

Decrease Costs & Improve Employee Health

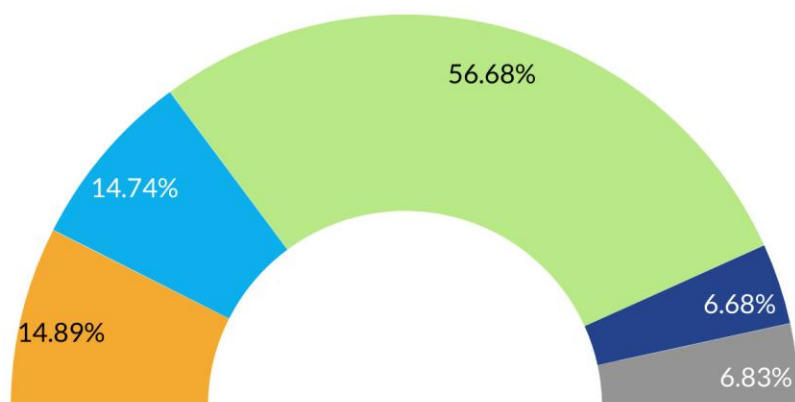
Encourage your health plan to enter into value-based contracts that include team-based comprehensive medication management services.



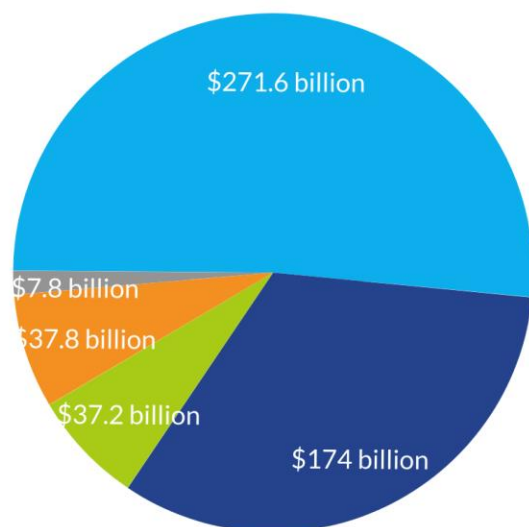
The Problem: Non-Optimized Medications

- Per person annual spending is **59% higher** for employees with 1 chronic health condition and **82% higher** for those with 2+ chronic conditions.²
- Employees with chronic illness have higher absenteeism.^{3,4} For example, full-time workers with diabetes miss an average of **5.5 additional** work days per year.⁵

Medication Therapy Problems
Beyond Adherence⁶



■ Non-Adherence (14.92%)
 ■ Adverse Reactions (14.77%)
 ■ Inadequate Therapy (56.78%)
 ■ Unnecessary Therapy (6.69%)
 ■ Dose Too High (6.84%)



The cost of non-optimized medications¹
TOTALS

\$528 BILLION

■ Long-Term Care (51.4%)
 ■ Hospitalizations (32.93%)
 ■ Emergency Department Visits (7.04%)
 ■ Provider Visits (7.15%)
 ■ Additional Prescriptions (1.48%)

The Solution:

Comprehensive Medication Management

A patient-centered, collaborative approach to optimizing medication selection and use delivered by a team, i.e., clinical pharmacist, physician, patient, etc. Each medication is assessed for appropriateness, efficacy, safety and feasibility.^{6,7}

CMM goes beyond services provided by pharmacy benefit managers. CMM is patient-specific, comprehensive and ongoing—**influencing medication selection, use and monitoring.**

1. Patient Assessment

4. Follow-up Medication Monitoring

Clinical Pharmacists as Members of Care Team

2. Medication Therapy Evaluation

3. Plan Development & Implementation

Medication optimization strategies by clinical pharmacists yield positive results for self-insured employer groups:

- Improved clinical outcomes in chronic illness^{8, 9, 10, 11, 12, 13}
- Reduced health care utilization including emergency department and hospital visits^{9,12}
- Decreased employee absenteeism¹³
- Decreased total cost of care by an average of \$1,000/patient/year^{10, 11, 12, 13}
- Positive return on investment ranging from \$2-\$4:1 in the first year^{10,11}

A Call to Action



✓ Using data analytics from your own benefits spend, enlighten the C-suite about the need to adopt CMM so they can lead and advocate for transformation.

✓ Engage with employers, primary care and specialist physician organizations, medical and pharmaceutical service providers, community leadership organizations, health care insurance carriers and consumer groups focused on acute/chronic care outcomes improvement to discuss the community's need to transform medication use through CMM.

✓ Utilize value-based contracting with medical carriers and PBMs for delivery of team-based CMM services led by clinical pharmacists.

✓ Ensure contracts require real-time interconnectivity between medical carrier and PBM patient records and foster establishment of real-time sharing between network providers.

✓ Base contract performance guarantees on measurable clinical outcome improvements and financial waste avoidance achieved through appropriate implementation of CMM.

✓ Promote employer health care coalition advocacy for CMM and group purchasing of carve-out CMM services for employers unable to contract with medical carriers/PBMs for services.

REFERENCES

1. Watanabe JH, McInnis T, Hirsch JD. Cost of prescription drug-related morbidity and mortality. *Ann Pharmacother*. 2018;52(9): 829-837. doi: 10.1177/1060028018765159.
2. A critical national resource shedding light on the trends driving health care spending growth in the U.S. Health Care Cost Institute (HCCI). <https://healthcostinstitute.org/diabetes-and-insulin/2014-diabetes-health-care-cost-and-utilization-report>. Accessed August 26, 2020.
3. Economic costs of diabetes in the U.S. in 2017. American Diabetes Association. *Diabetes Care* 2018 May;41(5):917-28.
4. Vuong TD, Wei F, Beverly CJ. Absenteeism due to functional limitations caused by seven common chronic diseases in U.S. workers. *J Occup Environ Med*. 215 Jul;57(7):779-84.
5. Witters D, Liu D. Diabetes costs U.S. economy estimated \$266 billion annually. <https://news.gallup.com/poll/221078/diabetes-costs-economy-estimated-266b-annually.aspx> Accessed August 26, 2020.
6. Comprehensive medication management in team-based care. American College of Clinical Pharmacy. <https://www.accp.com/docs/positions/misc/CMM%20Brief.pdf>. Accessed August 26, 2020.
7. McInnis T, Strand LM, Webb CE. The patient-centered medical home: integrating comprehensive medication management to optimize patient outcomes. <https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>. Accessed August 26, 2020.
8. Theising KM, Fritschle TL. Implementation and clinical outcomes of an employer-sponsored, pharmacist-provided medication therapy management program. *Pharmacotherapy* 2015 Nov;35(11):e159-63.
9. Iyer R, Coderre P, McKelvey T, et al. An employer-based, pharmacist intervention model for patients with type 2 diabetes. *Am J Health Syst Pharm*. 2010 Feb;67(4):312-6.
10. Johannigman MJ, Leifheit M, Bellman N, et al. Medication therapy management and condition care services in a community-based employer setting. *Am J Health Syst Pharm*. 2010 Aug;67(16):1362-7.
11. Bunting B, Nayyar D, Lee C. Reducing healthcare costs and improving clinical outcomes using an improved Asheville project model. *Innovations in Pharmacy*. 2015;6(4):227.
12. Rodriguez B, Bittner M, Chirikov VV, Breuning I, et al. Clinical effectiveness and cost savings in diabetes care, supported by pharmacist counselling. *J Am Pharm Assoc*. 2017;57(1):102-108.
13. Cranor C, Bunting B, Christensen D. The Asheville project: long-term clinical and economic outcomes of a community pharmacy diabetes care program. *J Am Pharm Assoc*. 2003 Mar;43(2): 173-84.