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## **MTM patients see better health outcomes, lower costs due to clinical pharmacists' interventions, study shows**

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Clinical pharmacists providing medication therapy management (MTM) services by telephone to Medicare Part D patients reduced gastrointestinal bleeds, increased medication compliance and generic drug use, and lowered medication costs, according to a study published in the April 2009, *The Annals of Pharmacotherapy*.<sup>1</sup>

Patients with arthritis had 60% fewer gastrointestinal bleeds six months after enrolling in a Medicare Advantage Part D MTM program when compared to the six-month period before enrollment. Patients with arthritis opting out of the MTM program had no change in gastrointestinal bleeds. The study assessed the Southeast Michigan-based Henry Ford Health System Health Alliance Plan's pharmacist-led MTM program in 2006 and 2007. In 2006, 307 eligible Part D patients participated in the MTM program (22% of those eligible). In 2007, 228 patients participated in the program (17% of those eligible).

The study found that patients with congestive heart failure (CHF) were 10% more likely to take angiotensin-converting enzyme (ACE) inhibitors/angiotensin receptor blockers (ARB) six months after enrolling in the MTM program compared to six months before enrollment. CHF patients opting out of the MTM program were 1% less likely to adhere to ACE/ARB treatment.

Generic drug use increased by 6% for participating patients, and 3% for patients opting-out of the MTM program, the study showed.

Participating patients also had greater decreases in their average medication and medical costs. In 2006, for patients enrolled in the MTM program, the average per patient, per month medication costs fell by 17.2% and the average per patient, per month medical costs fell by 11.6%. For patients who did not participate in the MTM program, the average per patient, per month medication costs fell by 7% and the average per patient, per month medical costs fell by 3.1%.

Under the MTM program, six full-time pharmacists and one part-time pharmacist spent from 2 hours to 2.5 hours per patient, approximately 25% of the pharmacists' time. Pharmacists reviewed patients' medical and medication histories, discussed patients' pharmacotherapy plans and health care goals, screened patients' medication regimens, and worked with patients' physicians to revise medication regimens.

The study abstract is available at <http://www.ncbi.nlm.nih.gov/pubmed/19336646?dopt=Abstract>

1. Pindolia VK, Stebelsky L, Romain TM, et al. Mitigation of medication mishaps via medication therapy management. *Ann Pharmacother* 2009; 43:611-20.
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