



Healthcare Leaders Say Lack of Communication Between Prescribers, Pharmacists is Biggest Issue in Medication Management

May 24, 2021

[Briana Contreras](#)



Two of the biggest issues in healthcare, currently, are the lack of communication between prescribers and pharmacists, and the number of factors that prevent healthcare professionals from offering patient-centric services.

Two of the biggest issues in healthcare, currently, are the lack of communication between prescribers and pharmacists, and the number of factors that prevent healthcare professionals from offering patient-centric services.

This data was found in a recent medication management survey by the Get the Medications Right (GTMRx) Institute of over 300 healthcare leaders on the biggest issues facing the industry.

One in four of those surveyed – including healthcare providers, hospital/health system executives, payers, advocacy groups and academics – reported the biggest issue were the professional silos that prevent patient-centered integrated care. When asked what is the biggest issue in managing medications specifically, most chose lack of communication between prescribers and pharmacists – rather than cost of medications.

GTMRx Executive Director, Katherine Capps, says there are several reasons why there is a lack of communication between these two parties. However, here are the most major reasons:

- Most current communications are transaction-based and single-drug-focused between the prescriber and pharmacist at the point of dispensing, not integrated into a process of care that is ongoing, person-centered and designed to offer value.
- Generally the pharmacist is not included as a member of the interprofessional patient care team.
- Most medical practices are not ready to contract for, or do not know how to leverage the expertise of a pharmacist in a patient care role. However, those that do would not work with complex patients (those with multiple chronic conditions, taking multiple medications, seeing multiple prescribers) without the expertise of an ongoing pharmacist-led medication management program.
- Lack of interoperability: Ideally, *all* members of the patient care team should have full access to all relevant healthcare data at *the point of care*. That's not happening yet for a variety of reasons. Even if the pharmacist is a member of the care team, he or she may not have access to a complete picture of a patient's health (diagnostic findings to target correct therapies, medical history, all medications being taken). Likewise, a prescriber may not have access to a complete medication list.
- HIPAA: Depending on the pharmacist's relationship with a practice or health system HIPAA may pose a barrier.

Capps noted health professionals are prevented from providing patient-centric services because another number of reasons. These reasons again include lack of interoperability, lack of time and limited visits due to reimbursement.

Physicians spend roughly 15 to 16 minutes with each patient. That's barely enough time to conduct a cursory exam, much less talk about medications, she said. One study found approximately 5% of a 16-minute office visit involved introducing and explaining newly prescribed medications. Roughly 26 seconds was devoted to guideline-recommended components and 23 seconds to all the other aspects of the drug.

Capps added the reason the visits are so short is because of reimbursement.

"As you know, we continue to pay for volume, not value," she said. "Payment systems are starting to evolve but, fundamentally, they are grounded in fee-for-service (FFS) models. FFS models do not reward person-centered, team-based services designed to optimize medication use through a more comprehensive medication management process."

However, the major discussion around pharmacy benefits centers on access to and affordability of drugs, but the elephant in the room is appropriate use of all medications, she added.

"We must find a better way to optimize medication use to avoid life-threatening and wasteful overuse, misuse and underuse," Capps said. "Outside of discussions around the opioid crisis, the tragedy of medication misadventures are not often quantified or brought to the table. How can we manage the over 10,000 drugs available on the market today without re-engineering the process of care toward a systematic, patient-centered and team-based approach? We believe, along with the experts, that a move toward [comprehensive medication management](#) (CMM) is the way to get there."

The survey also looked at the broad awareness and adoption of CMM, a systematic approach to medications where physicians and pharmacists ensure that they are individually assessed to determine the appropriateness, effectiveness and safety of each medication.

Although more than 96% of those surveyed believe we need a more comprehensive and integrated way to manage medications, 44% said that CMM is not well understood or not understood at all in their immediate network. And those surveyed know that CMM has the power to create actionable change; nearly 84% of respondents believe that wide adoption of CMM could help stem the opioid addiction crisis.

"The effects that widespread CMM adoption could have are innumerable, but the need is particularly urgent for patients with multiple chronic conditions," said Paul Grundy, president of the GTMRx Institute. "For patients who are taking multiple medications and seeing multiple physicians, CMM is hands down the best path forward because it improves medical outcomes by ensuring medications are appropriately and effectively used while also reducing the total cost of care. We've already seen proven success with CMM in major health systems like the Department of Veterans Affairs, but a complete systematic overhaul will take buy-in from every possible angle."

Those surveyed recognize that the path to overhaul may not be straightforward. Regarding where the resistance is likely to come from, those surveyed are largely in agreement: nearly half cite resistance from medical carriers/ PBMs to move from management of drugs to delivering a reimbursable process of care as the biggest obstacle to wide adoption of CMM.

Conversely though, the survey finds that thoughts on where to start—what the first step should be in changing the way we manage medications—are nearly evenly split: just over one-third of respondents chose physicians working in collaborative practice with pharmacists to help patients reach their clinical goals of therapy, 31% chose access to clinical information at the point-of-care for all team members working with the patient and 27% chose payment for CMM services.

Automation in Healthcare Revenue Cycle Operations Jumps 12% in Less Than a Year

August 20, 2021



Pandemic accelerates adoption of automation in healthcare.