



Cardiovascular Medication Therapy Management (MTM) in a Community Pharmacy
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Pharmacy Technician Learning Objectives:

- Remember medication therapy management definition and examples
- Analyze benefits of pharmacy technician involvement in MTM
- Understand pharmacy technician roles in cardiovascular MTM

Pharmacist Learning Objectives:

- Evaluate the value of cardiovascular MTM in a community pharmacy
- Analyze pharmacy technician and intern roles in MTM services
- Apply examples of cardiovascular MTM within a community pharmacy
- Understand examples of star rating MTM services and impacts

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Medication Therapy Management

- Ensures the best therapeutic outcomes for patients
- Provides ongoing medication management and monitoring
- Optimizes therapeutic effectiveness
- Occurs annually with ongoing follow-up and monitoring as needed

85% of Medicare enrollees who had not had a medication review didn't know they could be eligible for one

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Why do we need MTM?


- Decrease health care costs: reduced physician visits, ED visits, hospital admissions
- Increase patient awareness of MTM services
- Increase patient education leading to increased medication adherence
- Better patient and safety outcomes

Nonadherence costs the U.S. health care system more than \$100 billion per year and possibly ~\$300 billion annually.

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Cardiovascular MTM

- Past Medical History: Medications and Immunizations
- Evaluate and educate for side effects and adverse effects of medications
- Evaluate and educate for potential Drug-Drug Interactions
- Assess appropriate medication selection, Medication Adherence/Barriers
- Provide Patient Education/ Recommend and Assess Monitoring



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CLINICAL PRACTICE GUIDELINE 2023: AHA/ACC/ACCPC/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease

4.1.1. Team-Based Approach

Class	LOE	Recommendation
1	A	1. In patients with CVD, a multidisciplinary team-based approach is recommended to improve health outcomes, facilitate modification of ASCVD risk factors, and improve health service utilization. ¹¹²

4.2.B. SGLT2 Inhibitors and GLP-1 Receptor Agonists

Class	LOE	Recommendations
1	A	4. In patients with CVD and heart failure with LVEF $\leq 50\%$, use of an SGLT2 inhibitor is recommended to reduce the risk of cardiovascular death and heart failure hospitalizations ¹¹³ and to improve OOL ¹¹⁴ irrespective of diabetes status.

Recommendations for Use of SGLT2 Inhibitors and GLP-1 Receptor Agonists (Continued)

Class	LOE	Recommendations
2a	B-R	5. In patients with CVD and heart failure with LVEF $>50\%$, use of an SGLT2 inhibitor can be beneficial in decreasing heart failure hospitalizations ¹¹⁵ and to improve OOL ¹¹⁴ irrespective of diabetes status.

4.3.5. Immunizations

Class	LOE	Recommendations
1	A	1. In patients with CVD, an annual influenza vaccine is recommended to reduce cardiovascular mortality, cardiovascular death, and stroke events. ¹¹⁶
1	C-D	2. In patients with CVD, coronavirus disease 2019 (COVID-19) vaccination is recommended per public health guidelines to reduce COVID-19 complications. ¹¹⁷
2a	B-NR	3. In patients with CVD, a pneumococcal vaccine is recommended to reduce cardiovascular mortality and hospital and stroke death. ¹¹⁸

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Patient Case

RT is a 50 year old male patient who presents to your pharmacy to pick up a new medication (Empagliflozin 10mg tablet take 1 PO QD). He has a few questions before starting to take this medication and wants to know why he was prescribed this medication.

You hear your pharmacy intern tell RT that this medication is for diabetes to help lower his blood sugar

RT becomes upset and states he does not have diabetes or any issues with his "sugars" and he is refusing to pick up or start taking this new medication



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Zoom Polling Question: Patient Case

RT presents to your pharmacy to pick up Empagliflozin. You hear your pharmacy intern tell RT that this medication is for diabetes.

RT becomes upset and is refusing to pick up his new medication. After overhearing the patient become upset you:

- Apologize to RT for the misinformation return the medication to stock
- Tell RT he has diabetes and needs to pick up this medication for his diabetes
- Contact RTs provider and tell them they prescribed the wrong medication
- Educate RT about the use of Empagliflozin in HF and reduce morbidity and mortality

RT: 50 YO Hispanic Male

PMH: HF (LVEF > 40%), HTN, Dyslipidemia

NKDA

Current Medications:

**Lisinopril 20mg 1 PO QD
Atorvastatin 40mg 1 PO QHS
Furosemide 20mg 1 PO QAM**

New Rx: Empagliflozin 10mg 1 PO QD

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RT becomes upset and is refusing to pick up his new medication. After overhearing the patient become upset you:

- Apologize to RT for the misinformation return the medication to stock
- Tell RT he has diabetes and needs to pick up this medication for his diabetes
- Contact RTs provider and tell them they prescribed the wrong medication
- Correct: Educate RT about the use of Empagliflozin in HF and reduce morbidity and mortality**

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Team Based Care Approach

Patient centered care which revolves around the patient and their needs

Relationship between patient, clinician, pharmacist, and other team members

Patient participation and self management within team based care is key



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Benefits of Team Based Care in Cardiovascular Disease



A team-based care approach has been shown to reduce morbidity and mortality in patients with chronic conditions including CVD



Patients have been shown to have greater medication adherence and greater satisfaction with care



Outcomes improve when pharmacists routinely screen patients for blood pressure control and medication adherence

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Pharmacy Technicians/Interns & MTM Services

Expansion of pharmacy technician role

Improved MTM services and increased identification of eligible patients

Increased technician confidence when offering MTM services

Streamlined MTM services allowing pharmacists to spend more time on clinical aspects of MTM



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Cardiovascular MTM for Pharmacy Technicians and Interns

- Identify patients due for labwork and other health assessment
- Assessment of cholesterol markers (HDL and LDL)
- Assessment of appropriate statin selection based on goals
- Medication adherence
- Blood Pressure Control and goals
- Reduce pharmacist patient encounters

Pharmacy Technician Involvement has been shown to help patients reach cholesterol and BP goals

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Star Rating Platforms:

Outcomes, EQUIPP, Optum

- Who?
- What?
- Where?
- Why?

Up to 50% of Star Rating Measures can be Influenced by Community Pharmacists



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Star Rating Performance Metrics:

- Pharmacist Led Education and Interventions:
- Medication Safety: Appropriate selection of therapy
- Medication Adherence: Percent Days Covered
- High Risk Medication Use
- Disease state monitoring

MTM has been shown to be effective for lowering blood pressure, cholesterol, and glucose markers

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Zoom Polling Question: Patient Case

After calling RT to schedule his annual CMR with the pharmacist, RT shares his home readings for blood pressure and mentions that he has not had labs done in 2023

RT: 50 YO Hispanic Male
PMH: HF (LVEF > 40%), HTN, Dyslipidemia

How can pharmacy technicians and interns potentially assist with RTs medication therapy management?

- Identify potential non-adherence based on previous fill dat and notify the pharmacist
- Telling RT if his self measure blood pressure is at goal <130/80 mmHg
- Remind RT about the importance of having cholesterol labs done on an annual basis
- All of the above

Current Medications:
Lisinopril 20mg 1 PO QD (Last filled 11/2/23 30DS)
Atorvastatin 40mg 1 PO QHS
Furosemide 20mg 1 PO QAM
Empagliflozin 10mg 1 PO QD

SMBP: 116/78mmHg 1/15/24

Cholesterol Markers: 12/22/22
HDL: 28 mg/dL LDL:160mg/dL

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Zoom Polling Question: Patient Case

After calling RT to schedule his annual CMR with the pharmacist, RT shares his home readings for blood pressure and mentions that he has not had labs done in 2023

RT: 50 YO Hispanic Male
PMH: HF (LVEF > 40%), HTN, Dyslipidemia

How can pharmacy technicians and interns potentially assist with RTs medication therapy management after sufficient training?

Current Medications:
Lisinopril 20mg 1 PO QD (Last filled 11/2/23 30DS)
Atorvastatin 40mg 1 PO QHS
Furosemide 20mg 1 PO QAM
Empagliflozin 10mg 1 PO QD

- Identify potential non-adherence based on previous fill dat and notify the pharmacist
 - Telling RT if his self measure blood pressure is at goal <130/80 mmHg
 - Remind RT about the importance of having cholesterol labs done on an annual basis
- d) **Correct: All of the above**

SMBP: 116/78mmHg 1/15/24

Cholesterol Markers: 12/22/22
HDL: 28 mg/dL LDL:160mg/dL

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Trends, Barriers, and Moving Forward:



Community Health Workers (social determinants of health)

Pharmacist Led Education: Codes for billing (education and services)

Communication Barriers between providers (how can we overcome these?)

New indications for medications (insurance reimbursement, cost)

2024 ADA and other relevant guideline updates

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What questions
do you have?



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Resources:

2023 American Heart Association Focused Update on Adult Advanced Cardiovascular Life Support: An Update to the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: Sarah M. Permar, MD, MSCE, FAHA Vice Chair, Jonathan Emer, MD, MS, Carolina B. Maciel, MD, MSCR, Anesh Uzandi, MD, Teresa May, DO, Bryn E. Mumma, MD, MAS, Jason A. Bartos, MD, PhD, Amber J. Rodriguez, PhD, Michael C. Kurz, MD, MS, FAHA, Ashish R. Panchal, MD, PhD, Jon C. Rittenberger, MD, MSc, on behalf of the American Heart Association

Academy of Managed Care Pharmacy, American Pharmacists Association. Medicare star ratings: stakeholder proceedings on community pharmacy and managed care partnerships in quality. *J Am Pharm Assoc* (2003). 2014 May; 54(5):228-40. doi:10.1331/JApha.2014.13180. PMID: 24770440.

American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication therapy management in pharmacy practice: core elements of an MTM service model (version 2.0). *J Am Pharm Assoc* (2003). 2008 May; 48(3):341-53. doi:10.1331/JApha.2008.08514. PMID: 18595820

Burnside TPT, Scott NJ, Smith MG. Implementation of technician-driven medication therapy management program in community pharmacies. *J Am Pharm Assoc* (2003). 2013 Jul; Aug; 53(6):516-516.e2. doi: 10.1016/j.japh.2019.06.014. PMID: 3132039.

CDC. Adult immunization schedule by vaccine and age group. Centers for Disease Control and Prevention. Published 2022. <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

CDC. Community Pharmacists and Medication Therapy Management. Centers for Disease Control and Prevention. Published May 30, 2019. <https://www.cdc.gov/dhisp/pubs/guides/best-practices/pharmacist-mtm.htm>

Kravetz JD, Walsh RF. Team-Based Hypertension Management to Improve Blood Pressure Control. *Journal of Primary Care & Community Health*. 2016;7(4):272-275. doi:10.1177/2150131916645580

Lenzel M, Kuhn CH, Worley M, Wehr AM, McAuley JW. Pharmacy technician involvement in community pharmacy medication therapy management. *J Am Pharm Assoc* (2003). 2018 Mar-Apr; 58(2):179-185.e2. doi:10.1016/j.japh.2017.12.011. Epub 2018 Feb 1. PMID: 29390178.

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Resources Continued:

Medication Therapy Management (MTM). APhA Foundation. Published August 13, 2013. <https://www.aphafoundation.org/medication-therapy-management>

"Older Adults' Experiences with Comprehensive Medication Reviews." National Poll on Healthy Aging. www.healthagingpoll.org/reports-more/report/older-adults-experiences-comprehensive-medication-reviews. Accessed 4 Oct. 2022.

Olson KL, Sline JM, Stadler SL, Angleson J, Campbell SM, Friesleben C, Schimmer JJ. Using pharmacy technicians and electronic health record capabilities to improve outcomes for patients with cardiovascular disease. *J Am Pharm Assoc* (2003). 2022 Mar-Apr; 62(2):604-611. doi: 10.1016/j.japh.2021.10.014. Epub 2021 Oct 12. PMID: 34753672

Owen JA. Medicare star ratings: Stakeholder proceedings on community pharmacy and managed care partnerships in quality. *Journal of the American Pharmacists Association*. 2014;54(3):228-240. doi:10.1331/japha.2014.13180

Palaniappan M, Selvarajan S, George M, Subramanian G, Dikar SA, Pillai AA, Jayaraman B, Chandrasekaran A. Pattern of Adverse Drug Reactions Reported with Cardiovascular Drugs in a Tertiary Care Teaching Hospital. *J Clin Diagn Res*. 2015 Nov;9(11):FC01-4. doi: 10.7860/JCDR/2015/13810.6704. Epub 2015 Nov 1. PMID: 26675485; PMCID: PMC4668425.

Taylor AM, Axon DR, Campbell P, Fair MK, Nelson M, Biesen K, Martin R, Warholak TL. What Patients Know About Services to Help Manage Chronic Diseases and Medications: Findings from Focus Groups on Medication Therapy Management. *J Manag Care Spec Pharm*. 2018 Sep;24(9):904-910. doi: 10.18553/jmcp.2018.24.9.904. PMID: 30156456; PMCID: PMC10398267.

Viswanathan M, Golin CE, Jones CD, Ashok M, Blalock SJ, Wines RC, Coker-Schwimmer EJ, Rosen DL, Sista P, Lohr KN. Interventions to improve adherence to self-administered medications for chronic diseases in the United States: a systematic review. *Ann Intern Med*. 2012 Dec; 157(12):785-95. doi:10.7326/0003-4819-157-12-201210040-00053. PMID: 22964778.

Witayakorn S, Westrick SC, Hansen RA, Biller N, Braxton-Lloyd K, Fox BL, Carza KB. Evaluation of medication therapy management services for patients with cardiovascular disease in a self-insured employer health plan. *J Manag Care Pharm*. 2013 Jun;19(5):385-95. doi: 10.18553/jmcp.2013.19.5.385. PMID: 23697476; PMCID: PMC10437721.

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