



Improve patient care and physician work-life

The Problem?

Medication regimen complexity and non-optimization overburden physicians and lead to poor patient outcomes.

Learn how to ensure your patients avoid illness and death resulting from non-optimized medication management (e.g., adverse reactions, inadequate or unnecessary therapies, nonadherence and incorrect dosing). In total, this trial-and-error approach results in the loss of 275,000 lives and \$528.4 billion in total US health care expenditures each year. 1

Medication complexity: 30% of adults take 5+ medications ²

- Medicare Part D beneficiaries have an average of
- 3-4 prescribing providers ³ 49 seconds in a 15 minute patient visit is spent
- talking about new medications 4

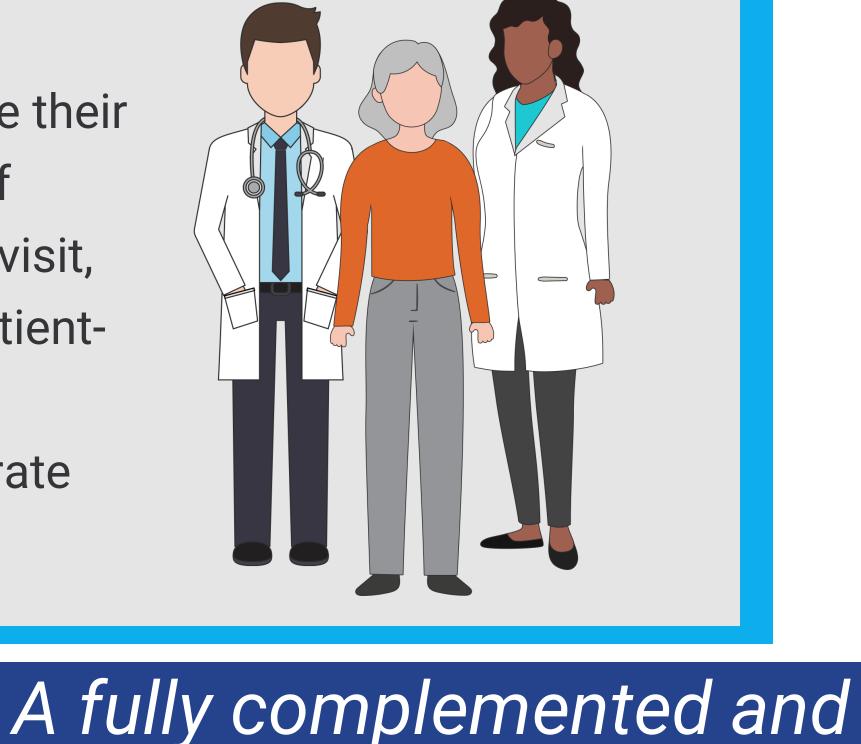
Types of Medication Therapy Problems It's not all about adherence! 56.86% 14.74% 6.68% 14.89% 6.83% Non-Adherence (14.89%) Adverse Reactions (14.74%) Inadequate Therapy (56.86%) Dose Too High (6.83%) Unnecessary Therapy (6.68%)

A Familiar Story:

Lenette is your 17th patient of the day. She is a 68 year-old with low health literacy. She has type 2 diabetes, hypertension, heart failure, atrial fibrillation, osteoarthritis and a history of stroke. She takes 27 prescription medications, several of them prescribed by specialists. She has 3 new complaints today and would like to know if her constipation is a side effect of her medications. Her labs indicate the need for a new, injectable therapy for diabetes.

pharmacist) meets with Lenette to provide CMM services. Before their next visit, the clinical pharmacist provides you with a summary of medication related problems and proposed solutions. After your visit, the clinical pharmacist meets with Lenette to provide her with patientcentered education on therapy changes. Later on, the clinical pharmacist provides ongoing follow up with Lenette and collaborate with you to ensure her medications are fully optimized.

A medication expert on your health care team (usually a clinical



The Solution?

interprofessional health care team providing CMM services Comprehensive Medication Management

CMM is a <u>service</u> delivered by a team, consisting of a physician, clinical pharmacist and others working in

collaborative practice to ensure appropriate use of medications and gene therapies. In CMM, the medication expert (clinical pharmacist) contributes to therapy selection—in collaborative practice with the physician and monitoring and follow-up to ensure safe, effective, precise, personal and cost-conscious regimens. This allows physicians the time to focus on complex diagnostic dilemmas and relationship-building with their patients, resulting in: Better outcomes, Improved physician



ower costs



attainment for diabetes, hypertension and cardiovascular disease prevention 9, 10

in a 30-40% increase in combined goal

Increased attainment of individual therapy

goals following CMM enrollment: 9

- A1c (54% vs. 36%, P = 0.01) • blood pressure (**93% vs. 77%**, *P* = 0.001)
 - use of a statin (**79% vs. 63%**, *P* = 0.01)

Decreased hospitalization

those with chronic illness ^{11, 12}

 Reduced medication-related hospitalizations in patients over age 65 and



Get the medications right

Vienna, VA ZIP

info@gmtr.org

gtmr.org

+1 (703) 394 5398

Get the Medications Right Institute

8230 Old Courthouse Rd. Suite 420

Next steps

Solutions Subgroup of the GTMRx Practice Transformation Workgroup • Amie Brooks, Pharm.D., FCCP, BCACP, Director of Strategic Initiatives, American College of Clinical Pharmacy

Horizons, LLC

President, GTMRx Institute

Member, GTMRx Institute

Endeavors

Physicians CMM can lead to

and patient experience

Decreased mental exhaustion 13 Improved job satisfaction 14

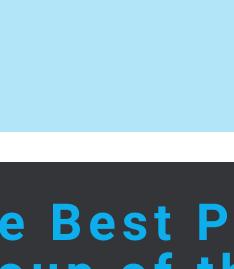


PCPs highly value the pharmacists'

Decreased workload

- medication expertise and ability to manage/adjust patient medications 15
- **Patients** 95% of patients indicate they are

CMM is extremely or very helpful 10, 16 Enhanced access to a member of the



health care team 14 Developed by the Best Practices and Innovative

satisfied with CMM services and 93% say

- Michael Ross, MD, MHA, Chief Medical Officer, Cureatr, Inc. • Christie Schumacher, Pharm.D., BCPS, FCCP, Professor, Midwestern University Chicago College of Pharmacy; Clinical Pharmacist, Advocate Medical Group • Joanne Williams, MD, MPH, MACM, Family Physician, Neighborhood Health TN

• Gregory Downing, DO, Ph.D., Strategic Advisory Board, Cureatr; Founder, Innovation

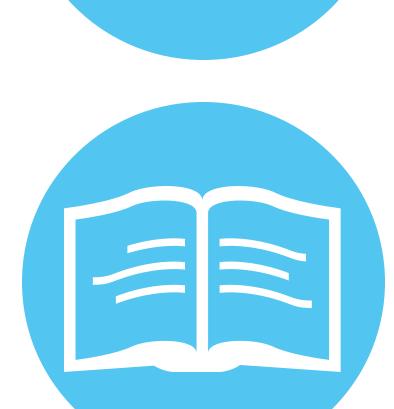
• Paul Grundy, MD, MPH, FACOEM, FACPM, Chief Transformation Officer, Innovaccer;

• Ira Klein, MD, MBA, FACP, Vice President, Provider Relations, Tempus Inc.; Board

• Julie England, MD, Medical Director of Medical Affairs, OneOme; Co-Founder, Epigenetic

- Izzy Serji, MPH, Director of Project Management and Operations, GTMRx Institute
- Learn what you can do now to implement and

bring CMM services in your practice setting

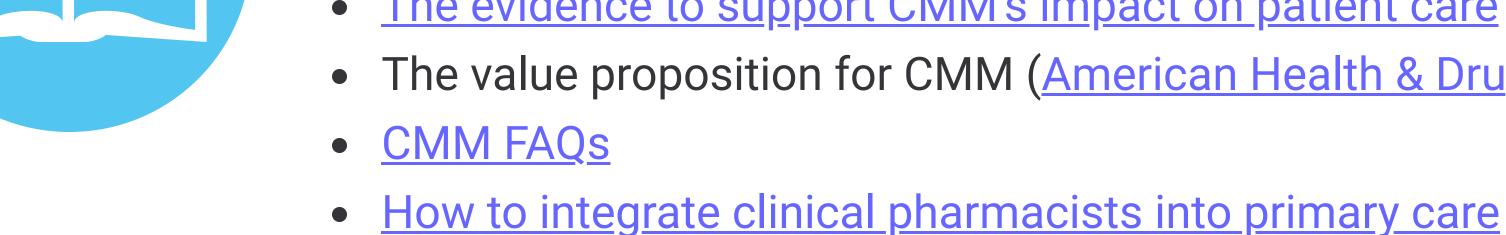


Become Informed About...

The CMM process of care

Explore CMM Use Cases...

Support CMM in your practice:



The evidence to support CMM's impact on patient care The value proposition for CMM (<u>American Health & Drug Benefits</u>)

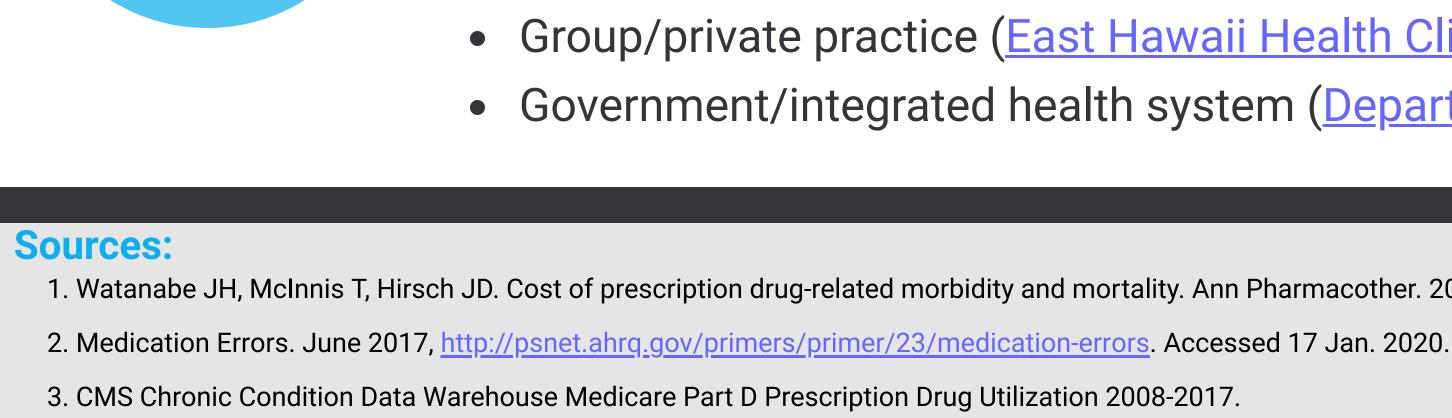
Visit our Physician Toolkit to learn more about integrating

CMM into your practice from our expert physician voices.

- CMM FAQs
- Integrated health system (Minnesota Health Fairview; Hennepin County

American Board of Family Medicine. 2019; 32(4): 462-473. doi: 10.3122/jabfm.2019.04.180376.nk

Medical Center) Accountable Care Organization (<u>Advocate Medical Group</u>)



2014;34(12):1336-1340)

2019.

- Group/private practice (East Hawaii Health Clinic) Government/integrated health system (<u>Department of Veteran Affairs</u>)
- 1. Watanabe JH, McInnis T, Hirsch JD. Cost of prescription drug-related morbidity and mortality. Ann Pharmacother. 2018;52(9): 829-837.
- 4. Tarn DM, Paterniti DA, Kravitz RL, et al. How much time does it take to prescribe a new medication? Patient Educ Couns. 2008 Aug; 72(2):311-319. 5. Comprehensive medication management in team-based care. American College of Clinical Pharmacy. https://www.accp.com/docs/positions/misc/CMM%20Brief.pdf.
- 6. National Academy of Medicine. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. National Academies Press. Washington DC. Oct. 7. 2018 Survey of America's physicians practice patterns and perspectives. The Physicians Foundation. September 2018. https://physiciansfoundation.org/wp-
- content/uploads/2018/09/physicians-survey-results-final-2018.pdf 8. Overhage JM, McCallie D. Physician time spent using the electronic health record during outpatient encounters. Annals of Internal Med. February 2020. https://doi.org/10.7326/M18-3684.
- 9. Prudencio, J., Cutler, T., Roberts, S., Marin, S., Wilson, M. The Effect of Clinical Pharmacist-Led Comprehensive Medication Management on Chronic Disease State Goal Attainment in a Patient-Centered Medical Home. Journal of Managed Care & Specialty Pharmacy, 24 (5): 423-429. 2018. doi: 10.18553/jmcp.2018.24.5.423.36%.
- 10. Ramalho de Oliveira D, Brummel AR, Miller DB. Medication therapy management: 10 years of experience in a large integrated health care system. J Manag Care Pharm 2010;16(3):185-95. https://doi.org/10.18553/jmcp.2010.16.3.185.
- 11. Pellegrin KL, Krenk L, Oakes SJ, et al. Reductions in medication-related hospitalizations in older adults with medication management by hospital and community pharmacists:
- a quasi-experimental study. Journal of the American Geriatrics Society 2017;65:212-219. doi: 10.1111/jgs.14518. 12. Viswanathan M, Kahwati LC, Golin CE, et al. Medication therapy management interventions in outpatient settings: A systematic review and meta analysis. JAMA Internal Medicine. 2015;175(1):76-87. doi:10.1001/jamainternmed.2014.5841.

13. Funk, K., Pestka, D., McClurg, M., Carroll, J., Sorensen, T. Primary Care Providers Believe That Comprehensive Medication Management Improves Their Work-Life. Journal of

- 14. McFarland, S., Lamb, K., Hughes, J., Thomas, A., Gatwood, J., Hathaway, J. Perceptions of Integration of the Clinical Pharmacist into the PCMH Model by the PCMH Team. Journal for Healthcare Quality. 2017. doi:10.1097/JHQ.00000000000114.
- 15. Maracle HL, Ramalho de Oliveira D, Brummel A. Primary care providers' experiences with pharmaceutical care-based medication therapy management services. Innovations in Pharmacy 2012;3(1):1-12. 16.Cobb CD. Optimizing medication use with a pharmacist-provided comprehensive medication management service for patients with psychiatric disorders. Pharmacotherapy











