Permanent Remote Medication Therapy Management Services

Minnesota Telehealth Act SF 1160 and HF 1412

Committee on Health Finance and Policy Monday, March 8th, 2021

The COVID-19 pandemic has created many barriers for patients to access quality healthcare including the risk of exposure to the COVID-19 virus when visiting hospitals, pharmacies, and clinics. In March of 2020, Governor Tim Walz signed a peacetime emergency order allowing pharmacists to provide medication therapy management (MTM) services to patients via telephonic or with two-way audio and visual, both known as telehealth, maintaining reimbursement for these services. Many health systems and pharmacies are now equipped with the technology and infrastructure to provide quality telehealth services. SF 1160, which includes language authorizing Minnesota pharmacists to provide MTM services remotely, will ensure patients continue to have access to these critical services after the peacetime emergency order expires and will ensure provider reimbursement for these services.

MTM services are provided by a licensed pharmacist to optimize therapeutic outcomes for patients. Specifics of these services can be found in Sec. 11. Minnesota Statutes 2020, section 256B.0625, subdivision 13h.

We urge you to support:

SF 1160 and HF 1412 include the following:

- Change in terminology from telemedicine to telehealth and broaden the definition, including pharmacy
- Modifies the definition of telehealth to permit the use of audio only communication in addition to two-way audio and visual communication
- Removes the requirements for patient Medication Therapy Management provided by pharmacists services to be performed in a brick and mortar location and allows for video or telephonic visits for Medicaid patients. These services as well as other telehealth provider services and reimbursement are covered.
- Coverage:
    - Prohibits a health carrier from denying or limiting reimbursement based solely on a provider delivering the service through telehealth instead of through in-person contact
    - Specifies that coverage for services delivered through telehealth is no longer based on geography, location, or distance of travel
    - Prohibits a health carrier from creating or using a separate provider network to deliver services through telehealth
- Specifies that nothing in this section shall be construed to require the use of telehealth when a provider determines that the delivery of the service through telehealth is not appropriate or when an enrollee chooses not to receive a health care service through telehealth

Please support SF 1160 and HF 1412

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How Remote MTM has benefited patients and pharmacists during the pandemic:

"While the pandemic has unquestionably been awful for patient care overall, virtual care has been a silver lining, significantly reducing the barrier of transportation as a social determinant of patient health. Insurance companies granting new coverage for virtual visits has allowed unprecedented access for my physically and financially limited patients."

"A lot of the patients I see have mobility or transportation issues, so phone and video visits have allowed them to be seen when they would otherwise need to no-show or reschedule their appointments. I have also been told by patients who would normally need to take time off work to drive to the clinic that video or phone visits fit more easily into their lives. Additionally, telehealth is especially helpful for all patients in inclement weather (especially Minnesota snowstorms) that may make travel unsafe. There are many times when it is important for patients to be seen in-person, however telehealth is a game-changer for a lot of patients in improving their access to care."

"MTM provided over the telephone has allowed me to continue to care for patients in the COVID era. Many of my patients were not agreeable for follow up MTM visits in the clinic but were more than happy to talk on the phone. This has actually been advantageous as it has allowed me to talk with patient's family members who commonly assist in their medication management and disease state monitoring. It has been valuable to have this second perspective that we would otherwise likely not have if patients were having in-clinic visits."

Studies have shown a cost savings when MTM services are utilized:

In one study by Isetts et. al. "a total of 637 drug therapy problems were resolved by pharmacists and the percentage of patients' goals of therapy achieved increased from 76% to 90% among 285 BlueCross BlueShield of Minnesota health plan beneficiaries receiving medication therapy management (MTM) services during this 1-year prospective study. Chart audits indicated that, compared with the comparison group, HEDIS (Healthcare Effectiveness Data and Information Set) 2001 measures improved the intervention group for hypertension (71% of intervention patients met the goals, compared with 59% of comparison patients) and cholesterol management (52% versus 30%). A significant decrease in total health expenditures was observed, from $11,965 to $8,187 per person (n=186, P <0.0001). **Reduced or averted expenditures exceeded the cost of MTM services by more than 12:1.**

Isettes, B., Schondelmeyer, S., Artz, M., Lenarz, L., Heaton, A., Wadd, W., Brown, L. and, Cipolle, R. Clinical and economic outcomes of medication therapy management services: The Minnesota experience. Journal od American Pharmacists Association. March/April 2008. 48:2. Pages 203-211.