



GTMR^x
Institute™

Get the medications right
www.gtmr.org

Core tenets to implement CMM in primary care: Getting the medications right

September 26, 2019 | 1 p.m. Eastern

GTMRx Learning Network Webinar

Agenda

- Welcome and Introductions
- Learning Objectives
- Presenters
 - **Ed Webb**, PHARM.D., MPH, FCCP, Founding Board Member, GTMRx Institute, Senior Policy Advisor to the Executive Director and Board of Regents, American College of Clinical Pharmacy
 - **Mary Roth McClurg**, PHARMD, MHS, Professor and Executive Vice Dean-Chief Academic Officer, UNC Eshelman School of Pharmacy
- Question and Answer Session

Learning Objectives



After the webinar, participants will be able to:

- Describe the three core components of comprehensive medication management (CMM) in team-based care;
- Demonstrate understanding of the importance of an implementation framework for operationalizing the CMM patient care process;
- Relate an understanding of the positive influence that implementation of CMM has on improving work-life balance for primary care providers; and
- Get a preview of evidence-based tools and resources for implementing CMM that will soon become freely available.

GTMRx Board Member



ED WEBB, PHARM.D., MPH, FCCP
Senior Policy Advisor to the Executive Director and
Board of Regents
American College of Clinical Pharmacy

Quick view of GTMRx Institute

A national platform creating a forum for more rapid practice and policy change to save lives and revolutionize the way care is delivered in order to optimize medication use.

Goal: To educate, inform and change the market so research and innovation moves to the practice level, payment models and policy align, and buyers receive value.

Vision: Enhance life by ensuring appropriate and personalized use of medication and gene therapies.

Mission: Bring critical stakeholders together, bound by the urgent need to optimize outcomes and reduce costs by *getting the medications right*.



Focus Areas

- Practice Transformation
- Evidence & Innovation
- Payment & Policy Solutions



A call for action

Medications are involved in **80%** of all treatments & impact every aspect of a patient's life.

Nearly **30%** of adults in the U.S. take **5+** medications.

10,000 prescription medications available on the market today.

Only **13%** of PCPs consult with a pharmacist before new prescriptions.

49 seconds spent between physicians and patients talking about new medication during a **15-minute** office visit.

Ensuring that Americans benefit from appropriate medication use is a critical component of improving the national health care system.

We are working to empower physicians and medication experts as collaborative members of the care team, so together they can ensure that medications are appropriate, safe, effective and precise.

That's how we save lives, save money and, when possible, restore health.

The \$528 billion opportunity

275,000+ lives are lost every year to medication errors

\$528.4B is the cost of non-optimized medication therapy (2016):

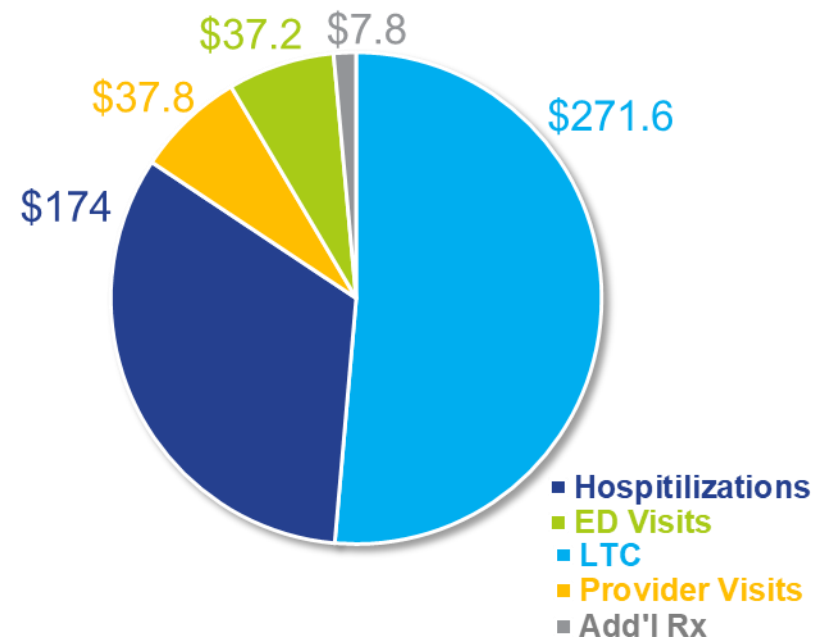
\$174 billion **hospitalization** costs

\$271.6 billion **long-term care** admissions

\$37.2 billion **emergency department** visits

\$37.8 billion additional **provider visits**

\$7.8 billion **additional prescriptions**



Founding and funding board members



Katherine Capps
Co-founder, Exec
Director



Terry McInnis, MD,
MPH, FACOEM
President & Co-founder



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MPH, FACOEM,
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Ira Klein, MD, MBA,
FACP



Steve Goldberg,
MD, MBA



C. Edwin Webb,
Pharm.D., MPH,
FCCP



Paul W. Abramowitz,
Pharm.D., Sc.D.
(Hon). FASHP



*Health System,
Payor or Foundation*

Getting the Job Done: GTMRx Workgroups

VISION: To enhance life by ensuring appropriate and personalized use of medication and gene therapies.

MISSION: We bring critical stakeholders together, bound by the urgent need to optimize outcomes and reduce costs by *getting the medications right*.

Focus of Workgroups

Practice & Care Delivery Transformation

(Skills, Tools & Knowledge)

Evidence & Innovation

(Experience-Based Best Practices)

Payment & Policy Solutions

(Evidence-Based, Effective Solutions)

HIT and AI to Support Optimized Medication Use

Precision Medicine Enablement via Advanced Diagnostics

Operational Activities & Outputs from Working Groups

- Accessing clinical data to support CMM
- Collaborative practice agreements
- Developing value-based business agreements
- CMM team-based care R&F
- Physician engagement and activation
- Patient engagement tools
- Barriers and enablers
- Expanding access to health IT solutions that liberate clinical data exchange for CMM practice

- Quality metrics (process, satisfaction, outcomes)
- Value metrics (cost and quality)
- Effective integration into delivery models and across settings
- Program and process guidance
- Building consumer demand
- Building physician demand
- Identification of expert practices
- Evidence for advocacy
- Building purchaser demand

- Enabling policy for CMM program reimbursement
- Overcoming policy & payment barriers to appropriate medication use
- Enabling benefit design / guide for employers
- Enabling policy for risk-based contracting (product & appropriate use)/ guide for practices & plans
- Recognition of emerging outcomes-based and population-based research (CBO scoring)
- Enabling policy & payment for gene therapies

A dynamic team of health care leaders!

Executive Members



A sample of our 510+ GTMRx Institute member organizations
(inclusion does not constitute an endorsement of any program, product or organization)



Over 510+ members strong (since April 2019) growing weekly!

As of 9.11.19



Presented by



MARY ROTH MCCLURG, PHARMD, MHS
Professor and Executive Vice Dean-Chief
Academic Officer
UNC Eshelman School of Pharmacy

CMM In Primary Care Study



Study Overview

- 35 mature practice sites providing CMM across 5 different states
- 3+ year study

Aims

- Establish Shared Philosophy for CMM and Decision to Improve
- Establish the Patient Care Process
- Build the Practice Management System to Support CMM
- Demonstrate the Value of CMM
- Scale and Sustain CMM

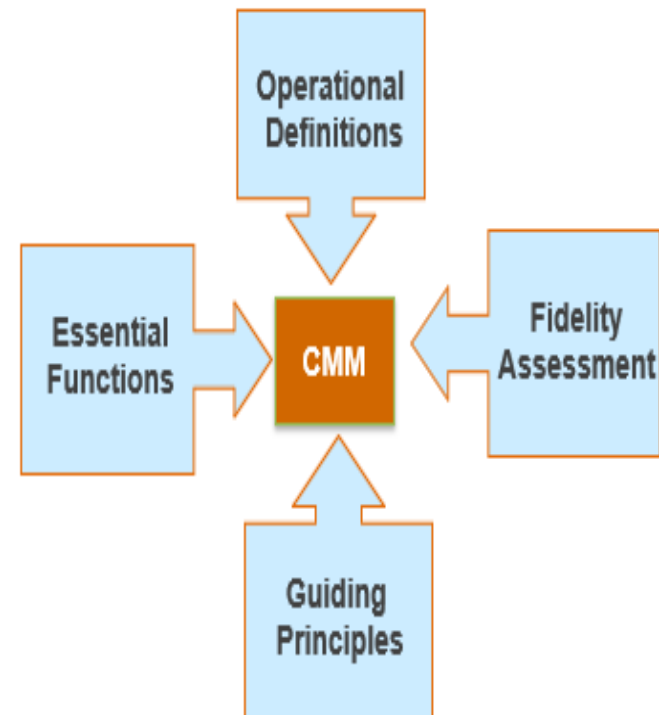


The Need for a Usable Innovation



CMM Patient Care Process

- A clear description of the guiding principles or philosophy of practice,
- A clear description of the “essential functions” that frame the service,
- A clear description of the “**operational definitions**” that explicitly define how each essential function will be **operationalized**, and
- A practical assessment of the performance of practitioners who are delivering the service (i.e., **fidelity**, which helps to ensure that the intervention is being implemented as intended).



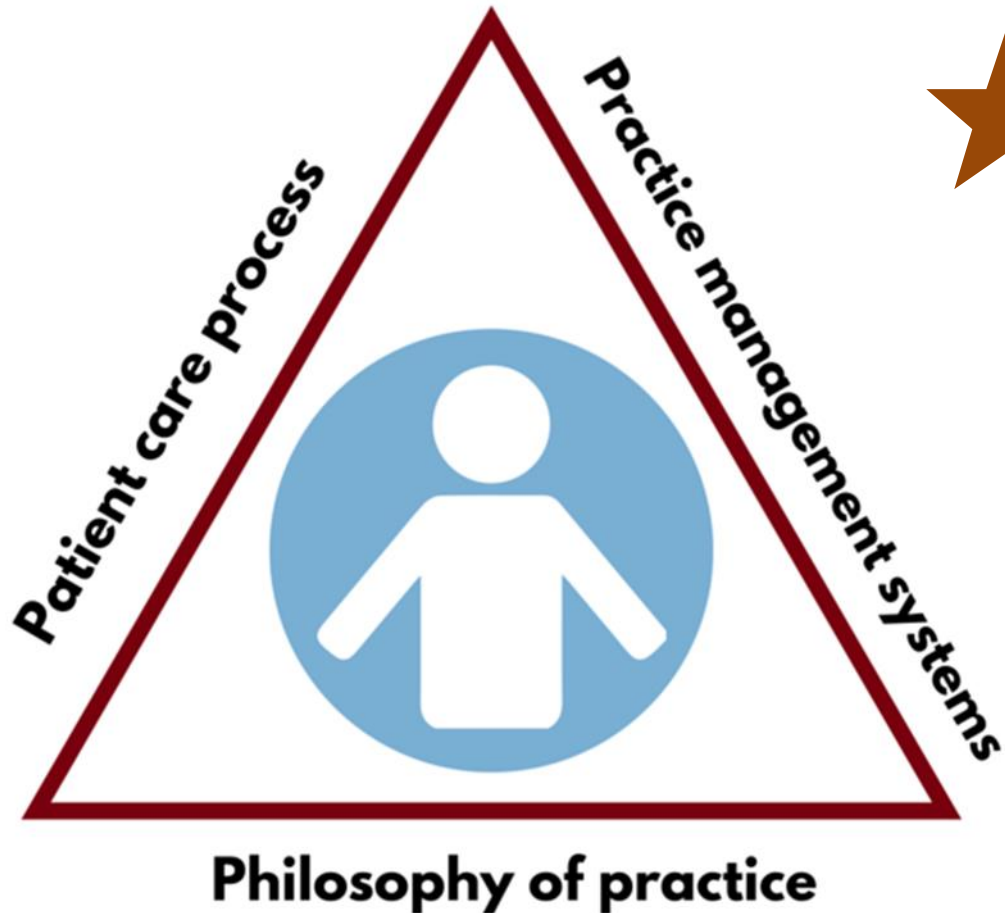
Fixsen, Blase, Metz, & Van Dyke, 2013; National Implementation Research Network (NIRN). Available at: <https://nirn.fpg.unc.edu/module-6/topic-1-defining-usable-innovations> Accessed Sept 2019.

Blanchard C, et al. Res Social Adm Pharm. 2017 Sep-Oct;13(5):922-929.

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.

Integrating Comprehensive Medication Management to Optimize Patient Outcomes. Patient-Centered Primary Care Collaborative. Available at: <https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>. Accessed Sept 2019.

Three Components of CMM



CMM Philosophy of Practice

Establish core tenets of a CMM philosophy of practice

CMM Patient Care Process

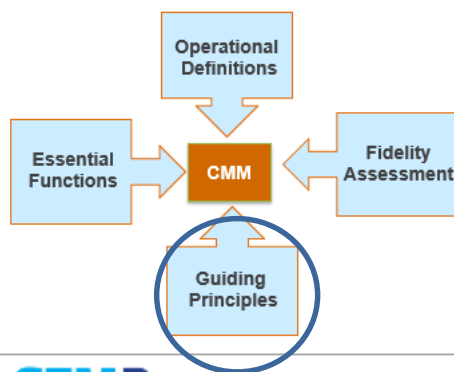
Establish a common definition for the profession

CMM Practice Management

Establish a framework and common definition for the profession

Guiding Principles

- Meeting a societal need
- Assuming responsibility for optimizing medication use
- Embracing a patient-centered approach
- Caring through an ongoing pharmacist-patient relationship
- Working as a collaborative member of the health care team



A shared philosophy of practice is a set of professional values and beliefs held within a discipline that serves to guide an individual practitioner's actions and behaviors and serves to instill trust in the care delivered.

Pestka DL, Sorge LA, McClurg MR, Sorensen TD. The Philosophy of Practice for Comprehensive Medication Management: Evaluating its Meaning and Application by Practitioners. Pharmacotherapy. 2018 Jan;38(1):69-79.

Three Components of CMM



CMM Philosophy of Practice

Establish core tenets of a CMM philosophy of practice

CMM Patient Care Process

Establish a common definition for the profession

CMM Practice Management

Establish a framework and common definition for the profession

The CMM Patient Care Process



Establishing a common language for CMM is essential to ensure that the service is understood and valued as distinct from the care delivered by the patient's primary care provider, yet is complementary.

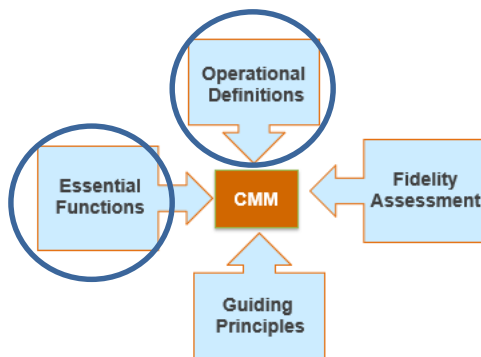
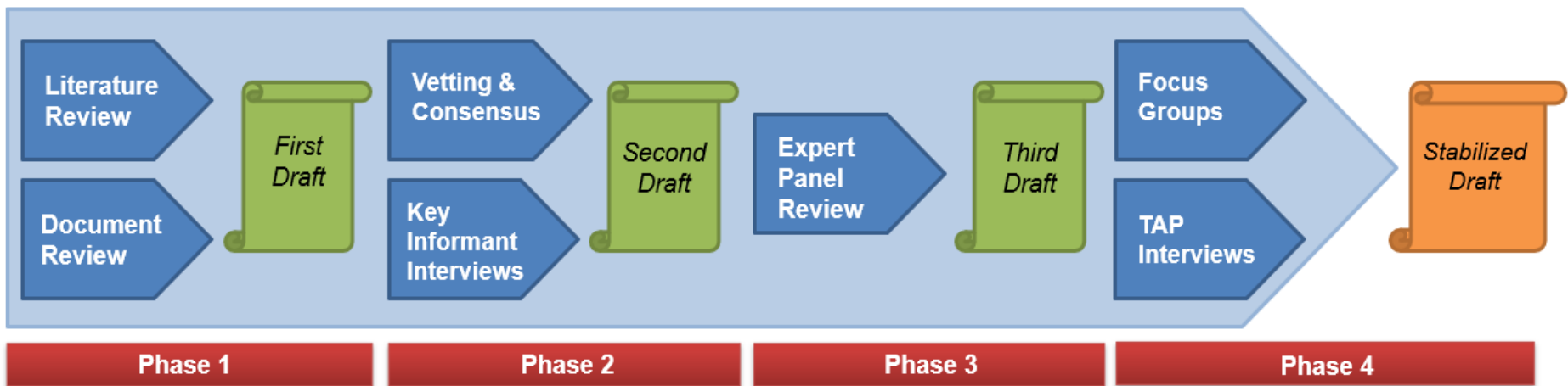
It also allows the interdisciplinary team of health care providers and staff to understand the ways in which various members of the team contribute to the patient care process for optimizing medication use.

The CMM in Primary Care Research Team. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). Available at: <https://www.accp.com/report/index.aspx?iss=0718&art=3>. Accessed Sept 2019.

The CMM Patient Care Process



Establishing a Common Language



The CMM in Primary Care Research Team. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). Available at: <https://www.accp.com/report/index.aspx?iss=0718&art=3>. Accessed Sept 2019.

The CMM Patient Care Process



ESSENTIAL FUNCTION I

Collect and Analyze Information

The pharmacist assures the collection of the necessary subjective and objective information about the patient and is responsible for analyzing information in order to understand the relevant medical/medication history and clinical status of the patient.

ESSENTIAL FUNCTION II

Assess the Information and Formulate a Medication Therapy Problem List

The pharmacist assesses the information collected and formulates a problem list consisting of the patient's active medical problems and medication therapy problems in order to prioritize recommendations to optimize medication use and achieve clinical goals.

The CMM in Primary Care Research Team. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). Available at: <https://www.accp.com/report/index.aspx?iss=0718&art=3>. Accessed Sept 2019.

The CMM Patient Care Process



ESSENTIAL FUNCTION III

Develop the Care Plan

The pharmacist develops an individualized, evidence-based care plan, in collaboration with other health care professionals and the patient or caregiver.

ESSENTIAL FUNCTION IV

Implement the Care Plan

The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

The CMM in Primary Care Research Team. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). Available at: <https://www.accp.com/report/index.aspx?iss=0718&art=3>. Accessed Sept 2019.

The CMM Patient Care Process



ESSENTIAL FUNCTION V

Follow up and Monitor

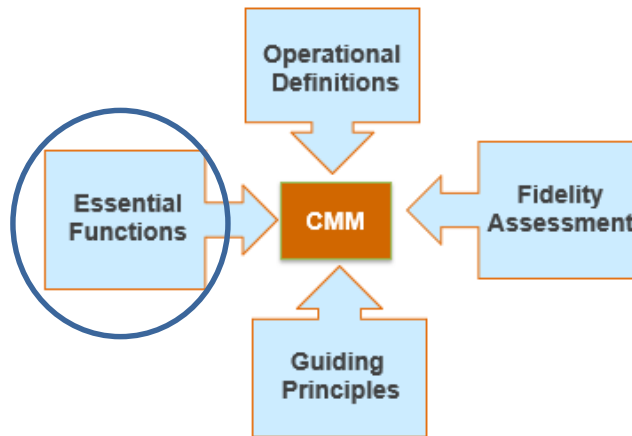
The pharmacist provides ongoing follow-up and monitoring to optimize the care plan and identify and resolve medication therapy problems, with the goal of optimizing medication use and improving care.

CMM Patient Care Process
Essential Functions
Align with
JCPP Pharmacist's Patient Care
Process



The CMM in Primary Care Research Team. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). Available at: <https://www.accp.com/report/index.aspx?iss=0718&art=3>. Accessed Sept 2019.

The CMM Patient Care Process



A clear description of the
“**essential functions**” that frame
the service,

A clear description of the
“**operational definitions**” that
explicitly define how each essential
function will be operationalized, and

***This is what is unique to the
work of a pharmacist***

Fixsen, Blase, Metz, & Van Dyke, 2013; National Implementation Research Network (NIRN). Available at: <https://nirn.fpg.unc.edu/module-6/topic-1-defining-usable-innovations>. Accessed Sept 2019.

Blanchard C, et al. Res Social Adm Pharm. 2017 Sep-Oct;13(5):922-929.

Operational Definitions for CMM Patient Care Process

I. Collect and Analyze Information

1a. Conduct a review of the medical record to gather relevant information (e.g., patient demographics, active medical problem list, immunization history, admission and discharge notes, office visit notes, laboratory values, diagnostic tests, medication lists).

1b. Conduct a comprehensive review of medications and associated health and social history with the patient. You or a member of the interdisciplinary health care team member should:

1c. Analyze information in preparation for formulating an assessment of medication therapy problems.

II. Assess the Information and Formulate a Medication Therapy Problem List

2a. Assess and prioritize the patient's active medical conditions taking into account clinical and patient goals of therapy.

2b. Assess the **indication** of each medication the patient is taking by considering the following:

2c. Assess the **effectiveness** of each medication the patient is taking by considering the following:

2d. Assess the **safety** of each medication the patient is taking by considering the following:

2e. Assess **adherence** of each medication the patient is taking by considering the following:

2f. Formulate a medication therapy problem list. See Appendix A: Medication Therapy Problem Categories, Pharmacy Quality Alliance.

2g. Prioritize the patient's medication therapy problems.

The CMM in Primary Care Research Team. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). Available at: <https://www.accp.com/report/index.aspx?iss=0718&art=3>. Accessed Sept 2019.

Operational Definitions for CMM Patient Care Process

III. Develop the Care Plan

- 3a. Develop a care plan in collaboration with the patient and the patient's health care providers to address the identified medication therapy problems.
- 3b. Identify the monitoring parameters important to routinely assess indication, effectiveness, safety, and adherence.
- 3c. Review all medication lists to arrive at an accurate and updated medication list.
- 3d. Determine and coordinate who will implement components of the care plan (i.e., patient, clinical pharmacist, other health care provider).
- 3e. Determine the type of follow-up needed.
- 3f. Determine the appropriate timeframe for patient follow-up.
- 3g. Determine the appropriate mode for follow-up (e.g., in person, electronically, by phone).

The CMM in Primary Care Research Team. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). Available at: <https://www.accp.com/report/index.aspx?iss=0718&art=3>. Accessed Sept 2019.

Operational Definitions for CMM Patient Care Process

IV. Implement the Care Plan

- 4a. Discuss the care plan with the patient.
- 4b. Ensure patient understanding and agreement with the plan and goals of therapy.
- 4c. Provide personalized education to the patient on his/her medications and lifestyle modifications.
- 4d. Provide the patient with an updated, accurate medication list.
- 4e. Implement those recommendations that you as the clinical pharmacist have the ability to implement.
- 4f. Communicate the care plan to the rest of the care team. If you cannot implement a recommendation(s) on your own, reach consensus on where implementation is required by another member of the team.
- 4g. Document the encounter in the electronic health record (e.g., summary of relevant patient information, assessment, and plan, including rationale, monitoring, and follow-up).
- 4h. Arrange patient follow-up.
- 4i. Communicate instructions for follow-up with the patient.

The CMM in Primary Care Research Team. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). Available at: <https://www.accp.com/report/index.aspx?iss=0718&art=3>. Accessed Sept 2019.

Operational Definitions for CMM Patient Care Process



V. Follow up and Monitor

5a. Provide targeted follow-up and monitoring (e.g., in person, electronically, or via phone), where needed, to monitor response to therapy and/or refine the care plan to achieve patient and clinical goals of therapy. Targeted follow-up includes, but is not limited to, quick check-ins to assess general status of care, monitor blood sugar or blood pressure, adjust insulin, check INRs, provide education.

5b. Repeat a comprehensive medication management visit at least annually, whereby all steps of the Patient Care Process are repeated to ensure continuity of care and ongoing medication optimization.³

5c. If the patient is no longer a candidate for CMM, ensure that a plan is in place for continuity of care with other care team members.

The CMM in Primary Care Research Team. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). Available at: <https://www.accp.com/report/index.aspx?iss=0718&art=3>. Accessed Sept 2019.

CMM Patient Care Process



- Created a **Resource Guide** for pharmacists, students, and other health care providers
- Created a **CMM self-assessment tool** to provide pharmacists and practice sites an opportunity to identify the practice of CMM within their sites and assess opportunities for improvement



The CMM in Primary Care Research Team. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). Available at: <https://www.accp.com/report/index.aspx?iss=0718&art=3>. Accessed Sept 2019.

The CMM Patient Care Process



Fidelity: the extent to which the intervention is implemented as intended

Received: 1 March 2019 | Revised: 20 May 2019 | Accepted: 22 May 2019
DOI: 10.1002/jac5.1155

CLINICAL PHARMACY RESEARCH REPORT



Ensuring effective implementation: A fidelity assessment system for comprehensive medication management

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Todd Sorensen Pharm.D., FCCP² | Mary R. McClurg Pharm.D., MHS, FCCP³

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Funding information

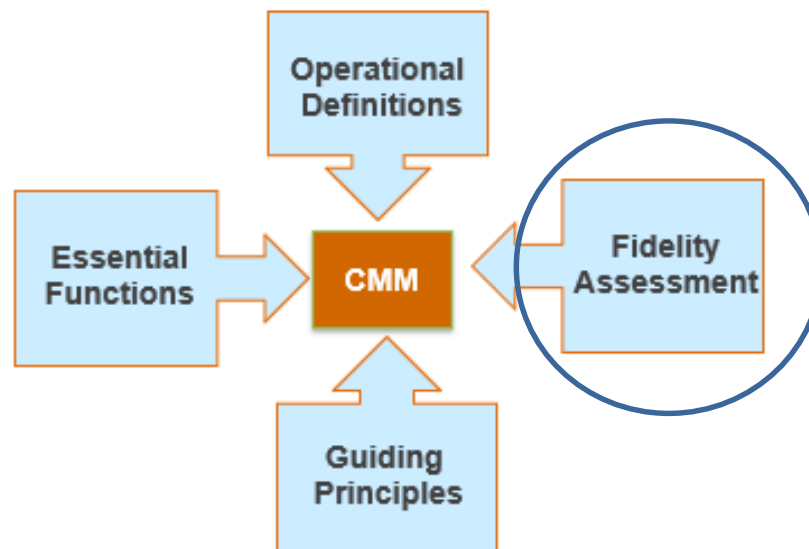
American College of Clinical Pharmacy and ACCP Research Institute

Abstract

Measuring the extent to which an intervention is implemented with fidelity (ie, as intended) is critical to its success. Comprehensive medication management (CMM) is an established pharmacy practice intervention in outpatient settings. However, there is no standardized approach to measuring its implementation fidelity. This article describes a fidelity assessment system that includes measures and tools for use by pharmacists and others involved with the practice of CMM. This system is a comprehensive but modular approach to assessing fidelity designed to facilitate measurement along three fidelity dimensions: context (ie, infrastructure needed to support CMM), content (ie, adherence to CMM), and competence (ie, skillset needed to deliver CMM). Practical recommendations with examples are also provided to facilitate application of the system in real-world settings. These recommendations are designed to assist with prioritization of the fidelity dimensions to consider timing of the assessments, use of the resulting data, interpretation of the data, and translation of results into actionable decisions. Incorporating fidelity measurement into any CMM implementation effort is key to ensuring consistent care delivery and impactful clinical outcomes.

KEYWORDS

assessment, clinical pharmacist, comprehensive medication management, fidelity, implementation science, pharmaceutical services



Fixsen, Blase, Metz, & Van Dyke, 2013; **National Implementation Research Network (NIRN)**. Available at: <https://nirn.fpg.unc.edu/module-6/topic-1-defining-usable-innovations>. Accessed Sept 2019.

Blanchard C, et al. Res Social Adm Pharm. 2017 Sep-Oct;13(5):922-929.

Livet M. JACCP May 2019.

Three Components of CMM



CMM Philosophy of Practice

Establish core tenets of a CMM philosophy of practice

CMM Patient Care Process

Establish a common definition for the profession

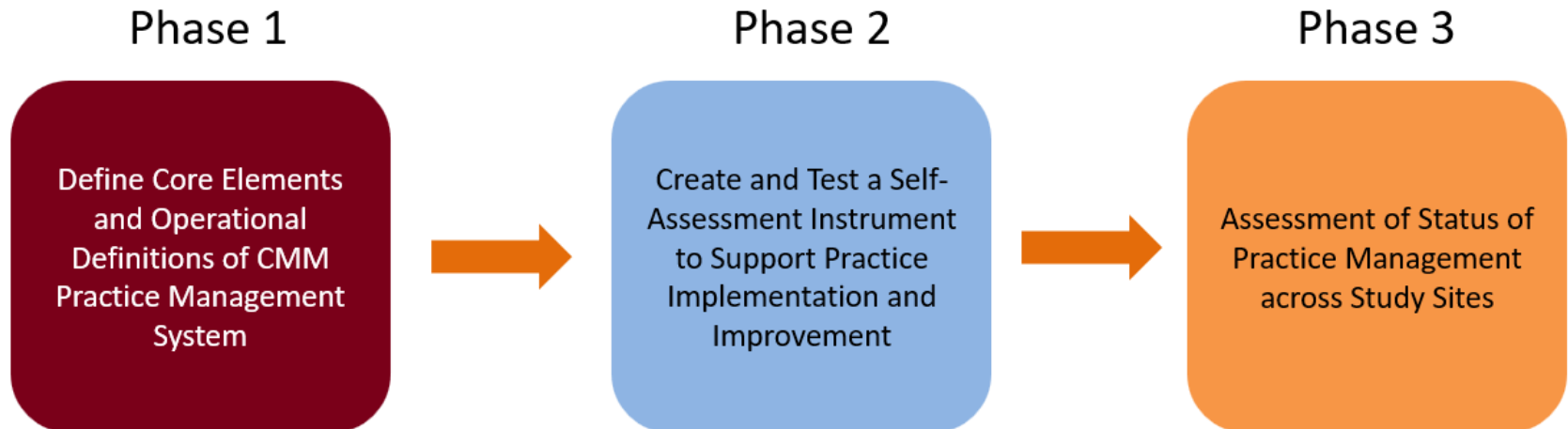
CMM Practice Management

Establish a framework and common definition for the profession

CMM Practice Management



All of the necessary resources and support to provide CMM in an efficient and productive manner



Pestka D, et al. J Am Coll Clin Pharm. July 2019.

Elements of a Practice Management System

Organizational Support

- Leadership support
- Availability and adequacy of clinic space
- Fiscal resources to support service delivery

Care Team Engagement

- Availability of support staff
- Interprofessional collaboration
- Presence and scope of CPAs

Care Delivery Processes

- Rational methods to identifying patients in need of CMM
- Effective systems for patient scheduling
- Systems for efficient and effective care documentation

CMM Program Evaluation

- Use of measurement strategies
- Reporting results to improve and expand

Ensuring Consistent and Quality Care

- Quality Assurance Processes
- Practitioner Training and Coaching

Pestka D, et al. J Am Coll Clin Pharm. July 2019.

CMM Practice Management



- Filled out by an **individual practice site**
- Intended to **identify potential areas for practice management improvement**

Comprehensive Medication Management Operations Assessment Tool

This is a tool used to assess and prioritize areas of improvement for CMM practice management (i.e., the necessary resources and support to provide CMM in a proficient and productive manner) within an individual clinic. This tool is meant to be filled out for an individual practice site by the CMM pharmacist(s) who work there.

Part I Directions: There are five domains of CMM practice management: (1) Organizational support, (2) Care team engagement, (3) Care delivery processes, (4) CMM program evaluation, and (5) Ensuring consistent and quality care. To determine which domains to focus on, please rate how well your CMM practice performs and the feasibility for improvement within the following domains.

Organizational support
When thinking of organizational support, consider the following:
How well does your leadership (both clinic level and executive) understand CMM? Does your leadership support and champion CMM? Do they support you in obtaining necessary resources? Do you have adequate patient care and non-patient care workspace dedicated to you? Are your services aligned with value-based payment?

Performance: On a scale of 0-10, how would you rate *Organizational support* for your CMM practice?

0 1 2 3 4 5 6 7 8 9 10

Feasibility: On a scale of 0-10, how would you rate the feasibility of improving *Organizational support* of your CMM practice?

0 1 2 3 4 5 6 7 8 9 10

Care team engagement
When thinking of care team engagement, consider the following:
How would you rate your level of collaboration and communication with the rest of the care team? Do they have a good understanding of CMM? Do you receive referrals from most clinic providers? Do you have collaborative practice agreements in place that allow you to modify and

1
© CMM in Primary Care Research Team

Pestka D, et al. J Am Coll Clin Pharm. July 2019.

CMM Practice Management



Practice Management Assessment Tool

Care Delivery Processes

Directions: Listed below are the essential components of care delivery processes. For each item listed under the essential component, mark the box that best describes your current CMM practice.

Less optimal

Optimal

Identifying patients for CMM				
Pharmacist identification	<input type="checkbox"/> Pharmacists are responsible for identifying <u>MOST</u> CMM patients		<input type="checkbox"/> Other methods exist (e.g., algorithm, referrals) so that pharmacists are <u>NOT</u> responsible for identifying <u>MOST</u> CMM patients	
Applying an algorithm (Check all that apply)	<input type="checkbox"/> There are <u>NO</u> criteria to prospectively identify patients in highest need of CMM	<input type="checkbox"/> There are criteria to identify patients in highest need of CMM that <u>must be manually applied</u>	<input type="checkbox"/> There is an automated algorithm that is used periodically to prospectively identify patients in highest need of CMM. Manual outreach is needed to schedule these patients for a CMM visit	<input type="checkbox"/> There is an automated algorithm that identifies patients in highest need of CMM and produces an alert in the course of care (e.g., a pop-up alert in the EHR) to encourage provider referral of the patient for a CMM visit.
Non-provider referrals (e.g. desk staff, community pharmacy, case managers, protocol-based nurse service)	<input type="checkbox"/> Non-providers do <u>NOT</u> identify patients who would be good candidates for CMM		<input type="checkbox"/> Non-providers identify patients who would be good candidates for CMM	
Payer referrals	<input type="checkbox"/> <u>NO</u> CMM patients are identified by payer referrals		<input type="checkbox"/> CMM patients are identified by payer referrals	
Generated quality care lists	<input type="checkbox"/> <u>NO</u> CMM patients are identified by clinic generated lists or registries based on quality measures		<input type="checkbox"/> CMM patients are identified by clinic generated lists or registries based on quality measures	

Pestka D, et al. J Am Coll Clin Pharm. July 2019.

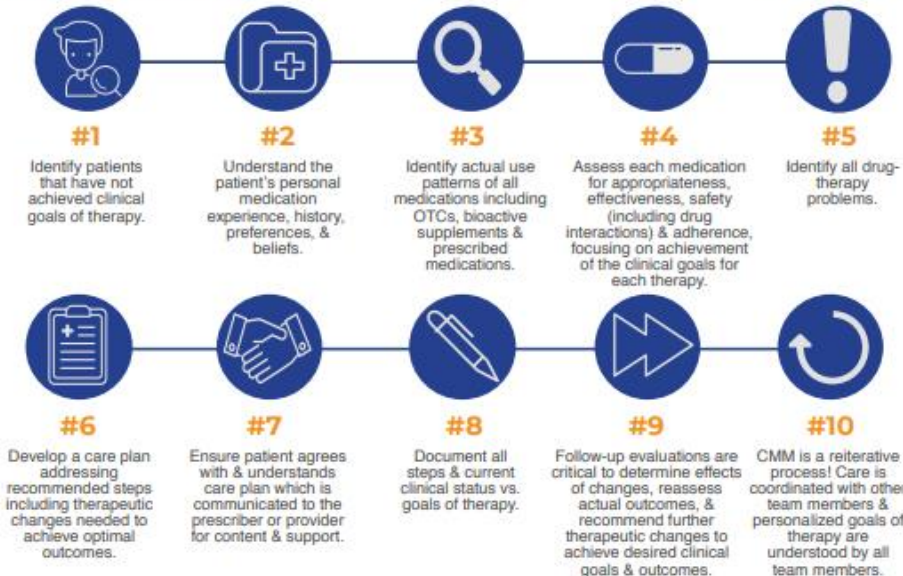
Alignment with 10 Steps to CMM



What is CMM?

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.**

10 steps to CMM:



Alignment of the 10 Steps of CMM with the CMM in Primary Care Research Findings

- #1 Practice Management System
- #2 Essential Function 1 (*operational definition, 1.b.*)
- #3 Essential Function 1 (*operational definition, 1.b.*)
- #4 Essential Function 1
- #5 Essential Function 2 (*operational definition, 2.f.*)
- #6 Essential Function 3 (*operational definition, 3.a.*)
- #7 Essential Function 4 (*operational definition, 4.a., 4.b.*)
- #8 Essential Function 4 (*operational definition, 4.g.*)
- #9 Essential Function 5
- #10 Essential Function 5

Learning Objectives



After the webinar, participants will be able to:

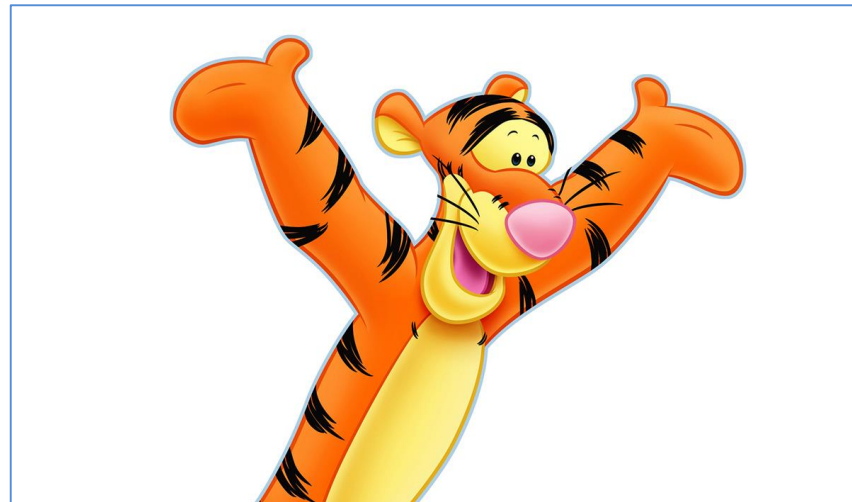
- Describe the three core components of comprehensive medication management (CMM) in team-based care;
- Demonstrate understanding of the importance of an implementation framework for operationalizing the CMM patient care process;
- **Relate an understanding of the positive influence that implementation of CMM has on improving work-life balance for primary care providers; and**
- Get a preview of evidence-based tools and resources for implementing CMM that will soon become freely available.

Provider Burnout vs. Provider Wellness



“Professional burnout is characterized by loss of enthusiasm for work, feelings of cynicism and a low sense of personal accomplishment and is associated with early retirement, alcohol use and suicidal ideation.”

Ann Fam Med. 2014;12(6):573-6



“Joy in practice includes a high level of physician work life satisfaction, a low level of burnout, and a feeling that medical practice is fulfilling.”

Ann Fam Med. 2013;11(2):272-8



World Health
Organization

Mental health

Burn-out an "occupational phenomenon": International Classification of Diseases

28 MAY 2019 - Burn-out is included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon. It is **not** classified as a medical condition.

1

Definition



Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- Feelings of energy depletion or exhaustion;
- Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- Reduced professional efficacy.

11th Revision of the International Classification of Diseases (ICD-11)

State of Burnout in Practice



- More than half of US physicians are experiencing substantial symptoms of burnout.
 - Family Medicine and Internal Medicine experience some of the highest rates
 - Burnout is nearly twice as prevalent among physicians as US workers in other fields after controlling for work hours and other factors.
 - Between 2011 and 2014, the prevalence of burnout increased by 9% among physicians while remaining stable in other US workers.
- Increasing evidence of burnout in other health disciplines

Shanafelt TD, et al. Arch Intern Med 2012;172; Shanafelt TD, et al. Mayo Clin Proc 2015;90.



Implementing Optimal Team-Based Care to Reduce Clinician Burnout

By Cynthia D. Smith, Celynn Balatbat, Susan Corbridge, Anna Legreid Dopp, Jessica Fried, Ron Harter, Seth Landefeld, Christina Y. Martin, Frank Opelka, Lew Sandy, Luke Sato, and Christine Sinsky

September 17, 2018 | Discussion Paper



Improved Health of
Populations

Lowering Overall Cost

Quadruple Aim

Enhancing the Patient
Experience

Care Team Well-Being

Is there a relationship between comprehensive medication management and PCP joy in practice?

Methods



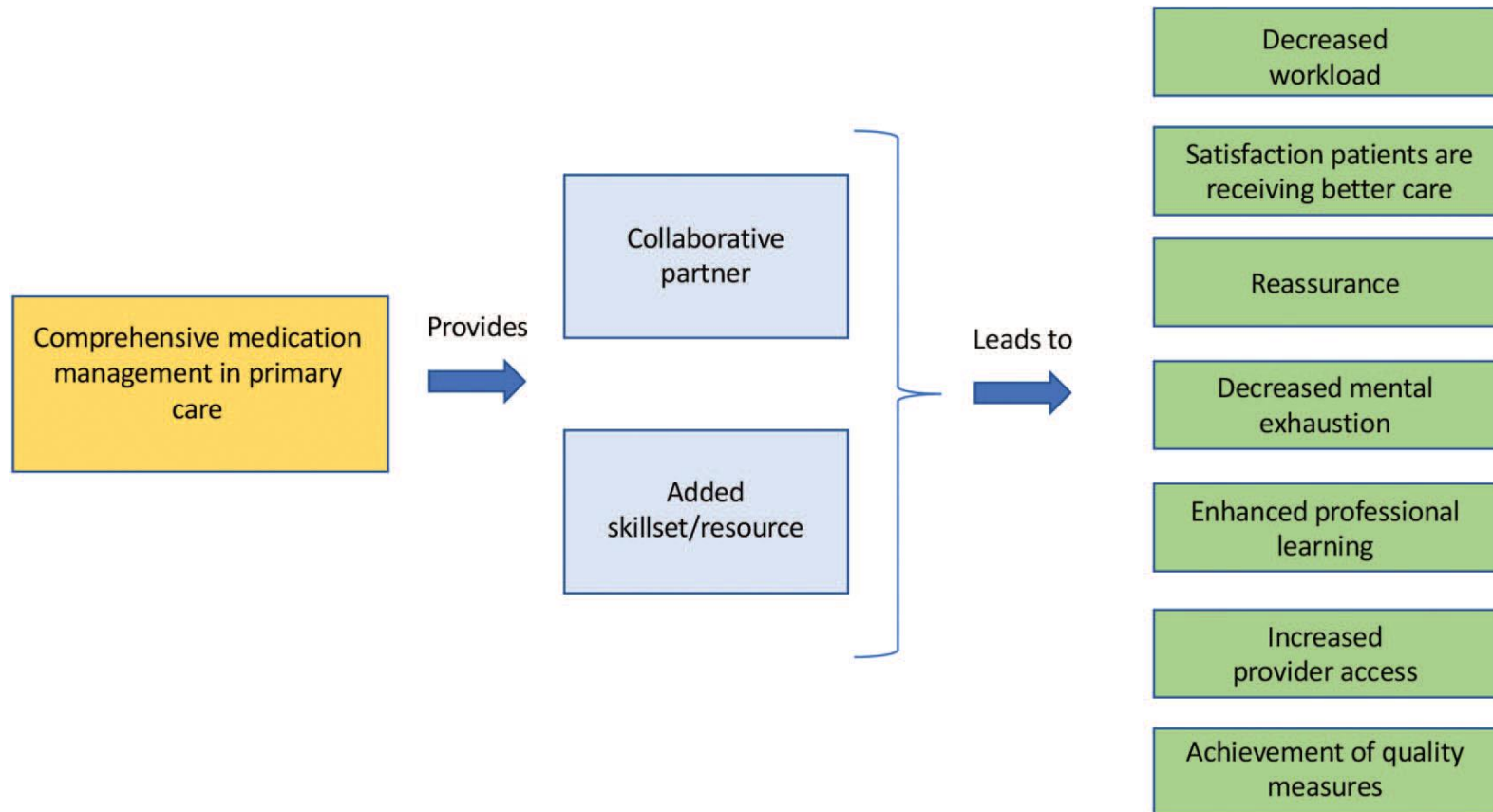
- Physicians, PAs, and NPs from 4 health systems in MN
- 6 dyadic and 4 one-on-one interviews with PCPs
- Semi-structured interviews, scheduled for 60 minutes
- Questions centered around:
 - How CMM affects the PCP's clinical work, professional satisfaction, and burnout, as well as any possible limitations of CMM or areas of opportunity.
 - Notecard activity – ranking of CMM impact on clinical functions (0-10); then asked to describe why they placed their notecards where they did.

Participant Demographics



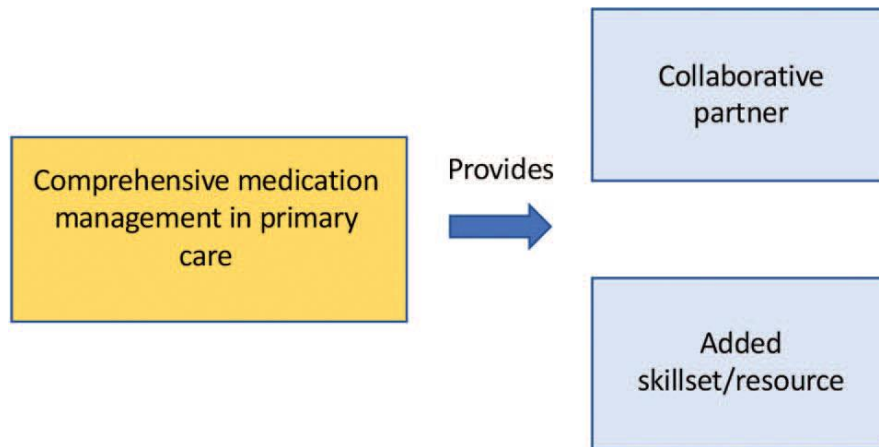
Characteristic	Number	
Gender	Male – 4, Female – 12	
Profession	Physician – 13, PA – 2, NP – 1	
Years working with Pharmacist providing CMM	Less than 5	9
	5 to 10	7
	greater than 10	0
Years working as PCP	1 to 10	5
	11 to 20	4
	Greater than 20	7

Relationship between CMM and PCP Stressors



J Am Board Family Med. 32(4):462-73.

Relationship between CMM and PCP Stressors



"I think a lot of the burnout comes from all the multiple decisions you have to make in a day. That can be exhausting. Having someone you can collaborate with on some of those things is great...that collaboration absolutely reduces burnout"

J Am Board Family Med. 32(4):462-73.

Relationship between CMM and PCP Stressors



"[CMM practitioner] expertise makes me feel satisfied, because I feel my patients are getting the highest quality care. I think it feels so unsatisfying when you don't know something for a patient, so even if I'm not the one solving it for them, to be able to have a resource nearby makes me feel satisfied, because I feel like I can see that my patients are getting quality care even if it's not a 100% from me."

Decreased workload

Satisfaction patients are receiving better care

Reassurance

Decreased mental exhaustion

Enhanced professional learning

Increased provider access

Achievement of quality measures

Relationship between CMM and PCP Stressors



“A lot of the patients that [CMM practitioner] sees are really complex and they need so much time, and they have so much information, and I think it’s just even if I could spend the extra time, it just feels like such a mental burden and sometimes an emotional burden, that it feels so nice to either know there’s another set of eyes on this patient or oh, this person can handle this one chunk for me.”

Decreased workload

Satisfaction patients are receiving better care

Reassurance

Decreased mental exhaustion

Enhanced professional learning

Increased provider access

Achievement of quality measures

Relationship between CMM and PCP Stressors



“We’re constantly graded on quality, like are we meeting certain standards for diabetes, high blood pressure, all these things, and having [CMM] as another resource for our patients, another place, another person that can fine-tune some things for us indirectly, helps our quality numbers as a provider, but also our whole clinic when we look at it. To make sure people are reaching their goals that they need to be at number-wise.”

Decreased workload

Satisfaction patients are receiving better care

Reassurance

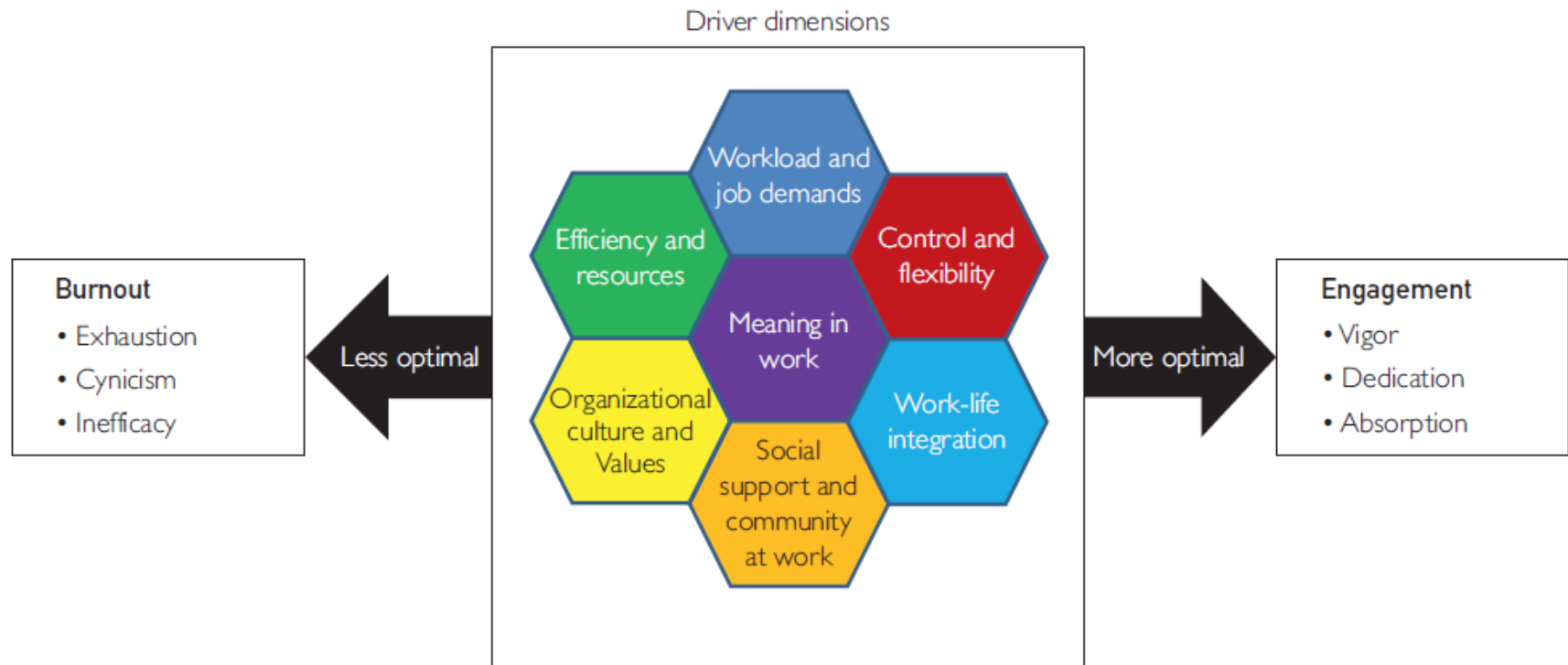
Decreased mental exhaustion

Enhanced professional learning

Increased provider access

Achievement of quality measures

Key Drivers of Burnout and Engagement



Shanafelt T, et al. *Mayo Clin Proc.* 2017;92(1):

Connections Between CMM and Drivers of Burnout



Seven Drivers of Burnout and Engagement*	Related Themes from PCP Perception of CMM
Workload and job demands	Decreased workload Achievement of quality measures
Work life integration	Decreased workload Decreased mental exhaustion
Social support and community at work	Collaborative partner Reassurance
Efficiency and resources	Added skillset/resource Decreased Workload Increased provider access
Meaning in work	Satisfaction patients are receiving better care Enhanced professional learning
Organizational culture and values	Findings do not connect to this driver
Control and Flexibility	Findings do not connect to this driver

Shanafelt TD, et al. Mayo Clin Proc 2015.

Questions for the Group



- How are you measuring the impact of CMM on provider experience?
- What has been your experience with respect to physician advocacy for CMM sustainability?
- How might this framework support future efforts to establish the value proposition for CMM?

Learning Objectives



After the webinar, participants will be able to:

- Describe the three core components of comprehensive medication management (CMM) in team-based care;
- Demonstrate understanding of the importance of an implementation framework for operationalizing the CMM patient care process;
- Relate an understanding of the positive influence that implementation of CMM has on improving work-life balance for primary care providers; and
- **Get a preview of evidence-based tools and resources for implementing CMM that will soon become freely available.**

Optimizing Medications for Better Health



Optimizing Medications
FOR BETTER HEALTH

About
the Platform

Medication
Optimization
Services

Comprehensive
Medication
Management

Medication Therapy
Problem
Documentation

Policy
Central

Community
of Practice

Resource
Library

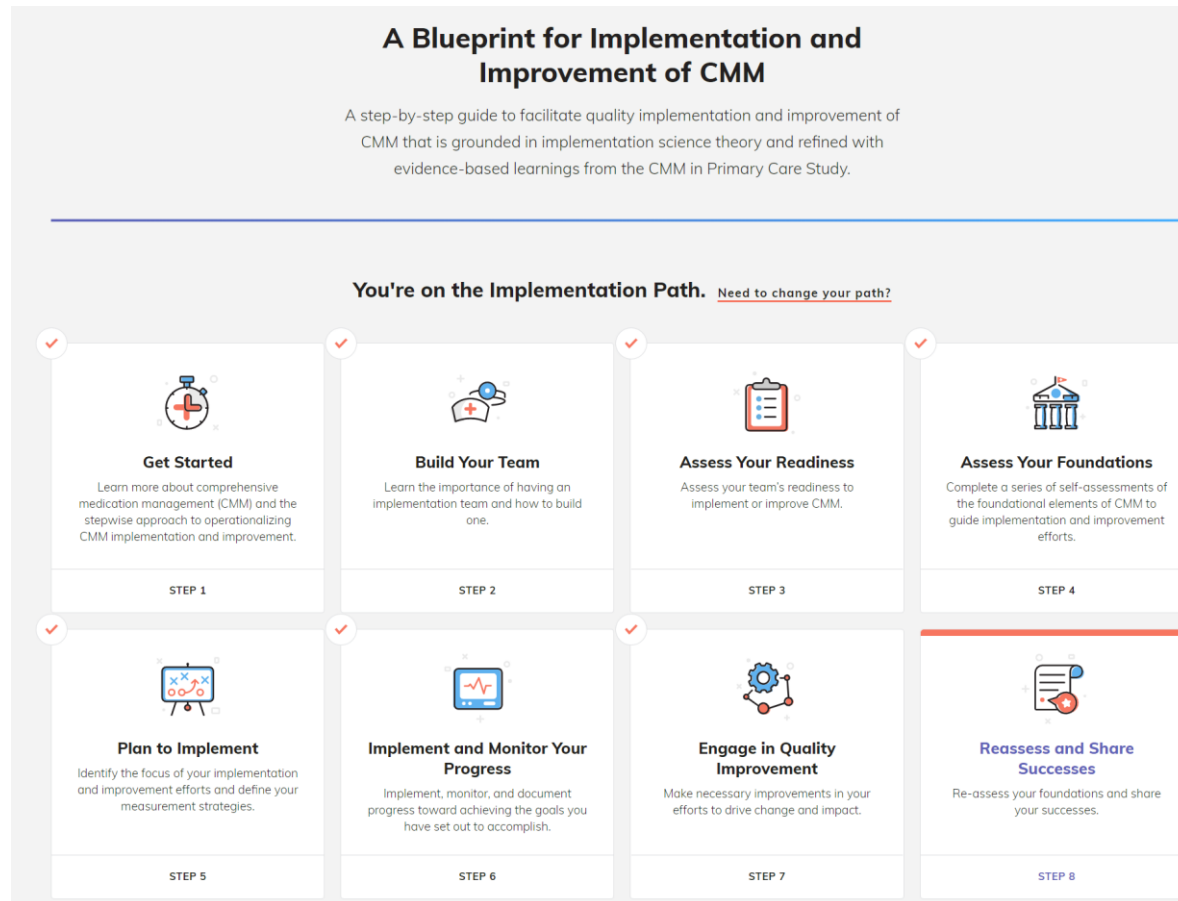


- **Comprehensive Medication Management Implementation and Improvement System**
- **Self assessment tools and reports**
- **MTP documentation tool**
- **Policy updates**
- **A Community of Practice**
- **Resources**

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The CMM Implementation and Improvement System



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The CMM Patient Care Process Self Assessment Tool

Essential Function 1 Collect and Analyze Information

The clinical pharmacist assures the collection of the necessary subjective and objective information about the patient and is responsible for analyzing information in order to understand the relevant medical/medication history and clinical status of the patient.

Instructions: As you complete the following questions, please reflect on the last 10 CMM visits (emphasis is placed on the comprehensive nature of the visit) that you have conducted. For what percent of CMM visits did you complete the following steps? Response categories are **0-19%, 20-39%, 40-49%, 60-79%, 80-100%**. Please select the most appropriate category for each step based on your best estimate.

When collecting and analyzing relevant information, HOW OFTEN do you or a health team member:

QUESTION	0%-19% OF CMM VISITS	20%-39% OF CMM VISITS	40%-59% OF CMM VISITS	60%-79% OF CMM VISITS	80%-100% OF CMM VISITS
1. Conduct a review of the medical record (e.g., patient demographics, active medical problem list, immunization history, admission and discharge notes, office visit notes, laboratory values, diagnostic tests, medication lists)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Inquire as to whether the patient has any questions or concerns for the visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Review the social history with the patient (e.g., alcohol, tobacco, other substance use; can the patient afford his/her medications; does the patient's education level, housing arrangements, or means of transportation affect his/her ability to use medications as intended)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The CMM Patient Care Process Self Assessment Tool

Summary Results

Your results are reported as average fidelity scores, indicating how well you adhere to the patient care process overall. Additional information on how well you perform key components of each essential function is also provided.

Fidelity scores range from 0% to 100%. The higher your fidelity score, the higher your adherence to the patient care process. Scores less than 80% for individual components of the essential functions indicate potential areas for improvement.

● High Fidelity ● Moderate Fidelity ● Low Fidelity



72%

Your Overall Fidelity Score is Moderate

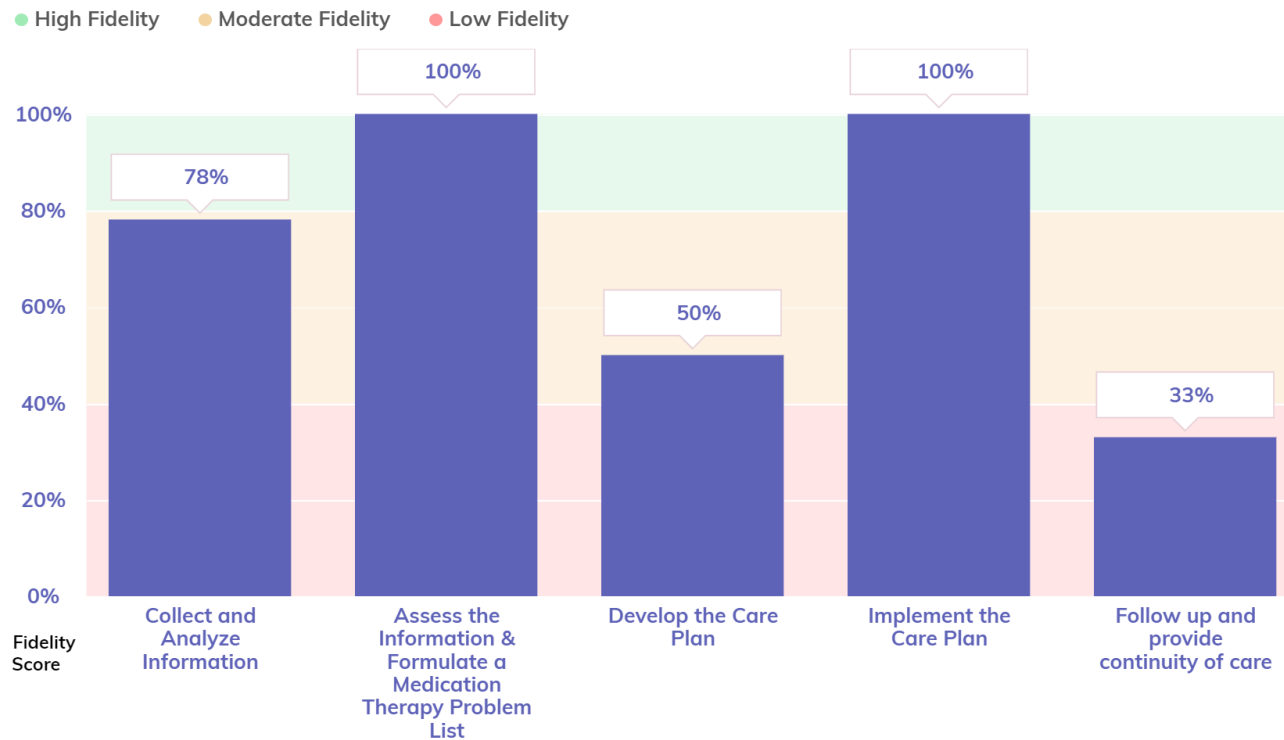
You do not fully adhere to the CMM patient care process and expected outcomes may not be achieved. You have some aspects of the process that you can improve upon.

PRINT

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The CMM Patient Care Process Self Assessment Tool



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The CMM Patient Care Process Self Assessment Tool

Essential Function 3:

Develop the Care Plan

Your Result - 50%  

The clinical pharmacist develops an individualized, evidence-based care plan, in collaboration with other health care professionals and the patient or caregiver.

?	ASSESSMENT ITEM	YOUR RESULTS	FIDELITY ACHIEVED
<input type="checkbox"/>	Develop a care plan in collaboration with the patient to address the identified medication therapy problems?	80%-100% of CMM Visits	
<input type="checkbox"/>	Consult with the patient's health care providers when developing the care plan?	60%-79% of CMM Visits	
<input type="checkbox"/>	Identify the monitoring parameters important to routinely assess indication, effectiveness, safety, and adherence?	80%-100% of CMM Visits	
<input type="checkbox"/>	Review all medication lists to arrive at an accurate and updated medication list?	80%-100% of CMM Visits	
<input type="checkbox"/>	Determine and coordinate who will implement components of the care plan (i.e., patient, clinical pharmacist, other provider)?	60%-79% of CMM Visits	
<input type="checkbox"/>	Determine appropriate follow-up (i.e., type, timeframe, mode)?	60%-79% of CMM Visits	

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The CMM Practice Management Self Assessment Tool

The Five Domains of CMM Practice Management

Part 1: To determine which domains to focus on in this assessment, please rate how well your CMM practice performs and the feasibility for improvement within the following domains.

1	2	3	4	5
Organizational Support	Care Team Engagement	Care Delivery Processes	CMM Program Evaluation	Ensuring Consistent and Quality Care

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The CMM Practice Management Self Assessment Tool






I. Organizational Support

PRINT SUMMARY REPORT

PRINT FULL REPORT

GO TO ACTION PLAN

● Optimal ● Adequate ● Needs improvement ● Not Applicable

?	AVAILABILITY AND ADEQUACY OF CLINIC SPACE	OPTIMAL PRACTICE	YOUR PRACTICE
	<input type="checkbox"/> Availability of patient care space	There are two or more designated rooms for each pharmacist that are available to see CMM patients	There are two or more designated rooms for each pharmacist that are available to see CMM patients
	<input type="checkbox"/> Availability of non-patient care space	There is non-patient care workspace available to CMM pharmacists AND it is easily accessible to other health care team members	There is non-patient care workspace available to CMM pharmacists, BUT it is NOT easily accessible (i.e., to facilitate frequent communication) to other care team members
	<input type="checkbox"/> Privacy of space	There is space that satisfies privacy requirements for ALL CMM visits, whether they are face-to-face, phone, or video	There is NOT space that satisfies privacy requirements for ALL CMM visits, whether they are face-to-face, phone, or video
	<input type="checkbox"/> Size of space	Rooms are large enough to comfortably fit all people that may be present during CMM (e.g., pharmacist, patient, family members, interpreters)	Rooms are large enough to comfortably fit all people that may be present during CMM (e.g., pharmacist, patient, family members, interpreters)
	<input type="checkbox"/> Care space equipment	Rooms have necessary equipment to meet CMM needs (e.g., desk space for patient's medications, computer, phone)	Rooms do NOT have necessary equipment to meet CMM needs (e.g., desk space for patient's medications, computer, phone)

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The CMM Practice Management Self Assessment Tool

Practice Management Items You Would Like to Improve

COMPLETE

SAVE ACTION PLAN

PRINT

Privacy of space

SAVE

DELETE

What is your goal?

Enter goal

How will this impact your practice?

Enter impact

What are the action steps to achieve this goal?

Enter action steps

What is the timeline for completing each of the actions listed?

Enter timeline

What people and resources do you need to achieve this goal?

Name resources

Who will be responsible for the actions needed to achieve this goal?

Enter names

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The Medication Therapy Documentation Tool

Medication Therapy Problem

*Medication: ?

Select Medication ▼

*Condition / Indication: ?

Select Condition ▼

MTP Type:

New ▼

Indication

- ☐ Unnecessary Medication Therapy
- Rationale:
- ☐ Duplicate therapy
 - ☐ No medical indication at this time
 - ☐ Nonmedication therapy more appropriate
 - ☐ Addiction/recreational drug use
 - ☐ Treating avoidable adverse reaction
- ☐ Needs Additional Drug Therapy
- Rationale:
- ☐ Preventive therapy
 - ☐ Untreated condition
 - ☐ Synergistic therapy

Effectiveness

- ☐ Ineffective Medication
- Rationale:
- ☐ More effective medication available
 - ☐ Condition refractory to medication
 - ☐ Dosage form inappropriate
- ☐ Dosage Too Low
- Rationale:
- ☐ Dose too low
 - ☐ Frequency inappropriate
 - ☐ Incorrect administration
 - ☐ Medication interaction
 - ☐ Incorrect storage
 - ☐ Duration inappropriate
- ☐ Needs Additional Monitoring
- Rationale:
- ☐ Medication requires monitoring

Safety

- ☐ Adverse Medication Event
- Rationale:
- ☐ Undesirable effect
 - ☐ Unsafe medication for the patient
 - ☐ Medication interaction
 - ☐ Incorrect administration
 - ☐ Allergic reaction
 - ☐ Dosage increase/decrease too fast
- ☐ Dosage Too High
- Rationale:
- ☐ Dose too high
 - ☐ Frequency inappropriate
 - ☐ Duration inappropriate
 - ☐ Medication interaction
- ☐ Needs Additional Monitoring
- Rationale:
- ☐ Medication requires monitoring

Adherence

- ☐ Adherence
- Rationale:
- ☐ Does not understand directions
 - ☐ Patient prefers not to take
 - ☐ Patient forgets to take
 - ☐ Medication product not available
 - ☐ Cannot swallow/administer medication
- ☐ Cost
- Rationale:
- ☐ More cost-effective medication available
 - ☐ Cannot afford medication product

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The Medication Therapy Documentation Tool

*Intervention:	*To Be Implemented By:	Medical Provider Name/NPI
<input type="text" value="Select Intervention"/>	<input type="text"/>	<input type="text"/>
MTP Note ?		
<input type="text"/>		
*MTP Status:	Resolved By:	Reason Not Implemented:
<input type="text" value="Pending"/>	<input type="text"/>	<input type="text"/>
		<input type="button" value="SAVE"/> <input type="button" value="NEXT"/>

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The Medication Therapy Documentation Tool

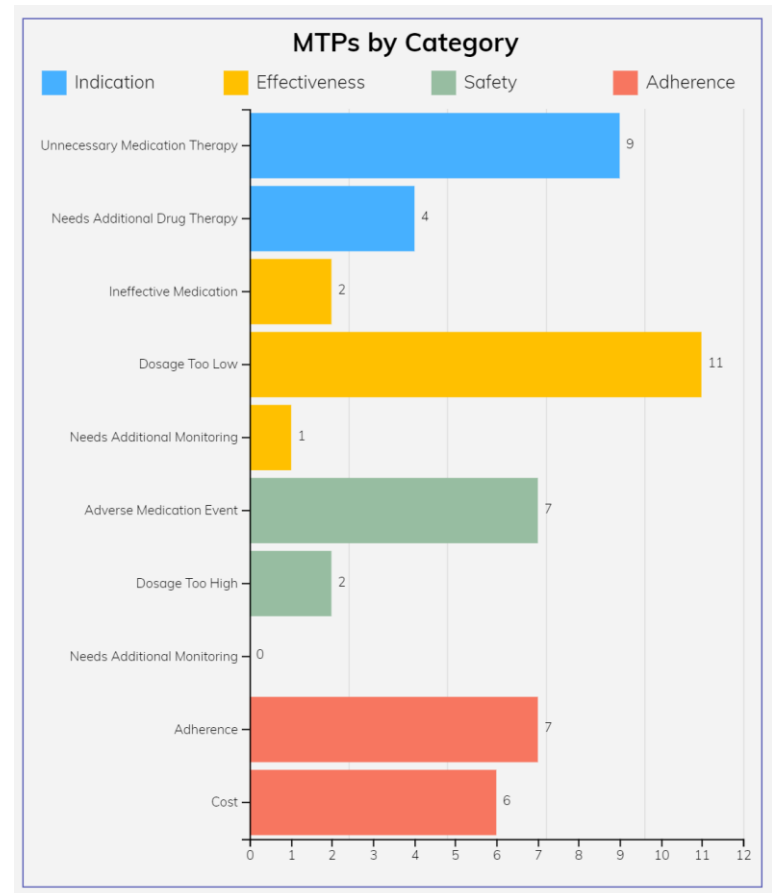
Select Date Range

- ☐ Current Month (MTD)
 ☐ Previous Month
☐ Current Quarter (QTD)
 ☐ Previous Quarter
☐ Current Year (YTD)
 ☒ Previous Year

APPLY FILTER

ACCESS ALL MTP DATA

Unique Patients	18
Unique Encounters	51
Total Number of Medications (average per patient)	5.44
Total Number of Chronic Conditions (average per patient)	3.06
MTPs Identified	55
Ave MTPs Identified per Patient	3.06
Ave MTPs Identified per Encounter	1.08
MTPs Resolved	16
Ave MTPs Resolved per Patient	0.89
Ave MTPs Resolved per Encounter	0.31
No Show Rate	0%



Question and Answer Session



ED WEBB, PHARM.D., MPH, FCCP
Senior Policy Advisor to the Executive Director and
Board of Regents
American College of Clinical Pharmacy



MARY ROTH MCCLURG, PHARMD, MHS
Professor and Executive Vice Dean-Chief Academic Officer
UNC Eshelman School of Pharmacy

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