



Institute™

Get the medications right

[www.gtmr.org](http://www.gtmr.org)

# Building, Managing and Sustaining Your CMM Practice

# A coalition calling for medication management reform...

Launched April 17, 2019 - 3 years focused on awareness, education and advocacy to change:



How we practice



How we pay



How we use diagnostics



How we leverage technology (HIT)

**In order to optimize medication use through a person-centered, team-based, patient care service called CMM**

*Largest nonprofit in the nation advocating for access to and payment for a more rational medication use process*

**1600+ members** | **1000+ organizations**

**7- member board**

**5 Executive Members** | **20 Strategic Partners**

## Multi-stakeholder membership

- Solution Provider
- Academia
- Public & Private Payors
- Consultants
- Providers of Care
- Consumer Advocacy Groups
- Professional Organizations
- Consumers
- Hospitals and Health Systems

## National Resource Center



- CMM Practice Registry
- Value Framework
- Evidence Documents
- Use Cases/Case Studies
- Stakeholder Change Packages
- GTMRx Learning Network
- Voices of Change (Podcast)
- White Papers/ Practice Guidance
- Issue Management/ Advocacy
- Peer-reviewed Published Papers

**Each week GTMRx directly reaches 30,000 readers through a variety of push communication campaigns**



# GTMRx 4 Pillars of Medication Management Reform

Achieving sustainable change requires revamping



HOW WE PRACTICE



HOW WE PAY



HOW WE USE DIAGNOSTICS



HOW WE INTEGRATE TECH

## 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

## Goal

Medication optimization

## Why?

### Medication access and use



- 10,000
- 80%
- 75%
- 30% / 5+

### Waste and lives lost



- Treatment failures
- New medical problems
- \$528 billion & 275,000

### It's a flawed process



- \$271 billion
- \$174 billion
- \$37.8 billion
- \$37.2 billion
- \$ 7.8 billion

### People (and the system) benefit



- 18% - 26%
- 3:1 – 5:1
- \$1200 - \$1872

# First National Registry of CMM Practice Sites: Register Your Site Now!



**M. Shawn McFarland, PharmD,  
FCCP, BCACP**

Manager, National Clinical Pharmacy Practice Program and the Clinical Practice Integration and Model Advancement, Clinical Pharmacy Practice Office, Pharmacy Benefits Management Services  
**Veterans Health Administration**

ENLIST YOUR SITE IN THE ONLY  
**NATIONAL REGISTRY OF  
CMM PRACTICES ©**



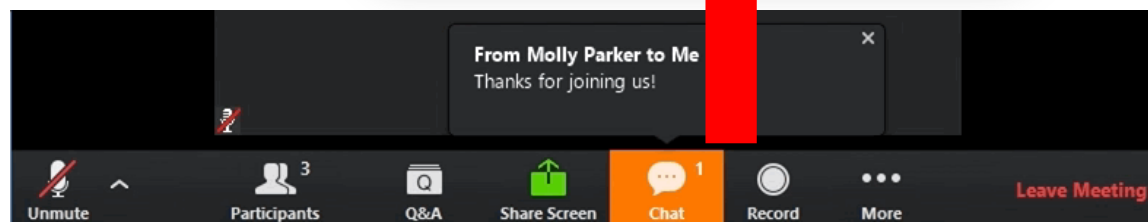
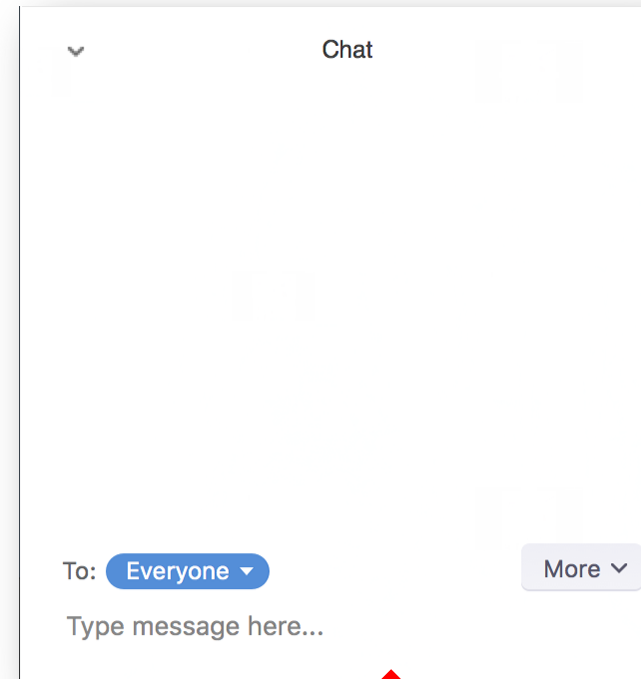
**Let your efforts be recognized! Take a few minutes to offer information on your program.**

CMM registry link: <https://www.surveymonkey.com/r/CBS3R3J>

# A Few Quick Tips and Reminders

All participants should be on **mute**.

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







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# GTMRx National Registry of Comprehensive Medication Management Practices© Preliminary Results

# GTMRx National Registry of CMM Practices© Preliminary Results (Opened: 12/13/21)

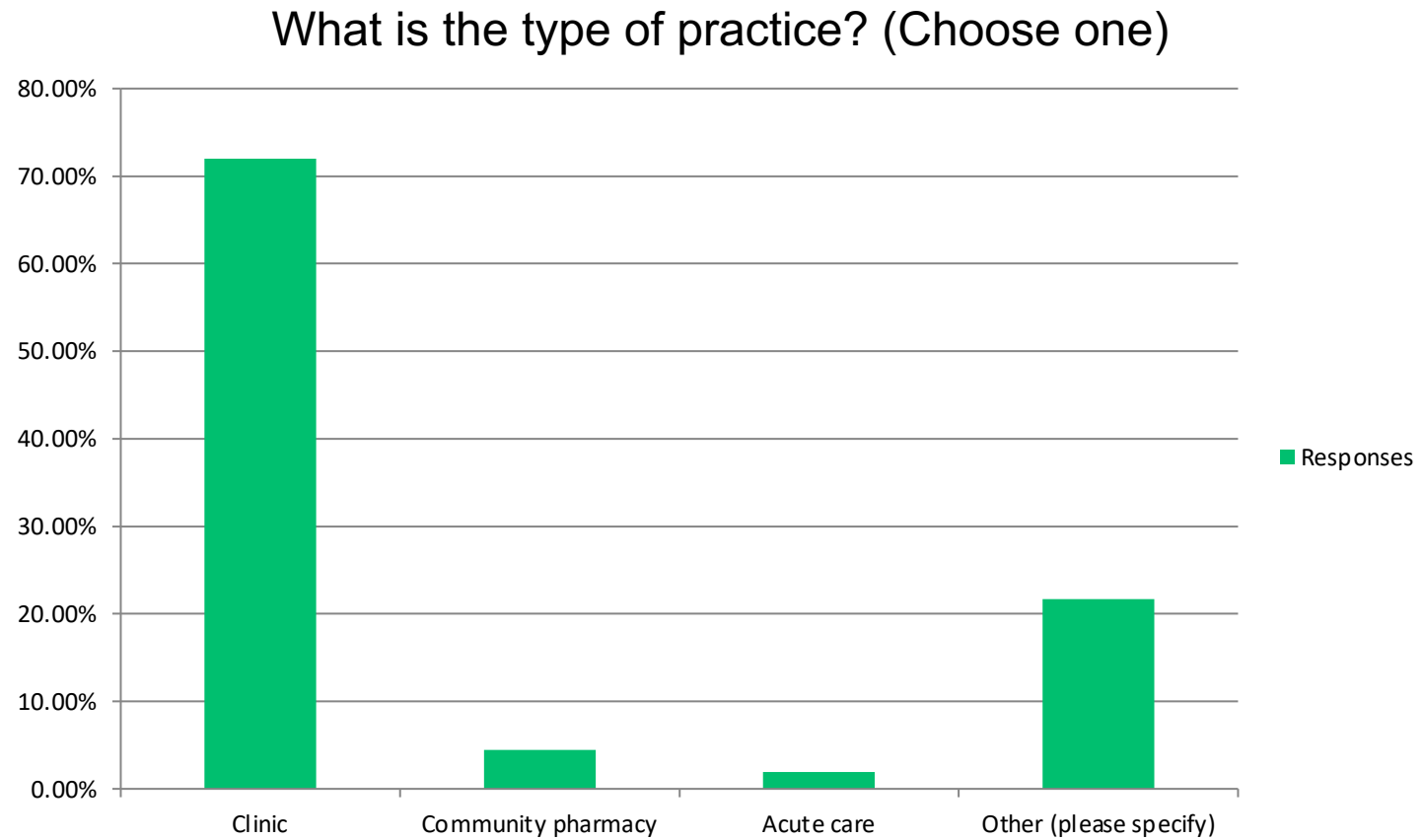


## Data (as of 6/14/22):

- Total: 163 respondents
- Total CMM sites: 2,123 sites (underestimate)
- Total Healthcare systems: 65
- Total Individual sites: 98

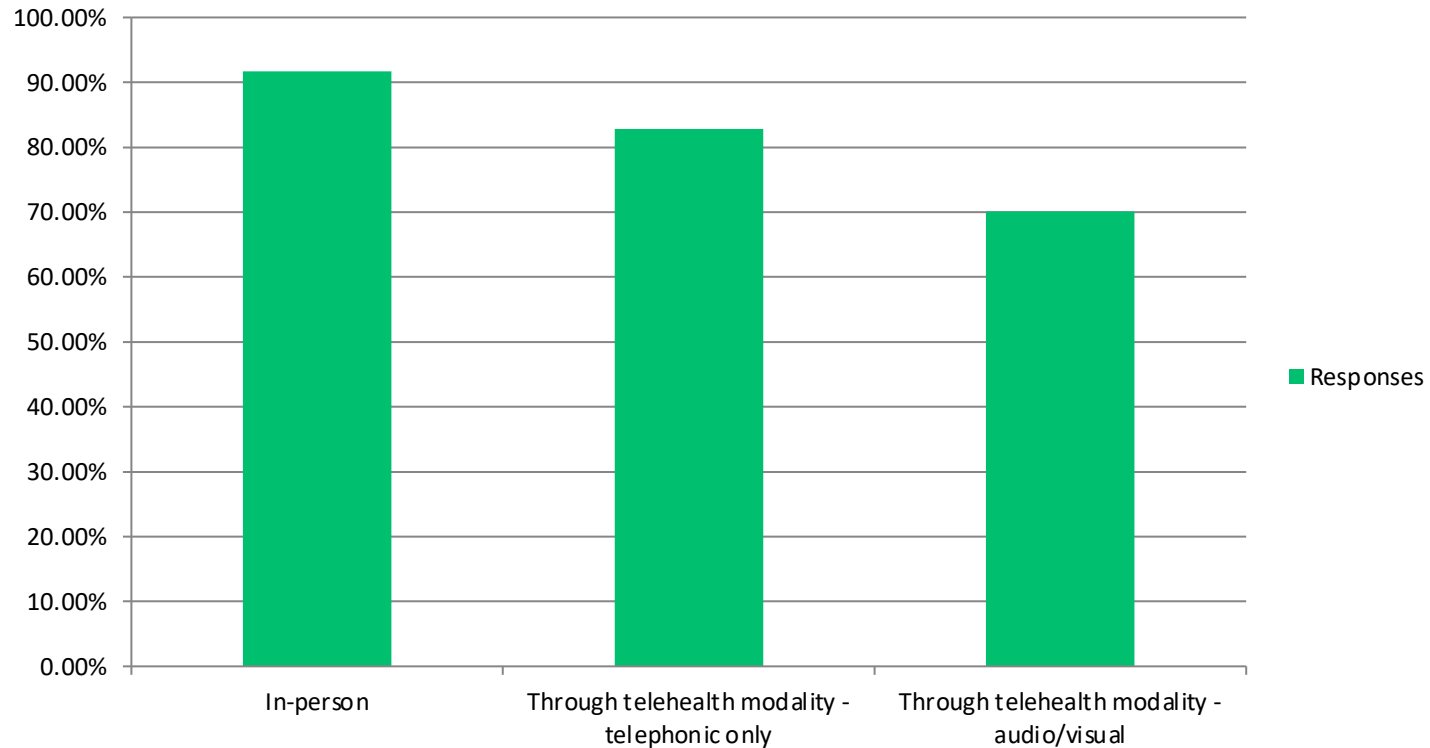
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# Question 4: What is the type of practice? (Choose one)

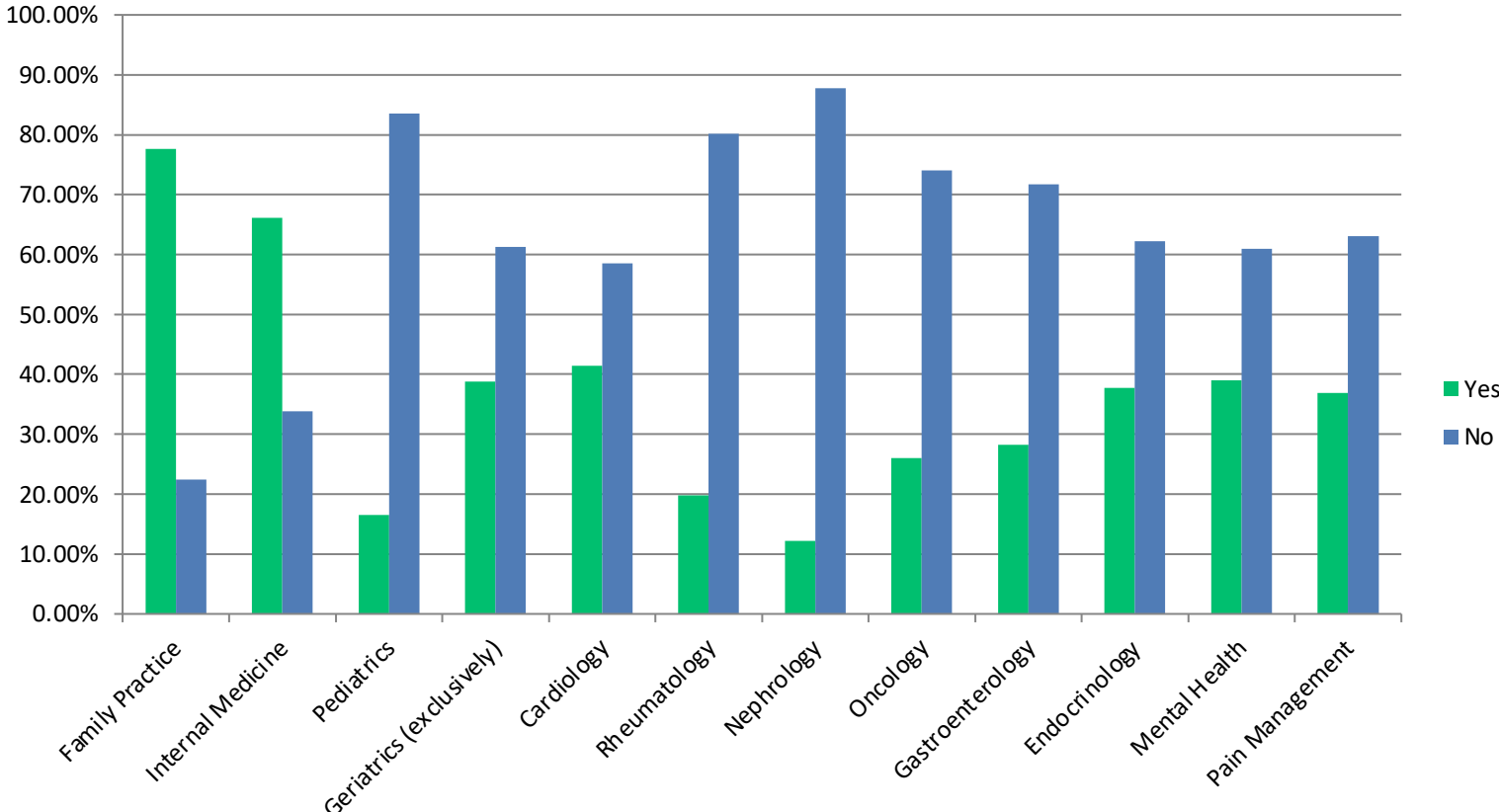




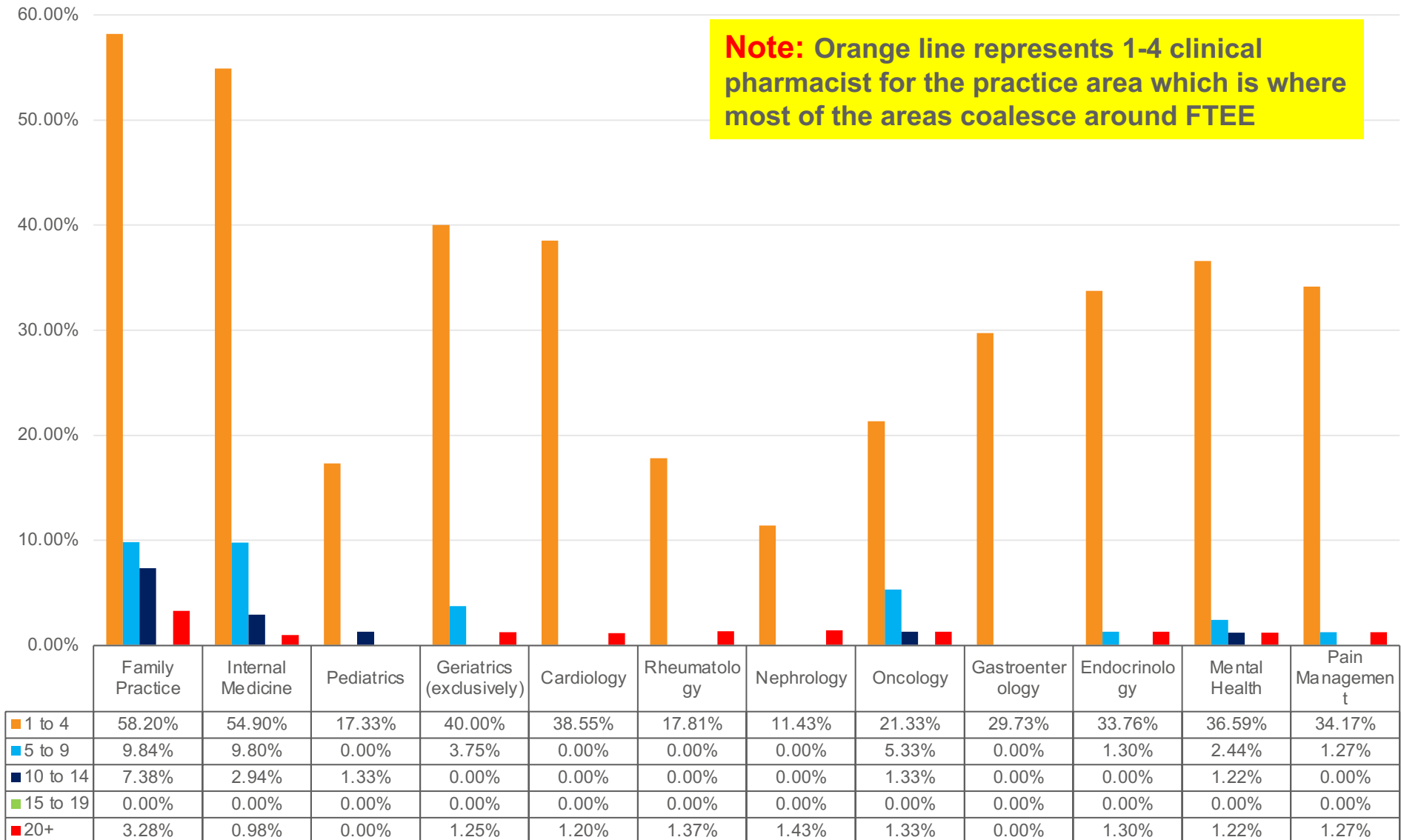
# Question 5: How does the organization offer CMM services? (Choose all that apply)



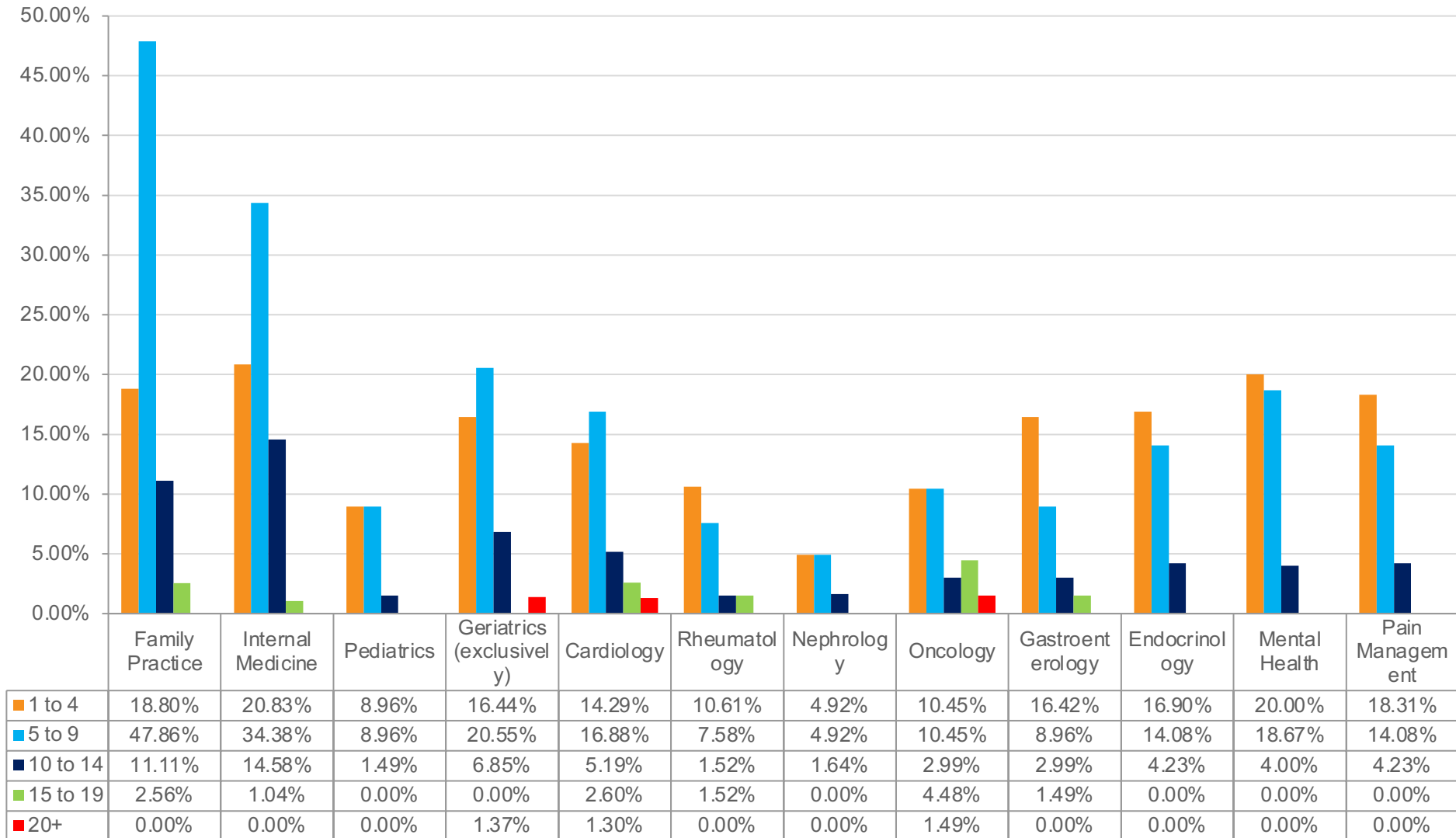
# Question 6: Does your organization have pharmacists providing CMM in these practice areas? (Yes/No - choose all that apply)



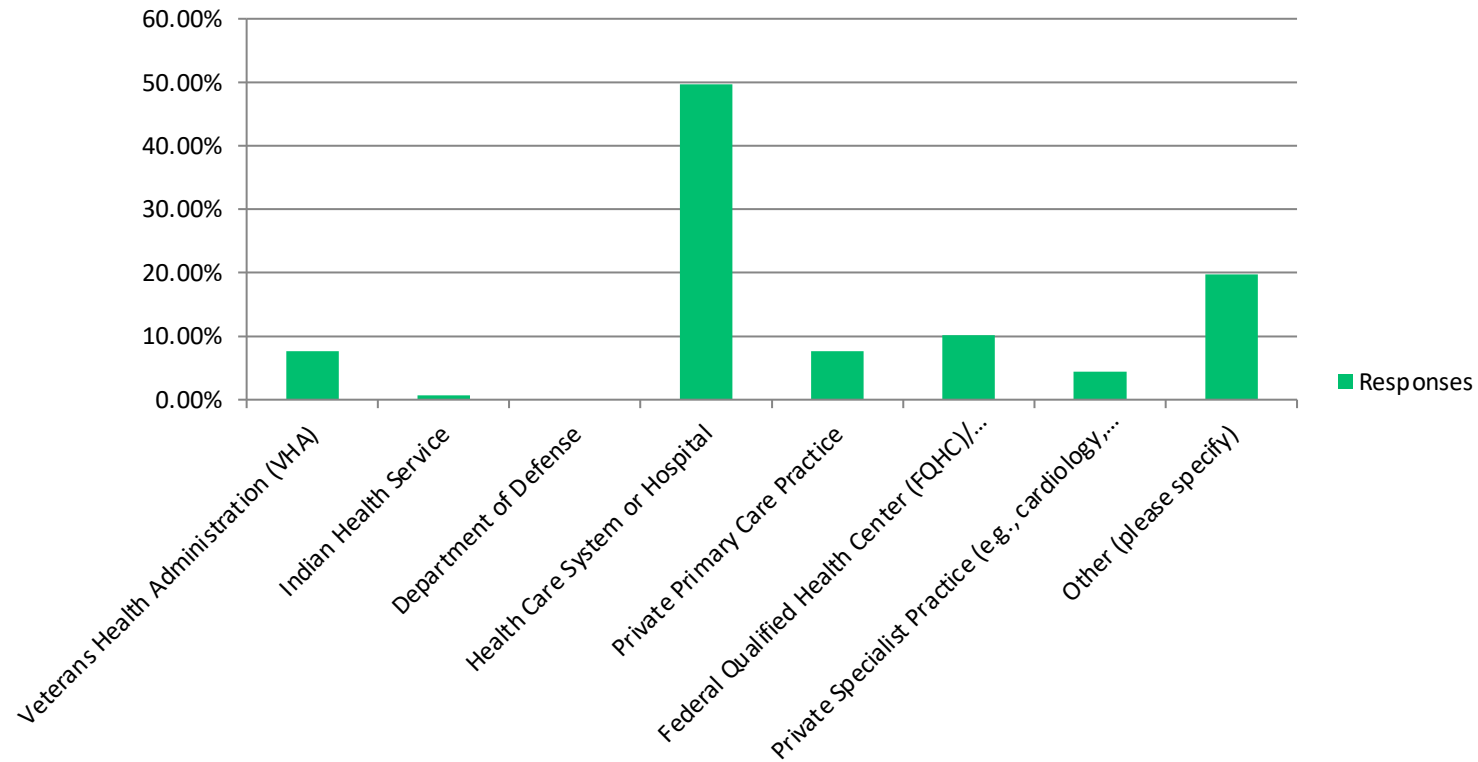
# Question 6b: How many pharmacists does your organization have providing CMM services as seen in Question 6?



# Question 6c: If yes, how many patients does one CMM pharmacist see on average per day?

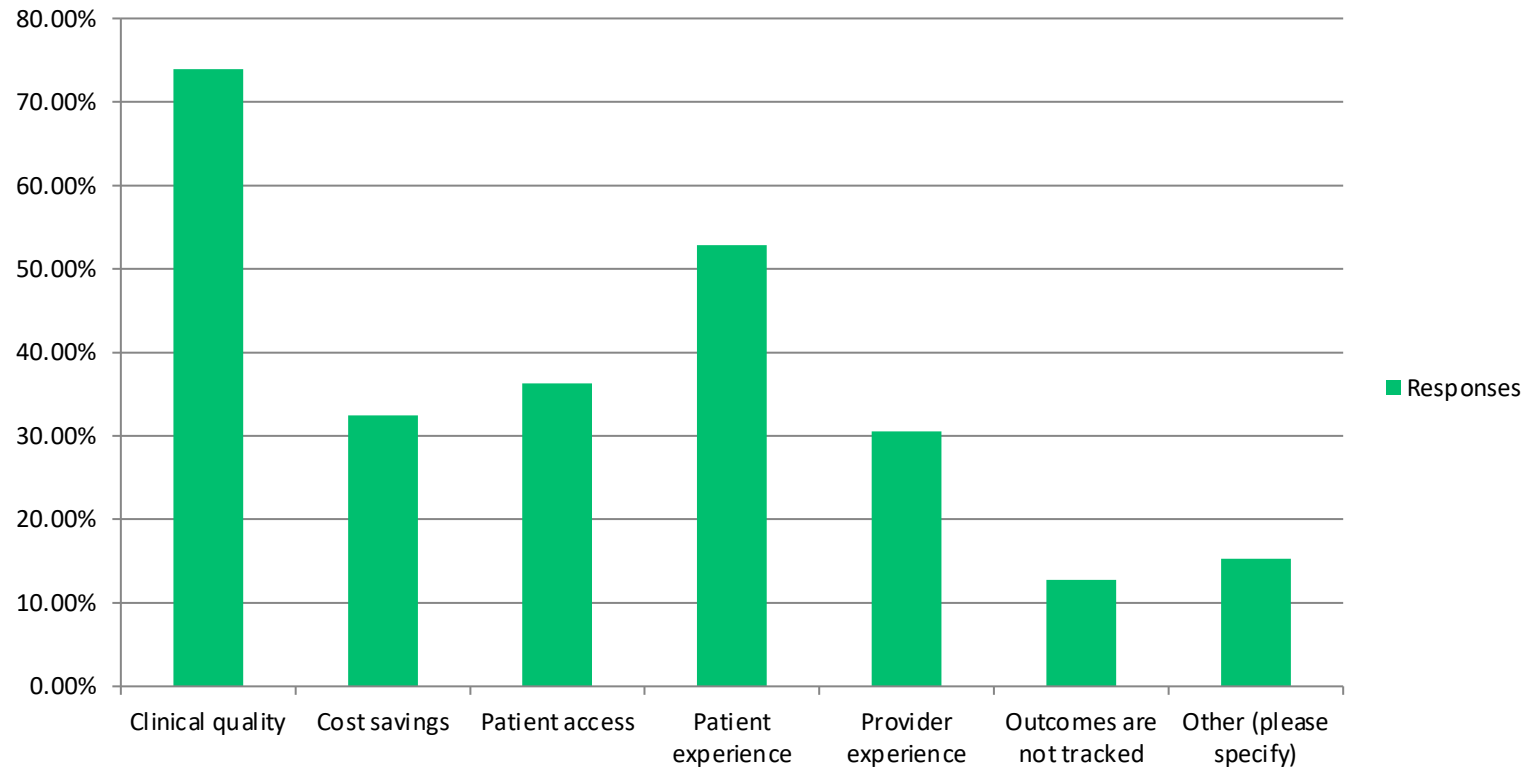


# Question 7: What is the type of site or organization? (Choose one)





## Question 9: Please mark which outcomes are tracked at the organization's CMM program? (Choose all that apply)



# Future Directions

## 1. FTEE Delineations

- 1 FTEE may not be 1 FTEE
  - ❖ Difference in Direct Patient Care vs. Ancillary Activities provided by a Clinical Pharmacist
- Skew of patients per day based on direct patient care time



## 2. Modality of Care Perceptions of CMM

## 3. Outcomes Data

- What is being tracked?
- Evaluation of patient experience
- Evaluation of provider experience



# North Memorial Blaine Clinic

Practice established 2020



## Practice Details:

- 13 physician and advanced practice providers at my site + 10 additional providers at two other primary care clinics in our “region” of the health system
- Majority of referrals (>75%) are from primary care providers
- Other referral sources include bariatric surgeons (~10%), insurance referrals for CMR (~10%), other healthcare team members (~5%)
- Typically see 5-7 patients/day with 1 hour admin time
- About half new and half follow-up visits
- Majority (~60%) in person in clinic, remainder as telehealth
- Average number of meds per patient: 13
- More than 100 MTPs identified per month on average



**Sara Maki, PharmD, BCACP**

# North Memorial Blaine Clinic

Practice established 2020



Process improvement

Quality measures

Referrals

Collaborative practice agreements



# Advocate Aurora Health Program Overview



Richard Bone, MD, Senior Medical Director for Population Health, Advocate Medical Group



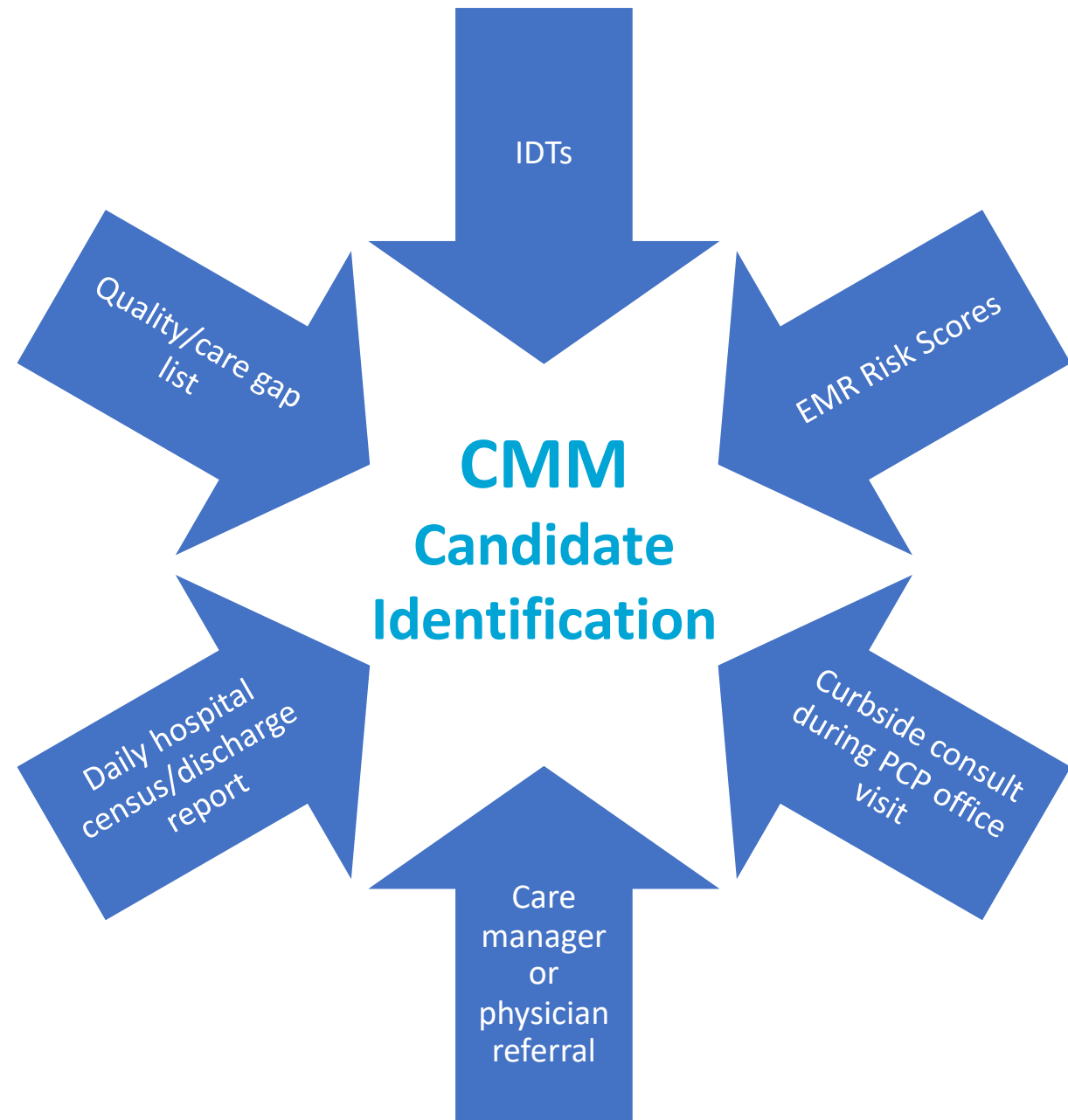
# CMM at AAH Medical Group

- Advocate Aurora Health (AAH) is the largest not-for-profit integrated health system in IL and WI with over 500 sites of care
- Over 1.3 million value-based lives and #1 performing ACO in nation (\$110M in savings 2020)
  - South Chicagoland largest full risk patient population (>300,000 lives)
- *AAH has progressive Clinical Pharmacy Practice including 36 residency-trained PharmDs delivering ambulatory clinical pharmacy services*
  - *Including: MTM, Chronic Disease Management, Transitions of Care and CMM*
  - *Practice site(s): Embedded within clinic (on-site IL Medical Group) and Virtually*
- South Chicagoland CMM
  - Launch date 2009
  - Interdisciplinary team (PCPs, APNs, dietitians, RNs, 7 contracted faculty PharmDs, 8 employed PharmDs, 1 PGY2)
  - Delivery model: primarily face-to-face with some telephonic follow-up, initial/complex visit 60 min, follow-up 30 min
  - Cost-savings model in risk-based arrangements
  - 8152 patient encounters in 2021

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# Referral Process



# Outcomes (Sept 2020 to Aug 2021)

## Diabetes (n=2493)

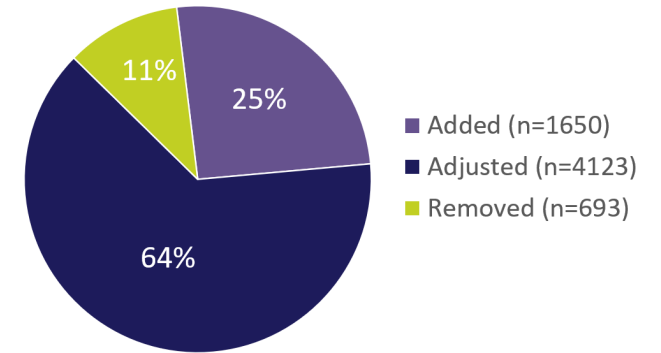
Average A1c ↓ 1.8%

80% patients with BP <140/90

6,400+ medication adjustments (includes HTN)

85% patients taking statin and 78% patients taking ACE/ARB

22 in-office treatments for hypo/hyperglycemia



## Heart Failure (n=347)

Average EF ↑ 10% including 59% patients with recovered EF (>40%)

## Medication Access / Adherence

284 interventions, 419 total hours spent

# Implementation

## Expanding the Service



### Gaining physician support

- Medical Group physician champion
- Education sessions at provider meetings
- Share improved patient outcomes
- Coordination with physician schedules



### Ensure consistent workflows across sites

- Standard documentation, metrics, data collection
- EMR optimization



### Skill of team members

- Finding the right person for the right site (residency-trained)
- Maximizing skill sets based on training
- Philosophy of practice
- Focus on improving health equity



### Collaborative practice

- Defined scope of practice for PharmDs
- Partnership with other disciplines (care management, nursing, palliative care, etc)



### Managing growth

- Dedicated leadership integrated within the health system
- Determine future need within organization
- Growth of risk contracts
- Leverage technology for innovation and efficiency



# MHealth Fairview CMM Program



Amanda Brummel, PharmD, BCACP

# MHealth Fairview Care System

- 35,000+ employees
- 5,000 system providers
- 12 hospitals & medical centers
- 2,140 staffed beds
- 70+ senior housing
- Comprehensive pharmacy services



**CMM program developed in 1997 in partnership with the University of Minnesota College of Pharmacy**

**Now consists of a network of 49 pharmacists at 53 locations**

- 39 primary care clinics, 14 specialty clinics (HIV/Infectious Disease, Transplant/Nephrology, Pediatric Transplant, Geriatrics, Women's Health, Psychiatry, Adult and Pediatric CF, Pain Management, Neurology, Medical Weight Management, Rheumatology, Gastroenterology)
- 4 PGY-1 residents (primary care)

**14,000+ patients with 32,000+ encounters in 2021**

# CMM Practice Sites



**Fairview is involved in various ACO-type contracts with financial risk (~75%)**



**CMM practice sites are located across the MHealth Fairview system and affiliated clinics**

Each clinic site has their own patient care schedule

Both in person and telemedicine visits available



**Primary referral source is patient's physician**

Utilize automated criteria to refer at-risk patients.

Gaps in care/transitions in care

## Clinical

- The percentage of **diabetes patients optimally managed** was significantly higher for MTM patients compared to the year earlier (21.49% vs.45.45%,  $P < 0.01$ ).
- Patients who received a comprehensive medication visit from our pharmacist had a **33% lower rate** of 30-day readmissions than patients who did not.
- MTM services resulted in **improvement of medication adherence** with statins, ACEI/ARBs, and B-Blockers

## Economic

- An average **12-to-1 return** on investment in terms of reduced overall healthcare costs.
- An employer analysis showed that for **each \$1 of CMM billed costs an average of \$8.98 savings** of total health care costs occurred.

## Humanistic

- **95%** of patients rate their pharmacist as a 9 or 10- top box.
- **69% of patients strongly agree** that their pharmacist helped them to be more confident in managing their medications.
- **88% of providers strongly agree** that they would recommend CMM to their patients.
- **87% of providers strongly agree** that they feel confident in the recommendations given.



# Discussion / Q&A



**M. Shawn McFarland, PharmD,  
FCCP, BCACP**

Manager, National Clinical Pharmacy Practice Program and the Clinical Practice Integration and Model Advancement, Clinical Pharmacy Practice Office, Pharmacy Benefits Management Services

**Veterans Health Administration**



**Richard Bone, MD**

Senior Medical Director for Population Health  
**Advocate Medical Group**

*representing the mid-level mature practice*



**Amanda Brummel, PharmD, BCACP**

Vice President of Clinical Ambulatory Pharmacy Services

**University of Minnesota**

*representing the fully mature practice*



**Sara Maki, PharmD, BCACP**

Clinical Pharmacy Specialist -  
Comprehensive Medication Management  
**North Memorial Health**

*representing the newly formed CMM practice*