BACKGROUND

- Programs Administered by HHSC:
  - Medicaid, CHIP Texas Women's Health Program, Temporary Assistance for Needy Families, SNAP Food Benefits and Nutritional Programs, Family Violence Services, Refugee Services, Disaster Assistance1

- State legislation requirement:
  - H.B. 1, 82nd Legislature, Regular Session, 2001, Rider 49, directed the Health and Human Services Commission (HHSC) to implement a medication therapy management (MTM) pilot program and report on the effectiveness of the pilot to reduce adverse drug events and related medical costs for a subset of high-risk Texas Medicaid clients.

- Previous MTM experience among Medicaid beneficiaries:
  - Minnesota: a community-based MTM program saved $403 per patient5
  - Iowa: Clinical outcomes of patients with at least four medications improved significantly without increase in total medical costs2
  - North Carolina: MTM services saved $107 per patient per year when provided to patients with 12 or more medications3
  - California: HIV/AIDS patients demonstrated improvement in adherence and economic outcomes over 3-year period without significant difference in total medical costs compared to the control group4

OBJECTIVES

- MTM Pilot program:
  - Meet patient care needs
  - Decrease total medical costs

- Study:
  - Determine healthcare utilization one-year pre vs. post MTM intervention
  - Determine total healthcare costs one-year pre vs. post MTM intervention

MTM PILOT PROGRAM DESCRIPTION

- Used APhA's MTM Core Elements
- Five pharmacist consultations

- Study setting:
  - Independent, chain and ambulatory care community pharmacies

- Sample and inclusion criteria:
  - Texas Medicaid recipient
  - Minimum of 4 maintenance medications
  - Adult non-Medicare (18-63)
  - Continuous Medicaid enrollment
  - Hypertension

- MTM Pilot program:
  - Decrease total medical costs
  - Meet patient care needs

RESULTS

- Demographic:
  - 29 pharmacies participated
  - Patients: 50.2±9.3 years old
  - Female: 69.1%

- Majority (83.9%) had between 1 and 4 MTM encounters in the one-year post-period

- “Complex drug therapy” was the main reason regarding need for MTM services

- Healthcare utilization decreased pre-post intervention:
  - Inpatient visits: 28.2% (p<0.0001)
  - Outpatient visits: 30.1% (p<0.0001)
  - Prescriptions: 13.5% (p<0.0001)

- Healthcare costs decreased pre-post intervention:
  - Total expenditures: 31.4% (p<0.0001)

- Need for MTM:
  - 1.5 billion of preventable medication related problems each year7
  - $177 billion US health care spends on medication related problems8
  - $7.9 million TX Medicaid spent on medication-related adverse events in 2009

CONCLUSIONS

- The Texas MTM pilot program demonstrated favorable economic outcomes
- Total expenditures for patients with hypertension decreased significantly after MTM exposure
- Provision of MTM services to Medicaid recipients may have the biggest impact on inpatient and outpatient healthcare utilization.

REFERENCES

1. Texas Health and Human Services Commission http://www.hhsc.state.tx.us/


ACKNOWLEDGEMENTS

- This study was funded by Texas Department of State Health Services.