

## POSTER ABSTRACTS

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11:45 am – 2:00 pm  
Tuesday, April 28th • Lobby

PS2 – 04

### Impact of Medication Therapy Management Delivered to Home-based Medicare Beneficiaries

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**Background:** Medication Therapy Management (MTM) is a voluntary patient-participation program mandated for Medicare Part D sponsors by the Centers for Medicare and Medicaid Services for chronically-ill beneficiaries with high medication costs/utilization. MTM is intended to optimize therapeutic outcomes for individual patients. The objective of this study was to assess the impact of a pharmacist-managed MTM program on mortality, healthcare utilization, and prescription medication costs and quantify drug-related problems (DRP) identified during MTM.

**Methods:** This quasi-experimental, controlled study was conducted at Kaiser Permanente Colorado, a group model HMO, among beneficiaries who were targeted for MTM in 2006. The MTM intervention was designed to identify potential DRP, educate the patient/caregiver about appropriate medication use, and ensure that the patient was appropriately integrated into clinical services. Data were collected from administrative databases and manual chart abstractions. Study outcomes included all-cause death (primary outcome), hospitalization, and ED visit rates and medication cost changes in the 180 days post-MTM targeting (follow-up) and quantification of DRP. Multivariate logistic regression was used to adjust the outcomes for baseline risk and other potential confounders. Beneficiaries who declined MTM and experienced death, hospitalization, or ED visit received a mock MTM intervention.

**Results:** A total of 459 (Opt-in) and 336 (Opt-out) beneficiaries who agreed and declined, respectively, to receive MTM were included in the analysis. At baseline, groups were similar in age, sex, disease burden, healthcare utilization, and medication spend. Opt-in compared to Opt-out beneficiaries were less likely to die (adjusted odds ratio (AOR)=0.5, 95% confidence interval (CI)=0.3-0.9) but more likely to have had a hospitalization (AOR=1.4; 95% CI=1.1-2.0) and an increase in medication costs (AOR=1.4, 95% CI=1.1-1.9) during follow-up. There was no difference in ED visit rates. At least one DRP was identified in >83% of beneficiaries in both groups, with the most common DRP being drug-drug interaction.

**Conclusions:** Our investigation supports the use of MTM, with its optimization of medication therapy and increased coordination of information between healthcare providers and patients, since it may positively impact mortality in a population of high-risk Medicare beneficiaries.