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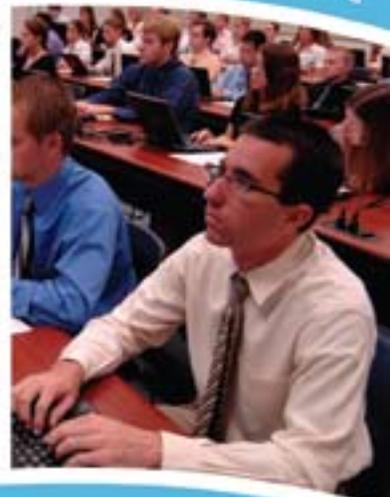
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Preparing the Next Generation of
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The President's Viewpoint

BY DON THIBODEAU, B.S., R.Ph.

GUEST COLUMNIST

So You Want Your Own MTM Practice

My primary charge to the Professional Affairs Council this year was to develop Medication Therapy Management (MTM) business plans for publication addressing the provision of MTM services as part of one's traditional practice, as an aside to one's practice, and as one's primary practice. This guest editorial, written by the chair of that council, dispels some of the myths surrounding MTM. A future article will provide you with an essential foundation: a business plan that you can tear out and use as a checklist to springboard you into the next phase of your career as a pharmacist.

Don Bergemann, FPA President

So you want your own MTM practice. Great! If you are willing to put in the time and to follow a plan, you can do it. The first rule of success is: believe in yourself and what you are doing. So, I'd like to dispel some MTM myths.

1. Consumers won't pay me by the hour for pure consulting.
2. Consumers can't afford to pay appropriate fees for these services.
3. I need to bill insurance companies.
4. Doctors will not cooperate.
5. Only PharmDs can provide meaningful MTM Services.

Consumers won't pay me by the hour for pure consulting

On a bright spring day in 1990, I was flagged down as I drove by one of my children's teachers as he was jogging. He had just been diagnosed with cardiac arrhythmia. He was prescribed a beta-blocker and was given information about the implantable defibrillator that he was going to receive.

This very intelligent and well-respected teacher was known for his

"natural" life style. He lived in an earth-sheltered passive solar house that he and his wife built. They were vegetarians and even had a composting toilet. He was the track coach and in great shape. His internist was communicative and well liked. So why did he flag me down and ask me if he could hire me to discuss his medication? I think he felt overwhelmed. He convinced me that he would feel better after sitting down privately with a pharmacist, learn more about his condition, and what side effects and problems might be issues for him. We made an appointment.

Upon completion of the one-hour tutorial and question-and-answer session, he took out his checkbook. With a smile and a look of tranquility that I had not seen on his face in some time, he asked how much he could pay me. It's been that way ever since.

For 15 years, my patients have driven me to grow my MTM services. My patients have insisted on paying me for my time and information. They have told me that my fee was too low. They said my service helps them feel better and be more in control. And they have told me not to worry about not accepting assignment!

Now that we have our own NPI numbers and Current Procedural Code (CPT) codes, MTM is here to stay. It is up to us to define what it will be. Will PBM-based programs be sufficient, or do consumers need pharmacists available in their communities with whom they can meet, discuss problems and implement solutions?

For 15 years, consumers have paid me and other pharmacists around the country who have provided similar services, because we help them feel bet-



Don Thibodeau, B.S., R.Ph.

ter. MTM services statistically improve outcomes by decreasing complications and decreasing costs, but ultimately what sells the service is – we help people feel better.

The essence of any business is the premise that it has something people want to buy. The first step in satisfying a market and moving toward success is the business plan.

Consumers can't afford to pay appropriate fees for these services

Pharmacists who have provided MTM (under any name) over the years have served their neighbors from every economic background. One of my first cases was a woman who was on Medicaid and felt that she was being prescribed too many medicines from too many physicians. Since no one was taking time with her to help her manage her medications and side effects, she asked me to do so. She felt that until she

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did, she would not be able to move forward in her life and work her way out of welfare. She was grateful. She paid me. I accepted. For years I got notes from her with joyful progress reports.

The Lewin Report discovered and published the range in fees that consumers were paying for MTMS. The full report prepared for APhA can be found here: http://www.pharmacist.com/AM/Template.cfm?Section=MTM_New_to_You_&Template=/CM/ContentDisplay.cfm&ContentID=13633

Taking time to write a business plan will include assessing your market and the fee level that is appropriate for them and for you. Keep in mind what fees you pay your consultants – such as your lawyers, accountants, architects, physicians and therapists. Our specialized knowledge of pharmacology and its significance in society merits our inclusion in that group.

I Need to Bill Insurance Companies No.

Let me repeat that. No.

We need to demonstrate how we deliver MTMS. We need to provide care and show our “product” – information services and the physical presentation (the consult document, letters from your office, faxes). By doing so, physicians and third parties will more accurately assess the value of full-service MTM.

PBMs are creating their own models for MTMS. In my opinion, they provide value but are not thorough enough for fully enhancing patient outcomes, including an improved sense of well-being.

Doctors will not cooperate

Ninety percent of the physicians to whom I have provided care plan suggestions have been receptive once they actually saw real cases presented.

We need to demonstrate how we deliver MTMS. Again, we need to provide care and show off our “product” – information services and the package in which we physically wrap it. By doing so, physicians and third parties will more accurately assess the value of full-service MTM.

At the conclusion of a staff meeting to which I had been invited to present phar-

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macist-provided MTMS, Dr. John Muir of Naples, Florida, told me that once physicians saw actual consults presented professionally and well documented, they would not be resistant to our participation. He and his staff volunteered that they would appreciate a pharmacological opinion. They said that they would use such a consult in the same way they assess and incorporate opinions from radiologists, cardiologists and other medical specialists.

Only PharmDs can provide meaningful MTM Services

Not true. All pharmacists who are motivated to become involved in patient information services can practice MTM. Consumers value our knowledge. They crave more of our time.

Like any service, different providers will deliver a wide variety of depth, quality and value. The likelihood is that if you are a pharmacist interested in MTMS, you are the kind of empathic person who can and will use your own skill set to affect your patient's quality of life in a wonderful way.

Executive Editor's Note: The Florida Pharmacy Association is pleased to present to all Florida licensed pharmacists a program to help understand how to implement a practice-based medication therapy management program (MTM). Please arrange your calendars to be with us at the Hyatt Grand Cypress Resort in Orlando, Florida July 9 – 13, 2008, and receive valuable information on how to get on board with this new professional opportunity. ■

See you in July!

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