Get the medications right: a dozen lessons

Health2 Resources Issue Brief

The pharmacist's role is changing, and a new report from Health2 Resources and Blue Thorn Inc., *Get the medications right: a nationwide snapshot of expert practices—Comprehensive medication management in ambulatory/community pharmacy,* explores this change. It offers a glimpse of how pharmacists, as both medication experts and clinicians, are optimizing medication use and making an impact on the practices and communities they serve.

Terry McInnis, MD, MPH, FACOEM, president of Blue Thorn Inc., served as principal investigator. Katherine H. Capps, president of Health2 Resources, was project director.

Comprehensive medication management (CMM), a whole-patient intervention, seeks to optimize outcomes through the effective and appropriate use of medications. These efforts focus on the patient and the clinical and personal goals of therapy as a baseline for interventions.

CMM defined: "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."

—McInnis T, Webb E, and Strand L. *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes,* Patient-Centered Primary Care Collaborative, June 2012

Based on survey[1] responses from more than 600 pharmacist practitioners and program directors, *Get the medications right* offers an on-the-ground perspective about delivering CMM services collaboratively in team-based care. It also

1 In total, 935 individual program managers started and 618 completed the initial practice evaluation instrument—the McInnis Index for Advanced Medication Management Practice (MI-AMMP™). From there, the research team applied a six-way filter to determine if practices had adequate processes in place for CMM.

HealthPartners began paying for CMM-level services in 2006. Nearly everyone with a HealthPartners pharmacy benefit is eligible for CMM; that's about 850,000 people. HealthPartners offers CMM services to these members through a community-based network of pharmacists. HealthPartners also employs nine pharmacists (about 7.5 FTEs) at 15 of its own clinics. In a recent 12-month period, the in-house CMM program saw 4,269 unique patients. Dan Rehrauer, PharmD, is the senior manager of the medication therapy management program.

Goodrich Pharmacy has 18 pharmacists at seven sites; they served approximately 75,000 patients over the past two years (including CMM and dispensing). Five of those sites provide CMM. In 2015, they saw roughly 900 unique CMM patients as well as 700 unique disease-state medication management patients. Goodrich also contracts with six primary care clinics, providing CMM patient consultations for a flat fee. At those sites, Goodrich pharmacists saw roughly 1,600 patients in 2015. Steve Simenson, BPharm, FAPhA, DPNAP, is president and managing partner.

explores the expanding role of pharmacists as patient-care pharmaceutical experts who now directly manage medications through collaborative practice.

This brief considers the findings across all 15 sites, with a focus on two: HealthPartners, a health plan based in Bloomington, Minn., and Goodrich Pharmacy Inc., an independent community pharmacy based in Anoka, Minn.

The survey and the interviews yielded valuable information that illustrates what the evidence has already proven: CMM services enable health care organizations to achieve the quadruple aim of improved outcomes, cost savings, patient satisfaction and clinician satisfaction.[2,3,4,5,6,7,8,9,10,11] What follows are just 12 of the many lessons learned.

1. **Physician buy-in and champions are crucial.** Most physicians are satisfied with CMM services once they experience them; until they do, they are wary. Implementing programs that allow clinical pharmacists to perform new roles and functions requires senior-level support, most often from physician leaders. The biggest challenge is to get that foot in the door. Once the pharmacists are practicing alongside physicians and other team members, it becomes easier because the clinical pharmacist's value is recognized, explains McInnis.

   Although Goodrich's Simenson has successfully identified and won over clinical champions, he told interviewers he wished he'd done a better job initially explaining how clinical pharmacists can augment primary care practices. He does now, and it works: In the clinics where he had contracts, physicians began to lobby clinic managers for more pharmacists, and demand grew. And that translates into bottom-line results.

2. **CMM serves the patients most in need of care.** Successful CMM practices use data and analytics to target the most complex—and often most costly—patients. Working with case managers,

2 McBane, S et al. "Collaborative Drug Therapy Management and Comprehensive Medication Management." 2015 American College of Clinical Pharmacy white paper. *Pharmacotherapy* 2015; 35(4):e39–e50

3 Chisholm-Barnes M et al. "US Pharmacists' Effect as Team Members on Patient Care." *Medical Care;* Volume 48, Number 10, Oct. 2010.

4 Smith M, Bates DW, Bodenheimer T, Cleary PD. "Why pharmacists belong in the medical home." *Health Aff* (Millwood). 2010 May;29(5)

5 Butler A, Dehner M, Gates RJ, et al. *Comprehensive Medication Management Programs: Description, Impacts, and 2015 Status in Southern California,* California Department of Public Health white paper, Dec. 2015

6 USC Conference presentation Feb 2016: pharmweb.usc.edu/2016hcquality/PDF/Chen-CMMI-project-update-and-general-overview.pdf

7 U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. CDC Public Health Grand Rounds. How pharmacists can improve our nation's health. Oct. 21, 2014.

8 Perlroth D, Marrufo G, Montesinos A, et al. Medication therapy management in chronically ill populations: final report. Centers for Medicare and Medicaid Services. August, 2013

9 McInnis T, Webb E, and Strand L. *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes,* Patient-Centered Primary Care Collaborative, June 2012

10 Chen S., et al. Medication Therapy Management Provided Through a Community Pharmacy in Collaboration with a Safety Net Medical Clinic. Final Project Report for the Community Pharmacy Foundation communitypharmacyfoundation.org/resources/grant_docs/CPFGrantDoc_74861.pdf

11 Giberson S, Yoder S, Lee MP. *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General.* Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011

HealthPartners, for example, identifies, stratifies and invites members who will most benefit from CMM services. By focusing on patients who most need the intervention of a clinical pharmacist, CMM programs show rapid improvement in clinical outcomes and lower health care utilization and costs. "CMM is our most resource-intensive medication management intervention as a health plan," Rehrauer said. "CMM is our silver bullet intervention to those at highest risk, but we need to apply that philosophy to everything we do and manage our whole population."

3. **CMM supports team-based, coordinated care—provided roles and functions are defined.** Just as clinical pharmacists providing CMM services work at the top of their license, so can other pharmacy team members. It comes down to allowing *everyone* to work at the top of their skill level. At Goodrich, clerks and technicians identify patients, make sure all the information is entered into the record, and send reminders. Residents and pharmacists spend time with patients and enter notes. The objective, Simenson said, is to assign the task to the most appropriate person for cost-effective care.

4. **CMM creates satisfied patients.** The interviews revealed extremely high patient satisfaction rates—some as high as 100 percent. Whether the surveyed practices were sharing anecdotes or survey results, it was clear that there was near-total patient satisfaction. But that doesn't mean they weren't wary: "Patients initially have a difficult time getting their heads around the idea of a pharmacist in a patient care role," said Simenson. But once patients have had a visit and see the level of service, they know—and appreciate—the difference.

5. **CMM creates satisfied clinicians.** The report also found high levels of pharmacist satisfaction. It's not just that the work is engaging, Simenson observed. It's satisfying, because helping patients in that way is "the right thing to do." CMM also enhances the satisfaction of other clinicians. Many of those interviewed observed that nurses, physicians and other primary care team members appreciated the role the clinical pharmacist played.

6. **CMM allows clinical pharmacists to do what they do best.** Clinical pharmacists can identify and fix a patient's medication problems and ensure the appropriate, effective and safe use of medications. Broad collaborative practice agreements are essential for this to happen, however. "Doctors don't want you to bring them a problem you can't fix," Simenson said. Pharmacists need to have the authority to fix the problems they find. The agreements give pharmacists that authority. "The future of pharmacy lies in patient care," he added.

7. **Assessing medication costs isn't the right way to assess the value of CMM.** Don't expect medication costs to go down with CMM. Although CMM services provide a way to lower the overall cost of care, the goal isn't to reduce the amount of money spent on medicine. For instance, at both Goodrich and HealthPartners, those costs remained flat. In many successful CMM practices, drug costs rise. Rather, the goal is to improve clinical outcomes and thereby lower the *overall* cost of care. Most of the 15 featured practices demonstrated some form of financial return on investment, regardless of whether medication costs rose, fell or remained flat.

8. **Consistent care processes spell success.** Consistent care processes maximize efficiencies, both for onboarding new pharmacists and for integration into the larger care team. Consistency spells credibility in the provider community and feeds the referral chain. "One of the reasons we have been successful is that we have made it very clear to anyone who joins our network what's expected," explained Rehrauer.

9. **Dispensing and CMM, both vital services, must be kept separate.** "You can't move back and forth between the counter and the exam room. You have to provide undivided attention to your patient and, at the same time, you can't short-change order fulfillment workflow; careful scheduling is a must," said Simenson. Unlike many of the others interviewed, his organization provides both dispensing and CMM services. That requires flexibility. Goodrich's approach is a sustainable model others can follow, said Ouita Davis Gatton, RPh, District A clinical coordinator for Kroger Pharmacy; she served on the report's advisory board. "Community pharmacy as we know it will have to change or it will go away. The days of basing community practice on volume and fee for service will either end or be integrated in a CMM

site. A pharmacist cannot do it in traditional workflow like we are attempting to do now."

10. **CMM requires training beyond pharmacy school.** Most of the CMM program directors interviewed agreed: One cannot leave pharmacy school and jump into an existing CMM pharmacy practice. "Managing a patient care practice is a skill you have to learn, and residency is the place to learn that skill," Rehrauer said; he expects residency to eventually become a requirement. In an ideal world, residency would be a requirement for CMM practice, Simenson said, but in the real world there are simply not enough residency programs.

11. **CMM's focus is direct patient care.** "Providing care is our number one job," Simenson said. Others interviewed shared that sentiment, and noted the ability to provide that direct clinical patient care contributed to their job satisfaction. "We are a company that is guided by the Triple Aim—working to achieve the best possible health outcomes, the best possible experience at the most affordable total cost," Rehrauer said. CMM "is the poster child for that."

A final lesson: CMM has arrived

The 12th lesson, says McInnis, is this: CMM is here to stay. Health systems, patients, physicians—even payers—are beginning to understand the value of advanced clinical pharmacy services and the importance of integrating them collaboratively into community/ambulatory team-based care.

The need for appropriate, effective and safe use of medications is undeniable. CMM services meet that need. "It's time to make integration of comprehensive medication management a policy and practice priority," says McInnis. Given the cost, measured in money and in human misery, any further delay is unconscionable.

As Rehrauer told interviewers, "This is where we see the future of pharmacy."

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Terry McInnis, MD, MPH, CPE, FACOEM, as president of Blue Thorn Inc., partners with providers, professional organizations, health plans and government on the critical delivery system roadmap and financial realignment necessary to transform into a viable health care model. Her leadership in the Patient-Centered Primary Care Collaborative (PCPCC) resulted in the successful launch and widespread adoption of the PCPCC Resource Guide: *Integrating Comprehensive Medication Management to Optimize Patient Outcomes,* a critical element in PCMH/ACO success. Her 25 years' experience include chief of flight medicine as a U.S. Air Force flight surgeon, private and hospital-based clinical practice, and positions as corporate medical director for Michelin North America, GE associate medical director and benefits manager (NC/SC), medical director for health policy and advocacy for GSK and chief transformation officer for CHESS (Cornerstone Healthcare). Her unique executive experience from the provider, employer/payer, pharmaceutical industry and policy perspectives enables practical transformational solutions.

McInnis received her MD at Wake Forest University and her MPH and residency in occupational and environmental medicine at the University of Oklahoma. She is board certified in preventive medicine and a Fellow of the American College of Occupational and Environmental Medicine.

Katherine Herring Capps,
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Katherine H. Capps, president of Health2 Resources, leads an experienced team of health policy experts and communications professionals who help clients identify new customer segments, create effective communication campaigns. Past and current clients include URAC, NCQA, the Patient-Centered Primary Care Collaborative, Rocky Mountain Health Plans and Procter & Gamble. Prior to establishing Health2 Resources, Capps served as president of the Alabama Healthcare Council and reported to an all-CEO business community board. During her tenure she managed a 76-member (350,000 lives) National Business Coalition on Health group.

Prior to her coalition work, Capps served for 12 years as a hospital administrator at both for-profit and not-for-profit hospital/health care systems such as HealthSouth, National Medical Enterprises (Tenet) and VHA-affiliated hospitals. A noted health policy expert, Capps has served as a board member for the National Business Coalition on Health, the purchaser committee for the National Committee for Quality Assurance and the National Advisory Board of NBCH. She currently serves on the executive committee of the advisory board for the Health Care Industry Access Initiative. She also serves on various civic, advisory and editorial boards. She is a frequent writer on topics relating to quality, cost and market-based reform, and use of information technology in health care.

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