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Get the medications right

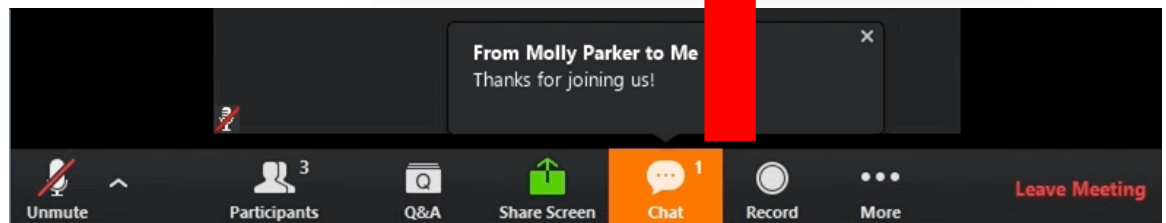
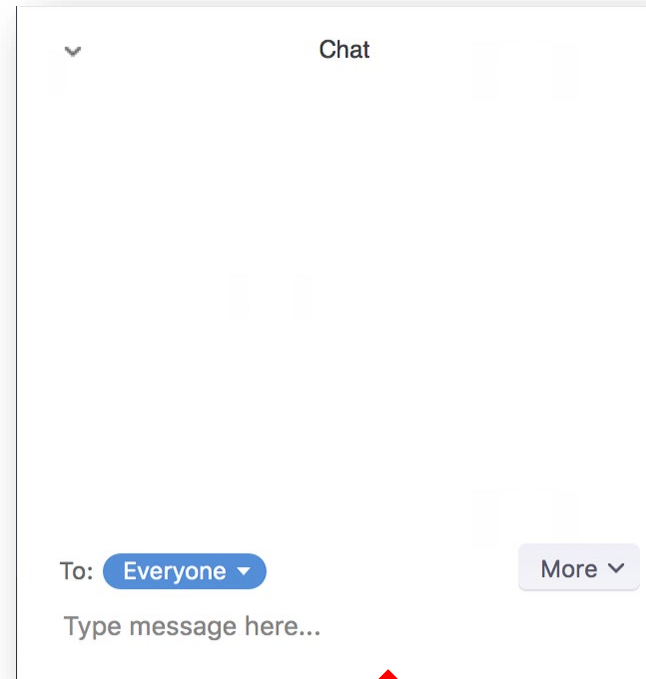
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A Better Way to Manage Medications

A Few Quick Tips and Reminders

All participants will be in **listen-only mode**.

Please submit questions for the speakers throughout the presentation. We will address them during the Q&A.



The Get the Medications Right Institute

gtmr.org

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 and Care System Transformation
- Payment & Policy Solutions
- Precision Medicine via Advanced Diagnostics
- Health IT to Support Optimized Medication Use

Multi-Stakeholder Coalition:
Launched April 2019 – 1415+ members & 895+ companies



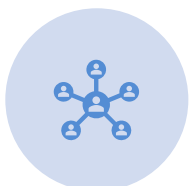
Medication Complexity



Over 10,000 prescription products marketed in the U.S.¹



80% of patients leave their primary care provider office with a prescription.²



Medicare Part D beneficiaries have an average of three to four prescribing providers.³



Nearly 30% of adults take 5 or more medications.¹



Over 4 billion prescriptions annually.⁴



49 seconds of a 15 minute patient visit is spent talking about new medications⁵

Overburdened Physicians



Increasing demands, less time with patients, limited reimbursement all contribute to physician burnout which effects up to 54% of physicians.⁶



Primary care physicians see an average of 20 patients per day.⁷

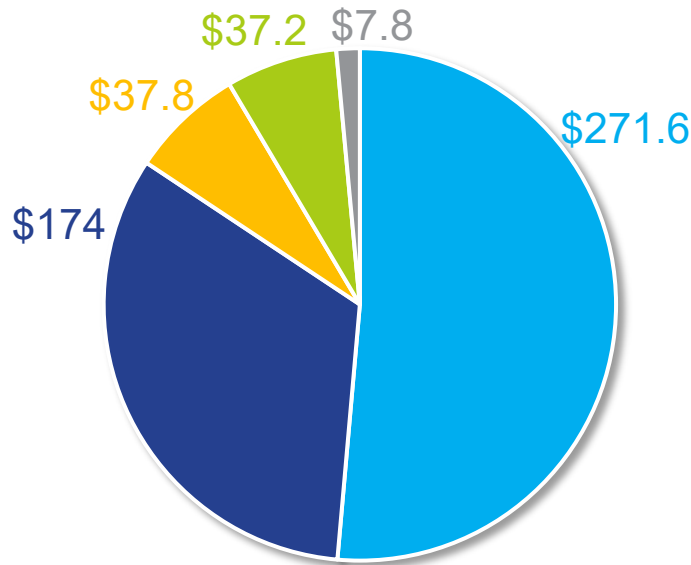


After each visit, 16 min spent on electronic health record (chart review, documentation, ordering)⁸

The Result

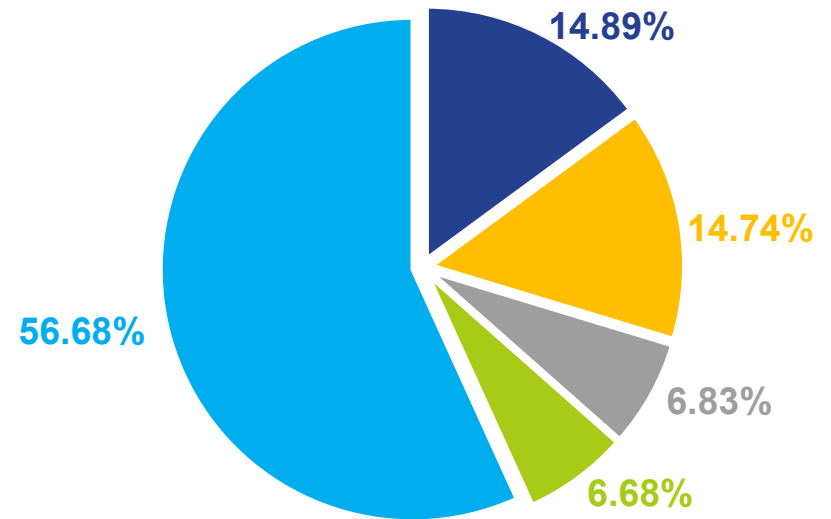
Non-Optimized Medication Therapy

The Costs of Non-Optimized Medications : \$528B



- LTC
- Hospitalizations
- Provider Visits
- ED Visits
- Add'l Rx

Medication Therapy Problems



- Non-Adherence
- Adverse Reaction
- Dose Too High
- Unnecessary Therapy
- Inadequate Therapy

Optimize Medication Use Through Comprehensive Medication Management (CMM) in Practice

*CMM: A systematic approach to medications where physicians and pharmacists ensure that medications (whether they are prescription, non-prescription, 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.**

* McInnis, Terry, et al., editors. *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes*. 2nd ed. PCPC Medication Management Task Force collaborative document.

GTMR_x
Institute™

A Better Way to Manage Medications



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Director of Strategic Initiatives
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Moderator



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Professor and Executive Vice Dean-Chief Academic Officer
UNC Eshelman School of Pharmacy
Presenter



Annie Ideker, MD
Senior Medical Advisor—Clinician Experience
Senior Medical Advisor—Clinician/Patient Relationships (Ambulatory)
HealthPartners
Presenter

Consider this...

- Specialty **medications and gene therapies** are emerging that will and are transforming care.
- The **delivery of healthcare is fragmented**, which negatively impacts the quality of patient care.
- There is a **shortage of primary care physicians**, which further fragments care.
- We have not closed the **feedback loop** between specialists, primary care providers, and others relating to medication use.
- There are **more medications than ever**, and FDA is approving them at a faster pace.
- Prescription drug **costs are rising**.

GTMRx Institute: The Evidence. Accessed at: <https://gtmr.org/evidence/>

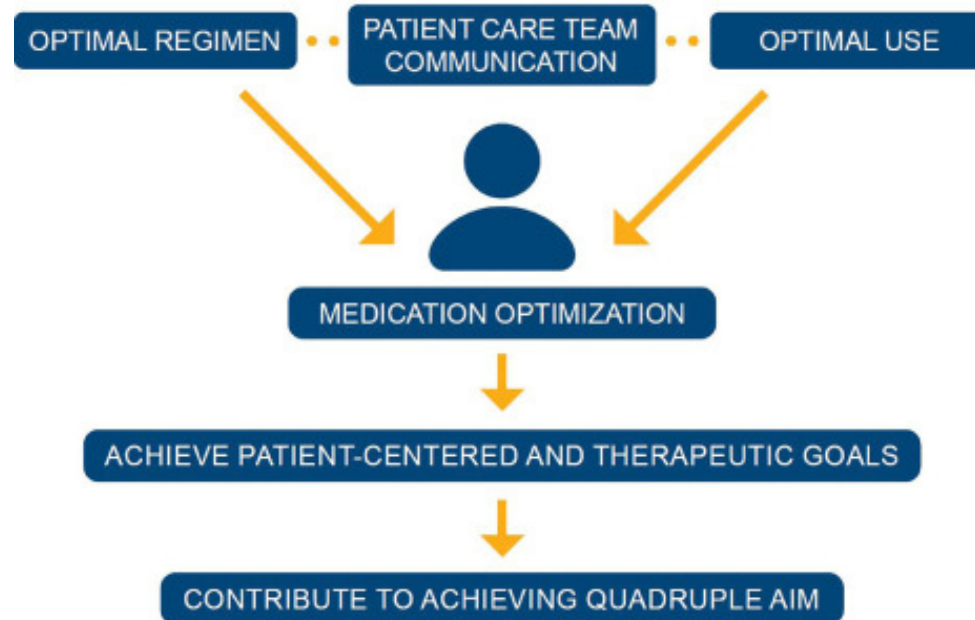
Consider this...

- **Pharmacogenomics** is beginning to inform which combination of medication and dosage is most effective and safe for a particular patient.
- The **21st Century Cures Act** is accelerating the discovery, development, and delivery of cures.
- The **population is aging**; more people are living longer with chronic disease and taking more medications.
- **Pharmacists have unique expertise** in optimizing medication use for patients and are key members of the healthcare team.

GTMRx Institute: The Evidence. Accessed at: <https://gtmr.org/evidence/>

Medication Optimization

Medication optimization is a patient-centered, collaborative approach to **managing medication therapy** that is applied consistently and holistically across care settings to improve patient care and reduce overall healthcare costs.



The process of medication optimization. American College of Clinical Pharmacy. Accessed at: https://www.accp.com/docs/positions/misc/Medication_Optimization_Graphic.pdf.

The Solution: Comprehensive Medication Management

What is Comprehensive Medication Management (CMM)?

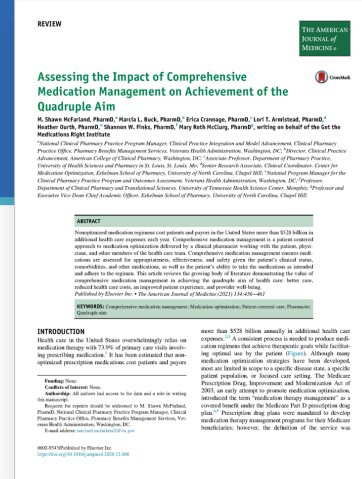
Comprehensive medication management (CMM) is a **patient centered approach** to optimizing medication use and improving patient health outcomes that is delivered by a **clinical pharmacist working in collaboration with the patient and other healthcare providers**. This care process ensures each patient's **medications** (whether prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are **individually assessed** to determine that each medication has an appropriate indication, is effective for the medical condition and achieving defined patient and/or clinical goals, is safe given the comorbidities and other medications being taken, and that the patient is able to take the medication as intended and adhere to the prescribed regimen.

Patient-Centered Primary Care Collaborative (PCPCC). The patient-centered medical home: integrating comprehensive medication management to optimize patient outcomes resource guide, 2nd Ed. Washington, DC: PCPCC, 2012. Available at: <https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>. Accessed May 2021.

The Evidence for CMM

Assessing the Impact of Comprehensive Medication Management on Achievement of the Quadruple Aim

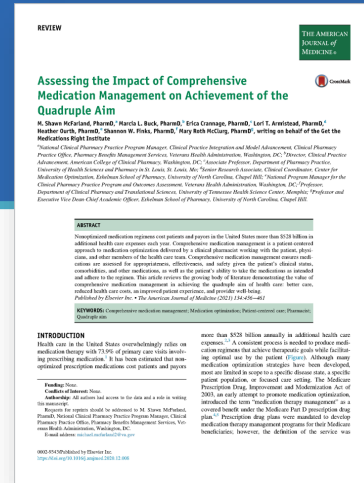
- Better care
- Reduced health care costs
- Improved patient experience
- Improved provider well-being



Assessing the Impact of Comprehensive Medication Management on Achievement of the Quadruple Aim. Am J Med 2021;134:456-461.

The Evidence for CMM

- **Better care**
 - Reduction in medication therapy problems
 - Clinical care goals met (e.g., diabetes, hypertension, hyperlipidemia, heart failure)
- **Reduced health care costs**
 - Reductions in emergency department visits, hospitalizations
 - ROI ranges from 3:1 to 12:1
- **Improved patient experience**
 - Patients are satisfied, more engaged, trusting relationship established
- **Improved provider well-being**
 - Reduced burnout, decreased workload, decreased mental exhaustion, enhanced learning, increased patient access to providers, satisfaction that care is being improved



Assessing the Impact of Comprehensive Medication Management on Achievement of the Quadruple Aim. Am J Med 2021;134:456-461.

National Academy of Sciences: Implementing High Quality Primary Care—Rebuilding the Foundation of Health Care (May 4)

To achieve its vision for high-quality primary care in the U.S., the committee recommended several actions:

- Reform payment models
- Increase access points
- Design interprofessional care teams
- Support community-based training programs
- Make health information technology user-friendly
- Establish accountability and effective measurement
- Create a primary care research agenda



CMM: 10 Key Steps to Achieving CMM

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10 Steps to Achieve Comprehensive Medication Management (CMM)



#1

Identify patients that have not achieved clinical goals of therapy.



#2

Understand the patient's personal medication experience, history, preferences, & beliefs.



#3

Identify actual use patterns of all medications including OTCs, bioactive supplements & prescribed medications.



#4

Assess each medication for appropriateness, effectiveness, safety (including drug interactions) & adherence, focusing on achievement of the clinical goals for each therapy.



#5

Identify all drug-therapy problems.



#6

Develop a care plan addressing recommended steps including therapeutic changes needed to achieve optimal outcomes.



#7

Ensure patient agrees with & understands care plan which is communicated to the prescriber or provider for content & support.



#8

Document all steps & current clinical status vs. goals of therapy.



#9

Follow-up evaluations are critical to determine effects of changes, reassess actual outcomes & recommend further therapeutic changes to achieve desired clinical goals & outcomes.



#10

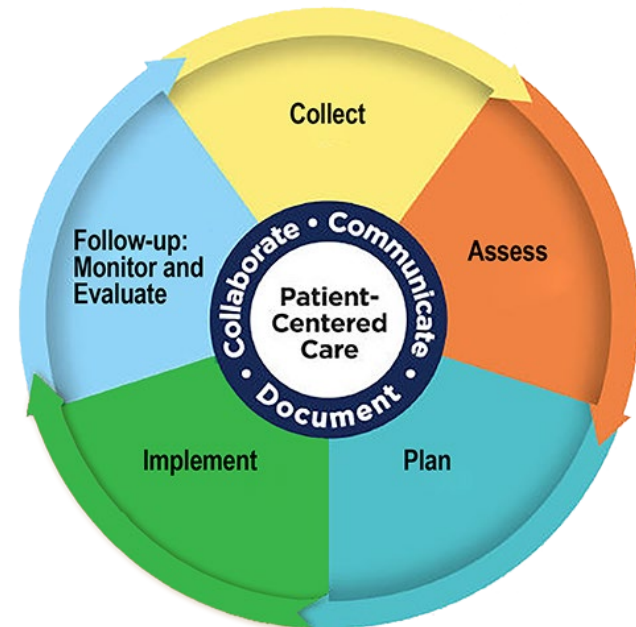
CMM is a reiterative process! Care is coordinated with other team members & personalized goals of therapy are understood by all team members.

CMM: How Does It Work?

Comprehensive Medication Management



Patient Care Process



The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings. CMM in Primary Care Research Team. July 2018. Available at: https://www.accp.com/docs/positions/misc/CMM_Care_Process.pdf. Accessed May 2021.

A CMM Case Study

57 yo female with HTN, type 2 diabetes, obesity, hypothyroidism, anxiety

Current medications: Lisinopril 10 mg QD, metformin 1000 mg BID, Levothyroxine 100 mcg QD, atorvastatin 10 mg QD, Paxil 10 mg QD

Office visit: BP 145/93, Weight 175, BMI 34, A1C 7.8 (up from 7.1 6 months ago), TSH 0.90, LDL 86, GAD7 2

Patient is concerned about weight gain over past 6 months (15 lbs); has been taking medications regularly; checks BP at home and readings have been elevated (140's/90's). Also has loose stools/diarrhea several times per week.

A CMM Case Study

Clinical concerns:

- Patient-reported symptoms of diarrhea and weight gain – possible medication side effects; is worried about her thyroid and use of Paxil
- Uncontrolled blood pressure
- Increasing A1C
- Weight gain
- LDL not at goal for optimal diabetes care (<70)
- Anxiety – Paxil may be causing weight gain

A CMM Case Study

Clinical actions taken:

- Increase lisinopril dose to 20 mg daily; counsel patient on step-wise augmentation of therapy and importance of getting to goal; confirm appropriate BP monitoring technique
- Increase atorvastatin dose to 20 mg daily
- Schedule CMM pharmacist visit ASAP to discuss diabetes treatment, specifically adding GLP1 agonist
- Advise patient that thyroid appears well-regulated and through shared decision-making, decide to defer adjustment

A CMM Case Study

CMM visit – 2 weeks later:

- Assessed potential side effects of higher dose of atorvastatin – non reported; recommended repeat lipid profile in 4-6 weeks
- Assessed potential side effects of higher dose of Lisinopril, non reported; but BP still not at goal; increased Lisinopril to 40 mg daily
- Discussed diarrhea; switched metformin to XR formulation
- Discussed diabetes and weight gain; added Trulicity based on review of patient's insurance and provided teaching related to same; Trulicity administration teaching provided
- Patient's BP cuff checked, and accuracy confirmed

A CMM Case Study

PCP visit – 6 weeks later:

- **BP:** at goal (126/72). Creatinine 0.9, potassium 3.9.
- **Lipids:** at goal. (LDL 64)
- **Diarrhea:** has resolved with switch to XR formulation of metformin
- **Diabetes:** improving (A1C 7.2)
- **GAD7:** 2
- **Weight:** down 5 lbs



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CMM Case Study: Key Take Aways

Team-based, patient-centered care that integrates CMM into the care delivery model supports:

- Better outcomes
- Lower cost
- Improved patient engagement
- Fewer side effects
- Improved physician experience

Barriers to Replicating and Scaling CMM in Practice

Access to clinical pharmacists to implement CMM in practice



Lack of reimbursement/payment for pharmacist's clinical services



Lack of a sustainable business model



What Is Needed to Replicate and Scale CMM?

1. Clinician and interprofessional team awareness of CMM and its value to their patients and their practice
2. Need payers and providers to support and invest in CMM
 - Commercial payers
 - Self-insured employer groups
 - At-risk provider organizations (ACOs)
 - Medicare
 - Medicaid
3. The pipeline of pharmacists who are trained to do this
4. Tools and guidance for CMM practice implementation, management and monitoring: <https://www.optimizingmeds.org/>

Q&A



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Presenter

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