

Comprehensive Medication Management FAQ for ACOs and Risk-Based Provider Organizations, Population Health and Managed Care Plans

Background Information

1. What is CMM and how Comprehensive medication management (CMM) is a holistic and patient-centered does it compare to approach to optimizing medication use and improving clinical outcomes. CMM is MTM or disease state delivered by a clinical pharmacist working with the patient, physicians and other management?1-3 members of the health care team. CMM ensures that all of a patient's medications, in the context of all comorbidities, are assessed for appropriateness, effectiveness, safety, adherence according to how they are prescribed and interactions with other medications. CMM approaches medication optimization with a comprehensive approach, including an assessment of the patient's clinical status. Although especially intended for patients at risk for medication-related problems, poor outcomes or increased health care utilization, CMM is also applicable to any patient. Medication therapy management (MTM), created in the Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003, was an early attempt to promote medication optimization. MTM, a covered benefit under the Medicare Part D prescription drug plan, is a medication-focused optimization plan that is typically more narrowly focused than CMM. Disease state management (DSM) seeks to improve patient outcomes and reduce the cost of treating a specific disease. DSM typically focuses on a targeted disease or condition (e.g., diabetes, heart failure), often within a patient registry and facilitated by analytics and integrates population health approaches with patient-specific approaches. 2. How is CMM delivered? During the CMM process, a clinical pharmacist works with a physician, under a collaborative practice agreement (CPA), or a formal framework that is consistent with the clinical pharmacists' scope of practice. The intent is to develop an individualized medication plan that achieves the intended goals of therapy and includes appropriate follow-up to determine patient outcomes. The qualified clinical pharmacist has completed an accredited post-graduate residency, or accrued equivalent post-licensure experience, that has prepared them for providing direct patient care. In addition, they may be board certified through the Board of Pharmacy Specialties or have other advanced practice credentials. CMM involves a multidisciplinary approach that comprises many collaborators, to include the: Patient: The patient and their caregivers attend appointments with members of the care team and participate in shared decision-making to develop and implement care plans. Ideally, the patient is activated, self-motivated and empowered to manage their own health and wellness. Many patients, however, encounter various barriers that necessitate assistance from others. continued

*(continued)*2. How is CMM delivered?

- Care Coordinator/Care Manager: Many patients have complex management issues that require proactive coordination of care by a nurse care coordinator. This clinician assists patients and caregivers by scheduling office visits and facilitating diagnostic tests (e.g., radiology, lab), clinical monitoring strategies, medication procurement and other treatment interventions and patient education.
- Clinical Pharmacist: During the CMM process, the clinical pharmacist leads evaluation of each of the patient's medications to assess the risk for, or presence of, medication therapy problems. In collaboration with the patient's provider, they prevent or resolve medication therapy problems (MTPs) and document their activities in the appropriate electronic health record to inform other patient-care team members. The pharmacist longitudinally follows up with the patient, as needed. In many cases, this allows the transfer of routine, chronic care follow up encounters from the physician to the pharmacist's schedule—freeing up the physician for higher complexity visits.
- Providers: Physicians and advanced practice providers diagnose, evaluate and manage patient medical problems. They identify patients that could benefit from CMM and work collaboratively with a clinical pharmacist and the patient to determine the most appropriate management strategies. The primary provider has an ongoing and longitudinal relationship with the patient.
- **Team members (additional):** Nurses, nutritionists, pharmacy technicians, social workers and other professionals collaborate with the patient, physician, community health workers and clinical pharmacist in CMM as needed.
- Technology support: All members of the health care team document their evaluation and management in an electronic health record that is accessible by patients and the health care team. Technology, enhanced by analytics and clinical decision support, facilitates communication, optimizes clinical outcomes and enables the assessment of quality measures.

CMM Supports the Quadruple Aim

3. What evidence is there that CMM improves clinical outcomes?^{1,4,5}

Implementation of CMM is associated with higher rates of achievement of treatment goals for a wide range of chronic diseases including, but not limited to A1c, blood pressure and lipid markers. Patients who receive CMM have significantly lower rates of hospital readmissions compared to those who do not receive CMM. Additionally, CMM improves medication adherence in patients who are taking multiple chronic medications. CMM enhances the health care team's ability to achieve high performance on clinical quality measures.

4. What is the evidence that CMM can reduce the total cost of care? ⁶⁻¹³	 CMM is an established strategy that can be used to rapidly reduce member cost of care and improve employee and family health, saving lives and saving money. Published data include: Improved clinical outcomes in chronic conditions such as diabetes and cardiovascular disease^{6,8,11,12,13} Decreased health care utilization, including emergency department visits, hospital admissions and readmissions^{7,9,12} A 25% reduction in total health plan costs for participants receiving CMM⁹ Reduced annual total health care costs, by an average of \$1,000 per participating member per year¹³ Return on investment (ROI), ranging from 3:1 to 5:1 the first year and up to 12:1 for a mature program^{9,13} Overall, medication optimization through CMM leads to increased quality of care and decreased health care utilization and costs.
5. How does CMM improve the patient experience? ¹⁵⁻²¹	CMM is associated with high levels of patient satisfaction. One study found that 93% of patients felt CMM was "extremely" or "very" helpful, noting the positive changes made to their medication regimens. About 89% said they would refer friends or family for a medication review. Patients find CMM valuable and are engaged and empowered in their use and understanding of their medications. Evidence supports improved patient wellbeing and medication adherence, reduced medication adverse effects and improved patient understanding. In addition, patients receive improved access to the care team when practices offer CMM.
6. How does CMM enhance clinician well-being? ²¹⁻²⁶	 Clinicians who work with a clinical pharmacist on the care team benefit professionally and personally, spending less time on medication-related issues, allowing time to focus on other critical components of patient care. Evidence on the impact of CMM on provider well-being supports: Better patient care: Physicians report increased confidence that their patients were receiving better care, highlighting increased achievement of quality measures. Improved clinician work-life balance: Physicians have cited decreased workload and less mental exhaustion in addition to finding greater meaning in their work because of the ability to focus on aspects that were more professionally fulfilling. Improved efficiency: With a clinical pharmacist on the team, physicians can dedicate more time to diagnostic dilemmas, build stronger relationships with their patients and focus on higher complexity cases. This enables them to provide efficient, cost-effective care.

(continued) 6. How does CMM enhance clinician well-being? ²¹⁻²⁶	Enhanced professional learning environment: Collaborating with the clinical pharmacist for CMM services provides other members of the health care team an opportunity to learn more about certain medications and apply that knowledge to other patients. Physicians cite the value of "curbside consults" when a CMM clinical pharmacist is available to the team.
7. How does CMM address health disparities and improve equity?	CMM is targeted to patients within the system who are identified as having gaps in health care (disparities). The defined intervention includes a focus on both optimiz- ing the medication regimen and optimizing use of that regimen. During assessment, a clinical pharmacist providing CMM identifies the appropriateness of therapy— including whether the therapy is evidence-based and cost-effective and whether the patient can access and take the medication as intended. Based upon this assessment, evidence-based, patient-specific interventions are made to address gaps in care, ensure medication access and achieve health-related goals. Use cases in medically underserved and/or socially disadvantaged patient populations demon- strate significant improvements in clinical measures for chronic conditions such as diabetes, cardiovascular disease and asthma, among others. ²⁷⁻²⁹ As health care leaders call for a Quintuple Aim ³⁰ —the addition of health equity to the Quadruple Aim—proactive implementation of CMM will be an effective strategy to empower your ACO and risk-based provider organizations/population health/managed care plans to demonstrate a measurable impact in this area and improve the care of your most vulnerable patient populations.
8. How does CMM improve efficiency or patient access to care? ^{2,20,21}	The provision of CMM is associated with increased patient access to primary care. This is often attributed to improved practice efficiency from transferring patient visits from physician schedules to the clinical pharmacist schedules. A consistent trend within health care is the increased delivery of care through telemedicine. CMM delivery using virtual visits also increases practice efficiency. The enhanced drug therapy expertise of a pharmacist allows for more efficient resolution of drug information questions and drug therapy-related problems. Providers feel supported by pharmacists and are reassured that patients receive high-quality care from well-trained care team members. Lastly, providers feel that CMM increases performance on medication-related quality measures.
9. Why is investing in CMM a high priority for ACOs? ³¹⁻³²	ACOs exist to provide high-quality and coordinated care for patients in targeted populations. To be successful, ACOs must optimize performance on medication-related quality measures, which can represent up to 50% of the overall quality measurement for typical shared-savings or risk contracts. Additionally, ACOs must effectively manage drug utilization and the associated costs. The implementation of CMM enables ACOs to provide effective and evidence-based drug therapy and decrease the risk of MTPs. Reducing MTPs lowers the risk of hospital admissions and overall cost of care. Clinical pharmacists are medication experts who are <i>continued</i>

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(continued) 9. Why is investing in CMM a high priority for ACOs? ³¹⁻³²	uniquely skilled at providing CMM and can close important medication-related quality gaps. CMM promotes successful quality and cost performance in value-based payment models. Finally, CMM addresses the important population health management issues of health equity, health care disparities and social influencers of health.
Next Steps	
10. What should I do next and what strategies can support the successful implementation of CMM?	 Compare your knowledge of CMM to your organization's priorities. CMM implementation has a positive impact on all give components of the Quintuple Aim and leads to a positive ROI.1 To explore implementation within one or more practices, the next steps may include developing the business case and hiring a clinical pharmacist. Several clinically and financially successful <u>use cases</u> have been described within ACOs. Potential models for funding new CMM services include: Partner with a local college of pharmacy (COP) to hire a qualified clinical pharmacist who can implement CMM services while also serving as faculty for the COP. The partnership can allow each entity to partially fund salary and have fite.
	 Implement direct billing opportunities within fee for service (FFS) including incident-to physician codes, chronic care management codes, transitional care management codes and Medicare Wellness Visits. Generally, FFS billing is used in combination with cost savings and avoidance strategies.
	 Evaluate opportunities for cost savings and avoidance within at-risk contracts. This strategy will have the greatest ROI but will generally take at least one year to realize. The positive impact of CMM on clinical quality measures can translate to bonus payments, reduced penalties and

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