

Optimizing Medication Use through Comprehensive Medication Management in Practice

Value Framework

OBJECTIVE

Ensure all Americans have access to a personalized, patient-centered, systematic and coordinated approach to medication use—one that will vastly improve outcomes, reduce overall health care costs and meet quality of life needs of patients.

- A personalized, patient-centered, systematic and coordinated approach to medication use will vastly improve outcomes and reduce overall health care costs.
- We must align systems of care to integrate comprehensive medication management (CMM), engaging patients to ensure that they are willing and able to take those medications that are indicated, effective and safe to optimize their outcomes.
- We need immediate delivery system, payment and policy transformation to streamline clinical trials and reduce costs of bringing drugs to market while enabling successful, broad-scale adoption of integrated, CMM services.
- Appropriate diagnosis and access to advanced diagnostics with companion/complementary diagnostics and pharmacogenetics (PGx) testing is essential to target correct therapy.
- Success requires team-based, patient-centered care models that recognize appropriately skilled clinical pharmacists as medication experts who work in collaborative practice with physicians and other providers.

SETTING THE STAGE

WHY ARE WE DOING THIS?

Almost 75% of patients leave their physician's office with a prescription,¹ and nearly one-third of adults in the U.S. take five or more medications.² Currently, there is no standardized process of care that reviews and manages medication therapy or therapy problems to ensure that medications are safe, effective, appropriate and taken by the patient as intended. We want to change that.

GOAL

Provide a framework that elucidates characteristics of stakeholder "values." This framework will be used to inform future payment and policy solutions in support of GTMRx advocacy efforts as we seek to optimize medication use through CMM in practice.

VALUE PROPOSITION

CMM improves costs, provider work life and patient satisfaction, access and quality of care³ while avoiding unnecessary costs and saving money for the overall health system. Stakeholder values need to be aligned with the value proposition.

- 1 Rui P, Okeyode T. National Ambulatory Medical Care Survey: 2016 National Summary Tables. n.d. https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2016_namcs_web_tables.pdf.
- 2 Medication Errors and Adverse Drug Events. Agency for Healthcare Research and Quality. 2019. <https://psnet.ahrq.gov/primer/medication-errors-and-adverse-drug-events>
- 3 McFarland, M.S., Buck, M. The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care: A Review of the Evidence on Quality, Access and Costs. 2020. <https://gtmr.org/wp-content/uploads/2020/07/GTMR-evidence-document-07312020-1.pdf>



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Stakeholder Values: Drivers of Change

Patients/ Caregivers/ Patient Advocacy Organizations Value:

- Access to affordable care.
- Assurance that medications (whether they are prescription, nonprescription, alternative, traditional, vitamins or nutritional supplements) are safe, effective, affordable, accessible and appropriate alone and in conjunction with other treatments and medications.
- Inclusion in a transparent health care decision-making process which includes patients as vital members of the health care team who are involved in all treatment decisions.
- Clinical outcomes which take into consideration what is important to patients and are consistent with their goals, aspirations and experiences.
- Consideration of social determinants of health such as socioeconomic/environmental conditions and educational needs.
- Assurance that care including medications, non-drug treatment and follow-up is affordable, accessible, appropriate and inclusive to all regardless of race, gender, socioeconomic status, mental health and avoids racial and ethnic disparities.
- Access to personalized medicine that considers individual factors including stage of life, sub-population group, trajectory of disease, pharmacogenomics and pharmacokinetics to deliver individualized care.
- Recognition that patients with special pharmacy needs—to include taking multiple drugs, having chronic and/or rare disease conditions or experiencing care transitions—may benefit from more frequent monitoring from the pharmacist and care team.
- Reduction of barriers (such as step-therapy) to obtaining the right medication, the first time.
- Continuity of care through sharing of health information among all members of the patient's care team to improve care coordination.
 - This includes care plans and records (lab data, home medication list, history, diagnosis, follow up, monitoring).
 - Accessibility to all clinically-relevant health data.
 - Ability to notify and share with other providers outside of system (importance of IT involvement).

Employers Value:

- Reduction of waste in medical care and medication costs.
- Reduction of costs due to suboptimal medication use (medical costs as well as drug spend).
- Decreased misuse, overuse and underuse of drugs to increase quality, drive cost savings and ensure access to a healthy, productive workforce.
- Avoidance of duplication of services.
- Availability of a benefit design that assures safe, effective, efficient, affordable and appropriate use of medications with the goal of:
 - Aligning incentives to achieve value within the pharmacy benefit creating an emphasis on specialty drugs.
 - Appropriate prescribing and use of gene therapies.

continued

- Effective management of medication therapy problems.
- Integration of companion and complimentary diagnostics to target correct therapies.
- Achievement of long-term, sustainable savings in management of high-price drugs.
- Alignment of pharmacy benefit managers' (PBMs) goals and employer contract

expectations with the goal of optimizing medication use and avoiding unnecessary costs.

- CMM programs designed to consider race, gender, socioeconomic status, mental health, environment, education and others to avoid racial and ethnic disparities.

Clinicians/ Clinical Teams/ Professional and Provider Organizations Value:

- Achieving better outcomes to reduce the cost of care and improve patient and provider experience.
- Patient-centered, team-based care offering a division of labor based on expertise in therapeutics, skill sets, training and education and an interprofessional team that trusts one another, with a passion to get the medications right for every patient.
- Sharing of care plans with all the patient's clinicians to identify treatment failures or need for new (or different) medications earlier and communicate those with other clinicians, the patients and their caregivers/family.
- A standardized process of care to address overuse, underuse or misuse of medications for key populations (elderly, those with multiple chronic conditions, at risk populations, etc.).
- A standardized process of care offering the necessary service components for use of companion and complimentary diagnostics

(PGx, etc.) for interpretation, patient counseling and medication therapy management.

- Consistency and standardization of the medication use process to include CMM.
 - Offers a more efficient, effective and standardized process of care defining the roles and functions of team members in the medication use process to manage medications and mitigate medication therapy problems.
- Encouragement of the streamlining of data and information sharing at the point of care across and outside of health care system.
 - Health IT and access to clinical information at the point of care.
- Improved treatment outcomes and reduction of adverse events in a cost-effective manner.
 - Offers from 3:1 to 5:1 ROI and up to \$1200 to \$1872 per patient per year savings.⁴

⁴ Cipolle RJ, Strand L, and Morley P. *Pharmaceutical Care Practice: The Patient Centered Approach to Medication Management*. Third Edition. New York, NY: McGraw-Hill Medical; 2012.

Health Systems Value:

- Increased ability to focus on the wellness of their patient population including preventive services and risk reduction of disease.
- Clinician satisfaction resulting in reduced turnover.
- Consumer satisfaction with integration of successful and cutting-edge processes of care designed to manage misuse, underuse and overuse of medications to ensure access and affordability.
- Integration of health care processes to streamline duplication of services and unnecessary use of resources.
- Access to affordable medications and a process of care to ensure appropriate use of those medications for the patient.
- Health IT enables information (clinical and data analytics) supporting the entire clinical team (physicians, clinical pharmacists, nurses and others) at the point of care to ensure appropriate, safe and effective use of medications.

Health Care Insurers Value:

- Achievement of overall best health outcomes at the best possible value to decrease overall cost of care.
 - Use of clinical pharmaceutical experts (physicians, clinical pharmacists, nurses and others) to facilitate utilization of clinically appropriate, highest value (safe, accessible, affordable) treatment options.
 - Access to robust evidence of drug safety and effectiveness to inform treatment guidelines.
 - Negotiation strategies to lower net medication cost without negatively impacting health outcomes.
- Framework that facilitates high-performing network offering services to ensure appropriate, safe and effective use of medications and gene therapies.
- Facilitation of high-quality care that offers a standardized care process to ensure appropriate use of medications and gene therapies on behalf of their members, leading to optimal quality ratings (e.g., Medicare Star Ratings, HEDIS).
- Increased access to services that offer value-added opportunities for their members to get the medications right.

Government Agencies Value:

- For the U.S. Department of Veterans Affairs (VA) specifically, the ability to focus on appropriate use of medications and gene therapies through the VA model, which seeks to reward care delivery rather than product delivery.
- Improved engagement of local government branches in strategies to improve of community health.
- Utilization of an effective and efficient interprofessional, person-centered team focused on medication optimization in order to save lives, save money and restore the joy of practicing medicine.
- Improved public image due to recognition of the government as a buyer taking action to lessen the taxpayer burden through improved treatment outcomes and community health.

Medication Manufacturers Value:

- Reduction of barriers (such as step-therapy and formulary restrictions) to medication use when they have been identified through CMM to be the right medication, the first time.
- Improved clinician understanding of medication characteristics when deciding the appropriate medication for an individual patient.
- Ensuring medications are safe, effective and accessible and taken as indicated for only those patients that need them.
- A process of care and service component that will target correct therapies to ensure appropriate use of medications and gene therapies—right patient, right dose, right time.

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