM pharmacist as a coordinator. Three themes were identified regarding patient-perceived non-financial barriers to receiving MTM services, including: availability of the MTM pharmacist, patient/physician lack of knowledge of MTM services, patient's belief that MTM services are not needed. **Conclusion:** MTM is a service which patients identify as valuable. Patients are able to identify non-financial barriers that may prevent some patients from receiving MTM services. This study provides preliminary evidence of both the value and barriers perceived by patients.

Introduction

While data illustrating the clinical, economic, and humanistic benefits of MTM services is robust, literature surrounding patient perceptions of MTM services is lacking.¹⁻⁷ Although some literature analyzes patient perceptions of MTM services, the studies are survey-based or completed in patients who never personally participated in or declined receiving MTM services. One aspect of identifying the patient perceived value of MTM services lies in determining whether or not patients are willing to pay for the service. One study indicated that over 50% of patients are willing to pay for MTM services.⁸ However, very few of the subjects were receiving MTM services at the time of the study. The author states, "Once they actually begin receiving this type of care and all of the theoretical benefits that accompany it, it would be logical to predict that the value they place on MTM services would increase."⁸ Two studies examining patient

perceptions of MTM services in community pharmacies have been completed in the Medicare Part D population.^{9,10} One study was completed prior to the implementation of Medicare Part D.⁹ The purpose was to serve as a baseline for patients who had not participated in MTM services. Study participants completed an internet-based survey evaluating their attitudes toward pharmacist-provided services under the Medicare Part D prescription drug benefit. The study identified two subgroups of patients who had more favorable attitudes regarding MTM services: patients who had recently visited a physician for an adverse drug event, and patients who used clinic pharmacies to fill their prescriptions. The researchers recommended that MTM pharmacists target these two patient populations for recruitment purposes.⁹ Another study determined that 92.5% of survey respondents were not familiar with the terms Medication Therapy Management or MTM.¹⁰ After being educated about MTM, 70% responded that they did not need MTM services, and 66% reported they would not pay for MTM. The researchers determined that insurance coverage did not affect interest to participate in or willingness to pay for MTM services.¹⁰

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Other studies have examined methods to market MTM services.¹¹ Although researchers primarily investigated marketing techniques, there was a small segment of the study that addressed the perceived benefits of MTM services and potential reasons for not participating. The participants had never received MTM services or declined participation in MTM services. Participants were taught about MTM services and then participated in a focus group. Participants identified that MTM services would be beneficial for obtaining information about medications and other health concerns, to gain assurance that they were doing things correctly, and receive the expert opinion of a pharmacist. Some participants felt that participation in MTM services would allow for improved communication between pharmacists and other health care providers. The primary barrier to receiving MTM services identified by participants was inability to afford an MTM visit. Other barriers identified included lack of time for an appointment and access to an MTM pharmacist, and fears that information given by the pharmacist would contradict recommendations given by their physician. Most participants felt that MTM services should be offered as a benefit under their insurance plan.¹¹

The goal of another study was to examine the perceptions that pharmacists have of patients, the perception that patients have of pharmacists, and whether patients who receive MTM services are more likely to find them beneficial.¹² Pharmacists rated MTM services as potentially more beneficial than patients did, believing the most beneficial services would be to explain to patients how to use their medications and to make sure that the patients understood the information presented. Patients rated making sure they understood the information as most beneficial and being told about other medications which may cause problems with the patient's current medications the second most important. Overall, pharmacists and patients disagreed on how beneficial pharmacy services would be for the patient. Pharmacists also misunderstood patients' perceptions on the benefit of MTM services.¹²

There are gaps in the literature regarding the patient-perceived value of MTM services with data gathered from patients who have received MTM services or have declined participation. Finally, none of the available literature has allowed patients who have received MTM services or declined participation to have an open forum for discussion as they might have in focus groups.

Setting

Fairview Health Services, in partnership with the University of Minnesota, consists of 7 hospitals and 48 primary care clinics throughout the state of Minnesota. Fairview Pharmacy

Services, a subsidiary of Fairview Health Services, started developing MTM sites in 1997. Fairview Pharmacy Services currently has 17 pharmacists and 2 pharmacy residents providing MTM services in 21 ambulatory care clinics. All of the MTM pharmacists at Fairview Pharmacy Services practice under the philosophy and patient care process of pharmaceutical care.¹³ All MTM pharmacists are certified in pharmaceutical care by the Peters Institute of Pharmaceutical Care at the University of Minnesota and are credentialed by Fairview Pharmacy Services. MTM pharmacists within Fairview Pharmacy Services practice under a collaborative practice agreement that allows them to initiate, modify, or discontinue drug therapy and order laboratory tests for multiple medical conditions.

Fairview Pharmacy Services is currently receiving reimbursement for MTM services provided to the following groups of patients: (i) Minnesota Medicaid beneficiaries taking four or more medications to treat two or more chronic conditions; (ii) patients enrolled with Medicare Part D plan sponsors contracted with Fairview; (iii) beneficiaries of one of eight contracted employer groups; and (iv) private paying patients. The eligibility criteria to receive MTM services vary for Medicare Part D plan sponsors and employer groups. Some employer groups offer incentives such as reduced co-pays or co-pay waivers for prescriptions. The cost of each MTM visit depends on either the complexity of the patient or time spent with the patient, depending on payer requirements.

Objectives

The primary objective of this study is to determine the patient-perceived value of MTM services. The secondary objective is to determine non-financial barriers preventing patients who have insurance coverage from receiving MTM services.

Methods

This manuscript reports data from three focus groups held in March and April 2011. Focus groups consisted of participants from different patient populations: (i) patients who paid out-of-pocket to receive MTM services (private payment for MTM group), (ii) Minnesota Medicaid beneficiaries, under which MTM is a covered benefit, and employees of Fairview or the University of Minnesota, in whom MTM is a covered benefit and participants may have received incentives for receiving MTM services (third party payment for MTM group) and (iii) patients with an insurance plan which covers MTM services who were recruited via handouts, mailings, or telephone calls but declined receiving MTM services (non-participating group).

The University of Minnesota Institutional Review Board reviewed this study and considered it exempt from committee review. Informed consent was obtained from participants at the beginning of each focus group session.

Participant Selection

Fifty patients from each pre-defined group were randomly selected for invitation to participate in one of the three focus groups with the goal of having six to ten participants per focus group. Potential participants were selected from a pool of all patients who have utilized MTM services and those who have specifically been recruited for MTM services but declined. Invitation was sent by mail and included a description of the study, details regarding time, place, and location of the focus group, and information regarding the honorarium for participation. Interested participants were asked to RSVP to the principal investigator via telephone or email. Letters were mailed to additional possible participants if six to eight participants did not respond from the initial mailings (Figure 1).

Focus Group Design

Each focus group lasted ninety minutes and was facilitated by the principal investigator. Audio was recorded during each session. Focus group participants were provided with dinner and a \$50 gift card to a local retailer to compensate for their time.

The first two focus group sessions consisted of patients who had received MTM services from a Fairview MTM pharmacist: the private payment group and the third party payment group. Participants in these two focus group sessions were asked to reflect upon and discuss the following questions: (i) Describe why you decided to have an MTM visit with a pharmacist. What motivated you? (ii) What benefits did you expect from MTM prior to your visit with your pharmacist? What benefits did you identify after your visit? (iii) What barriers, if any, did you encounter in the process of receiving MTM services? (iv) Describe your experience, both positive and negative. (v) How did your feelings about MTM change following your visit? (vi) How would you describe MTM to your friends and family? (vii) How should MTM services be marketed to patients?

Participants in the third focus group session, the non-participating group, had never received MTM services. Participants in this session were asked to respond to the following questions: (i) Describe why you decided to decline having an MTM visit with a pharmacist? What motivated you to make this decision? (ii) What benefits would you have expected from an MTM visit with a pharmacist? (iii) What barriers, if any, did you encounter in the process of receiving

MTM services? (iv) What would make you want to receive MTM services? (v) How would you describe MTM to friends and family? (vi) How should MTM services be marketed to patients?

Demographic information for focus group participants is included in Figure 2. This study was not intended to compare characteristics between the three groups.

Data Analysis

Following completion of each focus group, the principal investigator transcribed the audio recordings verbatim into a Microsoft® Word document. Thematic analysis of the session was performed according to the steps outlined by Krueger, Casey, and Morgan.^{14,15} Validation was completed between the groups to identify themes consistent across the three groups. Transcripts were read multiple times and analyzed by the principal investigator and another member of the research team (DRO). The main emergent themes were identified, extracted, discussed and agreed upon. Participant statements referring to each particular theme were grouped, further explored, and compared with initial key ideas.¹⁶ Interpretations were discussed among all study investigators.

Results

The findings from the focus groups are presented for the two areas explored in this study, patient-perceived value of MTM services and non-financial barriers preventing patients who have an insurance plan that covers MTM from receiving MTM services.

1. Patient-perceived Value of MTM Services

Most focus group participants who had received MTM services spoke very highly of their experience, identifying several areas of value from receiving MTM services.

1.1 “A pharmacist is just part of my team”: Collaboration of the Healthcare Team

The first theme identified as a value from receiving MTM services was the collaboration of their health care team.

“...for me one of the biggest benefits...it’s a collaboration...I feel like it’s not just one person or I have to go see five different people to figure it out, it’s one group and they’re all kind of on the same page.”

Not only did focus group participants recognize their personal benefits of having an interdisciplinary health care team, but they also recognized the benefits to professional members within the team, such as reduced stress and more effective care. While several focus group participants felt strongly connected with their health care team, others did not and

mentioned they would like to see more visible collaboration amongst their health care professionals.

1.2 “My MTM pharmacist is an advocate for wellness”: MTM Pharmacist as Supporter/Advocate/Confidant

Focus group participants identified their MTM pharmacist as a supporter, advocate, and confidant.

“...the whole pharmaceutical industry is driving at sickness and treating sickness. And I see the MTM pharmacist as instead not trying to treat your illness but trying to help you get to wellness.”

They appreciated having a health care professional they could depend on and lean on if necessary.

“It makes me feel like there’s actually somebody working with me instead of against me...it’s kind of a nice feeling.”

Several focus group participants mentioned difficult situations they did not feel they would have overcome without the support of their MTM pharmacist.

1.3 “You hope you learn something new that you didn’t know before”: MTM Pharmacist as a Resource for Questions and Education

Focus group participants identified several areas where MTM pharmacists had played or could play a unique role in education and as a resource.

“I don’t know how I would have figured out how to brush my teeth or wash my face or use skin cream or makeup or anything if [the MTM pharmacist] hadn’t have researched my allergies.”

From uncommon allergies to drug interactions between prescriptions, herbals, and supplements, focus group participants saw MTM pharmacists best suited to answer those questions.

1.4 “Doctors just don’t have the time to go over [medications] in detail.”: Accessibility to the MTM Pharmacist

According to participants in the focus groups, patients highly value the time their pharmacists dedicate to them. They appreciate the amount of time MTM pharmacists are able to spend with patients, especially in comparison to physician visits.

“[My MTM Pharmacist] took her time...the physicians usually come into the room, look at their wrist watch to see when they can get out.”

Moreover, a large area of discussion and an area of value the focus group participants identified was the easy accessibility

to their MTM pharmacist, and as a result, their care team. Several participants noted similar MTM services offered telephonically, but overall the group preferred an initial face-to-face visit to establish a relationship, with the option of follow-up via telephone at later dates. The focus group participants enjoyed the ability to call or email their MTM pharmacist and receive timely responses.

1.5 “MTM services could potentially be a lifesaver or a money saver...or both.”: Financial Benefits from Participation in MTM Services

While several participants who had received financial incentives for participation in MTM services identified that as a value to them, participants who did not receive financial incentives also identified financial benefits for participation in MTM services, such as it being a covered benefit for them, identifying cost-saving opportunities with their pharmacist, and promoting overall health care savings.

“[My MTM pharmacist] says, we could do this but it’s going to cost more for you or less for you. And then I had a choice so I felt like I had more control...”

1.6 “You get all this specialized information that you wouldn’t get from your general practitioner doctor”: MTM Pharmacy as a specialty field

Several participants made reference to seeing specialists, and thought MTM pharmacy should be thought of in the same way.

“[Pharmacy] is so complicated and there’s so much stuff in everything...that is a field of itself.”

Several participants indicated concern over the prescribing habits and knowledge of their own physicians and felt they would get an unbiased view from an MTM pharmacist.

1.7. “I have so many –ologists I can’t keep my medications all straight”: The MTM pharmacist as a coordinator

Several participants discussed receiving prescriptions from multiple physicians, and their associated fears. They identified concerns and the feeling that their physicians do not always review prescriptions prescribed by other physicians or take an overall view at their medications.

“It was nice to think that [my MTM pharmacist] sat down and looked at all [the medications] and said this is what I think you should do and what would work best for all the medications involved.”

The participants took comfort in the fact that the MTM pharmacist reviewed and discussed all medications with the patient and also sent reports to all of their physicians.

2. Non-financial Barriers Preventing Patients from Receiving MTM Services

The focus group participants also identified several barriers they encountered in the process of receiving or being recruited to receive MTM services. Focus group participants who had received MTM services, as well as those who declined, were able to identify non-financial barriers to receiving MTM services.

2.1 “[There is no] time to fit it into your schedule”: The lack of availability of MTM pharmacists

Several focus group participants identified that it was difficult to schedule appointments with their MTM pharmacist because the hours the MTM pharmacist was in the clinic were the same as their own personal work hours.

“... [it’s difficult for] people who work during the day and can’t get off to access this kind of information.”

One participant also identified that her MTM pharmacist was only in the clinic a few days a week, making it difficult to see her MTM pharmacist on the same days as her physician if she wanted to do so. Other focus group participants mentioned the time getting to and from the appointment was a barrier for them, as it was more time away from work.

2.2 “I didn’t avail myself of that opportunity because I didn’t know what the MTM pharmacist did”: The lack of knowledge of MTM services

Several participants indicated that MTM services are difficult to explain without actually receiving the service.

“You couldn’t really explain it without experiencing it.”

Others noted their physician referred them to see the MTM pharmacist, but did not do a sufficient job of explaining what would happen during the visit.

2.3 “It’s just some people have the knowledge that they already need and don’t have a need for MTM services”: Patient’s Belief that MTM Services are not needed.

“I just felt like I had a good enough understanding of my medications and it wasn’t necessary.”

For these participants, MTM services are mainly associated with a pharmacist providing information or education about medications. Participants did not envision the possibility of having a pharmacist assessing their medications and managing them in collaboration with their providers. These patients did not understand what comprehensive MTM really is. Several focus group participants indicated that taking more than two medications might be enough to make them feel they would benefit from meeting with an MTM pharmacist.

Discussion

The evidence from this study indicates patients are able to identify both the value of receiving MTM services as well as non-financial barriers encountered in the process of receiving MTM services.

1. Patient-perceived Value of MTM Services

1.1 Collaboration of the Health Care Team: As health care moves more toward integrative services of interdisciplinary teams, it is positive patients recognize the work of the team as well as enjoy the advantage it offers them as patients. As MTM practitioners, it is important we continue to foster these inter-professional relationships and allow patients to see the relationships in action. If patients are not able to visualize the concept of teamwork in their healthcare, they may feel uncomfortable with receiving services such as MTM. Patients who want their provider to drive their healthcare may not seek out these services if they do not understand the teamwork behind the scenes. It is important pharmacists providing MTM services clearly explain their role within the healthcare team to patients.

1.2 MTM Pharmacist as Supporter/Advocate/Confidant: As we continue to move forward and grow the practice of MTM, it is important to realize this relationship as a supporter, advocate, and confidant is something patients find value in and needs to be maintained. Some of this may relate to the amount of time MTM pharmacists are often able to spend with patients. However, as the demand for MTM services grow and pharmacists are expected to become more efficient, time might become more limited as it is for other providers. As MTM services become more widespread, it is necessary from the patient perspective, that this source of relationship continues. There will likely be a fine balance between maintaining this role and expanding MTM services to serve more patients.

1.3 MTM Pharmacist as a Resource for Questions and Education: It is likely not surprising to any pharmacists practicing MTM to find that patients see their role as a resource for questions and education. It is important that we continue to assess the patient holistically, and not become the resource or expert only on one or two particular disease states. Rather, we need to continue to serve the whole patient, acting as a resource for questions and education on a wide variety of topics and medications.

1.4 Accessibility to the MTM Pharmacist: This was also a main finding in a one-year ethnographic research conducted by Ramalho de Oliveira in a pharmaceutical care program.¹⁷ Where available, MTM services have historically been widely accessible to patients, as many MTM pharmacists do not have

schedules booked with patients for several weeks like other providers often do. Patients enjoy having a health care professional they can rely on and access easily. Interesting questions such as visit length and number of patients able to be seen in a day by an MTM pharmacist will need to be addressed with this in mind.

1.5 Financial Benefits from Participation in MTM Services:

As we continue to market MTM services, it may be effective to promote that MTM services typically decrease total cost of care. While patients who work in the healthcare field might pay more particular attention to this, many of the focus group participants stated they would be more likely to receive MTM services if they had been aware that MTM services traditionally decrease total cost of care. Participants also found value in having MTM as a covered benefit under their insurance plan, reinforcing the need to continue to push for more coverage of MTM services.

1.6 MTM Pharmacy as a Specialty Field: Participants felt that referrals and information regarding MTM services from providers should be handled in the same way as if they were seeing another physician specialist. While it is important to acknowledge that patients feel MTM pharmacists are specialized in regards to medications, MTM pharmacists must also be careful not to diminish the knowledge and prescribing ability of physicians, but rather foster a collaborative approach. MTM pharmacy as a specialty field will be important to discuss with providers, as patients may understand a referral process which resembles being referred to another provider.

1.7 MTM Pharmacist as a Coordinator: In some clinics, pharmacists may be the only non-physician provider. As clinics are working toward obtaining Medical Home and Accountable Care Organization certification, more resources are being incorporated into primary care clinics. The pharmacist's role in the healthcare team continues to evolve.

2. Patient-perceived Non-Financial Barriers to Receiving MTM Services

2.1 Availability of the MTM Pharmacist: Pharmacists providing MTM services must be cognizant of the fact that some patients, particularly those who work, prefer evening and/or weekend hours for this type of service. Exploring other modes of communication for these visits, such as telephonic and virtual capabilities, may help eliminate some of these barriers to receiving MTM services.

2.2 Patient/Physician Lack of Knowledge of MTM Services:

This brings up an education point for MTM pharmacists to ensure that physicians in their clinic and nearby clinics can

explain MTM services as well as an MTM pharmacist. Time must be devoted to educating physicians and clinic staff to ensure potential patients receive an adequate description of the service being offered to them. It is important that the person referring the patient to receive MTM services portrays a message explaining the potential benefits of MTM services and is able to answer any questions the patient may have. Creation of videos to explain and illustrate the process of receiving MTM services may be helpful for both patients and referral sources.

2.3 Patient's Belief MTM Services are not Needed: We know that not every patient will need MTM services. Some of the focus group participants may fall into that category. As MTM services become more widespread, we should be able to gather more data to determine who really should benefit from MTM services. We may be able to collect more data surrounding the specific reasons patients decline receiving MTM services through surveys and response cards sent in mailings. Focusing on additional education regarding MTM services may help some non-participating participants become patients who utilize MTM services.

Limitations

There were several limitations to this study. Many of the focus group participants were employees of the Fairview Health System, as MTM services are a covered benefit for them through their benefit plan. Additionally, the focus group participants were a small sample size out of the total number of patients who have received MTM services in the Fairview system, and participation in the focus group sessions was optional. Only one focus group was held for each identified patient population, thus saturation was not reached.

Conclusion

In conclusion, patients have identified several themes of value regarding MTM services, and also several non-financial barriers that may potentially prevent them from receiving MTM services. Overall, patients are satisfied with the care they have been receiving, but they also help us to identify areas for improvement. As we continue to advance MTM practice, it is important to learn from their experiences and suggestions. Overall, areas for improvement include expanding accessibility to the MTM pharmacist through alternative appointment modes, the need for stronger communication relating to the role of the MTM pharmacist in the healthcare team and finding more effective ways of explaining what MTM is and its potential value to patients and providers. The focus group participants have provided us with preliminary evidence of both the value and barriers perceived by patients relating to receiving MTM services.

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Figure 1

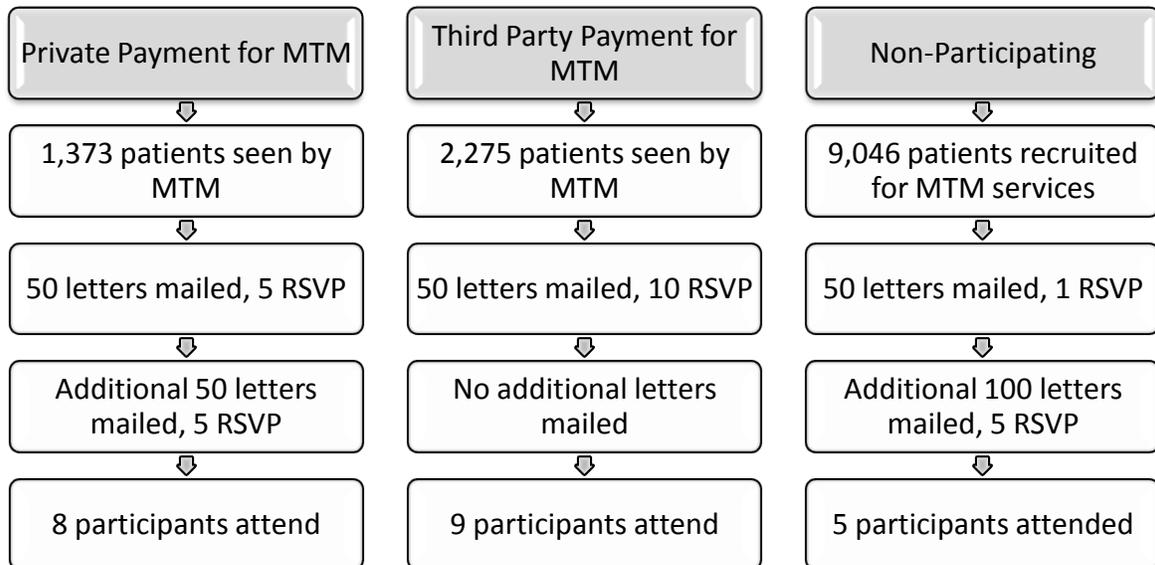


Figure 1: Research design flow for focus group recruitment. Number of patients seen ranges from January 1997 to May 2011.

Figure 2

	Private Payment for MTM	Third Party Payment for MTM	Non-Participating
Average Age	62.1	57.6	52.4
Percent Male	37.5	55.6	60.0

Figure 2: Demographic information for focus group participants