JCPP Presentation of Findings:
Get the medications right: a nationwide snapshot of expert practices
Comprehensive medication management in ambulatory/community settings
Supported by a grant from the Community Pharmacy Foundation

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What is the Cost of ALL Drug Related Problems in Ambulatory Settings? (2004-2008 est.)

- The cost of all drug related problems in the ambulatory setting including untreated indication, improper drug selection, sub-therapeutic dosage, failure to receive drugs, overdosage, adverse drug events, drug interactions, and drug use without indication.
- $290 billion per year in avoidable medical spending (13 percent of total health care expenditures)
- Contributes to as many as 1.1 million deaths annually.
- Given these facts, the savings in avoidable medical spending with appropriate medication use could pay for over 90% of the $325 billion (2012) spent on medications in the US, while saving many lives.

The PCPCC Defines Comprehensive Medication Management (CMM)

- Defined how to integrate a systematic approach to medication management into the PCMH/ACO environment
- Drew on the early work in Pharmaceutical Care--Hepler/Strand and others
- 2nd Revision with Appendix A: Guidelines for Practice and Guidelines for Documentation
- Joint Commission of Pharmacy Practitioner’s Patient Care Processes, May 2014

PCPCC Resource Guide: Integrating Comprehensive Medication Management to Optimize Patient Outcomes
http://www.pcpcc.org/guide/patient-health-through-medication-management
CMM Integration Status

- HHS/CMS/CMMI:
  - MN Medicaid has paid for MTM (CMM level) for >10 years
  - Innovation grant- USC/AltaMed- CMM integration into 10 FQHC’s + clinical impact/reduced readmissions
  - Hawaii University Pharm2Pharm innovation grant- positive ROI and reduced readmissions
  - ILS- webinar Aug 17- CMM designated a "breakthrough innovation"- 350+ model awardees attended
  - Pharmacists not recognized as providers or paid for services under Part B
- VHA:
  - VHA has ~ 3200 clinical pharmacists with broad SOPs- over 5 million patient care encounters and 1.9 million prescriptions written in fiscal year 2015\(^1\)
  - 27% reduction in primary care workload- critical implications for access\(^2\)
- DOD- Army looking to add CMM into PCMH clinics

\(^1\) Clinical Pharmacists prescribing services in the Veterans Health Administration (Caffi K. Health Syst Pharm. 2015;73:1468-1504)

“Get the Medications Right”
A nationwide snapshot of expert CMM practices:

- National Survey to identify high performing CMM practices in ambulatory/community settings
- Included 15 diverse practices that represented best-in-class CMM-level ambulatory/community service and integration into Accountable Care Organizations/Patient-centered Medical Homes/coordinated care teams
- Examined the enabling factors (and barriers to success) which inform best-in-class integration, engagement, and spread of these CMM services

Finding: CMM is effective, replicable and scalable and will transform the role of pharmacists.

Our Process

Assemble an advisory board of national experts in clinical pharmacy services to inform practice selection and react to critical learning’s

- Advisory board included:
  - Chair- Terry McInnis, MD, MPH, Project PI
  - Linda Garrelts MacLean, BPharm, RPh, FACA, Vice Dean WSU and CPF Board
  - Dan Buffington, PharmD, MBA, CEO Clinical Pharmacology Services
  - Ouita Gatton, RPh, Kroger Pharmacy District A Clinical Coordinator
  - Steven Chen, PharmD, Associate Professor and Chair, USC
- 4 meetings
  - Orientation
    • Agreed on definition of “community/ambulatory pharmacy services,” term clarification (MTM, DSMTM, and CMM)
  - Post-survey case review
    • Overview of survey responses, process of selection and blinded ranking of top 22 practices responses to obtain final 5 and 10
  - Post interview identity and 15 practices characteristics discussed
  - Review of write-ups from 15 practices with reactions from board

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Our Process

Develop a survey instrument capable of discerning key practice attributes necessary for successful DS MTM and CMM level services

• Over 100 questions with branching logic survey developed by T. McInnis
  – Captured all key areas for discernment of CMM or DS MTM practice including CMM guideline processes, collaborative practice agreements (CPAs), team communication/integration/access to data and acceptance of DTP medication changes, patient engagement and f/u, metrics related to quality, cost, and satisfaction, educational needs of pharmacist
  – Geared for 15 minute via online Survey Monkey instrument
  – Expert users/testers validated and suggested added/edited content - (Brian Isetts, Steve Gray, Anthony Morreale, Stefanie Ferreri, Ouita Gatton, and Carla Cobb)
  – A scoring system weighted responses to each differentiating question as a means of determining critical element and overall practice robustness.

• Disseminate the survey with national partners including CPF
  – APhA, NCPhA, ACCP, ASHP, AACP, NACDS, NASPA, CPNP, AIMM, CPPhA, others

Q2: Who is the employer of the pharmacist(s) delivering MTM services?

Complete responses, N=546

Q2: Who is the employer of the pharmacist(s) delivering MTM services? (cont., categories with <3%)

Complete responses, N=546
Q16: Do you deliver CMM services as part of your practice? (all complete responses)

- Yes: 48.30%
- No, we are delivering only Part D MTM CMRs currently (no DS MTM services): 33.0%
- No, we are currently delivering only disease state (DS MTM) services like diabetes, HbA1c, INR, pain management, etc. (This may also include basic Part D CMRs): 39.8%
- Other: 13.30%

Complete responses, N=470

Q16: Do you deliver CMM services as part of your practice? (excludes supermarket, independent and mass merchandiser employed responses)

- Yes: 48.30%
- No, we are delivering only Part D MTM CMRs currently (no DS MTM services): 33.0%
- No, we are currently delivering only disease state (DS MTM) services like diabetes, HbA1c, INR, pain management, etc. (This may also include basic Part D CMRs): 39.8%
- Other: 13.30%

Complete responses, N=259

Q17: Do you plan to deliver CMM services in the next 12 months? (all complete responses) (branch logic answered from those delivering DS MTM)

- Yes: 52.3%
- No: 9.4%
- It is easier for pharmacists within primary care, medical group practices, and health systems to deliver CMM and DSMTM services, but community pharmacists are looking to shift some dispensing time to direct patient care.

Complete responses, N=128

15 diverse practices highlighted in “Get the medications right: a nationwide snapshot of expert practices”

- Goodrich Pharmacy
- Desert Oasis
- HealthPartners
- North Memorial Health Care
- Spectrum Health
- Center for Healthy Hearts
- Eskenazi Health/Midtown Community Mental Health
- Fairview Pharmacy Services
- Hennepin County Medical Center
- Holyoke Health Center
- Middleton Memorial Veterans Hospital
- Ole Health
- RiverStone Health Clinic
- SinfiniaRx
- University of Minnesota Physicians

CMM is no longer in its infancy – the move to risk/value-based care is accelerating growth
What We Found: CMM Improves Clinical Outcomes (Quality Metrics)

We launched a diabetes CMM pilot in 2009. The rate of poorly controlled diabetes dropped significantly, earning a five-star Medicare Advantage rating.

- Desert Oasis

“We have found patients’ diabetes quality scores/goals are 14 percent higher when they participate in CMM/DS-MTM compared to those who have not met with the pharmacist.”

- North Memorial Health Care

Published data includes the reduction in blood pressure as durable over the four-year study period, with a mean blood pressure control rate of 68% exceeding the NCQA mean control rate of 57% for Medicaid.

- Center for Healthy Hearts

What We Found: CMM reduces Avoidable Care While Improving Care Transitions

A study of 250 patients (six months before and after CMM intervention) revealed CMM was associated with an 86 percent reduction in inappropriate emergency department use.

- Center for Healthy Hearts

For 2015, the team estimated the reductions were 30 emergency department visits, 80 hospitalizations and 6,000 primary care visits. “If you want to receive payments, you need to have data.”

- Fairview

Patients in the transitions-of-care unit who received CMM services had a 10 percent lower rate of 30-day readmissions and 12.3 percent reduction in emergency department visits compared to a control group.

- Hennepin

What We Found: CMM Pays Off Financially

HealthPartners’ robust financial analysis uncovered an 11:1 ROI for CMM; this led to the decision to expand it to the entire book of business. This analysis (one year pre/post CMM intervention) found reductions in emergency department visits and inpatient hospitalizations; drug costs remained flat. Those financial outcomes—on top of years of positive clinical outcomes and “rave reviews” from patients—were “the icing on the cake.”

- HealthPartners

“We’re at full risk, and we are here because they are counting on us to do better patient management and reduce unnecessary utilization— which is the highest cost of all.”

- Desert Oasis

Value-based care requires—

an Integrated Approach to Medication Management for High-Risk Patient Care Optimization and Overall Cost Reductions

What We Found—Physician and Executive Leadership is Key

You need the support of the chief medical officer and the providers in your organizations, and you need to cultivate those partnerships. “Providers take our advice on the spot because of the relationships we built.”

- Holyoke

For the medical director, it was a “no brainer,” but he encountered some uncertainty from the board—not all of whom are health care professionals.

“With a little bit of ‘pharmacists doing what?’”

- Center for Healthy Hearts

Having a physician champion has been especially valuable. “I was fortunate to have my medical director on the forefront and supportive of the clinical pharmacy services we were initiating. “If you don’t have that, you can’t implement any of the practices clinical pharmacists can do.”

- Ole Health
What We Found-Patients Love It

• “Once we get the patients in, they love the service. By the time they leave, they are happy.” - Spectrum Health

• She sent patient satisfaction surveys to everyone who had a CMM appointment; the responses were overwhelmingly positive. She also began to see more patients from word-of-mouth. “I asked the patients how they heard about us and they said ‘my friend Judy told me’ or ‘my Uncle John said you have to come here.’ I realized people were finding a lot of value in this service.” - North Memorial

• A patient-satisfaction survey generated passionately strong responses, including “God first, and Holyoke is second.” A second survey found 100 percent of patients—at baseline and at follow-up—would recommend the program to family or friends.” - Holyoke

What We Found-Pharmacists Love It

• “We have a big role in getting people back to their lives. My patients get better. They go back to school. They go back to work. They get back to their lives, and I think that’s another thing that’s important to understand.” - Eskenazi (Mental health clinic)

• CMM creates professional satisfaction. “I think that’s what draws me to CMM—the ability to use my clinical knowledge and work with patients and providers to help solve their problems. It’s so satisfying to see a patient’s A1C drop and for them to have a better quality of life. It’s really a great feeling.” - North Memorial

• “We’re at full risk, and we are here because Desert Oasis is counting on us (pharmacists) to do better patient management and reduce unnecessary utilization, which is the highest cost of all. Our programs are now re-named under a new department: Population Health and Prescription Management (PHARxM).” - Desert Oasis

What We Found-Providers Love It

“I can’t believe you guys. You would think that I’d be getting used to it by now. [...] The nurses love you guys. The PCPs do, too.” - Jean Montgomery, MD

- WS Middleton Memorial VA

“Basically everyone on the team is functioning at a higher level with pharmacy involvement. [Our pharmacist] brings us the data and we decide which areas to hit when. It’s been super helpful in assisting me to identify where the biggest problem areas are for my team.” - Erin Mullan, NP

- WS Middleton Memorial VA

100 percent of providers surveyed agreed or strongly agreed that clinical pharmacy services improved patient care. “Pharmacist services are an essential part of improving outcomes. We see patients every day who are not on the best regimen.” - Riverstone Health Clinic

What We Found: Improves Patient Access and Addresses Physician Workforce Shortage

Being in a primary care shortage area bolsters physician acceptance. Pharmacists work with patients who have chronic conditions—patients who can take up a lot of time. Broadly written collaborative practice agreements, allow pharmacists to adjust medications 95 percent of the time without further physician involvement—greatly enhancing efficiency of the services and physician time. “Our PCPs are very supportive of pharmacist activities.” - Desert Oasis

CMM services contributed to an astounding 27 percent reduction in primary care workload. This integration of pharmacists into primary care led to significantly opening access in primary care provider schedules. Pharmacists were able to manage the chronic disease patients, leaving appointment spots open for PCPs to see more patients with acute or diagnostic needs. - WS Middleton Memorial VA

Increasing Access to Primary Care with Pharmacists “Gold Status Practice.” As a result, the VA will be standardizing a ratio of one pharmacist to every three primary care providers across the entire system.
What We Found: A Consistent Patient Care Process is Critical

"You can't move back and forth between the counter and the exam room. You have to provide undivided attention to your patient and, at the same time, you can't shortchange order fulfillment workflow; careful scheduling is a must." - Goodrich

Have a consistent pharmacy practice philosophy, "and that practice philosophy should be CMM." Saying you offer medication management "can mean nothing, or it can mean 50 different things." - HealthPartners

The PCPCC's resource guide, *Integrating Comprehensive Medication Management to Optimize Patient Outcomes*, serves as a template for CMM services in the context of a patient-centered medical home. - Spectrum Health

"It really goes back to the CMM model and having a core practice foundation underneath that." With 31 sites, each could be delivering a different level and type of care; that would be chaos. Having the core practice model is critical." - Fairview

What We Found: It Works

• Team-based collaborative practice with strong physician and C-suite leadership is necessary for successful adoption and spread
• CMM services can address the primary care workforce shortage and some specialty shortages by increasing access to care
• CMM significantly improves clinical outcomes and is a key patient engagement strategy
• Population health strategies to target the most complex cases delivering more robust ROI's with lower health care utilization and costs
• Robust and efficient CMM practices use pharmacy technicians and other staff to maximize patient care activity of the pharmacists.
• Patients and providers are extremely satisfied with CMM services

Pharmacist Satisfaction is Off the Charts!

Thank You! Resources-

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Full text: http://www.rap.org/article/01551-7411528182%20000050-4/fulltext

PCPCC Resource Guide- Integrating Comprehensive Medication Management to Optimize Patient Outcomes 2012
http://www.pcpcc.org/guide/patient-health-through-medication-management


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