2013

Development of an Active Follow-up Process in a Stand-alone Medication Therapy Management (MTM) Clinic

Keri D. Hager

Follow this and additional works at: http://pubs.lib.umn.edu/innovations

Development of an Active Follow-up Process in a Stand-alone Medication Therapy Management (MTM) Clinic

Keri D. Hager, Pharm.D., BCPS, University of Minnesota College of Pharmacy, Duluth

Corresponding author: Keri D. Hager, Pharm.D., BCPS, Director, University of Minnesota Duluth MTM Clinic; Assistant Professor, University of Minnesota College of Pharmacy, Duluth KSC 103 1120 Kirby Dr Duluth, MN 55812, Phone: 218-726-6013, Email: khager@umn.edu

Abstract
Without following-up with patients, one cannot determine the outcomes of interventions made with patients. To ensure follow-up was occurring in a stand-alone MTM clinic, a process for active follow-up and an easy-to-use way to trigger and document follow-up was developed.

Background

The University of Minnesota Duluth (UMD) Medication Therapy Management (MTM) Clinic is a "stand-alone" MTM clinic located on the University of Minnesota, Duluth campus primarily serving University of Minnesota employees and their dependents enrolled in the University's UPlan health insurance benefit. The UMD MTM Clinic is external to the local medical care facilities and health care providers.

The primary process for follow-up in 2009 was the patient and practitioner would decide on an approximate follow-up visit date, and the patient would fill out their address on a reminder card (like a dentist, veterinarian, or oil change business sends). The card would get filed in a box under the designated follow-up month, and the practitioner or a Pharm.D. student on Advanced Pharmacy Practice Experience (APPE) rotation would mail out the cards as the dates arrived[1]. There was not consistent documentation that the follow-up card had been sent to the patient, nor was there a mechanism to trigger another communication to the patient if the patient never responded to the one follow-up card sent

(i.e. if the card did not trigger the patient to schedule a follow-up appointment). It became clear that many patients were "falling between the cracks" for follow-up.

Statement of the problem

There was not a process to ensure follow-up with patients regarding outcomes of MTM interventions, so a process needed to be created.

Purpose of this article

Describe the mechanism developed for ensuring patients were not lost to follow-up in a stand-alone MTM clinic.

Improving the process take 1

To remedy this initially, APPE students started updating a spreadsheet indicating when a card was sent to a patient, and then the student verified weekly if the patient had scheduled a follow-up. The students would send monthly follow-up cards three times, and then call the patient if there was no response. This method proved very tedious and time-consuming. Anecdotally, it seemed patients preferred receiving the cards and calling in on their own time, rather than being "put on the spot" with a phone call to schedule follow-up. Additionally, several patients expressed that they appreciated the multiple follow-up cards, as it was not that they did not *want* to follow-up, but rather, they were busy, and if nothing acute was going on, scheduling follow-up may not have been the priority of the day. They would say things

---

[1]Occasionally a patient would actually schedule the next appointment prior to leaving the visit. In that case, the follow-up card served as a mailed reminder of the upcoming appointment. However, these also fell through the cracks if the patient canceled his or her scheduled appointment in the interim.

like "it was sitting on my desk," or "it was on my bulletin board, and I finally got around to calling."

To improve the process further, the following steps were taken.

Improving the process take 2
Rather than documenting these follow-up contacts in a separate system, it made sense to use the electronic documentation system already used to document patient care, which was the Assurance^{TM} system [Medication Management Systems, Inc. Eden Prairie, MN – www.medsmanagement.com].

First, keeping in mind that "if you don't document, it didn't happen," an Assurance^{TM} account manager developed a way to document "sent card" as contact type within the software system, so each time a card was sent, this could be documented and easily tracked. Figure 1.

Next, it became evident that the easiest way to trigger a follow-up card to be sent on a certain date was to use the appointment scheduling functionality to set up a "dummy appointment" that would trigger to send a follow-up card in the "To Do" list. However, a way to easily determine which "appointments" were actual appointments scheduled for patients, and which were "dummy appointment" triggers to send follow-up cards needed to be created.

By assigning a *practitioner* and *time* to the appointment date, "real" appointments could be distinguished from follow-up trigger "dummy" appointments. Additionally, the following two "appointment synopsis" phrases were created to easily identify a follow-up trigger: "SEND REMINDER--APPT NOT YET SCHEDULED" or "SEND REMINDER - HAS APPOINTMENT SCHEDULED."   Figures 2 & 3. Customized free text can be typed in appointment synopsis, which allows flexibility for a follow-up appointment, e-mail contact, phone contact, etc. to be designated based on patient preference.

Now when a follow-up reminder card is sent, it is documented AND a new trigger "appointment" is manually scheduled a month out. This occurs monthly for three months. After that, the cards are sent out every two to three months with an additional label added to the card that says "Please call to schedule your follow-up appointment for MTM. If you no longer wish to participate in the program, or receive follow-up communication, please let us know."

If a patient is not heard from in a year, and they are unresponsive to a final phone call, they are inactivated in the system so they will not be sent further communications.

They can be re-activated if they do decide to follow-up in the future.

Comparing this process to another MTM Practitioner group using the same software
Prior to submitting this article for publication, a pharmacist from PHARM*assist Services PLLC (http://pharmassistservices.net/) who uses a similar active follow-up process was consulted. In contrast to the University employee population served by the UMD MTM Clinic, PHARM*assist practitioners serve Medicaid and Medicare patients. They have found phone communication for follow-up to be more effective than mailings in this population.

Future ideas to further improve the process
An idea for the future is to have this process more streamlined within the functionality of the software. For example, upon completion of visit documentation, one would be *required* by the documentation system to create a follow-up appointment or trigger before he/she could close out of the patient record. When that trigger came up in the appointment list, and a "Sent Card" was documented, it would again prompt the next appointment or trigger to be scheduled before one could close out of the patient record. On a larger scale, automatic postcard or letter printing, perhaps weekly, for large-volume practices may be and efficient and effective way to remind patients to schedule follow-up.

Is this process improving follow-up?
Since there was no measurement pre-post active follow-up intervention, it is not known whether this process has improved follow-up. Interestingly, the UMD MTM Clinic practitioners account for 26% of the overall billed UPlan MTM Claims, though only care for 14.4% of the UPlan members enrolled in the MTM program. Table 1 outlines the percent of enrolled patients and percent of total claims from each MTM practice site in the UPlan network. From this, one can see the rate of follow-up at the UMD MTM Clinic exceeds all other practice sites in the network.

Future research
It would have been informative to measure adherence to follow-up recommendations prior and after setting up the process for follow-up in the UMD MTM Clinic, and would highly recommend this to anyone planning to create a new process for follow-up. It would also be informative to measure health outcomes (e.g. blood pressure control, A1C, etc.) pre-post follow-up process intervention or between two groups in a prospective design with a control group. It would also be interesting to explore the medium for communication

to which the specific population served best responds (mail, phone, e-mail, etc.), and to compare a stand-alone MTM practice with one embedded in a primary care clinic environment.

"If you don't follow-up, you don't care." ~Robert J. Cipolle

Would add to Bob's statement "if you don't follow-up, you don't care, *AND you have no idea what the outcomes are*."

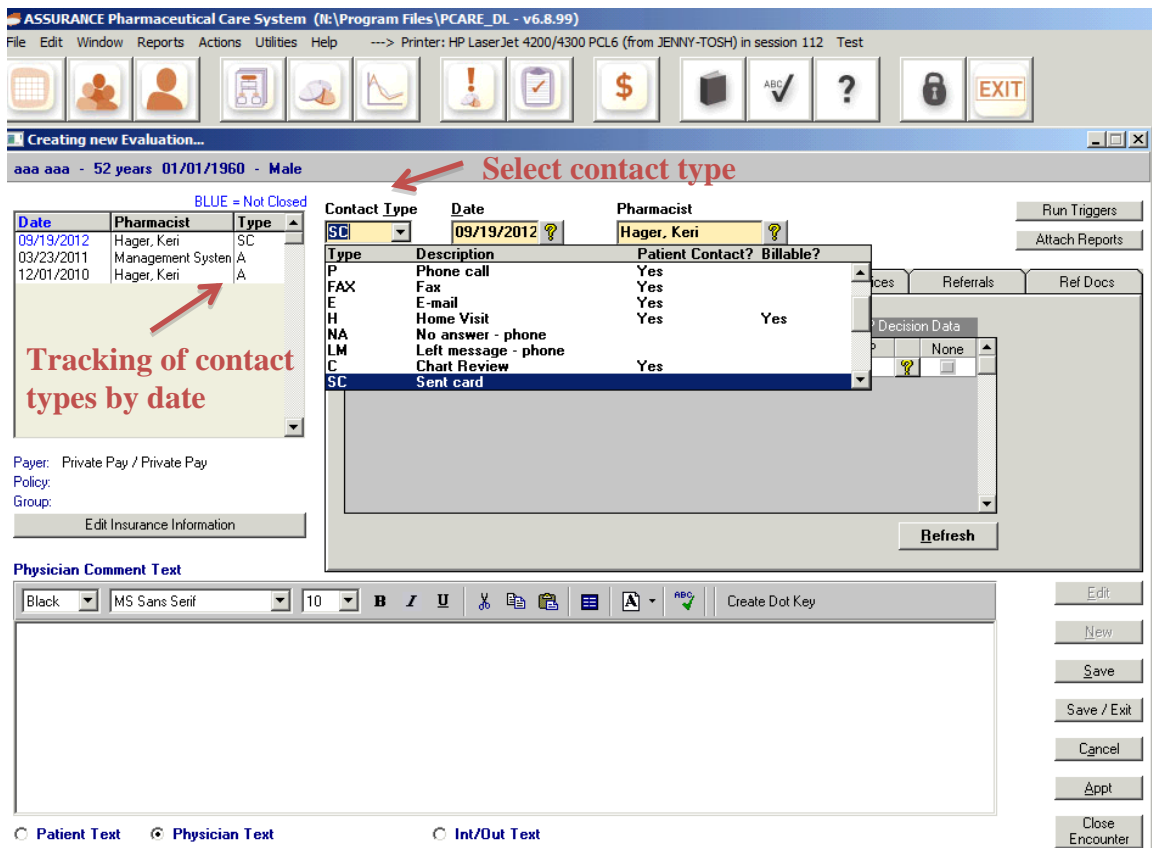**Figure 1. Tracking of reminder cards sent in Assurance**[TM]

Figure 2. "To Do's" of patient appointments and triggers for follow-up

Figure 3. Appointment scheduling form where the "appointment synopsis" can be selected (e.g. "CMR," or "f/u" or "SEND REMINDER")

Table 1. Percent of total claims and % of total enrolled "patients" among UPlan network MTM providers

	UMD MTM	Site A	Site B	Site C	Site D	Site E	Site F	
2009	168	82	147	265	54	9	32	
2010	144	76	190	175	39	2	20	
2011	137	2	121	46	3	7	6	
Total visits	449	160	458	486	96	18	58	1725
% of total claims/visits	26.0%	9.3%	26.6%	28.2%	5.6%	1.0%	3.4%	
Total enrolled pts	129	124	227	284	78	15	37	894
% of total enrolled patients	14.4%	13.9%	25.4%	31.8%	8.7%	1.7%	4.1%	