



Executive Summary: **A Blueprint for Change**

Optimize medication use through patient-centered, team-based care leveraging health information technology, precision medicine and value-based payment models

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EXECUTIVE SUMMARY

On Feb. 6, 2020, the GTMRx Institute hosted its first public event with the Bipartisan Policy Center (BPC), called “*Get the Medications Right: Innovations in Team-Based Care*.”

Afterward, more than 50 national thought leaders convened for a six-hour Executive Roundtable discussion, moderated by Susan Dentzer, MA, senior policy fellow, Duke-Robert J. Margolis, MD, Center for Health Policy.

The GTMRx Institute used the BPC morning session, the Executive Roundtable discussions and six months of work from the Institute’s four workgroups to inform this Blueprint for Change.

The Blueprint creates a roadmap for the Institute’s work as we move forward over the next 12 to 24 months to engage physicians, clinical pharmacists and other team members who share a complete commitment to medication optimization. We will accomplish this by providing tools, data, practice standards and implementation resources to advance their ability to optimize medication use in their own settings.

All this is designed to ensure all Americans have access to a personalized, patient-centered, systematic and coordinated approach to medication use—one that will vastly improve outcomes and reduce overall health care costs.

Almost 75% of patients leave their physician’s office with a prescription¹, and nearly one-third of adults in the U.S. take five or more medications.² Comprehensive medication management (CMM) addresses medication therapy problems, thereby improving medication-related outcomes.

Failure to ensure appropriate use of medications comes with a tremendous human toll. Avoidable illness and death resulting from non-optimized medication therapy led to an estimated 275,000 *avoidable* deaths in 2016. The cost: \$528.4 billion.³ That’s 16% of the annual \$3.2 trillion in U.S. health care expenditures.

We can change that with a collective call for medication management reform.

Our ability to optimize medication use is within our reach, but we must first align systems of care to integrate comprehensive medication management. We must engage and support patients to ensure they are willing and able to take those medications that are indicated, effective and safe. And we must support and pay for a patient-centered, team-based medication use process called CMM.

We know that appropriate diagnosis, bringing clinical information to the point-of-care through health information technology, and access to advanced and complementary diagnostics are essential ingredients to target correct therapies. We also know success requires team-based, patient-centered care models that recognize appropriately skilled clinical pharmacists—medication experts working in collaborative practice with physicians and other providers.



1 https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2016_namcs_web_tables.pdf
2 <https://psnet.ahrq.gov/primer/medication-errors-and-adverse-drug-events>
3 Watanabe, JH, McInnis, T, and Hirsch, JD. “Cost of Prescription Drug–Related Morbidity and Mortality.” *Annals of Pharmacotherapy*, 2018; 52(9), 829–837. doi.org/10.1177/1060028018765159.

What We Learned



Optimal patient care requires optimal medication use

Optimal patient care cannot happen without a systematic approach to medication use. Medication-related problems are a top preventable cause of serious adverse health events and hospital readmissions.⁴ Because of suboptimal therapy, patients are not reaching their treatment goals. However, being on the right medications at the right time indirectly says you will discontinue unnecessary medications.

The way we manage and evaluate medication use matters. We must move to a more rational, team-based, systematic approach to medication therapy management that effectively and efficiently connects the *right* medications to the right patient with the right dosage at the right time, taken as intended in order to reach clinical goals of therapy.

BOTTOM LINE: Medication management reform is essential to ensure appropriate use of medications and gene therapies. The evidence is clear. Practice-level integration of medication optimization efforts improves patient care, leading to better outcomes, decreased health system costs and improved overall access to care.



Achieving medication optimization requires a more rational, patient-centered, team-based and integrated approach called comprehensive medication management

We cannot expect to succeed if we address medication therapy problems (inadequate therapy, unnecessary therapy, dose too high, adverse reaction and non-adherence⁵) through discrete and non-aligned activities. Change requires an evidence-based pharmaceutical care process called comprehensive medication management (CMM).

BOTTOM LINE: Transformation cannot be piecemeal (e.g., adherence program only). No matter how promising individual elements of comprehensive medication management are, their impact is minimal unless all team members understand their role, are engaged and CMM is integrated into the practice.



The evidence supports comprehensive medication management

Practices around the country demonstrate the value-proposition for CMM each day. The financial return on investment (ROI) of team-based medication management services has been well documented "to average around 3:1 to 5:1 and can be as high as 12:1, resulting in a reduction in the direct mean medical cost of between \$1200 and \$1872 per patient per year for each of the first 5 years for those patients with chronic diseases such as diabetes, cardiovascular health issues, asthma and depression."⁶ The evidence of its effectiveness continues to grow. It has been shown to improve the health of populations, enhance the experience of care for individuals, reduce the per capita cost of health care and improve physician satisfaction.

BOTTOM LINE: CMM works well when an integrated team functions cohesively. It fulfills all four elements of the Quadruple Aim: improve clinical quality, cost savings, patient outcomes and physician satisfaction.

4 OIG Report on Preventable Serious Adverse Events in Hospitalized Medicare Patients. <https://oig.hhs.gov/oei/reports/oei-06-09-00090.pdf>

5 Comprehensive Medication Management in Team-Based Care. American College of Clinical Pharmacy. <https://www.accp.com/docs/positions/misc/CMM%20Brief.pdf>

6 Cipolle RJ, Strand L, and Morley P. Pharmaceutical Care Practice: The Patient Centered Approach to Medication Management. Third Edition. New York, NY: McGraw-Hill Medical; 2012.

✓ Optimal medication use requires better data

Medication optimization relies on having the *right* data at the right time at the point-of-care. That data must be *actionable*. It must be *useful* to the care team. Only then will the care team be equipped to provide CMM services to patients who need it. Lack of availability and access to clinical information at the point-of-care greatly limits community-based interdisciplinary teams from efficiently providing and performing all elements of CMM.

BOTTOM LINE: By liberating data and overcoming barriers to information access through technology, all members of the patient care team have full access to all relevant clinical and health care data necessary to provide a patient-centered approach to medication management through CMM services—at the point-of-care.

✓ Data must be actionable

Providers and patients must have secure and timely access to the information necessary to

- identify patients who have not achieved clinical goals of therapy,
- identify all drug therapy problems, and
- collaboratively develop a care plan.

This information must be available at the point-of-care in a usable format. For example, pharmacogenomics (PGx) results that are today added to the EHR as non-discrete data (e.g., PDFs) must be fully integrated. This will enable more useful clinical decision support and the ability to query data in the service of CMM.

BOTTOM LINE: Medication optimization relies on comprehensive and validated data. Current health information technology systems do not capture the appropriate data needed to comprehensively manage a patient's medication regimen or evaluate whether clinical goals of therapy have been met.

✓ Optimal medication use may require advanced diagnostics

Precision medicine enabled by advanced diagnostics enhances the provider's knowledge of an individual's response to a specific drug. Problems such as incorrect dosing and adverse drug events can be avoided with use of advanced and complementary diagnostics to target correct therapies informing the medication plan created during the CMM process.

BOTTOM LINE: Education about the use and benefits of companion and complementary diagnostic testing (to include pharmacogenomic testing) will enable the care team to optimize medication use. There is an immediate need to better understand availability and application of PGx tools and results.



New payment models will be necessary for broad access to CMM

The movement to payment for value rather than volume necessitates new ways of managing and paying for care. As with most practice-level solutions, financial incentives will drive much of the expansion and scaling needed for broad adoption and access. Payment systems are starting to evolve, but fundamentally, they are grounded in fee-for-service (FFS) models.

BOTTOM LINE: As CMM is scaled up, it will require a move away from FFS to value-based models. For value-based models to succeed, they will need CMM. However, changes in how we pay for CMM must start now, even within the current FFS payment models.



Health insurance plan sponsors save more than money from medication optimization

Inherent within plan sponsorship is the fiduciary responsibility to assure that plan assets are used appropriately. Assuring the right medication is used at the right dosage, as intended, the first time significantly reduces liability risks for fully insured and self-insured plan sponsors.

BOTTOM LINE: CMM is a valuable liability protection tool for sponsors of health care insurance.



Medication optimization provides patients with more than health improvement

As patients take on greater amounts of cost share and first-dollar payments for their health care claims, avoiding ineffective medications has become a key financial priority.

BOTTOM LINE: CMM is a valuable financial conservation tool for health care consumers, enabling them to answer, “Is this the right medication for me?”



Inability to meet desired clinical outcomes is an important trigger for identifying patients who can benefit the most from comprehensive medication management

BOTTOM LINE: A risk stratification process should be used to identify those in a patient population who would most benefit from CMM. The level of need varies by patient population.



Medication optimization leadership requires buy-in and an organizational supporting culture

Engagement and buy-in from key stakeholders—those who pay for care, those who provide care and those who receive care—as well as a supporting culture that embraces change management, the interpersonal team approach, and inclusion of the patient as an equal team member are needed components to drive progress in medication optimization.

BOTTOM LINE: Strong practices that support a culture focused on medication optimization through CMM will improve patient outcomes.

Action Changes Things: Steps in Moving Forward

What Needs to Be Done Now?



Practice and Care Delivery Transformation

- Identify evidence to promote the value of optimized medication use for payors, consumers and providers.
- Develop tools to engage and educate key stakeholders (patient advocacy organizations, professional groups, physicians, caregivers, care teams, consumers, pharmacists, and employers) to gain support for a standardized definition and process for CMM.
- Further develop the essential structures and language of value-based agreements within CMM services.
- Offer guidance and use cases to key stakeholders on contract standards and the consistent practice of CMM in clinical care.
- Identify leadership and champions to ensure more rapid practice transformation nationwide.



Precision Medicine Enablement via Advanced Diagnostics

- Fully integrate PGx services into the pharmaceutical care process to support useful clinical decision making through increased availability of data.
- Ensure providers and payors have secure and timely access to the information necessary to identify patients who have not achieved clinical goals of therapy.
- Optimize testing usefulness and interpretation by strengthening the relationship between the FDA and laboratories that provide PGx testing.
- Promote precision medicine literacy among providers and patients in the context of its application to the clinical care role in optimizing medication use.
- Enable evidence-based processes and strategies that support precision medicine as a tool used in the CMM process and enable effective standardization, awareness and interpretation.



Payment and Policy Solutions

- Identify foundational elements of policy solutions necessary to overcome barriers to the adoption of CMM and optimization of medication and gene therapies.
- Identify successful use cases for utilization in advocacy and coalition building.
- Identify payment solutions and policy and payment strategies that reward the value of CMM services in terms of cost, quality and patient outcomes.
- Design an approach to educate and engage policymakers about CMM.



Health IT to Support Optimized Medication Use

- Work with regulators, practice organizations and industry to establish standards and best practices that drive standardization and interoperability.
- Develop guidance for health IT requirements to support the successful integration of CMM services.
- Aggregate and integrate new data to help support optimized medication use through AI (e.g., social determinants of health, PGx, clinical analytics, genomic risks, population health).
- Promote utilization of AI-enabled risk stratification tools to support population health management to aid health systems, payors and prescribers in patient identification for CMM services.
- Further develop and share the Health IT/ AI Maturity Matrix & Leadership IT Checklist.