

Drug Spend: Decrease Waste, Improve Quality and Ensure Appropriate Use

Encourage your health plan to enter into value-based contracts that include team-based comprehensive medication management services.



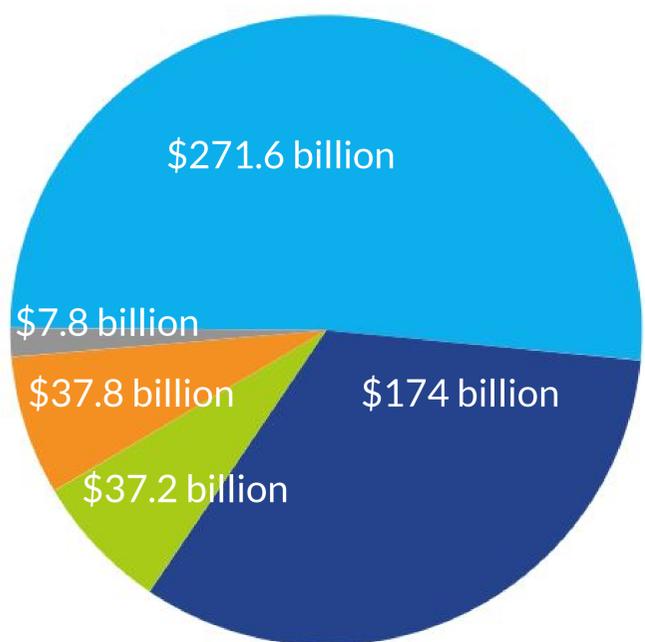
The Problem: Non-Optimized Medications



Often caused by the "poly" problem:¹⁴

- Employees with many chronic conditions
- Employees taking many medications
- Employees getting medications from many prescribers

**Suboptimal medication use =
275,000 lost lives and \$528B
wasted every year!**¹



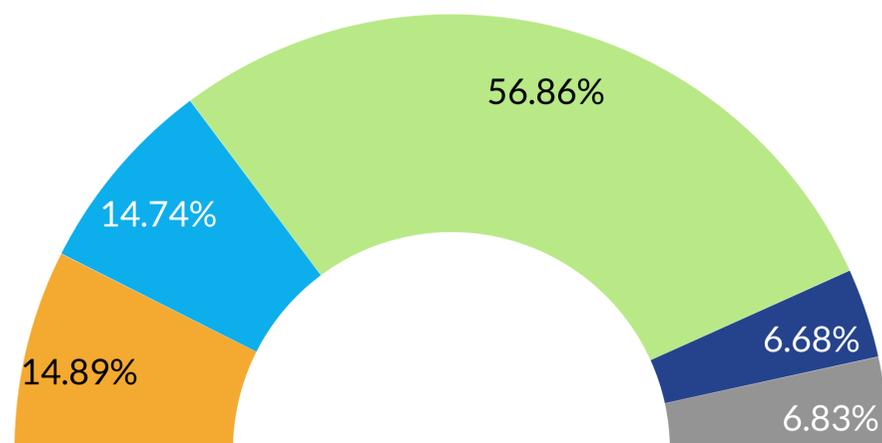
\$528.4 billion in waste is attributed to:

- Long-Term Care Admissions
- Hospitalizations
- Emergency Department Visits
- Provider Visits
- Additional Prescriptions

Driving Additional Expense:

- Per person annual spending is **59% higher** for employees with 1 chronic health condition and **82% higher** for those with 2+ chronic conditions.²
- Employees with chronic illness have higher absenteeism.^{3,4} For example, workers with diabetes miss an average of **5.5 additional work days** per year.⁵
- No systematic approach to management of medication therapy problems in place

Types of Medication Therapy Problems⁶ It's not all about adherence!



- Non-Adherence (14.89%)
- Adverse Reactions (14.74%)
- Inadequate Therapy (56.86%)
- Unnecessary Therapy (6.68%)
- Dose Too High (6.83%)

The Solution:

Comprehensive Medication Management

"The standard of care that ensures each patient's medications (whether they are prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended."⁷



CMM goes beyond product price discounts and adherence programs. It is a **service** delivered by a team, collaborating with a physician to ensure appropriate use of medications and gene therapies. It influences medication selection, use and monitoring to ensure safe, effective and appropriate use of medications. CMM is patient-centered, comprehensive and ongoing. Read more about the ten step process [here](#).

1. Patient Assessment

4. Follow-up Medication Monitoring

What role does the clinical pharmacist play to answer "Is this the right medication for this person?"

2. Medication Therapy Evaluation

3. Medication Plan Development and Implementation (collaboratively with the physician)

The outcome of CMM is medication optimization. Prescribers work collaboratively with clinical pharmacists and the care team to ensure therapy goals are met. Positive results for self-insured employer groups include:

- Improved clinical outcomes in chronic illness^{8, 9, 10, 11, 12, 13}
- Reduced health care utilization including emergency department and hospital visits^{9, 12}
- Decreased employee absenteeism¹³
- Decreased total cost of care by an average of \$1,000/patient/year^{10, 11, 12, 13}
- Positive return on investment ranging from \$2-\$4:1 in the first year^{10, 11}

A Call to Action for Employers



- ✓ Use data analytics from your benefits spend (e.g. readmissions, polypharmacy, emergency department visits, adverse medication events), to establish the need for company adoption of CMM as a health care benefit strategy and advocacy for transformation of the current system of medication use.
- ✓ Engage with employers, primary care and specialist physician organizations, medical and pharmaceutical service providers, community leadership organizations, health care insurance carriers and consumer groups focused on acute/chronic care outcomes improvement to discuss the community's need to transform medication use through CMM.
- ✓ Utilize value-based contracting to incorporate shared savings with medical carriers and PBMs to incentivize delivery of team-based CMM services with the clinical pharmacist as a vital team member.
- ✓ Ensure contracts with medical insurance carriers require real-time interoperability and sharing of patient records between care providers.
- ✓ Base contract performance guarantees on measurable clinical outcome improvements and financial waste avoidance achieved by medication optimization through appropriate implementation of CMM in practice to manage all medication therapy problems.
- ✓ Promote both employer and employer health care coalition education and advocacy to build demand for CMM services to ensure appropriate use of medications and gene therapies and reduce waste and benefits spend.
- ✓ Recognize the value and importance of adding the CMM service component—when evaluating PGx testing to target correct therapies—as a way to ensure appropriate use of companion and

REFERENCES

1. Watanabe JH, McInnis T, Hirsch JD. Cost of prescription drug-related morbidity and mortality. *Ann Pharmacother*. 2018;52(9): 829-837. doi: 10.1177/1060028018765159.
2. A critical national resource shedding light on the trends driving health care spending growth in the U.S. Health Care Cost Institute (HCCI).
3. Economic costs of diabetes in the U.S. in 2017. American Diabetes Association. *Diabetes Care* 2018 May;41(5):917-28.
4. Vuong TD, Wei F, Beverly CJ. Absenteeism due to functional limitations caused by seven common chronic diseases in U.S. workers. *J Occup Environ Med*. 215 Jul;57(7):779-84.
5. Witters D, Liu D. Diabetes costs U.S. economy estimated \$266 billion annually.
6. Comprehensive medication management in team-based care. American College of Clinical Pharmacy.
7. McInnis T, Strand LM, Webb CE. The patient-centered medical home: integrating comprehensive medication management to optimize patient outcomes.
8. Theising KM, Fritschle TL, Implementation and clinical outcomes of an employer-sponsored, pharmacist-provided medication therapy management program. *Pharmacotherapy* 2015 Nov;35(11):e159-63.
9. Iyer R, Coderre P, McKelvey T, et al. An employer-based, pharmacist intervention model for patients with type 2 diabetes. *Am J Health Syst Pharm*. 2010 Feb;67(4):312-6.
10. Johannigman MJ, Leifheit M, Bellman N, et al. Medication therapy management and condition care services in a community-based employer setting. *Am J Health Syst Pharm*. 2010 Aug;67(16):1362-7.
11. Bunting B, Nayyar D, Lee C. Reducing healthcare costs and improving clinical outcomes using an improved Asheville project model. *Innovations in Pharmacy*. 2015;6(4):227.
12. Rodriguez de Bittner M, Chirikov VV, Breuning I, et al. Clinical effectiveness and cost savings in diabetes care, supported by pharmacist counselling. *J Am Pharm Assoc*. 2017;57(1):102-108.
13. Cranor C, Bunting B, Christensen D. The Asheville project: long-term clinical and economic outcomes of a community pharmacy diabetes care program. *J Am Pharm Assoc*. 2003 Mar;43(2): 173-84.
14. Shane RR. Why is the patient here? What do they need? *Am J Health Syst Pharm*. 2020 Jun 4;77(12):901-902. doi: 10.1093/ajhp/zxaa095.