

Pharmacist Provision of Preconception Care via Medication Therapy Management

An Innovation Station Cutting-Edge Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Ohio	Title V/MCH Block Grant Measures Addressed Birth outcomes
Category:	Cutting-Edge	
Date Submitted:	08/2020	

Practice Description

This practice was created to give more women in Ohio enrolled in Medicaid increased access to preconception care services and to provide them with information regarding folic acid intake, immunizations, and teratogenic medication use. Community pharmacists across the state provided this preconception education and counseling through the medication therapy management (MTM) framework.

Purpose

Preconception care involves the recognition and management of biomedical or behavioral issues among women of childbearing potential that must occur before or very early in pregnancy to reduce risks to the health of the woman or her baby. Most women in the United States (U.S.) are not receiving preconception care services. Analysis of data gathered by the Centers for Disease Control and Prevention (CDC) showed that for women in 4 states (Maryland, Michigan, New Jersey, and Ohio), only 18% reported speaking with a health care professional about 5 or more of 11 possible lifestyle behaviors and prevention strategies before the pregnancy of her most recent live-born infant (Robbins et al, 2014).

With their accessible nature and extensive knowledge and training, community pharmacists are ideally situated to advance preconception care and ensure patients receive necessary preconception education and services. MTM encompasses a broad range of health care services provided by pharmacists, including comprehensive medication reviews and targeted medication reviews. In practice, MTM may resemble a pharmacist “office visit” where a patient has a chance to discuss their medications, either in a comprehensive review or targeted to particular medications or disease states. The established structure of MTM provides a

framework for community pharmacists to intervene with patients and be reimbursed for their services. Additionally, although one-third to one-half of Americans have no medical home, the average American lives within 5 miles of a community pharmacy (DeArment, 2012). Community pharmacists are well-qualified and well-positioned to provide preventive preconception care services that will improve patient-specific and population-based outcomes.

This intervention focused on 3 areas of CDC recommendations for preconception care (CDC, 2006). Through this program, pharmacists provided needed education focused on folic acid intake, vaccinations, and teratogenic medication use to women ages 15-45 years enrolled in a managed Medicaid plan in Ohio.

Core Components

The goal of our program was to increase the number of women in Ohio who received necessary education and counseling on 3 key components of preconception care: folic acid intake, vaccinations, and teratogenic medication use. We did this by partnering with a managed Medicaid plan in Ohio that reimbursed pharmacists for MTM services. New MTM interventions were developed that focused on these 3 areas. The core components of this program included software-driven identification by the managed Medicaid plan of women eligible for education and notification to pharmacists as well as pharmacists' provision of the needed education and documentation of service(s) provided.

Practice Activities

Core Component	Activities	Operational Details
Identification of patients	Identifying women aged 15-45 years eligible for intervention	Patients were identified by the managed care plan for possible engagement with the pharmacist if they were female, aged 15 to 45 years, and members of the managed Medicaid plan. Other inclusion criteria were as follows: (1) intervention for potentially teratogenic medications: at least 1 prescription medication having a prior designation of FDA category D or X in the label; (2) intervention for folic acid use: no claim for a folic acid-containing product (prescription or over-the-counter) within the past 12 months; and (3) intervention for immunizations: no record of MMR or hepatitis B vaccination in past 3 years. Through the MTM software platform, the individual pharmacy where that patient had prescriptions filled was notified about the need for patient education.
Patient education	Educating women about the preconception topic	The pharmacist educated the patient about folic acid intake, vaccinations, and/or teratogenic medication use as appropriate
Documentation	Documenting services provided	The pharmacist documented services provided using the MTM software platform

Section II: Practice Implementation

Internal Capacity

Pharmacists were rapidly able to incorporate the new, preconception-care focused interventions into their workflow and patient care activities. In a 62-week period, over 2000 community pharmacists across the state of Ohio provided over 21,000 educational interventions.

Collaboration/Partners

Recognition by a managed care plan to reimburse pharmacists for these services is key to operationalize. In addition, attention on this issue and opportunities for pharmacist intervention were disseminated via the Ohio Pharmacists Association.

Practice Cost

Pharmacist provision of educational interventions to patients will likely require reimbursement for the time required. Costs associated with implementing educational interventions such as this may depend on the depth of education provided, time required for the intervention, and whether or not the intervention is a stand-alone service or is offered with other cognitive or dispensing services of the pharmacy, among other aspects. A detailed description of pharmacist reimbursement and billing for cognitive services is beyond the scope of this work, but in general, several different financial models may exist depending on how the service is operationalized.

These educational interventions could be operationalized in a series of ways, including but not limited to the following examples: 1) the pharmacist may provide stand-alone educational intervention to a patient at the point of dispensing, 2) the pharmacist may include preconception-focused education and counseling as a component of a comprehensive medication review that offers an existing reimbursement structure, 3) the pharmacist may facilitate and/or directly provide interventions that result in medication-related changes. Each of the examples provided may warrant reimbursement for the cognitive service provided by the pharmacist. Payers may have existing reimbursement structures in place with varying reimbursement figures depending on the service implementation, so overarching programmatic costs are difficult to generalize. However, MTM services have been historically described in the literature as resulting in \$1-3/min of billing (Schommer et al, 2008).

Practice Timeline

Practice Timeline				
Phase	Description of Activity	Date/ Timeframe	# of hours needed to complete/ oversee activity	Person(s) Responsible
Planning/ Pre- implementation	Outreach to managed care plan	1 month	Varies based on whether plan currently reimburses pharmacists for services	Researchers/ practitioners
	Creation of new preconception-care focused MTM interventions	4 months	Varies based on complexity of planned intervention	Managed care plan; researchers/practitioners; MTM software platform

Implementation	Pharmacists notified new interventions will be available in MTM system via email newsletter	1 week	2 hours	MTM software platform; state pharmacy association
Sustainability	Pharmacist education of patients and documentation of services provided	Indefinitely	Varies per patient	Pharmacists/ practitioners

Resources Provided

- More details on the project can be found in the following publications:
 - DiPietro Mager NA, Bright DR, Markus D, Weis L, Hartzell DM, Gartner J. Use of targeted medication reviews to deliver preconception care: A demonstration project. *Journal of the American Pharmacists Association*. 2017;57(1):90-94.
 - Bright DR, DiPietro Mager NA. Preconception care and contraception services: Opportunities for community pharmacists. *Journal of the American College of Clinical Pharmacy*. 2019;2:414–422.

Lessons Learned

This project demonstrated the feasibility of community pharmacist provision of preconception services via MTM and suggests that this project may be replicated in other states and with other third-party payers. As many pharmacists who participated in the demonstration project were familiar with the MTM software platform and associated processes with providing MTM interventions to patients in this managed Medicaid plan, uptake and integration of a program may require different training or support efforts if implemented with practitioners for which this represents a new process.

These results provide justification for additional payers to reimburse for similar preconception care services. This successful model can also be expanded to include other aspects of preconception care as well as the provision of additional preventive care services by community pharmacists. As community pharmacists are often over-looked as potential partners for many initiatives, this practice raises awareness about opportunities to capitalize on the pharmacy workforce to reach the public.

Next Steps

Community pharmacies offer a highly logical and efficient location for direct patient care and patient education, and preconception care-focused education via community pharmacists is a viable opportunity for addressing preconception care gaps. Further work could be done to track clinical outcomes to identify which types of interventions are most effective in addressing care gaps. As more states move to allow community pharmacist to directly provide contraception without a prescription, there are additional opportunities for pharmacists to integrate preconception care services. When community pharmacists address a patient's contraceptive

need, either via prescription or over-the-counter solutions, there is an opportunity to also provide needed preconception care services at the same time. Furthermore, a discussion about preconception care needs may lead to the pharmacist facilitating access to or directly providing contraception. As preconception care also services to improve women's health, these interventions are helpful for all patients (Braspenningx, 2013). States and payers should consider ways to engage pharmacists for both preconception and contraception-based services.

Practice Contact Information
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References

Braspenningx S, Haagdorens M, Blaumeiser B, Jacquemyn Y, Mortier G. Preconceptional care: a systematic review of the current situation and recommendations for the future. *Facts Views Vis Obgyn*. 2013;5(1):13-25.

Centers for Disease Control and Prevention. Recommendations to improve preconception health and health care - United States. *MMWR*. 2006;55(1.RR-6):1e22.

DeArment A. Pharmacists are face of health care in community. *Drug Store News*, 2012

Robbins CL, Zapata LB, Farr SL, et al. Core state preconception health indicators: Pregnancy Risk Assessment Monitoring System and Behavioral Risk Factor Surveillance System, 2009. *MMWR Surveill Summ*. 2014;63(3):1e62.

Schommer JC, Planas LG, Johnson KA, Doucette WR. Pharmacist provided medication therapy management (part 1): provider perspectives in 2007. *J Am Pharm Assoc* 2008;48:e36-45.