

# Lessons Learned from a University-based MTM (Medication Therapy Management) Program for Underserved Women

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## Background

### WISEWOMAN Program

- Well-Integrated Screening and Evaluation for Women Across the Nation program is CDC funded and ongoing in 21 states.
- Connecticut (CT) program provides MTM services to women who have chronic conditions including hypercholesterolemia, hypertension, and/or diabetes. This program only provides services to low-income, underinsured, and uninsured women aged 40-64 years.
- Medication therapy management (MTM) is a pharmacist service that helps participants overcome barriers to medication adherence, address gaps in therapy, and provides health education.
- Connects MTM-trained community pharmacists to clinical sites in need of MTM services.
- Pharmacists work with clinical health navigators who are liaisons to prescribers specific to each clinical site with project management from a university-based MTM support team.
- Hybrid remote MTM delivery structure where initial visits are conducted face-to-face and follow-up visits are via phone.

## Program Structure

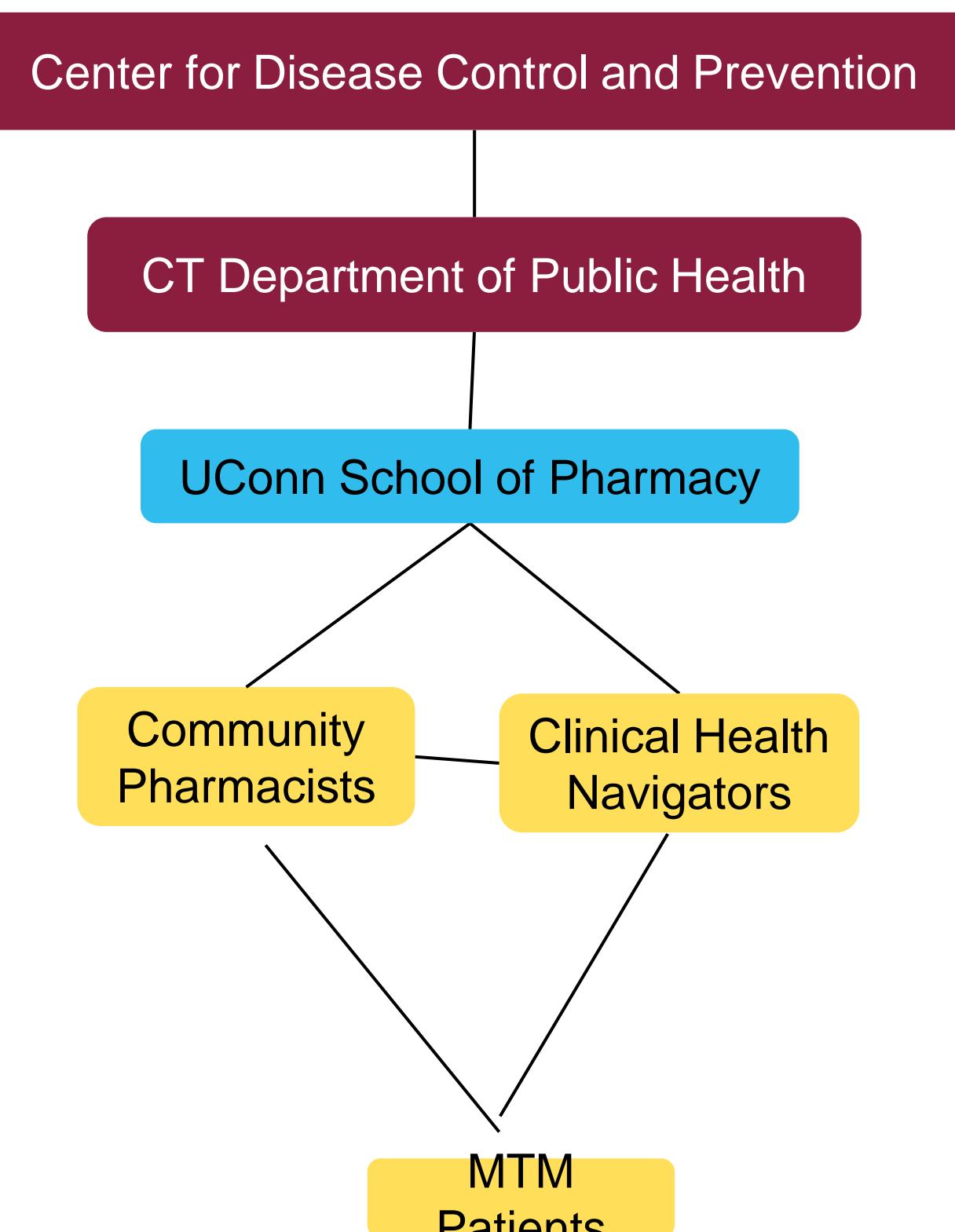


Fig 1. Overall program structure of stakeholders, funding, and flow of communication.

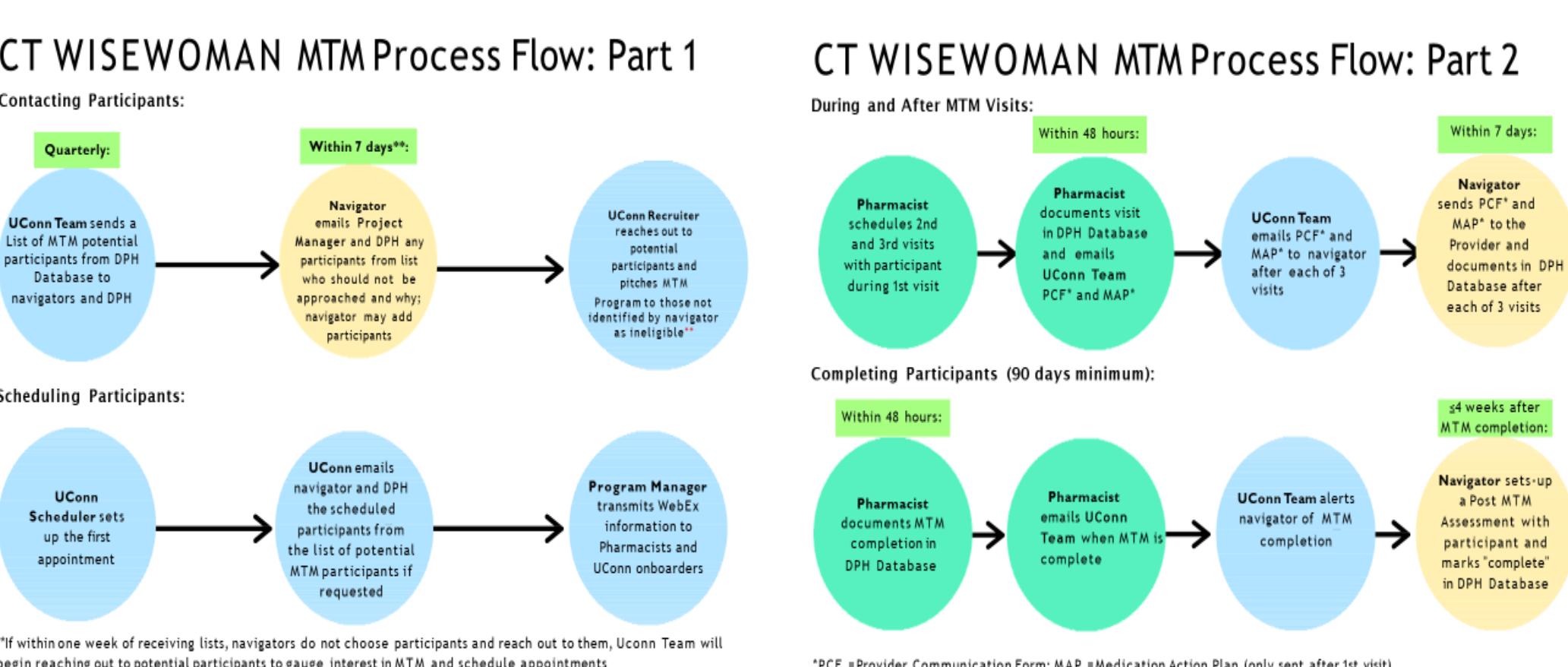


Fig 2. Current MTM Process Flow resulting from changes made post 2019 data analysis (see Tables 1 & 2)

## Objective

To describe and evaluate various changes to the development and implementation of a university-based support team to optimize pharmacist delivery of medication therapy management (MTM) to underserved women.

## Mixed-Methods Approach

- A mix of quantitative and qualitative data was collected in 2019 to investigate program communication, the impact of implemented infrastructure, and different factors that influence the feasibility of WISEWOMAN MTM and served as the basis for qualitative changes made in 3 years since data analysis.

### Quantitative Data

- Communication frequency, MTM encounters with EHR documentation, and time taken for EHR documentation after MTM sessions across 8 clinical sites in various cities across Connecticut (Hartford, New London, Bridgeport, New Haven, Danbury, Meriden, Waterbury) was collected.
- Descriptive statistics used for data analysis.

### Qualitative Data

- 9 phone interviews were conducted by the research assistant. The distribution of the interviews are as follows: pharmacists (2), clinical health navigators (2), project managers (2), and patients (3).
- 33 pages of notes from the interviews were transcribed by the research assistant.
- Themes were identified from these interviews by objective reviewers using an inductive approach. Themes were broken into facilitators and barriers.

## Quantitative Results

### MTM Encounter Documentation

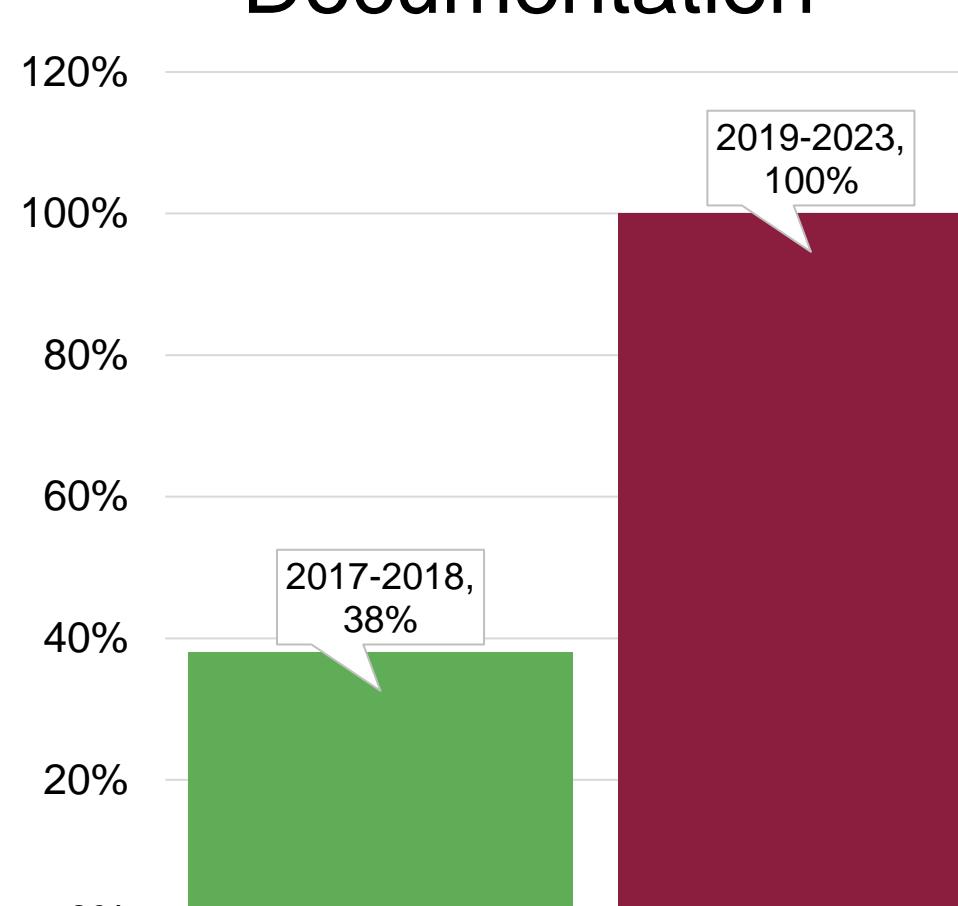


Fig. 3: MTM Encounter Documentation

### Email Communications with MTM Support Team in 2019-2023

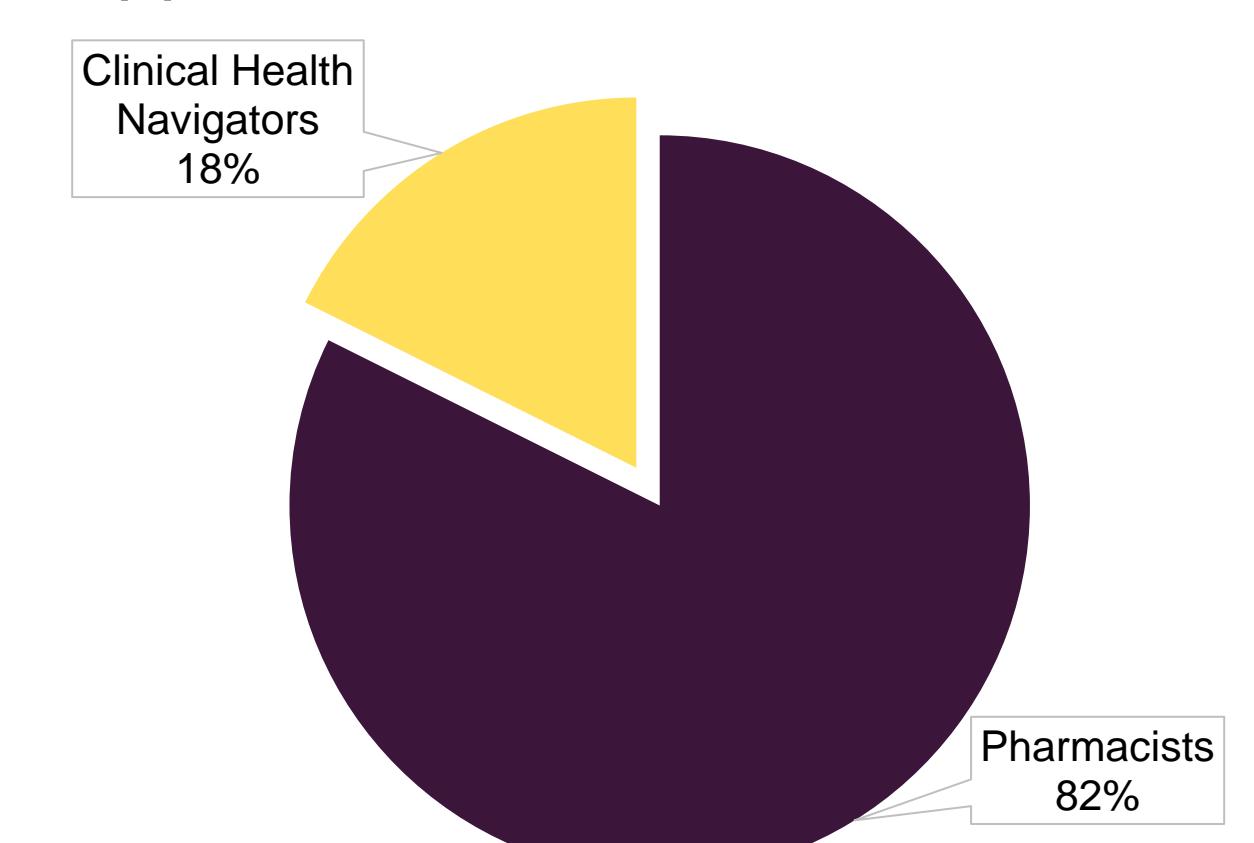


Fig. 4: Email Communications with MTM Support Team

### Average Number of Days between MTM Encounter and EHR Documentation

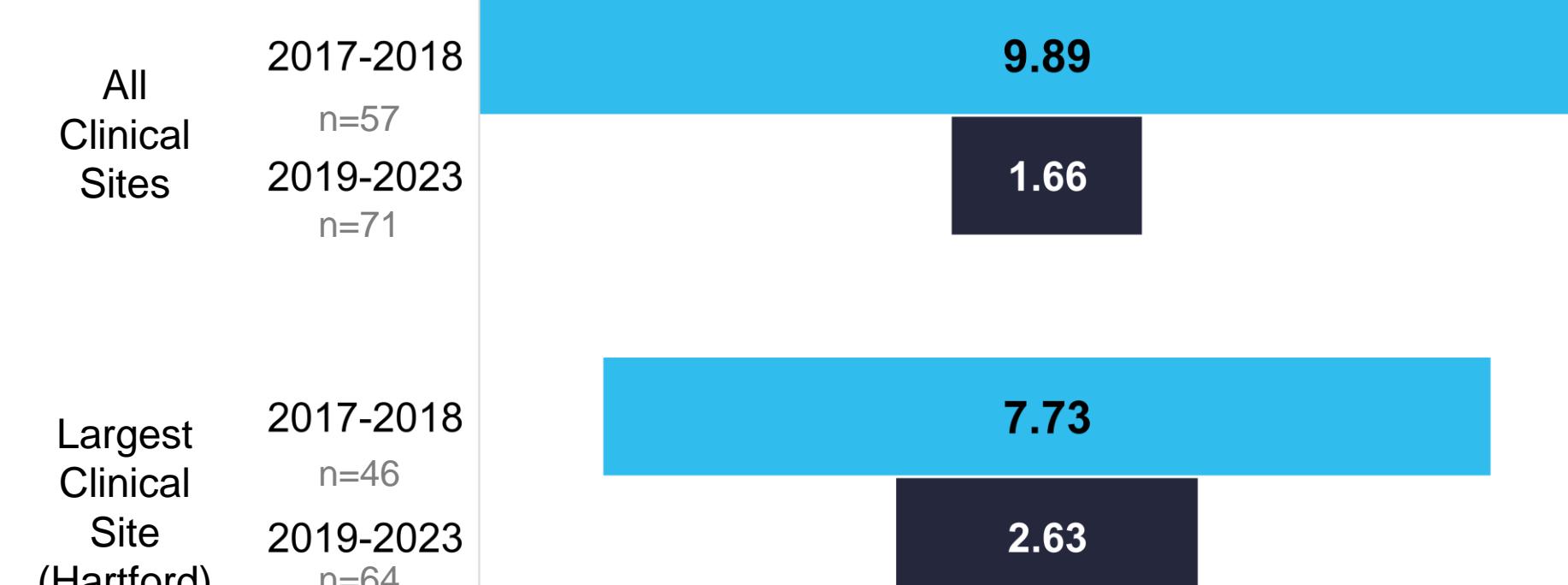


Fig. 5: Average # Days between MTM Encounter and EHR Documentation

## Key Takeaways & Future Directions

- The university MTM support team improved practical aspects of MTM implementation including rates and times of EHR documentation to comply with CDC guidelines. The university team also addressed various barriers by assuming the responsibility of recruitment. Engagement was improved by the switch to a fully remote structure.
- Results indicate that a university-based MTM support team is a viable solution for improving the implementation of state supported MTM programs.
- Building an interdisciplinary team through formal team training and integrating consistent non-email communications are particular areas for future growth in WISEWOMAN.
- Process flows and communication should be frequently updated to reflect and define roles of individuals within the MTM program.
- The university MTM support team improved recruitment approaches and facilitated an interdisciplinary team through pragmatic implementation science.

### Future Directions:

- Establish relationship between UConn Team and prescribers such that prescribers can implement pharmacist contributions to patient care.
- Checks and balances established by DPH to ensure that provider communication forms and medication action plans are transmitted to prescribers within proscribed timeframe.
- Checks and balances established by DPH to ensure that program participants are closed out within proscribed timeframe.
- Analyze 5-year data collected to date and determine overall impact of program and propose new outcomes that might measure program efficiencies/processes and impact in next program cycle.

Table 3: Participants by year (2023 cycle not completed)

Cycle	Total Participants	Participants that Completed MTM
2017-2018	11	6
2019-2020	34	20
2021-2023	87	40

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