Patient-Centered Medical Home:
Integrating Medication Management to Optimize Adherence Outcomes in a PCMH
PCMH Medication Management Services to Improve Treatment Adherence Outcomes for Chronic Illness

Linda M. Strand, PharmD, PhD, DSc (Hon)
Professor Emeritus, College of Pharmacy
University of Minnesota
Vice President,
Professional Services
Medication Management Systems, Inc.
Disclosures

• The faculty reported the following financial relationships or relationships to products or devices they or their spouse/life partner have with commercial interests related to the content of this CME activity:
  – Linda M. Strand, PharmD, PhD, DSc (Hon)
    • Medication Management Systems
      – Royalty
      – Receipt of Intellectual Property Rights/Patent Holder
      – Ownership Interest
“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)\(^1\)

---

Medication Management Explained

- Always a portion of patient care
  - *Now the standard of care has changed*
- Meets a $200 billion problem and millions of drug therapy problems
- Makes disease state management function better and clinical outcomes improve
- Consistently demonstrates positive return on investment
- 2006 Medicare Part D Definition and Reimbursement, State Medicaid, Medical Home, Health Plans and Employers
Medication Management Defined

• A standard of care that ensures each patient’s medications are appropriate, effective, safe, and able to be taken as intended
• Involves an assessment of each patient’s medication experience, identification of drug therapy problems, defining goals of therapy, a care plan, and follow-up evaluation
• Represents continuous care with measurable goals and outcomes reflecting a positive return-on-investment
10 Steps to Comprehensive MTM

1. Identify patients
   – who have medication issues
   – who have not achieved clinical goals of therapy
   – who want help with their medications

2. Understand the patient’s reality
   – personal medication experience
   – history and preferences
   – beliefs
3. Identify patient’s ACTUAL usage of ALL medications
   – OTC’s
   – Bioactive supplements
   – Prescribed medications
   – Rx claims data aren’t ACTUAL and aren’t ALL

4. Systematically review for drug interactions, then assess each medication’s:
   – Appropriateness – Effectiveness – Safety – Adherence (in this order)
   – Focused on achievement of the clinical goals for each therapy
5. Identify all drug therapy problems
   - *Bridge the gap between current therapy and what is needed to achieve optimal clinical outcomes*

6. Develop a care plan
   - *Recommend steps (including therapeutic changes) needed to achieve optimal outcomes*
10 Steps to Comprehensive MTM (cont’d)

7. Communicate care plan
   – Agreed upon and understood by patient
   – Communicated to the prescriber/provider for their consent/agreement

8. Document
   – All steps
   – Current clinical status vs. goals of therapy
9. Follow-up patient evaluation
   - Determine effects of changes & recommendations
   - Assess actual outcomes
   - Recommend further changes to achieve desired clinical goals/outcomes

10. Coordinate care
    - Patient specific goals are understood and worked toward by all
    - High level of engagement and empowerment by the patient
Pharmaceutical Care Practice

**Philosophy of Practice**
- Social Obligation
- Responsibilities
- Patient-centered approach
- Caring

**Therapeutic Relationship**

**Patient**
- Today’s wants and needs
- Responsibilities

**Practitioner**

**Medication Experience**

**Assessment**

**Care Plan**

**Follow-up**

**Evaluation**

**Pharmacotherapy Workup**
Drug Therapy Problems

Appropriate
- Needs additional drug therapy
- Unnecessary drug therapy

Effective
- Ineffective drug
- Dosage too low

Safety
- Adverse drug reactions
- Dosage too high

Adherence
- Patient is willing to take
- Patient is able to afford
## Contribution of Medication Management to the Medical Home Principles

<table>
<thead>
<tr>
<th>Principle</th>
<th>Medication Management Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Relationship with Physician or Other Practitioner</td>
<td>The therapeutic relationship is established and the patient’s medication experience is revealed and used to improve care</td>
</tr>
<tr>
<td>Team Approach</td>
<td>The rational decision-making process for drug therapy is utilized and the assessment, care plan and follow-up of drug therapy is integrated with the team’s efforts</td>
</tr>
<tr>
<td>Comprehensive/Whole Person Approach</td>
<td>All of a patient’s medications (regardless of source) are coordinated and evaluated to ensure they are appropriate, effective, safe, and convenient</td>
</tr>
<tr>
<td>Coordination and Integration of Care</td>
<td>The intended therapeutic goals, which are made measurable and individualized to the patient, serve to coordinate and integrate the patient’s care with other team members</td>
</tr>
<tr>
<td>Quality and Safety are Hallmarks</td>
<td>Drug therapy problems are identified, resolved, and prevented in a systematic and comprehensive manner to realize appropriate, effective, safe, and convenient drug therapy for the patient</td>
</tr>
<tr>
<td>Expanded Access to Care</td>
<td>Physicians are extended, made more efficient and more effective through the optimal management of a patient’s medications</td>
</tr>
<tr>
<td>Added Value Recognized</td>
<td>Clinical outcomes are improved, return-on-investment is positive, acceptance by patients is high, and physicians support the practice</td>
</tr>
</tbody>
</table>
Why Is Medication Management Needed in the PCMH?

- Facilitates the efficiency and effectiveness of the PCMH team in improving patient clinical outcomes, reducing morbidity and mortality, while lowering total healthcare costs.
- Medications impact every other facet of work the team does – need to ensure it is optimal for the patient.
Return on Investment

- On average, $16.70 saved for every $1 invested in clinical pharmacy services (review of 104 studies)\(^1\)
- Benefit: cost ratio ranged from 1.7:1 - 17.0:1 (literature review)\(^2\)

---

“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
Structures for Service Delivery

- Practitioner at the practice site
- Referral system for off-site practitioners
Comprehensive Medication Management in the PCMH

Clinical Pharmacist/Pharmacotherapy Manager

Medication experience revealed, drug therapy problems identified, therapeutic recommendations made

Clinical goals of therapy are determined and medication recommendations are considered

Physicians/Providers - PCMH

Appropriate, Effective, Safe and Adherent Medication Use!

Patient understands her medications and participates in a care plan to improve health

Common goals of therapy serve to drive efficiencies and improve effectiveness while decreasing costs
Payment Mechanisms

- Resource Based Relative Value Scale and CPT codes
- Capitated payment
- Integrated payment approaches
“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)
Summary

- The need for medication management has been established
- The value of the service has been validated
- The payment system for the service is defined
- Delivery of the system is now the challenge (practitioners, practices)