

## COMPREHENSIVE MEDICATION **MANAGAGMENT (CMM):**

THE VALUE-BASED SOLUTION TO MANAGING MEDICATION THERAPY PROBLEMS IN **ACCOUNTABLE CARE ORGANIZATIONS (ACOs)** & RISK-BEARING ENTITIES



The GTMRx Institute defines CMM as:

The standard of care that ensures each patient's medications (whether they are prescription, nonprescription, 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. 1



CMM can drive improvements in quality metrics used to support value-based payment (VBP) models <sup>2</sup>

non-optimized medication therapy in ACOs & risk-bearing entities 3-6

CMM can reduce total costs of care resulting from





underuse of medications (longterm care, hospitalizations, ED visits, additional provider visits, additional medications) Steps ACOs & risk-bearing entities

Annual cost of waste associated

with misuse, overuse &



\$1200 to \$1872 per patient per year for each of the first 5 years 6

# can take to implement CMM services **Demonstrate** Benefit of CMM to Organizational Leadership



### Other Steering Committees

Clinical and Financial Leaders

- **Hire/Partner** with Experienced CMM Clinicians Identify physician champions
- Identity appropriately skilled clinical pharmacists **Identify** Target Population(s)\* for CMM

Board Members

### Patients that have not achieved clinical goals of therapy High-cost patients

- \*e.g., uncontrolled chronic disease(s), high health care utilizers, patients with nonadherence or polypharmacy
- Implement and Monitor CMM Services Focus on fidelity of practice Create shared philosophy of practice 7



CMM has demonstrated success in all

Establish outcome measures

aspects of the quintuple aim.8,11

Implement accountable & actionable patient care process

# Reduced



reductions in health

care utlization:

Costs

↓15.1% in ED visits ↓10.2% in hospital days ↓9.4% in hospitalizations Significantly lower 30-day readmission

rates

**Improved** 

Clinician

**Work Life** 

Majority of clinicians



Better

risk-bearing entity metrics:

Significantly reduces A1c,

systolic and diastolic

blood pressure, and LDL Addresses high-risk medication quality measures and adherence Improves Star ratings and **HEDIS** measures



CMM helps with:

### Medication selfmanagement Improved health literacy CMM integration

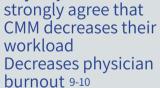
increases patient

bearing entity. For more information and resources visit

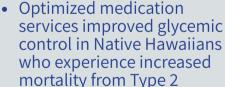
www.gtmr.org

access to primary care

**Learn what CMM can do** for your ACO or risk-



Get the medications right



Diabetes compared to non-

Hispanic whites 11

**Improved** 

**Health Equity** 

### CMM and medication optimization services can help address social determinants of health 12-14

Developed by the Best Practices and Innovative Solutions Subgroup of the GTMRx **Practice and Care Delivery Transformation Workgroup: Jaclyn Boyle**, Pharm.D., MS, MBA, BCACP, BCPS, Associate Professor of Pharmacy Practice and Assistant Dean, Student Success, Department of Pharmacy Practice, Northeast Ohio Medical University **Amie D. Brooks,** Pharm.D., FCCP, BCACP, Director, Strategic Initiatives, American College of Clinical

H2R for GTMR 11182022

of Rochester Medical Center Erica Dobson, Pharm.D., BCPS-AQ ID, Manager, Pharmacy Services, Accountable Health Partners
Kelly C. Rogers, Pharm.D., BCCP, FCCP, FACC, Professor of Clinical Pharmacy and Translational Science,
University of Tennessee College of Pharmacy
Terry Seaton, Pharm.D., FCCP, BCPS, Professor, Department of Pharmacy Practice, University of Health
Sciences and Pharmacy in St. Louis; Clinical Pharmacist, Mercy Clinic
Izzy Serji, MPH, Director, Project Management and Operations, GTMRx Institute

Katherine Diehl, Pharm.D., BCACP, Accountable Health, Clinical Pharmacy Specialist II, Partners/University

2. Barr MS, Haas C, McFarland MS, Smith M, Capps KH, Serji MI. Comprehensive Medication Management: A Missing Ingredient In Value-Based Payment Models. Health Affairs Forefront. 2022. https://www.healthaffairs.org/content/forefront/comprehensive-

### 4. Brummel A, Lustig A, Westrich K, et al. Best Practices: Improving Patient Outcomes and Costs in an ACO Through Comprehensive Medication Therapy Management. J of Managed Care and Specialty Pharmacy. 2014. (20):12.

6. Cipolle R, Strand L, Morely P. Pharmaceutical Care Practice: The Clinician's Guide. McGraw-Hill. 2004.

Centered, Team-Based Care Settings. CMM in Primary Care Research Team. 2018. http://gtmr.org/wpcontent/uploads/2019/06/CMM Care Process.pdf

7. The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-

9. Funk KA, Pestka DL, Roth McClurg MT, Carroll JK, Sorensen TD. Primary Care Providers Believe That Comprehensive Medication Management Improves their Work-Life. J Am Board Fam Med. 2019 Jul-Aug; 32(4):462-473.

rates for culturally specific Medicaid populations. JACCP. 2022. https://doi.org/10.1002/jac5.1662.

10. Haag JD, Yost KJ, Kosloski Tarpenning KA, Umbreit AJ, et al. Effect of an Integrated Clinical Pharmacist on the Drivers of Provider Burnout in the Primary Care Setting. J Am Board Fam Med. 2021;34(3):553-560. doi: 10.3122/jabfm.2021.03.200597.

Management in Team-Based Care: A Review of the Evidence on Quality, Access and Costs. GTMRx Institute. December 2022. https://gtmr.wpenginepowered.com/wp-content/uploads/2020/07/GTMR-evidence-document-07312020.pdf.

12. Chun JJ, Taualii M, Abe A, Komomua M, Timtim J. Addressing healthcare inequity experienced by Native Hawaiians with type 2 diabetes: Advancements in an interdisciplinary ambulatory care clinical pharmacy service. JACCP. 2022.

care at Federally Qualified Health Centers within the BD Helping Build Healthy Communities program. JACCP. 2021. https://doi.org/10.1002/jac5.1586.

14. Pastakia S, Clark A, Lewis K, Taugher D. Expanding comprehensive medication management considerations to include responses to the social determinants of health within the BD Helping Build Healthy Communities Program. JACCP. 2022.

5. Isetts BJ, Schondelmeyer SW, Artz MB, et al. Clinical and Economic Outcomes of Medication Therapy Management Services:

the Minnesota Experience. J Am Pharm Assoc. 2008;48(2): 203-211.

8. Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. JAMA. 2022;327(6):521-522. doi:10.1001/jama.2021.25181.

11. McFarland MS, Buck M, Armistead L. The Outcomes of Implementing and Integrating Comprehensive Medication

https://doi.org/10.1002/jac5.1681. 13. Pastakia S, Clark A, Lewis K, et al. The impact of clinical pharmacist led comprehensive medication management on diabetes

15. Osinbanjo O, Benkstein L, Slater J, Shah A. The role of managed care clinical pharmacists in improving COVID-19 vaccination

**REFERENCES** 1. McInnis T, Webb E, Strand L. Patient-Centered Primary Care Collaborative (PCPCC). The patient-centered medical home: integrating comprehensive medication management to optimize patient outcomes resource guide, 2nd ed. PCPCC Medication Management Task Force. 2012. www.pcpcc.org/sites/default/files/media/medmanagement.pdf. medication-management-missing-ingredient-value-based-payment-models 3. Watanabe JH, McInnis T, Hirsch JD. Cost of Prescription Drug–Related Morbidity and Mortality. Annals of Pharmacotherapy. 2018; 52(9), 829-837.