Medication Optimization Use Case

MINNESOTA HEALTH FAIRVIEW ▪ Minneapolis-St. Paul, Minnesota	
Focus Area	Chronic disease model that incorporates the clinician providing CMM services into a primary care patient population. The chronic disease therapy model focuses on outcomes seen when the clinician provides CMM care for common primary care conditions such as cardiovascular disease, diabetes, etc.
At-a-Glance	■ **Organization Type:** Integrated Health System ■ **Launch Date:** 1997 ■ **Payment and Funding Sources:** ▪ CMM is a covered service for all Medicaid patients, Fairview employees, PreferredOne/ ClearScript members. ▪ Contracts with other commercial, managed Medicaid and Medicare payors.
Organization Details	Fairview is an integrated health system with 360,000 health plan members, more than 34,000 employees and more than 5,000 system providers. It consists of the following: ▪ 12 hospitals and medical centers ▪ 3,519 licensed beds ▪ 2,071 staffed beds ▪ 56 primary care clinics ▪ 100+ specialties ▪ 90+ senior housing locations ▪ 36 retail pharmacies
Brief History of CMM Program, Scope of Services	Started in 1997 as a partnership with the University of Minnesota and Fairview. The program matured in 2006 when Medicare Part D and Minnesota Medicaid required plans to offer medication therapy management (MTM) benefits to members. Positive return on investment, provider and patient satisfaction scores and improvement in quality outcomes led to expansion of the program. CMM has become a required element in care delivery re-design in primary care clinics and is now being included as part of Fairview's ACO and risk-managed payor contracts.

Results & Achievements

Focus on the Quadruple Aim

- *Better Outcomes*
- *Cost Savings*
- *Patient Satisfaction & Engagement*
- *Clinician Satisfaction*

Better Outcomes

- The percentage of diabetes patients optimally managed was significantly higher for CMM patients compared to the year prior (21.49% vs.45.45%, P < 0.01). The HbA1c showed a mean reduction of 0.54%. Patients who opted in for CMM had higher Charlson scores, more complex medication regimens and a higher percentage of diabetes with complications.
- Exposure to face-to-face CMM services resulted in improvement of medication adherence with statins, ACEI/ARBs and B-Blockers.
- State of MN diabetes pilot increased from 16% to 42% meeting all goals in a 12-month period.
- 59.7% asthma patients cared for by CMM clinicians achieved the MN community measure for optimal asthma care vs. the state average of 16% in 2011.
- Using a risk-adjusted rate the CMM group has experienced approximately 20% fewer readmissions than might be expected, given their increased level of risk.

Cost Savings

- An average 12:1 ROI in terms of reduced overall health care costs. Overall health care cost reduction of 31.5% after one year of medication therapy management.
- An employer analysis showed that each $1 of medication therapy management billed costs would approximate an average $8.98 savings for total health care costs on all enrolled members.

Patient Satisfaction & Engagement

- 95% of patients agreed or strongly agreed that their overall health and well-being had improved because of CMM.
- Research has shown that patients feel that the CMM clinician is a resource for care/education, that they are more accessible and that they help to coordinate care.

Clinician Satisfaction

- 95% of providers surveyed were confident in the recommendations of the Fairview CMM clinician.
- 92% of providers agreed or strongly agreed that having an CMM clinician at their clinic has helped their patients improve their health and make progress towards their clinical goals.

Patient Success Story	Anita was used to being active. She worked locally for 35 years until back surgery and a hip replacement caused her to retire. A diagnosis of diabetes during a hospital stay last December sent her health into a downward spiral. The problem began when she tried to renew the diabetes medication after a post-hospital rehabilitation stay. Because of mobility limitations, Anita was not able to see her physician and went without her medication for several months. *"Talking to Brittany and getting my medications straightened out has been important," says Anita. "I don't think it would have been possible without her help."* "Brittany has been a lifesaver in many ways," says Anita, 67-year-old Fairview patient. Anita's multiple chronic diseases and related complications had created barriers to care and landed her in the hospital. She needed specialized help to get her health back on track. That's where Dr. Brittany Symonds, medication therapy management clinical pharmacist, stepped in. She serves as part of a network team that came together to help Anita. *"My blood sugar went sky high," says Anita. "I ended up back in the hospital."* For Anita, multiple factors conspired to create what Dr. Symonds called "a perfect storm." Barriers to care included medication cost and mobility issues preventing Anita from visiting her doctor. Dr. Brittany Symonds worked with Anita by phone, reducing the number of clinic visits needed, and helped her find less expensive medications through a mail-order source. Anita calls medication therapy management "one of the best things Fairview instituted. If I hadn't had Brittany, I don't think I'd have my diabetes under control and feel as well as I do today." Additional stories at: https://www.fairview.org/services/medication-therapy-management/patient-stories
Team-Based Care Strategy	■ **Interprofessional Team Roles:** ▪ Triage nurses, care coordinators (social work and RN case managers), inpatient nursing staff trained on CMM and when to refer patients ■ **Role of the Clinician:** ▪ Scope of Advanced Practice: Collaborative practice agreement covering 20+ chronic disease states ■ **Care Delivery Modality:** ▪ In-person, phone and video visits. Extensive communication via MyChart (EHR communication) when needed ▪ 60-minute initial (new) patient visits/30-minute return visits ▪ Patients average two visits/year with pharmacist
Patient Referral Criteria	■ **Eligible Patients:** All patients are eligible for CMM services. ■ **Populations of Focus:** Diabetes, hypertension, hyperlipidemia, smoking cessation, COPD, heart failure, asthma, transplant, HIV and CF patients in specialty locations (among other specialties). Transitions of care, special focus on mental health discharges.

Size of CMM Program	**Number of:** ■ **Pharmacists:** 45 ▪ Pharmacist FTE: 30.2 in direct pt care ■ **Practice Sites:** 55 ■ **Resident Pharmacists:** 5 PGY-1 ■ **Student Pharmacists/Interns:** 2 ■ **Support Staff:** ▪ 3 coordinators: scheduling, coding, billing, recruitment calls ▪ 1 business supervisor ▪ 3 CMM supervisors ▪ 1 CMM Operations Lead ■ **Unique patients served (2019):** ▪ 12,798 patients ▪ 26,460 visits
Program Success Factors	■ **Expanded Roles and Responsibilities of the Pharmacist** ▪ Broad collaborative practice agreements ▪ Consistent care process and follow-up ■ **Convenient Patient Access and Simple Program Entry** ▪ Multiple care delivery modalities (e.g., in-person, telemedicine) ■ **Demonstrate Efficiency & Effectiveness of Cross-Setting Team-Based Care** ▪ CMM eases primary care workload ■ **Demonstrate & Articulate CMM's Value** ▪ Consistently high patient and provider satisfaction scores ▪ Continued ROI studies with positive results ▪ Meaningful, experiential learning opportunities for advanced pharmacy practice experience students
Next Steps, Future Goals	■ Resourcing clinics without a CMM clinician on-site ■ Payment structures to support CMM services

References	Brummel, A. "Optimal Diabetes Care Outcomes Following Face-to-Face Medication Therapy Management Services" *Population Health Management:* 2012. Brummel, A, Carlson, A. Comprehensive Medication Management and Medication Adherence for Chronic Conditions. *Journal of Managed Care Pharmacy* 2016; 22 (1); 56-62. Schultz, H., Patient-perceived value of Medication Therapy Management (MTM) services: a series of focus groups. *Innovations in Pharmacy:3*(4)96. McInnis, T. Capps, K. Get the medications right: a nationwide snapshot of expert practices—Comprehensive medication management in ambulatory/community pharmacy. *Health2 Resources,* May 2016. Sorensen, TD, Sorge LA, Millonig, M et al. Integrating medication management: lessons learned from six Minnesota health systems. September 2014. Additional articles: https://www.fairview.org/services/medication-therapy-management/news
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