

# Comprehensive Medication Management in Benefits Design: *A Toolkit for Employers*

## Concerned about medication misuse, underuse or overuse in your pharmacy and medical program?

Everyone is different, not every medication is right for every person. [Comprehensive medication management \(CMM\)](#) is a well-established process of care that ensures that every medication an individual takes is appropriate and effective for them.

CMM is *different* from medication therapy management (MTM), a broad term that has, over the years, come to include all sorts of activities related to pharmacy benefit management (PBM). MTM activities are not clearly defined or implemented in a standard way by PBMs and health plans. Employers should be wary of programs that offer only single service activities (ex. adherence, medication reconciliation, comprehensive medication review) such as those found in Medicare Part D prescription drug

plans; this is not CMM. CMM is a well-defined process to optimize medication use that has delivered consistent results. This 10-step process of care is delivered in collaborative practice with a physician by a qualified member of the health care team (usually a clinical pharmacist) and designed specifically to ensure that all medications are optimized for that patient. It may also include tools such as [pharmacogenomic \(PGx\)](#) testing to target correct therapies. CMM is a patient-focused process versus a medication-focused activity.

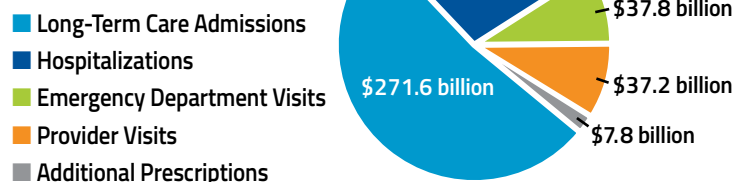
This toolkit explores the benefits of CMM for individuals and for the employers who pay for benefits. Research published in March 2018 reveals the waste to the system when the wrong drugs are prescribed, drugs are skipped or make people sicker, cause an estimated 275,689 deaths per year.<sup>1</sup> In financial terms, there's also a \$528 billion price tag attributed to non-optimized medication use.

### About the GTMRx Institute

The **Get the Medications Right Institute** brings critical stakeholders together, bound by the urgent need to optimize outcomes and reduce costs by getting the medications right. We are physicians, pharmacists, nurses, patients, health IT innovators, drug and diagnostics companies, consumer groups, employers, payers—aligned to save lives and save money through comprehensive medication management. Our goal is to ensure appropriate and personalized use of medication and gene therapies by advancing a scientific, evidence-based and cost-effective decision-making process and a team-based, systematic approach to medication use. We believe this will offer consumers a personalized approach to medication use. For those who pay for care, it will create a reduction in total cost of care—saving lives and saving money.

Questions? See our [GTMRx Belief Statements](#)

### Non-optimized medication use costs \$528.4 billion in waste attributed to:



Decreasing waste, improving quality and ensuring appropriate use of medications through health benefit design is a high priority for employers. As you plan your health benefit strategy (for pharmacy and medical), and as you seek to contract for programs that optimize medication use and manage medication therapy problems, use this toolkit to work with your:

<sup>1</sup> 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>.

- Pharmacy Benefit Managers (PBMs)
- Medical carriers
- Benefit consultants
- Solution providers (PGx, others)
- Employees

Use this infographic to guide discussions with others:  
[Drug Spend: Decrease Waste, Improve Quality, and Ensure Appropriate Medication Use.](#)

*“CMM starts with the patient, not the pills.”*

— Katherine H. Capps, Executive Director,  
 Get the Medications Right Institute

**What is 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.<sup>2</sup>

## Return on Investment for CMM

The return on investment (ROI) of CMM has been well documented, as articulated by Cipolle, et al., “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.”<sup>3</sup> 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 per capita cost of health care
- improve access to care and improve physician satisfaction and work/life balance

<sup>2</sup> McInnis, Terry, et al., editors. *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes*. 2nd ed., Patient-Centered Primary Care Collaborative. PCPCC Medication Management Task Force collaborative document.

<sup>3</sup> 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.

## How CMM Works

CMM is a patient-centered care process designed to optimize medication use and improve patient health outcomes. Usually a clinical pharmacist, [in collaborative practice with a physician](#), provides the service, working in partnership with the patient, nurses and others on the health care team.

CMM begins with a recommendation from a physician to consult with a clinical pharmacist on the care team and includes *all* the steps of the CMM process (Figure 1). Just as the services of physical therapists, behavioral health workers, dieticians and others are necessary to provide the patient with coordinated, comprehensive care, CMM strengthens the ability of the team and makes everyone more effective. When delivered in the manner described, CMM contributes unique data, quality decisions and new solutions for patients and important new knowledge about the effectiveness and safety of medications across the continuum of care.<sup>4</sup>

### It starts with an assessment to determine:

- ✓ Is this medication needed?
- ✓ Is this medication appropriate?
- ✓ Is this medication effective?
- ✓ Is this medication safe if taken with other medications?
- ✓ Is the patient able to take the medication as intended?

Once a determination is made that the medication is safe, effective and appropriate (sometimes with use of diagnostics tools such as pharmacogenomics [PGx]), the patient’s **ability to adhere** to the prescribed regimen is considered.

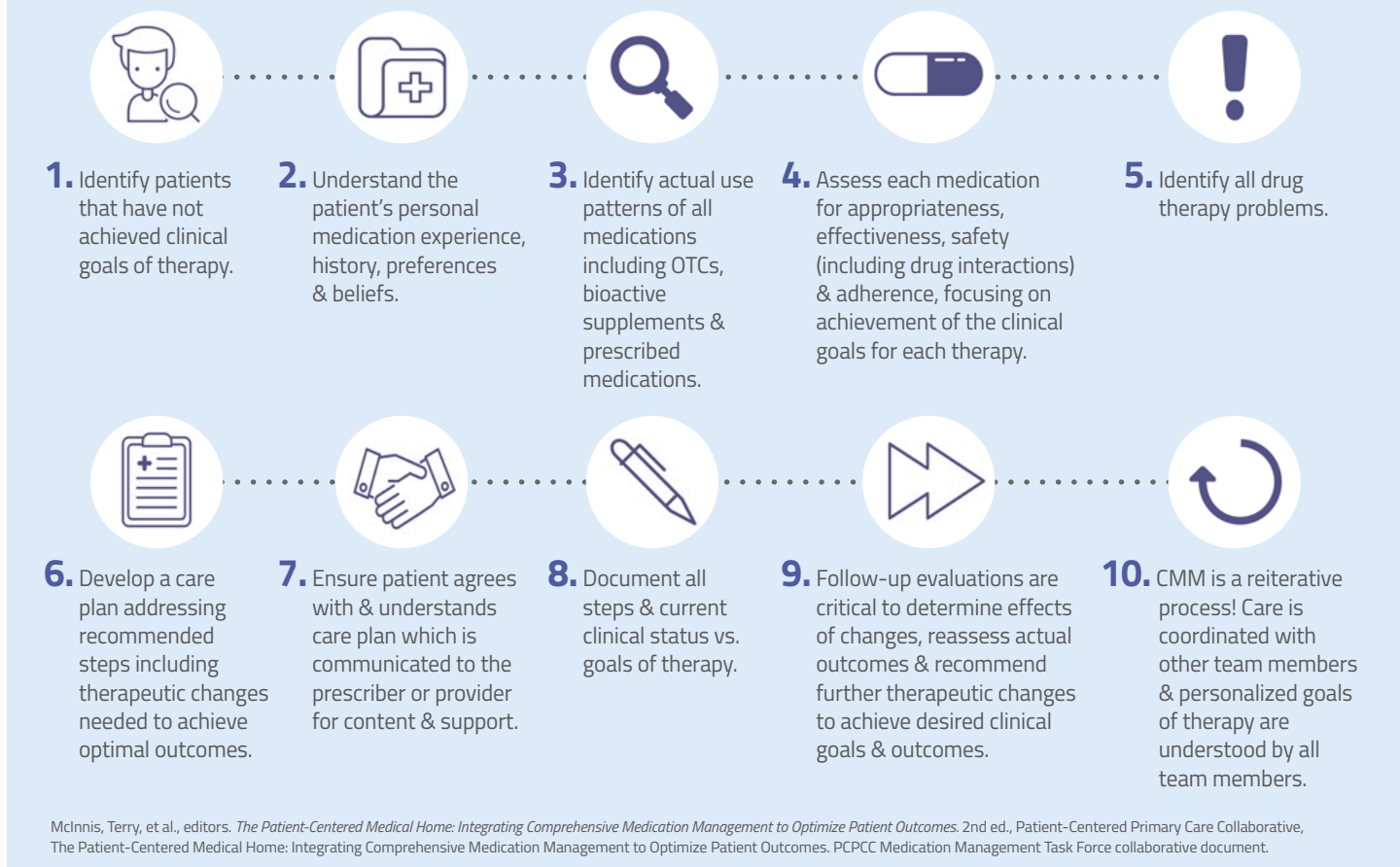
## Identifying medication therapy problems

Medication problems generally fall into three “buckets”: **overuse** of medications that don’t improve health and may cause harm; **underuse** of critical drugs needed for acute or chronic health problems; and **misuse** of medications such as opioids. All three can contribute to higher costs and impact health, particularly for patients:

- with one or more chronic condition
- who take a number of medications
- who see multiple physicians (prescribers).

<sup>4</sup> *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes*. 2nd ed., Patient-Centered Primary Care Collaborative. PCPCC Medication Management Task Force collaborative document.

## Figure 1. 10 Steps to Achieve CMM



## Patients Who Benefit Most from CMM

Significant evidence is accumulating to establish the positive impact that CMM has on patient outcomes.<sup>5</sup> Patients who benefit most include those:

- With one or more chronic conditions treated by multiple providers/multiple patients taking multiple medications
- With high ER/urgent care/hospital utilization
- With one or more complex medications requiring specialized administration and frequent outcomes assessments
- Transitioning between specialists and primary care providers visits, ER/Urgent Care visits, or discharge from a hospital/long-term care facility
- At risk for sub-optimal clinical outcomes due to medication therapy problems such as errors in self-administration, doses too high or low, adverse drug reactions, etc.
- Taking new medications requiring personalized education and on-going assessment of outcomes (inhalers, self-injectables, narrow therapeutic index, etc.)
- Showing absence of or erratic maintenance of intended therapy goals
- Problems understanding and following their medication regimen

McInnis T, Webb E, and Strand L. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes, *Patient Centered Primary Care Collaborative*, June 2012

*Comprehensive Medication Management FAQ for Employers*. (GTMRx November 2020). Retrieved December 1, 2020, from <https://gtmr.org/wp-content/uploads/2020/11/Comprehensive-Medication-Management-FAQ-for-Employers-11252020.pdf>

5 [https://www.amjmed.com/article/S0002-9343\(20\)31173-6/abstract](https://www.amjmed.com/article/S0002-9343(20)31173-6/abstract)

## CMM and Value-Based Payment

Because CMM decreases waste in the system and delivers on the promise of the Quadruple Aim<sup>6</sup> (improve the health of populations, enhance the experience of care for individuals, reduce the per capita cost of health care and improve provider satisfaction), it provides measurable value that can serve as the basis for payment.

Employers can pay for CMM services provided as part of contracted services from health plans, medical carriers and PBMs through:

- agreements with carved-out CMM service providers;
- agreements with accountable care organizations (ACOs) or colleges of pharmacy; or
- by linking providers to existing value-based structures such as MACRA (Medicare Access and CHIP Reauthorization Act of 2015), that provide incentives to providers to adopt CMM.

See [CMM use cases](#) and learn more from the experience of commercial health plans, retirement systems, government payers and employers.

*“The problem is not solely the inability to keep people on medications. It’s also a failure to optimize medication use. This requires going upstream in the medication use process and first ensuring every medication is appropriate, effective, safe and that the patient is willing and able to take it as prescribed.”*

— Sandra Morris, Senior Advisor, GTMRx Institute, Former Senior Benefits Manager, Procter & Gamble

## CMM and PGx Testing

[Pharmacogenomics \(PGx\)](#) is the study of how a patient’s genetic profile determines their body’s metabolic responses to specific medications. The role of PGx testing has a significant place in determining which drugs match best to which patients in the right amounts at the right time. With CMM, physicians working in collaborative practice with a pharmacist, can leverage PGx testing and interpretation to guide use of the right medications. When used as a diagnostic tool as part the CMM process, PGx testing

allows for precisely fitted and delivered medical care based on the unique characteristics of an individual patient’s genetic profile, their lifestyle and environment. The outcomes of PGx testing combined with CMM include:

- Reduced cost
- Better patient outcomes
- Improved provider satisfaction
- Improved access to care

### Employer Resources from GTMRx: GENERAL



[To learn more about the value of CMM for payers, consumers and society, \*CMM Value Framework\*: 7-MINUTE READ](#)

### Employer Resources from GTMRx: EVIDENCE



[The Outcomes of Implementing CMM in Team-Based Care: 17-MINUTE READ](#)



[Outcomes of Implementing and Integrating PGx within CMM in Team-Based Care: 18-MINUTE READ](#)



[Teacher’s Retirement System of Kentucky: Pharmacogenomics: Improving outcomes, lowering costs by making precision medicine personal: 10-MINUTE READ](#)

### Employer Resources from GTMRx: FAQs & TOOLS



[GTMRx FAQs for Employers: 10-MINUTE READ](#)



[Contracting for CMM Services: 7-MINUTE READ](#)

### Employer Resources from GMTRx: RATIONALE



[The Problem: Starting or continuing medications without a comprehensive evaluation of the patient’s health issues and medications: 4-MINUTE READ](#)



[Employers as Changemakers: Why Employers Should Care About CMM: 4-MINUTE READ](#)



[Moving from Precise to Personalized Medication Management with PGx and CMM: 7-MINUTE READ](#)

### Employer Resources from GTMRx: USE CASES



[Use Cases of CMM in Practice: 5-MINUTE READ](#)



[“Mike’s Journey: A Patient and His Physician Talk about Getting His Medications Right with CMM + PGx”: LISTEN TO PODCAST](#)

6 Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med* 2014;12(6):573-6. <https://doi.org/10.1370/afm.1713>.

# CALL TO ACTION

Employers have intrinsic interest in workforce well-being to ensure employees remain productive. They also hold the power of the purse to shape benefit plans. Outlined are seven steps employers as health plan sponsors can take to decrease waste and ensure value from dollars spent on the drug benefit by making CMM an integral part of the employee health benefit strategy:

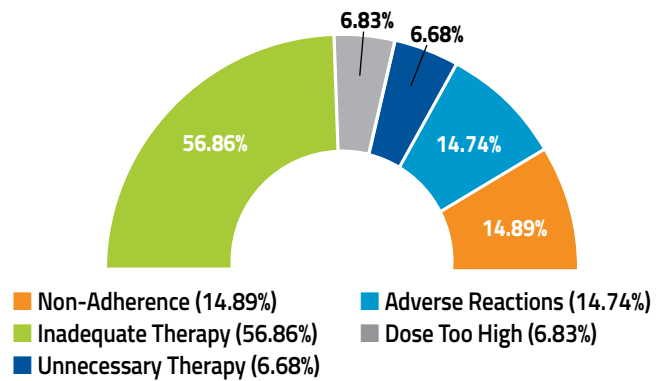
**1 Learn more about CMM** to inform discussions with your current vendors. Medical carriers, PBMs, TPAs and ACOs may provide MTM services, but they are limited in scope and effectiveness in dealing with medication therapy problems beyond adherence (Figure 2). Tools that will help:

- Read an overview of the [patient care process](#) for delivering CMM and how CMM programs are being used today.
- Share with your benefit consultants and vendors the [10 Steps to Achieve Comprehensive Medication Management](#) and the [review of the evidence](#) for implementing and integrating CMM in team-based care.
- Explore [use cases](#) demonstrating how organizations across the country are optimizing medication use through CMM and talk to your existing vendors about piloting similar programs for your members.

**2 Talk to your medical carriers, health plans and PBMs** asking them to share their strategies and new product and service solutions designed to optimize medication use (beyond adherence programs). Be open to their offer to pilot projects designed to meet your goals. Points to guide your discussion:

- Let them know that the current trial-and-error approach to medication use must change.
- Ask your medical carrier how they currently identify individuals who haven't met clinical goals of therapy and how they evaluate and mitigate issues such as wrong dose, adverse events, inadequate therapy, failed therapy, non-adherence and deprescribing.

**Figure 2. Types of Medication Therapy Problems<sup>7</sup>**  
It's not all about adherence!



- Ask your medical carrier or PBM about their quality improvement process for addressing medication therapy problems beyond adherence alone.
- Ask your PBM's clinical pharmacists how they plan to integrate PGx testing effectively within your plan.
- Ask your medical carrier and PBM what measurement practices are in place to catalyze appropriate, safe, effective medication use.
- Ask your medical carrier and PBM how they reward network providers who consistently deliver care that is free from medication misadventures (overuse, underuse and misuse of medications).
- Ask your medical carrier and PBM if their network providers can access an integrated medication record **and** the patient's clinical data at the point-of-care to ensure the right information is available to evaluate, manage and change medications as appropriate.

*"We're trying to change the status quo and transform pharmacy benefits."*

— Cheryl Larson, CEO, Midwest Business Group on Health (MBGH)

<sup>7</sup> Comprehensive Medication Management in Team-Based Care. American College of Clinical Pharmacy. [www.accp.com/docs/positions/misc/CMM%20Brief.pdf](http://www.accp.com/docs/positions/misc/CMM%20Brief.pdf)

- 3 Collect the right data.** Ask your medical carrier, TPA, and PBM to work with you to create trend reports that identify those members in greatest need for CMM services.

  - Work with your local business coalition to define common terms, specific data queries and simple claims analysis methods to paint a top-line picture of benefits (cost, quality and utilization impact) gained by implementing CMM programs for your population.
- 4 Gain leadership support.** After identifying current gaps and gathering data from your vendors, use it to gain leadership support to ensure that investments are used to optimize medication use and that CMM is covered as a health benefit.
- 5 Engage brokers and consultants.** Ask them to identify new products and services designed to optimize medication use through the delivery of CMM. Keep in mind, traditional MTM programs do not focus on all activities needed to manage and mitigate medication therapy problems (Figure 2).
- 6 Use your contract authority.**

  - Align and integrate optimized medication use as an overall patient care and health benefit strategy.
- 7 Build primary care and other stakeholder alliances.** Ally with your employer health care coalition and work with primary care in your community to identify how you can support value-added primary care services designed to optimize medication use through your medical plan design.

  - Use benefit plan design to shape vendor response and encourage innovative product solutions.
  - Design and encourage health plan payment models that sufficiently support CMM services and recognize opportunities for virtual access to these services (telehealth as a modality to deliver CMM.)
  - For PBMs, require use of available, clinically-proven pharmacogenomic testing to guide decision making in prior authorization for medication use.
  - Waive step-therapy requirements and financial penalties related to formulary use if, through CMM and/or pharmacogenomic means, a specific medication is determined to be most appropriate for the patient.

## About this Toolkit

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