

CMM Trailblazer Ensures Success with Consistent Practice Model

Fairview Pharmacy Services has been a trailblazer in medication management in general and in CMM in particular.¹ Its medication management program launched in 1997 in partnership with the University of Minnesota College of Pharmacy. Since then, it has cared for more than 40,000 patients and resolved more than 180,000 medication-related problems, avoiding at least 75,000 provider visits; this significantly improves access to care, according to Fairview's data.

In 2019, across all practice sites, Fairview provided CMM services to 12,798 unique patients with nearly 27,000 visits under one broad collaborative practice agreement. The average number of encounters per person: 2.2. It currently has 54 CMM sites; all but 13 are in primary care, explained Amanda Brummel, Pharm.D., BCACP, program vice president. Specialty practices include psychiatry, geriatric, transplant/kidney, oncology, infectious disease/HIV, women's health, cystic fibrosis, pain, neurology, medical weight management and rheumatology.

The CMM team includes the program vice president (Brummel), 30.2 pharmacist FTEs, four pharmacy residents, 0.6 FTE for an operations lead, 0.8 FTE for supervisors, one FTE business office manager and three FTEs for non-clinical support staff. Providers are Fairview's primary referral source, but patients may also be referred due to complexity/risk in its population health efforts or via transitions of care referrals. Patients can also self-refer.

A residency program lets Brummel cultivate future CMM team members. "Keeping residents who train with you is a great way to expand," she said. In general, she'd hire a candidate with a residency over one without. Otherwise, it takes at least six months to come up to speed. About half of the Fairview pharmacists doing CMM are board certified. "A lot have decided to pursue certification because it is becoming the norm in our area for CMM positions," she said. "Our physician colleagues are board certified, and it seems like a natural progression to ensure we move in that direction, too."

"Follow the patient care process. In your assessment – look at indication, effectiveness, safety, then adherence."

AT A GLANCE

Fairview Pharmacy Services *Minneapolis, MN*

Person in charge: Amanda Brummel, Pharm.D., BCACP

Organization type: Integrated health system

Year CMM Launched: 1997

Payment sources: Contracts with commercial plans/employers in Minnesota, Medicaid, Medicare part D & Advantage (also, indirectly, multiple commercial ACO at risk contracts)

Funding sources: Fee-for-service payment, Fairview system

Number of pharmacists: 45 (30.2) FTEs, plus 4 residents

Number of sites: 54

Unique CMM patients served in last 12 months: 12,798 (2019)

Can patients self-refer? Yes

Notable findings:

- Having a core and consistent practice model is critical: "Don't jump around. Follow indication, effectiveness, safety, adherence."
- Measurement is vital: "If you want to receive payments, you need to have data."

Tracking data, consistent practice

The CMM program tracks reductions in the number of emergency room visits, hospitalizations/readmissions and physician visits. Some of the tracking is based on what the care team thinks they avoided, which is typically lower than what economic analysis finds. For 2019, the team estimated the reductions were around 50 emergency department visits, 20 hospitalizations, 7,000 primary care visits and 1,200 specialist visits.

Peer-reviewed economic research found considerably more robust results. The program showed a 12-to-1 return on investment (ROI) when comparing the overall health care costs of commercial Blue Cross Blue Shield patients receiving services with patients who did not.² Unpublished research found a 9-to-1 ROI for an employer. Overall, the published data show that, over

the years, the program is associated with improved outcomes, high (95%) patient satisfaction and financial savings.^{3, 4} With regards to clinical results, CMM contributes to optimal care in complex patients with diabetes. A published analysis found the percentage of diabetes patients optimally managed was significantly higher for the CMM program patients (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. In the 2019 provider satisfaction survey, 88% of the providers strongly agreed that they would recommend CMM to their patients. Eighty-seven percent strongly agreed that they feel confident in the recommendations given.

Success factors

Brummel identified three of the elements contributing to program success:

- 1. Consistent care model and consistency in the practice:** "It really goes back to the CMM model and having a core practice foundation underneath that." With 54 sites, both in primary and specialty practices, each could be delivering a different level and type of care; that would be chaos. Having the core practice model is critical.
- 2. Full access to EHR:** The ability to access the medical record and be integrated with the rest of the health care team is crucial. "We can see what else is going on with the patients."
- 3. Collaborative practice agreements:** The ability to make medication changes immediately is also critical. It improves clinical outcomes; patients are more satisfied because they can see changes right away and it improves savings.

Lessons learned

- 1. Set up a consistent practice model.** Physicians know what to expect because they see a consistent practice model, which leads to increased referral success. "Have that foundation. Understand what you're providing and what you contribute to the team," she said. "The pharmacist sees a patient, and the pharmacist knows he or she is there to take responsibility of the patient's medication needs. We make sure that all meds are indicated, effective, safe and convenient." She's seen other practices that don't have a systematic way of looking at patients. "Follow the patient care process. In your assessment, look at indication, effectiveness, safety, then adherence." Then ensure follow-up, which sometimes gets ignored.
- 2. Measure outcomes.** "You must measure the outcomes you provide. If you want to receive payments, you need to have data."
- 3. Communicate what you're bringing to the team as a pharmacist.** Sometimes, clinical pharmacists are so eager to integrate they forget their true value to the team, she said. Pharmacists should work to the top of their talents and license to justify value. She offers patient education on diabetes meters as an example. "Pharmacists can do it and do it well, but a diabetes educator could be teaching patients about this. Pharmacists should be dealing with the medications."



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1 Some of the many studies featuring Fairview are available at www.fairview.org/Pharmacy/MedicationTherapyManagement/News/index.htm
2 Isetts, et al. "Clinical and economic outcomes of medication therapy management services: The Minnesota experience." J Am Pharm Assoc. 2008;48(2):203-211
3 Brummel A, Lustig A, Westrich K, Evans MA, Plank GS, Penso J, Dubois RW. "Best Practices: Improving Patient Outcomes and Costs in an ACO Through Comprehensive Medication Therapy Management." J Manag Care Spec Pharm. 2014 Dec;20(12):1152-8.
4 Ramalho de Oliveira D, Brummel AR, Miller DB. "Medication therapy management: 10 years of experience in a large integrated health care system." J Manag Care Pharm. 2010 Apr;16(3):185-95.