



Bold not bold

The state of Minnesota is perhaps the quintessence of the Midwest. Many Americans think of the “Land of 10,000 Lakes” as the folksy state depicted in Garrison Keillor’s popular radio show *A Prairie Home Companion* or the films of Minnesotans Joel and Ethan Coen. To many pharmacists, however, Minnesota is where pharmaceutical care—a precursor to medication therapy management (MTM)—came to national attention in the early 1990s as a result of research conducted by the University of Minnesota.

As President and managing partner of Goodrich Pharmacy—and a lifelong resident of Minnesota—Steve Simenson, BPharm, has had a front row seat to much of the innovation in patient care

nity pharmacy founded in 1884. “It was a pharmacy just getting computerized ... the gentleman I partnered with was very innovative. He was always trying to do the right thing for patients and move pharmacy forward,” Simenson told *Pharmacy Today*. In 1980, Simenson became a partner in the pharmacy. “My current partners are very supportive, and all the Goodrich pharmacists and staff contribute every day to improved patient outcomes,” he said.

As a graduate of the University of Minnesota, Simenson had been indoctrinated into a forward-looking philosophy of practice. “When I came out to work in Anoka, I tried to look for ways we could be more involved in patient care,” he said. The first step came in the early 1980s,

ize Goodrich, including state Medicaid, Health Partners, Humana, Medica, and Outcomes. “We’ll take all comers!” Simenson said. The pharmacy is referred two or three MTM patients a day. “It’s not a big enough piece of practice that you could exist on MTM alone, but if you make it into a hybrid pharmacy with compounding, immunizations, smoking cessation, collaborative practice, and MTM, you can see the potential,” Simenson said.

All about ‘U’

A unique part of Goodrich’s patient base comes from UPlan, the health care provider for University of Minnesota employees. Since spring 2009, MTM services have been provided at no cost to UPlan members taking four or more prescrip-

MTM, Minnesota style

Steve Simenson, BPharm, promotes MTM in his Minnesota community

that has come out of the North Star State. Goodrich was involved in the university’s original research project on pharmaceutical care, and the pharmacy’s participation in the early days of MTM has led to a robust practice today.

Growing up in the Gopher State

Simenson grew up in International Falls, MN, on the United States–Canada border. “I had a neighbor who was a pharmacist—a nice, friendly guy who was involved in the community and just a good role model for any person,” he recalled. “He said pharmacy was something I should consider ... I enjoyed math and science and liked the idea of contributing to a person’s well-being and health.” Inspired, Simenson attended the University of Minnesota as an undergraduate and later graduated from the university’s College of Pharmacy.

As a new practitioner, Simenson moved to Anoka, MN, a northern suburb of the Twin Cities of Minneapolis and St. Paul. In 1977, he started working at Goodrich Pharmacy, a commu-

nity pharmacy negotiated agreements with physicians to substitute formulary products when appropriate. “Then Project ImPACT and APhA came along ... we got more involved, and it just kind of snowballed,” Simenson said.

MTM in Minnesota

In the mid-1990s, MTM came to the forefront. “It evolved out of our medication monitoring and assessment programs,” Simenson explained. “Because we couldn’t get labs, we performed lipid panels and A1C [glycosylated hemoglobin] tests and worked on obtaining patient records. As soon as you had that patient information, you could build a disease state practice. As pharmaceutical care evolved, your experience and aptitude improved, and you started to treat the whole patient, not just one disease state.”

Today, Goodrich Pharmacy boasts five locations and an extensive MTM program. “Our patients tend to be late middle age or older and have the chronic diseases that require a lot of medication,” Simenson told *Today*. Patients with various types of coverage patron-

ization and OTC medications for chronic conditions; the plan pays the full cost of the benefit, with no copay required. Patients are eligible for an \$8 per prescription discount if they participate. Any qualified pharmacist can provide MTM and face to face meetings are encouraged, Simenson said, adding that the program offers fair reimbursement and boasts excellent pharmacy faculty buy-in.

Patients don’t need a physician referral, which makes the pharmacist’s job much easier, Simenson said. “If you can identify the patient, you’ve got the authorization and the referral right there, just by documenting that you meet the requirements,” he explained. “If you know what the screening parameters are, you can do a fairly good job of initially identifying patients who meet the minimum requirements.”

This streamlined MTM benefit has been a great opportunity for pharmacy in Minnesota, Simenson said. “It’s a huge pool of patients statewide, just like the Medicaid populations. You’ve got about 70,000 employees with potentially 15,000 MTM eligibles who, if they meet

MTMprofile

the requirements, are covered," he said. Additionally, because the plan is sponsored by the university, "they're real advocates for pharmacists," Simenson said. "They're not going to let quality slip, and they're not going to provide services that have no value."

MTM nuts and bolts

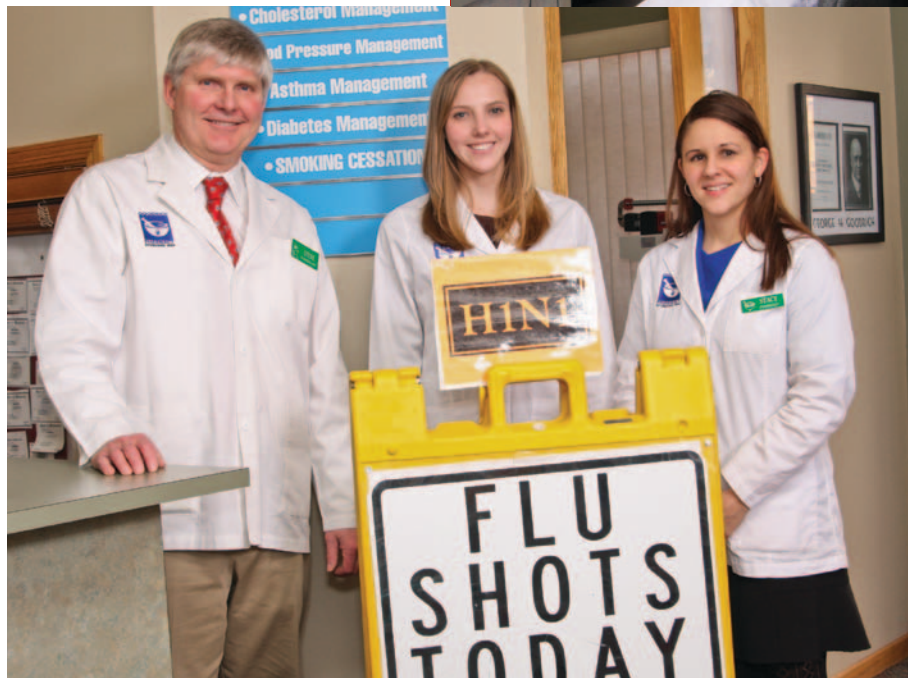
MTM consultations conducted at Goodrich Pharmacy take place in separate, private rooms with a desk, computer, reference books, and screening devices as needed. "We have the tools and the demonstration aids there so we can be ready for the patients and maximize our time," Simenson told *Today*. Consultations typically take 30 to 45 minutes, depending on the complexity of the patient's profile and how much information the pharmacist already has. "When we have access to the patient's electronic medical record, we can do a lot previsit," Simenson said. "To gather all the patient's medical history and demographics ... takes away from the time that you can spend with patients actually working on their problems and your assessment and recommendations. ... We have to get those efficiencies to make it a viable business model," he concluded.

Improving participation and outcomes is essential to an effective MTM business as well, and Simenson thinks Goodrich Pharmacy can accomplish that goal. He described a potential future where MTM is "recognized just like going in for a yearly physical." "I'm convinced [MTM] has an impact on patients," he said, adding that communication is the real sticking point for reaching the future of MTM. "How do I get patients to realize that it's worth the effort to go to my pharmacy ... to get that care?" he mused. "It's still the patient taking the first step."

Goodrich uses health fairs and blind mailings to reach patients, but privacy and HIPAA concerns can make it difficult to reach patients directly. "One of the biggest positives [of the UPlan benefit] is that they're trying to saturate the MTM providers out there and get a very high uptake from the university employees who qualify," he said. Simenson emphasized the importance of spreading MTM to as many pharmacists in as many pharmacies as possible to reach that critical mass of public awareness of the program.

Physician response to MTM has been positive so far, Simenson said, although he noted that many of the patients they

send to Goodrich fall on the more challenging end of the patient care spectrum. "We're willing to take those to prove what we can do" and educate physicians about MTM, he said. "They're often not used to talking to a pharmacist ... They need to know that there's a difference between an MTM pharmacist and an order fulfillment and dispensing pharmacist. You may do both, but you need to have that reputation. [Physicians] need to know that you're qualified to do [MTM], produce better outcomes, and communicate with them in a way that they understand and can quickly interpret," Simenson said.



'The future of pharmacy'

Simenson has high hopes for the future of Goodrich Pharmacy—and for the profession. "We're going to continue to expand to get enough MTM patients so that we can dedicate more pharmacist time to clinical care. We're also going to push employee health and wellness screening and monitoring, because everybody is looking to save money and costs, and one of the biggest cost drivers in any employer's insurance plan is the subset of patients with chronic diseases," he said.

Looking at the bigger picture, Simenson told *Today*, "I think that pharmacists have a role in managing those patients [with chronic conditions], decreasing sick days and making them feel healthier." He applauded the efforts of the University of Minnesota with respect



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