The Opportunity for Comprehensive Medication Management

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Agenda

• The Need for Medication Management Services
• The PCMH Team as a Solution
• The Steps of Comprehensive Medication Management
• Impact of the Service
• Payment Approaches
• Case Studies
The Facts

• 75% of all healthcare costs are related to chronic disease

• After lifestyle interventions, medications are the primary weapons used in modern medicine to prevent disease and effectively control chronic disease

• Proper use of medications can lead to improved health, enhanced quality of life, and increased productivity when directly linked to clinical outcome goals.

So Why A Quality Gap?
The Facts

• Four out of Five patients leave with at least one prescription

• One-third of all American adults take 5 or more medications

• Medicare beneficiaries with multiple illnesses:
  • See an average of 13 different physicians
  • Have 50 different prescriptions filled each year
  • Account for 76% of all hospital admissions
  • Account for 88% of all prescriptions filled
  • Account for 72% of physician visits
  • Are 100 times more likely to have a preventable hospitalization than someone without a chronic condition

1 The chain pharmacy industry profile. National Association of Chain Drug Stores. 2001  2 Testimony of Gerard F. Anderson, Ph.D., Johns Hopkins Bloomberg School of Public Health, Health Policy and Management, before the Senate Special Committee on Aging,

2 “The Future of Medicare: Recognizing the Need for Chronic Care Coordination, Serial No. 110-7, pp. 19-20 (May 9, 2007)
But what happens to those prescriptions?

Why Didn’t They Take Their Medication?

- 24% forgetfulness
- 20% undesirable or debilitating side effects
- 17% medication was too costly
- 14% decided they didn't need the drug
- 10% difficulties in getting the prescription filled

Why Is Medication Management Needed in the PCMH?

- Comprehensive medication management has been shown to facilitate the efficiency and effectiveness of the PCMH team in improving patient clinical outcomes, reducing morbidity and mortality, while lowering total healthcare costs.

- Medication Management is even more essential when multiple providers/prescribers are involved with complex patients.
“Most patient care interactions involve medications and the limitations both in knowledge and time on my part make the addition of a clinical pharmacist on the medical home team MANDATORY! I would have a difficult time maintaining our current standards without this person on board.”

James Bergman, M.D. – Staff Physician, Group Health Permanente, Associate Professor, Family Medicine, University of Washington, Seattle
Steps to Achieve Comprehensive MTM

1) Identify patients that have not achieved clinical goals of therapy
2) Understand the patient’s personal medication experience/history and preferences/beliefs
3) Identify actual use patterns of all medications including OTCs, bioactive supplements, and prescribed medications
4) Systematically review for drug interactions then assess each medication for appropriateness, effectiveness, safety and adherence (in that order) focused on achievement of the clinical goals for each therapy
Steps to Achieve Comprehensive MTM

5) Identify all drug therapy problems (the gap between current therapy and that needed to achieve optimal clinical outcomes)

6) Develop a care plan addressing recommended steps including therapeutic changes needed to achieve optimal outcomes

7) Patient agrees with and understands care plan which is communicated to the prescriber/provider for his/her consent/support
Steps to Achieve Comprehensive MTM

8) Document all steps and current clinical status vs. goals of therapy

9) Follow-up evaluations with the patient are critical to determine effects of changes, reassess actual outcomes, and recommend further therapeutic changes to achieve desired clinical goals/outcomes

10) A reiterative process - care is coordinated with other team members and personalized (patient unique) goals of therapy understood
Comprehensive Medication Management in the PCMH

**Elements of Comprehensive Medication Management**

**ASSESSMENT**
- Reveal the patient’s medication experience
- Identify drug therapy problems in appropriateness of, effectiveness of, safety of, and compliance with medications

**CARE PLAN**
- Establish personalized goals of therapy
- Resolve drug therapy problems
- Personalize Interventions

**FOLLOW-UP**
- Effectiveness and Safety
- Determine Actual Patient Outcomes

**Core Principles of the Patient Centered Medical Home**
- Personal Relationship
- Team Approach
- Access
- Coordinated
- Quality Safety
- Value

www.pcpcc.net
Self-insured Employer: The Diabetes 10 City Challenge - Outcomes

- Decrease in A1C (5.2%), LDL (32%), SBP (15.7%), DBP (9.2%)
- Increase in nutrition, exercise, and weight loss goals
- Employer savings of ~$918 per employee in total health care costs
- ROI of at least 4:1 beginning in the second year
- 50% reduction in absenteeism and fewer workers’ compensation claims
- 97.5% of patients reported being satisfied or very satisfied with their diabetes care

Return on Investment

- Asheville Project ** - Pharmacist MTM program for diabetics saved $1200/pt/yr with improved outcomes


** Scope of MTM services provided in some programs may differ from the comprehensive framework described and recommended for the PCMH.
Return on Investment (cont)

- On average, $16.70 saved for every $1 invested in clinical pharmacy services (review of 104 studies)
  

- Benefit: cost ratio ranged from 1.7:1 - 17.0:1 (literature review).
  
Return on Investment (cont.)

- Minnesota MTM program resolved 3.1 drug therapy problems per recipient generating average cost savings of approx. $403/pt/yr

Clinical Outcomes of Minnesota MTM Services:

- Clinical Results Improved!
  - Goals of therapy improved from baseline 76% to 90% after MTM
  - 2.2 drug therapy problems per patient identified and resolved – 78% resolved without MD
  - HEDIS® Hypertension criteria achieved in 71% of MTM patients versus 59% comparison group
  - HEDIS® Cholesterol criteria achieved in 52% of MTM patients versus 30% comparison group

The Community Care NC Experience

“Underutilization of controller medications in asthmatics and lack of adherence to medications in patients with congestive heart failure were major contributors to ER visits and hospitalizations.”

Dr. Allen Dobson- Former NC Assistant Sec. of Health and State Medicaid Director

North Carolina Clinical Results

Asthma
- 40% decrease in hospital admission rate
- 16% lower ED rate
- 93% received appropriate maintenance medications

Diabetes
- 15% increase in quality measures

Pilots now include the addition of the Aged, Blind, and Disabled and Medicare (646 waiver) pending!

Source: CC_NC 2007 Asthma Disease Management Program Summary
Payment for Medication Management Services

The following recognize and are providing payment for the service:

- The Federal Government in Medicare Part D
- State Medicaid Governments (for example, Minnesota, North Dakota, New York,)
- Employers (e.g., General Mills)
- Commercial plans

Mechanisms for Payment

- Evaluation and Management (E&M) CPT Codes
- Capitated Payment Methodologies
- Fee-for-service/Self-pay by patients
Impact of Comprehensive Medication Management
The Patient’s Perspective

“I have been taking this medication for almost seven years. I have never been clear on why I am taking it or what it is supposed to do for me, and, I have never had anyone who had the time to explain it to me. Now I can ask questions and discuss my concerns about my medications.”

J.P. (Patient receiving medication management services at a medicine clinic in Minneapolis, MN)

A thorough understanding of patients’ illnesses and how medications impact outcomes is critical for truly Patient Centered Care.
The PCMH Team Closes The Quality Gap

Appropriate medications need to be recommended and prescribed.

Patients need to thoroughly understand, have access to, and engage with their medications.

The most effective treatments (with continual evaluation & modification) can produce optimal clinical and quality outcomes.
“Pharmaceuticals are the most common medical intervention, and their potential for both help and harm is enormous. Ensuring that the American people get the most benefit from advances in pharmacology is a critical component of improving the national health care system.”

The Institute of Medicine (IOM)¹

“Drugs Don’t Work in People that Don’t Take Them”
C. Everett Koop, MD
Former Surgeon General

http://www.nap.edu/catalog/12014.html
Thank You and Join the Collaborative!

To request any additional information on the PCMH or the Patient Centered Primary Care Collaborative please contact Edwina Rogers, Executive Director:

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