

### **What is the GTMRx Institute (501c4)?**

The GTMRx Institute is a **catalyst for change** that brings together critical stakeholders, bound by the **urgent need to get the medications right**. We are physicians, pharmacists, caregivers, health IT innovators, drug and diagnostics companies, consumer groups, employers, payers and health systems, aligned to **save lives and save money** by advancing adoption of a systematic approach to medication use, enabled by technology, through comprehensive medication management, or CMM. By showcasing **evidence** and **innovation**, we motivate **practice transformation** and push **payment and policy reform**. Together, we ACT to champion **appropriate, effective, safe and precise** use of medication and gene therapies.

### **What is the GTMRx Foundation (501c3)?**

The GTMRx Foundation is a separate, charitable organization, whose mission is to serve the public through educational outreach, awareness building and information dissemination. The Foundation initiates and makes available many resources geared for the needs of our diverse members—physicians, pharmacists, caregivers, health IT innovators, drug and diagnostics companies, consumer groups, employers, payers and health systems—supported through the GTMRx Learning Network. These resources include issue briefs, publicly-available best practices and learning tools. To contact the Foundation or to make a [tax-deductible donation](#), please call (571) 310-2642.

### **Is the GTMRx Institute a research organization? What do you do?**

No, the GTMRx Institute is not a research organization. We convene a variety of decision-makers and influencers armed with evidence and innovative ideas to bring about fundamental and sustainable change to ensure Americans get the most benefit from advances in medication.

Pharmaceuticals are the most common medical intervention, and their potential for both help and harm is enormous.<sup>1</sup> Annually, 4.1 billion prescriptions, or 12.5 per person, are filled at U.S. pharmacies. Research published in 2018 demonstrates the morbidity and mortality related to non-optimized medication use totals an estimated \$528 billion a year in the U.S., exceeding the amount spent on the medications themselves.<sup>2</sup>

Access to life-saving medications is at an all-time high. Today's diagnostics enable unparalleled possibilities to treat many patients according to their personalized needs. But we are still missing an important step if we don't work to ensure that a systematic approach is in place to medication use that connects the **right medications** to the **right patient** with the **right dosage** at the **right time** in order to reach clinical goals of therapy. We believe the "missing step" is comprehensive medication management (CMM).

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<sup>1</sup> Pharmaceuticals: The Good and the Bad." *Informing the Future: Critical Issues in Health, Fourth Edition*, Institutes of Medicine, National Academy of Sciences, 2007, pp. 13–17. Accessed 4 Jan. 2018. <http://nationalacademies.org/hmd/~media/files/about%20the%20iom/itf4.pdf>.

<sup>2</sup> Watanabe J, et al. Cost of Prescription Drug–Related Morbidity and Mortality. *Annals of Pharmacology*, March 26, 2018. Accessed 3 April 2018. <http://journals.sagepub.com/eprint/ic2iH2maTdI5zfN5iUay/full>

The Institute works to more rapidly advance implementation of CMM services at the practice level, to ensure sustainable change by encouraging payment and policy reform in order to:

- Advance acceptance and recognition by providers and payors (to include employers) of the importance of creating a systematic, evidence-based approach to medications and their rational use.
- Engage physicians, clinical pharmacists and other team members who share a complete commitment to medication optimization by providing tools, data, practice standards and implementation resources to advance their ability to optimize medication use in their own settings.
- Educate and inform patient groups, Congress, CMS and payors (to include national health systems such as the VA).

### **What are the GTMRx Institute's core values?**

Our core values are expressed in our [Belief Statements](#). If you agree, please become a [signing member](#). There's no fee to join.

### **Who is involved in the GTMRx Institute?**

We believe it takes a multi-stakeholder effort to bring about change in the health care system. Our members are care providers, payers, purchasers, drug and diagnostics companies, pharmacists, caregivers, IT innovators and consumer groups, aligned to save lives and save money by advancing comprehensive medication management (CMM). That multi-stakeholder approach is reflected in our [leadership](#), too.

### **Who supports the GTMRx Institute?**

To date, four organizations have made generous three-year commitments to support the GTMRx Institute as [funding funders](#): J&J, Meddecision, Quest and American College of Clinical Pharmacy. They serve on our [board](#), joining our four founding board members. [Executive members](#) also fund the Institute. There are also funding and sponsorship opportunities available for education and outreach campaigns that support the mission of the Institute. The majority of our [members](#) are organizations who are like-minded, have signed our belief statements and actively participate in our events, serve on task forces and working groups, and inform our work.

### **Who are the leaders?**

The Institute's Board of Directors is composed of leaders and innovators. They include our co-founders [Terry McInnis](#) and [Katherine H. Capps](#), as well as founding board members Chief Transformations Officer of Innovaccer (formerly of IBM) [Paul Grundy](#), and the founder of All in Solutions and former Undersecretary of Veterans Benefits Administration [Allison Hickey](#). **In addition, funding board members include** President and CEO of Meddecision [Deb Gage](#), J&J Healthcare Services Senior Director [Ira Klein](#), American College of Clinical Pharmacy Consultant and Senior Policy Advisor [C. Edwin Webb](#), and Quest Diagnostics' Vice President, Medical Affairs, Population Health and Chief Health Officer, Health and Wellness, [Steve Goldberg](#).

### Why this? Why now?

In this new era of precision medicine, it's time to align payment models with systems of care to integrate comprehensive medication management to optimize patient outcomes. Medications are involved in 80% of all treatments and impact every aspect of a patient's life.<sup>3</sup> Nearly 30% of adults in the U.S. take five or more medications.<sup>4</sup> Ensuring that Americans benefit from appropriate medication use is a critical component of improving the national health care system—saving lives, and saving money. [See why our board so passionately supports getting the medications right.](#)

### How does the GTMRx Institute help patients and consumers?

Medical errors are [the third leading cause of death in the U.S.](#)<sup>5</sup> Medication errors (both inpatient and outpatient) cost approximately \$20.6 billion combined annually and occur in 3.8 inpatient admissions and 3.3 million outpatient visits.<sup>6</sup> Adverse drug events account for roughly 700,000 emergency department visits and 100,000 hospitalizations a year.<sup>7</sup> A 2018 study estimated that 275,689 deaths a year can be attributed to medication errors.<sup>8</sup>

Health care costs are too high for too many; one in every four commercial health plan dollars is spent for prescription drugs.<sup>9</sup> An estimated \$528 billion a year, equivalent to 16 percent of total health care spending, is consumed due to non-optimized medication use cost. That equates to \$2,500 for each impacted patient.<sup>10</sup>

The numbers are staggering, but the solution comes down to one simple question: *Is this the right drug for this person?* GTMRx will advocate for comprehensive medication management, practice transformation and policy and payment reform to solve the \$528 billion problem of non-optimized medication use. We will work to empower physicians and medication experts as collaborative members of the care team, so together they can ensure that medications are

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<sup>3</sup> Medication Errors. June 2017, <http://psnet.ahrq.gov/primers/primer/23/medication-errors>. Accessed 4 Jan. 2018. AHRQ Patient Safety Network

<sup>4</sup> Ibid.

<sup>5</sup> "Study Suggests Medical Errors Now Third Leading Cause of Death in the U.S. - 05/03/2016." *Johns Hopkins Medicine, based in Baltimore, Maryland*, Mar. 5ADAD, 2016, Accessed 4 Jan. 2018. [http://www.hopkinsmedicine.org/news/media/releases/study\\_suggests\\_medical\\_errors\\_now\\_third\\_leading\\_cause\\_of\\_death\\_in\\_the\\_us](http://www.hopkinsmedicine.org/news/media/releases/study_suggests_medical_errors_now_third_leading_cause_of_death_in_the_us).

<sup>6</sup> *Preventing Medication Errors: A \$21 Billion Opportunity*. Network for Excellence in Health Innovation, 2011. [http://www.nehi.net/bendthecurve/sup/documents/Medication\\_Errors\\_%20Brief.pdf](http://www.nehi.net/bendthecurve/sup/documents/Medication_Errors_%20Brief.pdf). Accessed 4 Jan. 2018.

<sup>7</sup> Medication Errors. June 2017, <http://psnet.ahrq.gov/primers/primer/23/medication-errors>. Accessed 4 Jan. 2018. AHRQ Patient Safety Network

<sup>8</sup> Watanabe J, et al. Cost of Prescription Drug–Related Morbidity and Mortality. *Annals of Pharmacology*, March 26, 2018. Accessed 3 April 2018. <http://journals.sagepub.com/eprint/ic2iH2maTdl5zfN5iUay/full>

<sup>9</sup> "Prescription Medications Account For One In Four Dollars Spent By A Commercial Health Plan." *Health Affairs Blog*, 24 Aug. 2018, <http://bit.ly/2NuJsSu>. Accessed 21 Sept. 2018.

<sup>10</sup> Op. cit., Watanabe, et al.

appropriate, safe, effective and precise. That's how we save lives, save money and, when possible, restore health.

**As an employer, why should this matter to me?**

Prescription drug costs are rising at double-digit rates. To address rising costs, benefit design is shifting from pharmaceutical company rebates to medication *value*. Support for implementation of a systematic approach to medication use for employer agents (health plans, PBMs, others) requires understanding the value propositions of those services.

The current trial and error system of medication use drives losses in quality of life and productivity in employees, as well as wasted dollars spent on medications that do not work. Moving to a precise, team-based approach to medication use will improve the overall quality of employee care and eliminate much of the waste in benefits spend. Getting the medication right the first time helps employers achieve their fiduciary responsibilities as health care plan sponsors and keeps productive employees in the workplace. And best of all, employers can be a driving force in the work of the Institute through participation in various working groups and task forces. [See what J&J's Ira Klein says to employers about the value of supporting the GTMRx Institute.](#)

**I'm a provider, why this, why now?**

Action changes things, and providers are key to transforming practice and creating team-based, collaborative care arrangements designed to accelerate broader adoption and access for consumers to comprehensive medication management services across the community. Today, only 13% of primary care doctors communicate with a pharmacist for new prescriptions.<sup>11</sup> Collaborative team-based care creates an opportunity to more quickly help patients achieve clinical goals by utilizing pharmacists as the medication experts within the care team to inform and empower both physicians and their patients to ensure that medications are effective and safe the first time. [See what Paul Grundy, MD, "godfather" of the patient-centered medical home movement says about cost and quality outcomes from getting the medications right.](#)

**As a consumer group leader, why this, why now?**

Between 50-75% of patients do not take their medications as prescribed (adherence), but this is NOT about adherence alone.<sup>12,13</sup> Illness and death from non-optimized medication therapy (wrong medications, skipped doses, medications that make you sick) cost \$528.4 billion

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<sup>11</sup> Preventing Medication Errors: A \$21 Billion Opportunity. Network for Excellence in Health Innovation, 2011. [http://www.nehi.net/bendthecurve/sup/documents/Medication\\_Errors\\_%20Brief.pdf](http://www.nehi.net/bendthecurve/sup/documents/Medication_Errors_%20Brief.pdf)

<sup>12</sup> National Community Pharmacists Association. Take as directed: a prescription not followed. <http://www.ncpanet.org>.

<sup>13</sup> World Health Organization. Adherence to long-term therapies: evidence for action. [http://www.who.int/chp/knowledge/publications/adherence\\_introduction.pdf](http://www.who.int/chp/knowledge/publications/adherence_introduction.pdf). Accessed August 3, 2012

annually, equivalent to 16 percent of total U.S. health care expenditures in 2016.<sup>14</sup> *We can do better*, for ourselves and for our loved ones. [See the consumer point of view from Brig. Gen. Allison Hickey \(Ret.\) USAF and former Undersecretary for Benefits \(VBA\) in the Department of Veterans Affairs.](#)

### What is Comprehensive Medication Management (CMM)?

Comprehensive medication management is a process that leverages medication experts in collaborative practice with physicians leading to a holistic, person-centered approach to an individual's medication use. CMM was defined in the June 2012 Patient-Centered Primary Care Collaborative report, [The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes](#), as

*A systematic approach to medications where **physicians and pharmacists ensure that 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***<sup>15</sup>

It's important to note that CMM is *not about adherence alone*. Rather, it's a team-based, collaborative approach. In collaborative practice, the team works to optimize medication use in partnership with patients, based on an assessment of their **willingness** and **ability** to take them.

### What is collaborative care, and why is it needed?

[Researchers estimate](#) that 275,000+ lives are lost each year from the wrong drugs, wrong doses or wrong medications that make people sicker.<sup>16</sup> There are more than 10,000 medications on the market, with dozens of new treatments—including biologics and gene therapies—added every year.<sup>17</sup> In this age of precision medicine, collaborative, team-based care will ensure all members of the team are on the same page and equipped with data needed to support comprehensive medication management—leveraging precision diagnostics (when needed) and based on the patient's individual needs, medication history and preferences. [Read what GTMRx President, Co-Founder Terry McInnis, MD says about the role of CMM in team-based care.](#)

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<sup>14</sup> Op. cit., Watanabe, et al.

<sup>15</sup> McInnis, Terry, et al., editors. *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes*. 2nd ed., Patient-Centered Primary Care Collaborative, *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes*. PCPCC Medication Management Task Force collaborative document.

<sup>16</sup> Op. cit., Watanabe et al.

<sup>17</sup> *Medication Errors*. June 2017, <http://psnet.ahrq.gov/primers/primer/23/medication-errors>. Accessed 4 Jan. 2018. AHRQ Patient Safety Network

### **What can I do? How can I get involved?**

First, you can review our [belief statements](#) and become a [signing member](#) (there's no charge) to help us magnify our voice for policy and payment change. Signing members gain access to our webinars, weekly update calls, monthly "Focus On" calls, our weekly news brief and issue briefs.

To keep up with the news about getting the medications right, [subscribe to our free weekly news brief](#).

We also invite you to [contribute to the GTMRx Foundation](#), a 501(c)3 charitable organization that serves as our public education and information base for the common good. To contact the Foundation, please call (571) 310-2642.

Your organization may also choose to take a leadership role as an executive member or founding funder by convening a task force or working group. We also have opportunities for organizations to sponsor activities, white papers, or events, such as webinars or a learning series, in support of our mission and vision. Contact Sandra Morris, [smorris@gtmr.org](mailto:smorris@gtmr.org), to learn more.

Task forces are led by executive members and founding funders, and will include members who are industry experts, working to inform, educate and overcome barriers to optimizing medication use. These groups will focus on solutions to problems around key GTMRx Institute initiatives such as liberating data exchange for CMM practices, CMM implementation, payment reform, benefit plan design, advocating for collaborative practices and access to appropriate and effective medications.

### **What will I gain when I become a member?**

We believe action changes things, so we will ACT through consensus-driven task forces, guided by our strategic focus and core beliefs, to create a "Blueprint for Change," a consensus document for practice transformation, policy and regulatory solutions that will provide action steps that reflect the collaborative perspective of our multi-stakeholder membership.

Members also gain access to our GTMRx Learning Network that creates opportunities for important networking and exchange of ideas via national thought leader webinars, issue briefs, a weekly news brief and regular update calls and policy briefings.

Join us and take your front-row seat as part of a national movement for a personalized, patient-centered, systematic and coordinated approach to medication use.

### **Why should I invest my limited time and resources with the Institute?**

The GTMRx Institute believes that action changes things, so together we must ACT to champion appropriate, effective, safe and precise use of medication and gene therapies to save lives and save money. This requires a fundamental culture change—adopting a systematic approach to medication use that leverages the expertise of medication experts in collaborative practice.

This shift in how medications are managed will require changes in how health care is financed as well. We have the ability to ensure patients are receiving the proper medication regimen the first time. To achieve this fundamental change, it is critical that we have a wide spectrum of members that include physicians, pharmacists, caregivers, health IT innovators, drug and diagnostics companies, consumer groups, and employers.

With your support, GTMRx can gain broad perspectives, promote CMM and amplify this issue of non-optimized medication management to effect real reform. This is an opportunity to join likeminded national leaders focused on solving an issue that affects our lives, our health and our pocketbooks.

#### **Where is the GTMRx Institute located?**

The GTMRx Institute's offices are located at 8230 Old Courthouse Road, Suite 420, Tysons Corner, VA 22182.

#### **Where are the meetings and events held?**

Most of our in-person meetings and events are located in Northern Virginia and Washington, D.C. We also offer online webinars, task force calls and virtual meetings.

#### **What kind of events does GTMRx host?**

We operate under the philosophy that action changes things, so we actively engage our members through thought-provoking webinars, participatory round tables with action-oriented agendas and events that challenge the status quo. We are always open to co-located, co-sponsored events.

Our [webinars](#) are held online and focus on practice transformation, evidence and innovation and opportunities for payment and policy reform. We access national researchers, thought leaders and innovators. They're free, but registration is limited. Become a [signing member](#) to receive notifications and invitations to register.

Round table events (for founding funders, executive members and invited guests) occur semi-annually and are designed to marshal support and create consensus documents that inform our agenda for policy change. Participants develop blueprints to enable practice transformation, examine evidence and innovation, and produce a framework for policy solutions. After each roundtable, we create a Consensus Report highlighting proceedings and findings. The

roundtables are action-oriented events with the goal of reaching industry consensus at their conclusion.

In addition to hosting our own educational events, the GTMRx Institute is positioned as a major player at key industry events.

**How can I sponsor an event? How do I become a sponsor? How can I make a contribution?**

Contributions to the [GTMRx Foundation](#) by individuals and organizations are appreciated in any amount. If you wish to sponsor a specific program or event, please [contact us](#).