



GTMR_x
Institute™

Get the medications right
www.gtmr.org

Medication Management Reform: How We Practice

July 22, 2020 | 1 p.m. Eastern

GTMRx Learning Network Webinar

Agenda

- Welcome and Introductions
- Learning Objectives
- Presenters
 - ❖ Paul Grundy, MD
President, GTMRx Institute
 - ❖ Kylee Funk, Associate Professor
Pharmaceutical Care and Health Systems
University of Minnesota College of Pharmacy
 - ❖ Todd Sorensen, Professor and Associate Dean for
Strategic Initiatives and Innovation
- Question and Answer Session

New report calls for medication management reform

The GTMRx Blueprint for Change, a report based on eight months of multi-stakeholder input and guidance for how to change the way medications are managed (including a roadmap for reform), was released today!



"The health care industry is fighting multiple health crises right now— between COVID-19 and the ongoing opioid epidemic, appropriate use of medications has never been more important. Now is the time to overhaul the process with a person-centered, team-based care approach. As shepherds for getting medications right, this is our time to reform a broken process."

—Katherine H. Capps, Co-Founder and Executive Director, GTMRx

Download at:

gtmr.org/download/blueprint

Visit our Resource Center for more:

gtmr.org/blueprint-for-change-resource-center/

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



The \$528 billion opportunity

275,000+ lives are lost every year to medication errors
\$528.4B therapy (2016) is the cost of non-optimized medication¹:

- \$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**

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.

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

A dynamic team of health care leaders!

(inclusion does not constitute an endorsement of any program, product or organization)

A sample of our 960+ members from 650+ companies



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

Learning Objectives

Some of the topics we'll address include:

- Learn about the culture shifts that are taking place in health care and how Comprehensive Medication Management (CMM) services can help physicians in their practice
- Learn how CMM services can help reduce physician burnout and lead to greater joy in practicing
- Learn about pay-for-performance strategies for CMM services

Our Presenters



Paul Grundy, MD

President
GTMRx Institute



Kylee Funk

Associate Professor
Pharmaceutical Care and Health Systems
University of Minnesota College of Pharmacy



Todd Sorensen

Professor and Associate Dean for Strategic
Initiatives and Innovation
University of Minnesota College of Pharmacy

A New Model of Care

One simple question

Is this the
right medication
for this person?

GTMR_x
Institute™



Drivers of Change: Data

In 1950, medical information **doubled every 50 years**.

In **2020**, it's estimated that it will take only **73 days for medical knowledge to double**!²

It is impossible for any provider *even within a specialty* to remember all the information and keep up with the literature potentially available to care for a patient.



1. Dr. Scott Weingarten in Zeev Nuewirth's *Creating a New Healthcare* podcast
2. "Clinical Decision Support as 'A Bright Future for Healthcare Delivery.'" Episode 66, May 2019.
3. Densen P. Challenges and opportunities facing medical education. *Trans Am Clin Climatol Assoc.* 2011;122:48–58.

Drivers of Change: Communication

New technology allows for better care as a patient through increased ease of communication with your primary care physician, specialists, pharmacist and other members of the care team.

The increase in telehealth services as a result of the current pandemic is just one example of the potential of technology and communication changing how we provide care.



The Physician's Role

Everyone on the care team has a different role to play that focuses on their specialties.

The physician has two areas of focus:



- Difficult diagnostic dilemmas



- Building healing relationships of trust

Enacting Change

Three key drivers:



1. Using data to manage your population



2. Shifting payment



3. Artificial intelligence

The Medical Home: Utilizing the Clinical Pharmacist

Clinical Pharmacist/ Pharmacotherapy Manager



Optimal therapeutic recommendations are based on the experience/needs of the patient

Physicians/ Providers



**Result: Appropriate, Effective,
Safe and Adherent
Medication Use!**

Patient



Gaps in clinical goals are determined, drug therapy problems identified, and therapeutic recommendations made

Patient understands his medications and participates in a care plan to improve health

Clinical goals of therapy are determined & medication recommendations are accepted to optimize care

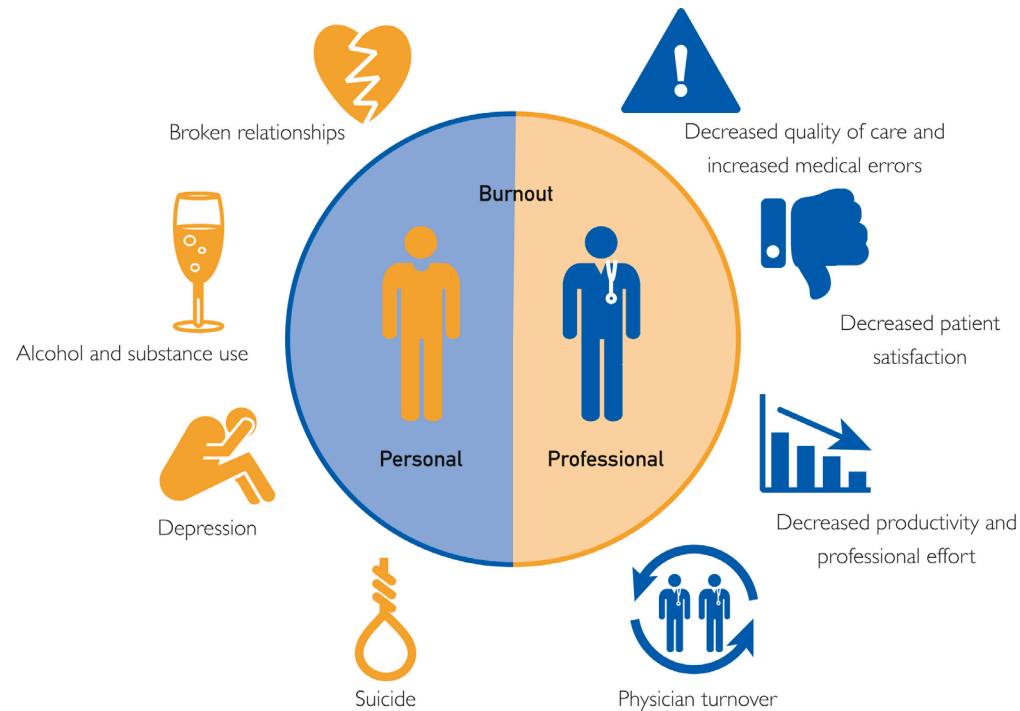
CMM Impact on Primary Care Provider Work-Life

Kylee Funk, Pharm.D., BCPS

Associate Professor, College of Pharmacy, University of Minnesota



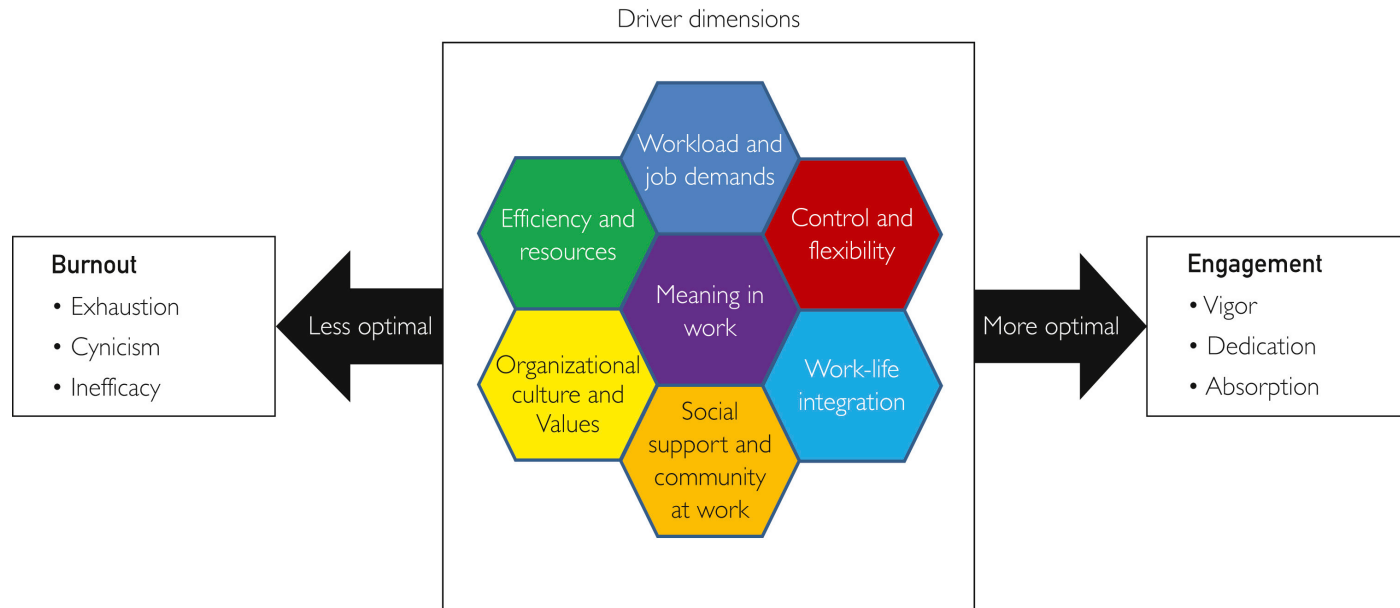
Personal and Professional Repercussions of Physician Burnout



Mayo Clinic Proceedings 2017 92, 129-146DOI: (10.1016/j.mayocp.2016.10.004)

Copyright © 2016 Mayo Foundation for Medical Education and Research [Terms and Conditions](#)

Drivers of Burnout and Engagement










Mayo Clinic Proceedings 2017 92, 129-146DOI: (10.1016/j.mayocp.2016.10.004)

Copyright © 2016 Mayo Foundation for Medical Education and Research [Terms and Conditions](#)



Influencing Drivers of Burnout and Engagement

Drivers of burnout and engagement in physicians	 Individual factors	 Work unit factors	 Organization factors	 National factors
 Workload and job demands	<ul style="list-style-type: none"> • Specialty • Practice location • Decision to increase work to increase income 	<ul style="list-style-type: none"> • Productivity expectations • Team structure • Efficiency • Use of allied health professionals 	<ul style="list-style-type: none"> • Productivity targets • Method of compensation <ul style="list-style-type: none"> - Salary - Productivity based • Payer mix 	<ul style="list-style-type: none"> • Structure reimbursement <ul style="list-style-type: none"> - Medicare/Medicaid - Bundled payments - Documentation requirements
 Efficiency and resources	<ul style="list-style-type: none"> • Experience • Ability to prioritize • Personal efficiency • Organizational skills • Willingness to delegate • Ability to say "no" 	<ul style="list-style-type: none"> • Availability of support staff and their experience • Patient check-in efficiency/process • Use of scribes • Team huddles • Use of allied health professionals 	<ul style="list-style-type: none"> • Integration of care • Use of patient portal • Institutional efficiency: <ul style="list-style-type: none"> - EHR - Appointment system - Ordering systems • How regulations interpreted and applied 	<ul style="list-style-type: none"> • Integration of care • Requirements for: <ul style="list-style-type: none"> - Electronic prescribing - Medication reconciliation - Meaningful use of EHR • Certification agency facility regulations (JCAHO) • Precertifications for tests/treatments
 Social support and community at work	<ul style="list-style-type: none"> • Personality traits • Length of service • Relationship-building skills 	<ul style="list-style-type: none"> • Collegiality in practice environment • Physical configuration of work unit space • Social gatherings to promote community • Team structure 	<ul style="list-style-type: none"> • Collegiality across the organization • Physician lounge • Strategies to build community • Social gatherings 	<ul style="list-style-type: none"> • Support and community created by Medical/specialty societies



Mayo Clinic Proceedings 2017 92, 129-146DOI: (10.1016/j.mayocp.2016.10.004)
Copyright © 2016 Mayo Foundation for Medical Education and Research [Terms and Conditions](#)

PCP Perception of how CMM Impacts their Work-Life

Research Question:

How do primary care providers (PCPs) perceive comprehensive medication management – both the service and the role of the pharmacist– impact their work-life?



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.



CMM in our Study

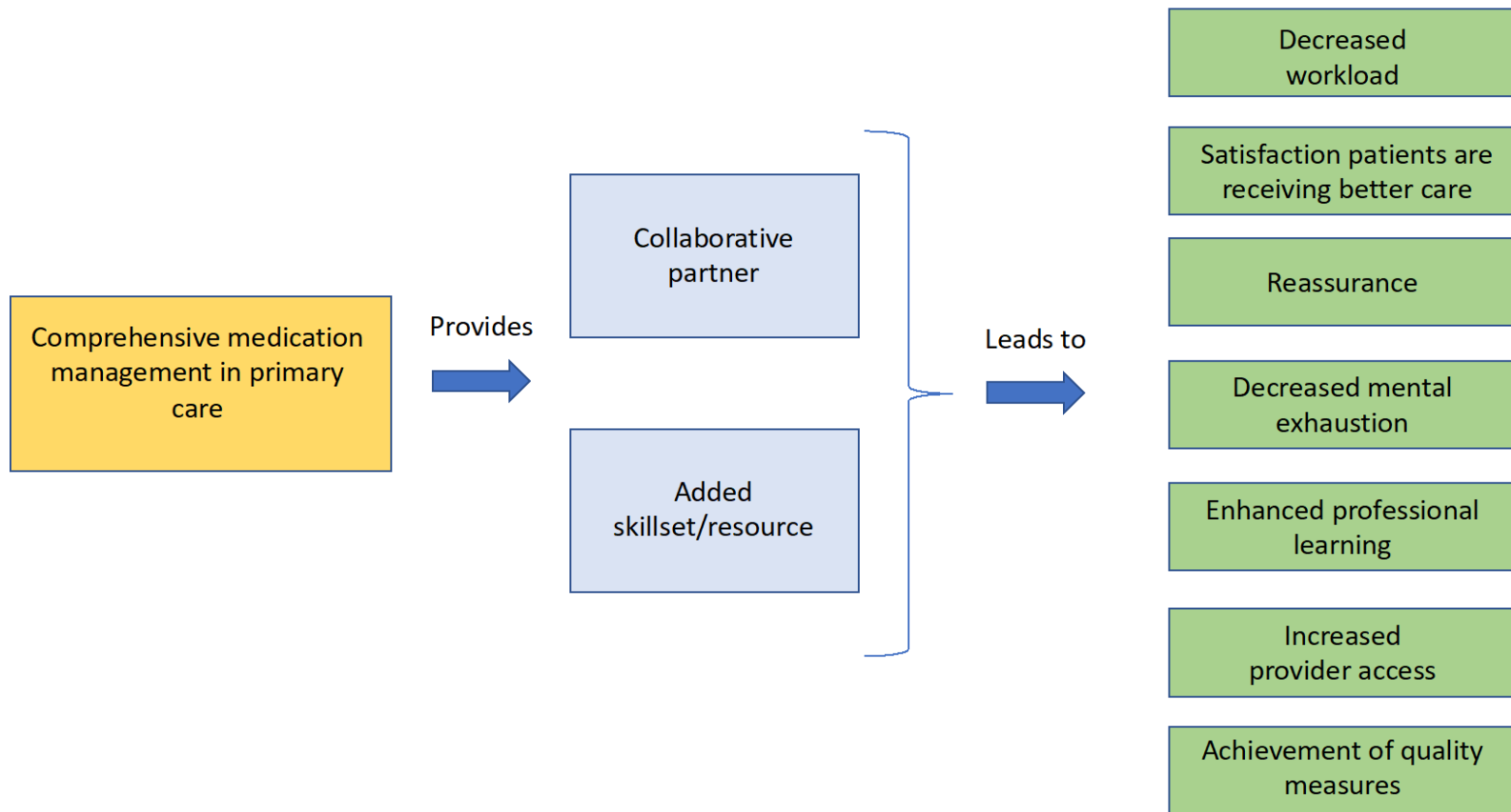
Comprehensive Medication Management (CMM):

“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.”

*In our study CMM was provided by pharmacists in the primary care clinic

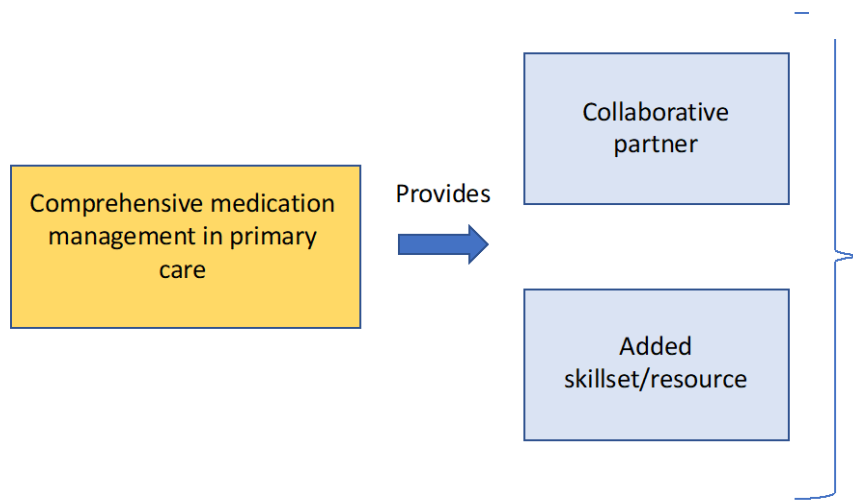


PCP Perception of how CMM Impacts their Work-Life



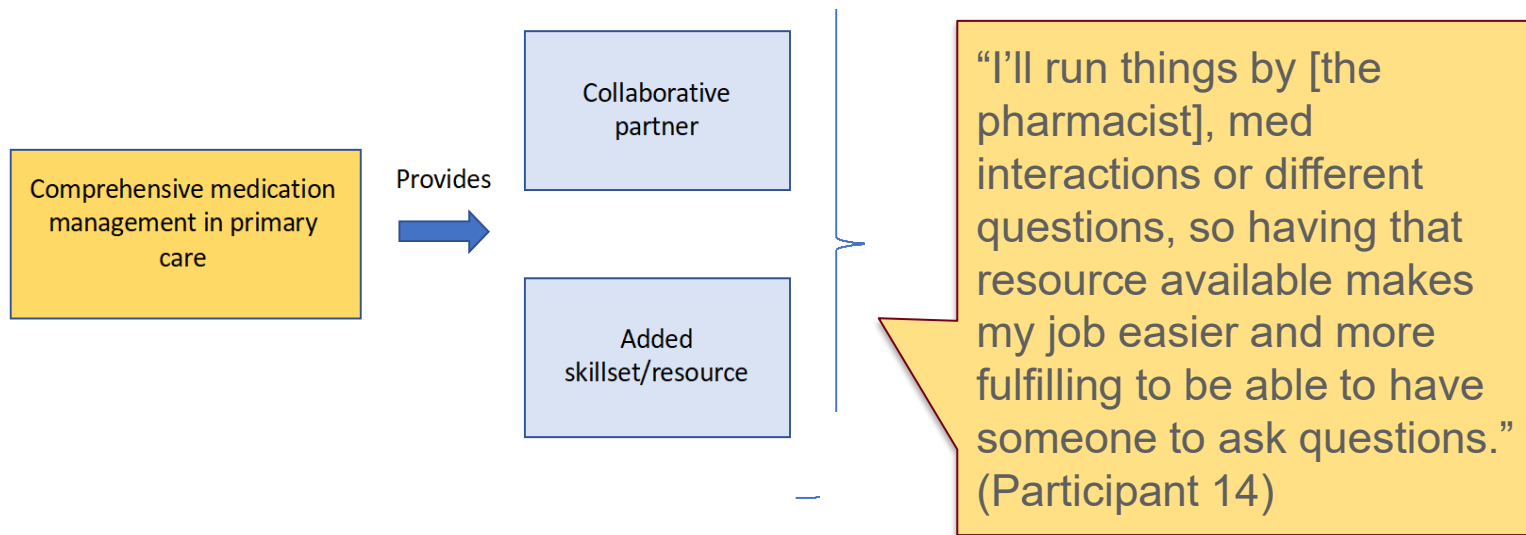
Funk et al. J Am Board Fam Med. 2019;32(4):462-73.
Reproduced by permission of the American Board of Family Medicine

Collaborative Partner



"I think a lot of the burnout comes from all the multiple decisions you have to make in a day. That can be exhausting. So just again, having someone you can collaborate with on some of those things is great...that collaboration absolutely reduces burnout."
(Participant 3)

Added Skillset/Resource



Decreased Workload

“It does offload some of the work it’s another part of the team helping you take care of your very complicated patients that’s equivalent to a provider in terms of their knowledge of medications, if not more; so it really helps take away some of that stress of managing all of those chronically ill patients by yourself.”
(Participant 12)

Decreased workload

Satisfaction patients are receiving better care

Reassurance

Decreased mental exhaustion

Enhanced professional learning

Increased provider access

Achievement of quality measures

Decreased Mental Exhaustion

“A lot of the patients that CMM 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.” (Participant 2)

Decreased workload

Satisfaction patients are receiving better care

Reassurance

Decreased mental exhaustion

Enhanced professional learning

Increased provider access

Achievement of quality measures

Themes are Linked to Known Drivers of Burnout and Engagement

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

*Mayo Clinic Proceedings 2017 92, 129-146DOI: (10.1016/j.mayocp.2016.10.004)

** Funk et al. J Am Board Fam Med. 2019;32(4):462-73.



Value-Based Health Care and the Opportunity for CMM

Todd D. Sorensen, Pharm.D., FAPhA, FCCP

Professor and Associate Dean for Strategic Initiatives, College of Pharmacy, University of Minnesota
Executive Director, Alliance for Integrated Medication Management

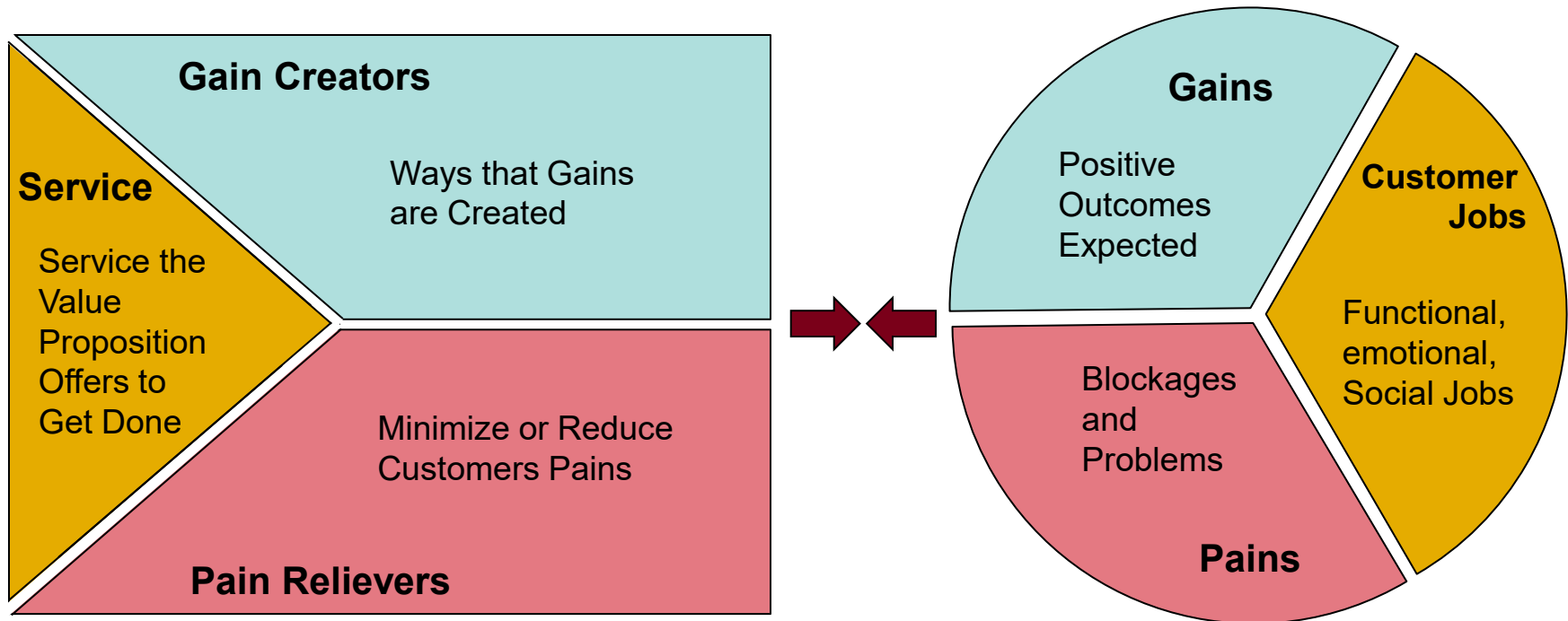


The Quadruple Aim as the Frame for Value in Health Care

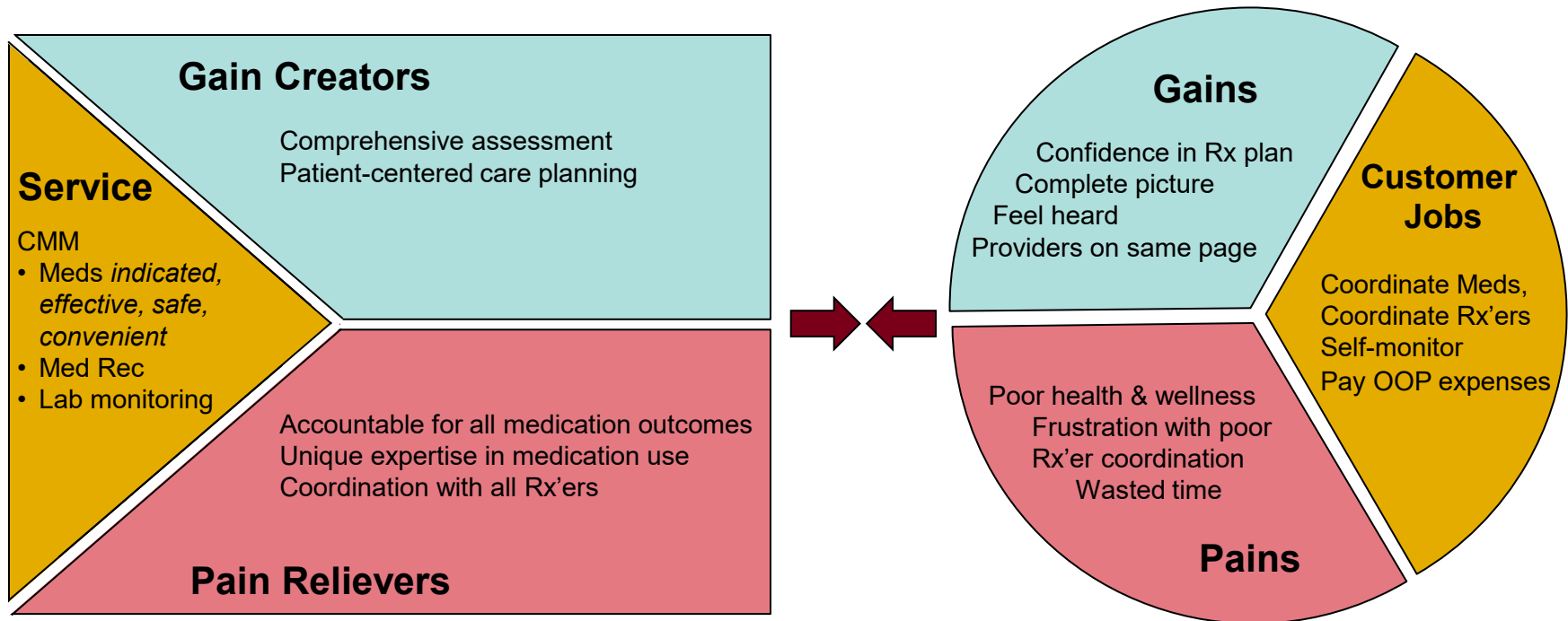


Value Proposition for CMM

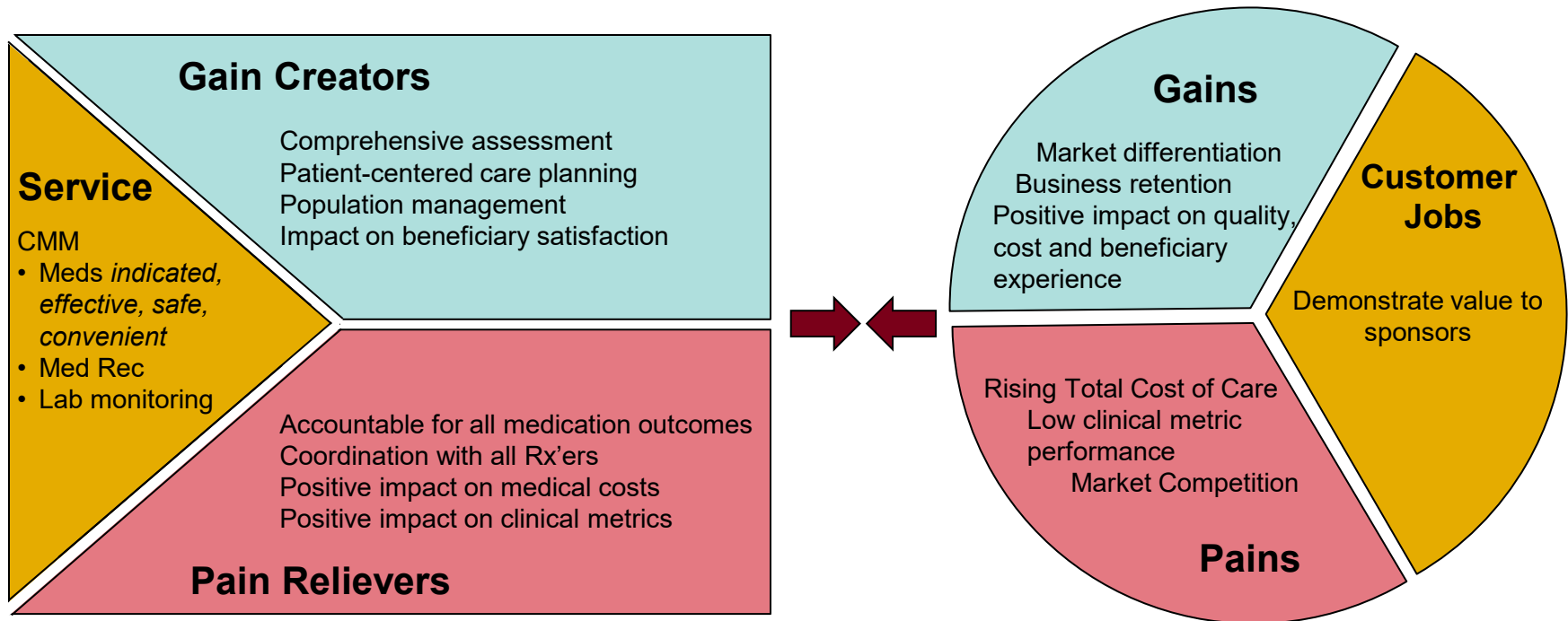
The Value Proposition Canvas



Value Proposition for CMM *with Patients*



Value Proposition for CMM *with Health Plans*



CMM Program Outcomes



Health

- Optimal Diabetes Control – 67.1% (MTM) vs. 37.5% (control)
- Optimal Blood Pressure Control – 71.8% (MTM) vs. 57.1% (control)

Experience

- 97% of patients are willing to recommend service
- 96% agree/strongly agree with “after talking with the pharmacist I feel more confident to manage my medications”

Cost

- 3:1 ROI for commercially insured members
- ROI increases as patient complexity increases

Strategies to Produce Value From CMM

Provider-Payer Partnerships

Shared Responsibilities Between Providers and Payers

Provider Organizations

- Investment in CMM
- Taking on risk
- Commitment to CMM-specific measurement
- Focus on teams with rational allocation of clinical work
- Create/Join Communities of Practice

Payer Organizations

- Establish specific standards for service delivery
- Population-level analysis
 - Create beneficiary registries
 - Share actionable data
- Provide incentives
- Invest in provider network development



Question and Answer Session



Paul Grundy, MD

President

GTMRx Institute



Kylee Funk

Associate Professor

Pharmaceutical Care and Health Systems

University of Minnesota College of Pharmacy



Todd Sorensen

Professor and Associate Dean for Strategic
Initiatives and Innovation

University of Minnesota College of Pharmacy

Thank you!

Follow and like us!

[gtmrxinstitute](https://www.gtmrxinstitute.com)

