

## Frequently Asked Questions The GTMRx Blueprint for Change

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### 1. Who is GTMRx?

The GTMRx Institute is a **catalyst for change** that brings together critical stakeholders, bound by the **urgent need to get the medications right**. We are physicians, pharmacists, caregivers, health IT innovators, drug and diagnostics companies, consumer groups, employers, payers and health systems. Our aligned purpose is to **save lives and money** by advancing adoption of a systematic approach to medication use, enabled by technology as well as companion and complementary diagnostics, through comprehensive medication management (CMM).

By showcasing **evidence** and **innovation**, we motivate **practice transformation** and push **payment and policy reform**. Together, we ACT to champion **appropriate, effective, safe and precise** use of medication and gene therapies.

### 2. What is the Blueprint for Change?

The Blueprint for Change is a report that is the result of work over eight months from four GTMRx workgroups, and it offers an overview of work that will be done by the Institute over the coming months to facilitate, engage and change how we practice, how we pay, how we use diagnostics and how we integrate technology in order to get the medications right. The report kicks off a campaign, sponsored by the Institute, calling for medication management reform. It includes recommendations to engage everyone involved in patient care—from physicians to clinical pharmacists, health plan sponsors, providers, consumer groups and policymakers. It also outlines work to be done in crafting payment and policy solutions necessary to enable these activities.

### 3. What prompted this report? What issues are we trying to solve?

The Institute was launched April 17, 2019 and in a little over one year is a strong multi-stakeholder movement of over 950 members from 650 companies located in 49 states and across the world.

Medications are involved in 80% of all treatments and impact every aspect of a patient's life.<sup>1</sup> Nearly 30% of adults in the U.S. take five or more medications,<sup>2</sup> and up to 20% of hospital admissions are medication-related.<sup>3</sup> We're *using medications* but not always *using them right*. The Blueprint for Change kicks off a campaign sponsored by the Institute demanding medication management reform.

We live in an era that promises more personalized care, yet value-based payment models don't align with the systems of care to encourage or support team-based care or to focus on appropriate use of medications and gene therapies in ways that optimize medication use and support high quality outcomes.

More than ever before, Americans should benefit from (and not be harmed by) the over 10,000 medications available on the market today. We can save lives, reduce waste, curtail physician burnout and lower costs by getting the medications right, the first time. An undeniable evidence-based process for optimizing medication use is [comprehensive medication management \(CMM\)](#).

#### **4. What is Comprehensive Medication Management?**

CMM is defined 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. [See the 10 Steps to Achieve Comprehensive Medication Management](#).

#### **5. What are some of the key issues addressed in the report?**

The report outlines action steps that can be taken now in support of medication management reform in four key areas: changes in how we practice care; transformation of how we pay for pharmaceutical care services; access to and appropriate use of advanced diagnostics; and activities that must occur to ensure access to clinical data at the point of care.

#### **6. What are some of the services provided by CMM?**

In short, CMM ensures that the care team, in collaborative practice with prescribers, includes a medication expert that is taking a whole-person approach to medication therapy in collaboration with the patient to ensure that that patient reaches clinical goals of therapy.

#### **7. Who is involved to help implement CMM?**

The CMM process is a coordinated, medication use process utilizing the expertise of everyone on the care team—the clinical pharmacist working in collaborative practice with the physician in partnership with the patient, nurses, social workers, genetic counselors and others.

#### **8. Where does medication adherence fit into CMM?**

CMM is more than just medication adherence. It is a patient-centered approach to optimizing medication use and improving patient health outcomes that is delivered by a clinical pharmacist working in collaboration with the patient and other healthcare providers. Some medication reconciliation services are included under a medication therapy management (MTM) umbrella. Whereas CMM is, more specifically, a patient care process. Using this process will ensure all the patient’s medications are appropriate, effective and safe, in addition to assuring adherence.

This care process ensures each patient’s medications (whether prescription, nonprescription, alternative, traditional, vitamins or nutritional supplements) are individually assessed to determine that each medication has an appropriate indication; is effective for the medical condition and achieving

defined patient and/or clinical goals; is safe given the comorbidities and other medications being taken, and that the patient is able to take the medication as intended and adhere to the prescribed regimen.

## **9. What is non-optimized medication use?**

Non-optimized medication use occurs when medication regimens are not optimized to effectively treat the condition for which they're prescribed. This can result in a treatment failure where the resolvable medical problem is not adequately treated. Or, it can create a new medical problem where a newly prescribed medication causes or contributes to an incident clinical symptom or syndrome, or both a treatment failure and a new medical problem.<sup>4</sup>

Some examples of non-optimized medication use include the use of unnecessary medication, the need for additional medication, ineffective medication, subtherapeutic dosage, inadequate monitoring, adverse drug events, medication interactions, excessive dosage and cases where the patient is unable or unwilling to take the medication (because of side effects, financial issues, etc.). Although every health care provider is expected to consider these variables when prescribing medications, many barriers prevent this from happening. For example, fragmentation of data (the inability to access clinical information across health systems) and the limited time allotted for medical visits makes optimal medication prescribing difficult, particularly for high-risk patients with complex medications or multiple chronic diseases

## **10. What impact can CMM have on patient safety?**

CMM is a process that assesses ALL the medications a patient takes, both prescription and non-prescription. It integrates medication therapy oversight across multiple providers and settings. Our current system of health care generally focuses on resolving a single health problem and does not take this holistic approach to medication use. That can result in errors and non-optimal health outcomes.

The medication expert on the team providing CMM services brings specialized knowledge and focus to the task about drug-to-drug interactions and other potential drug therapy problems. For example, it is not uncommon for an elderly patient to have multiple physicians and more than one pharmacy dispensing medications. The CMM process of care takes a comprehensive approach to ensure medication therapy is customized to their needs and coordinated with all physicians treating the patient.

## **11. How can CMM impact total cost of care?**

CMM is a proven process of care. The financial return on investment (ROI) of team-based medication management services has been well documented "to average around 3:1 to 5:1 and can be as high as 12:1, resulting in a reduction in the direct mean medical cost of between \$1,200 and \$1,872 per patient per year for each of the first 5 years for those patients with chronic diseases such as diabetes, cardiovascular health issues, asthma and depression."<sup>5</sup>

Failure to ensure appropriate use of medications and gene therapy comes with a tremendous human toll: Avoidable illness and death resulting from non-optimized medication therapy led to an estimated

\$275,000 avoidable deaths in 2016. The cost: \$528.4 billion or 16% of all U.S. health care expenditures.<sup>6</sup>

## **12. Who is eligible to receive CMM?**

CMM services provided by a clinical pharmacist can be viewed as a wrap-around adjunct health care service available to patients needing a personalized, person-centered, systematic and coordinated approach to medication use. Viewed similar to a medical specialist or other focused health care service, like physical therapy, not every patient will need CMM but should be eligible to receive this level of care if needed.

In some (integrated delivery network/closed loop/narrow network) organizations, like the Veterans Health Administration, CMM services are considered part of usual care for patients who meet various eligibility criteria. Eligibility criteria will vary across systems but could include the complexity of a medication regimen, number of chronic health conditions, difficulty meeting medication-related health care goals and other social and economic factors. Patients can also receive a referral from their medical provider or in many cases, can also self-refer. Patients interested in working with a clinical pharmacist providing CMM should ask their medical provider, their health plan or their pharmacist if they meet eligibility criteria for CMM services.

## **13. How is CMM different from Medication Therapy Management?**

CMM is a form of medication therapy management (MTM) and is often confused with the form of medication therapy management established by the Center for Medicare & Medicaid Services under Part D to identify medication-related problems. Services through Medicare Part D are performed independently, not in collaboration with the patient's care team, and they do not include all the steps of the integrated CMM process, such as assessment of the patient's clinical status and formalized collaborative practice agreements with the prescriber that allow the practitioner to initiate, discontinue and modify medications. CMM is an integrated, more comprehensive, person-centered and team-based process of care. The GTMRx Institute is calling for medication management reform with the goal of broad adoption and access to CMM services for all Americans.

## **14. What are the risks of not having a standardized CMM process?**

As our population ages and polypharmacy becomes more widespread, the risks for patients are significant. Four in 10 adults in the United States have two or more chronic diseases.<sup>7</sup> Older patients who are discharged to skilled nursing facilities are on an average of 14 medications.<sup>8</sup> In a single year, more than 275,000 Americans died for reasons related to non-optimized medication use.<sup>9</sup>

Failure to ensure appropriate use of medications and gene therapy comes with a tremendous human toll: avoidable illness and death resulting from non-optimized medication therapy led to an estimated \$275,000 avoidable deaths in 2016.<sup>10</sup> The cost: \$528.4 billion or 16% of all U.S. health care expenditures. However, these avoidable deaths are due to much more than simply nonadherence as it also includes situations when medication is not optimized to treat patients correctly and safely. Non-

optimized medication therapy is a massive avoidable cost. One solution is to assure that medications are appropriate, effective and safe to save money and save lives.

**15. Who pays for CMM services?**

As health care payers demand value rather than volume of services, the CMM process has become an attractive element in the care process. Integrated health systems are increasingly tapping into the value of CMM. Where it has been implemented, CMM has been credited with improving patient outcomes, lowering total cost of care and improving physician retention. Many health plans are already paying for CMM services through fee-for-service and risk-bearing arrangements. Although a range of metrics and conceptual approaches continue to be discussed and debated as a means to demonstrate pharmacists' value, the reality is that practical and effective mechanisms to pursue payment for clinical pharmacists' collaborative, team-based patient care have been in existence for quite some time, and additional opportunities continue to emerge.<sup>11</sup>

Funding and reimbursement come from several sources, including some Medicaid fee-for-service, self-pay, ACO contracts and 340B savings reinvested into programs. Some programs seek grant funding with clinical partners as well.

As with most practice-level solutions, financial incentives will drive much of the expansion and scaling needed for broad adoption and access. The GTMRx Institute is a catalyst for change, with a mission for broader recognition of the value of optimized medication use among those who pay for care, deliver care and create the policies that drive change in our health care system.

**16. What is the role of health care IT in the CMM process?**

Health care IT services support efficient risk stratification of populations to identify those in need of CMM services, allowing communication between team members and ensuring clinical and diagnostic information is available at the point-of-care to support the development of a medication care plan. Health IT infrastructure also efficiently enables the clinician to monitor and evaluate individuals to determine if clinical goals of therapy have been met, track medication use and support the medication expert in assessment of safety, efficacy and adherence. It also helps to flag those patients who require follow up. A health IT structure also enables measurement of value-based outcomes: economic, humanistic and clinical.

**17. What is the role of advanced and complementary diagnostics in CMM services?**

Companion and complementary diagnostics are tools to target more appropriate use of medications. Rapidly getting these tools to the point of care, interpreting the results and developing a care plan (with therapeutic changes needed to achieve optimal outcomes through medication use) are all enhanced through use of a systematic, team-based approach. This is often enabled by tests that evaluate the body's absorption, distribution, metabolism and elimination of medications, as well as the biotransformation of medications that affect the way they are metabolized.

Effectively used as a diagnostic companion in support of CMM services, pharmacogenomics testing has the potential to reduce the overall cost of care, adverse drug reactions, failed trials, effects of disease on the body and length or type of treatment regimen.

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