

# Optimizing Medication Use in the PCMH

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Montana PCMH Council

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# Montana PCMH SB Bill 84

- The commissioner may set standards that are specific to Montana in addition to national accreditation standards
  - In developing the standards in subsection (2), the commissioner may consider:
    - (a) the use of health information technology, including electronic medical records;
    - (b) the relationship between the primary care practice, specialists, other health care providers, and hospitals;
    - (c) the access standards for individuals covered by a health plan to receive primary medical care in a timely manner;
    - (d) the ability of the primary care practice to foster a partnership with patients;
    - (e) the use of comprehensive medication management to improve clinical outcomes.**

# Outline

- What is comprehensive medication management?
- What is the evidence to support CMM?
- How can CMM be implemented in Montana?

# Medication-related Quality Metrics

- Readmissions - COPD, CHF
- Immunizations - Influenza, Pneumococcal
- Smoking cessation
- Diabetes - HbA<sub>1c</sub>, lipids, BP, aspirin
- Hypertension - BP
- Coronary Artery Disease – lipids, aspirin
- Heart Failure - Beta-blockers

# Gerald

63 year old male

- Hypertension
- Asthma/allergies
- Depression/insomnia
- Urinary retention
- Recent ED visit for asthma exacerbation



# Medication List in EMR

- Effexor XR<sup>®</sup> 150 mg once daily for depression
- Plus Effexor XR<sup>®</sup> 37.5 mg once daily
- Advair<sup>®</sup> 250/50 twice daily for asthma
- Flomax<sup>®</sup> 0.4 mg at bedtime for urinary retention
- Quinapril 40 mg daily for high blood pressure
- Amlodipine 5 mg daily for BP
- Non smoker, rare alcohol
- BP 135/84, BMI 27, PHQ-9 = 13

# What is not in the EMR.....

- Allergy pill twice daily
  - Diphenhydramine 25 mg BID
- Acetaminophen with diphenhydramine, 2 at bedtime
- Melatonin 10 mg at bedtime
- Bottles of both Norvasc<sup>®</sup> and amlodipine
- Forgets second dose of Advair<sup>®</sup>, no rescue inhaler
- 6 servings caffeine

# Comprehensive Medication Management

- The **process** of patient care done by pharmacists
- Team-based, integrated
- Private, face to face meeting
- All medications
  - Prescription, OTC, supplements
  - Alcohol, tobacco, caffeine, lifestyle
- Review clinical information
  - Records, vitals, labs, rating scales

# Patient Care Process

## 1. Assessment

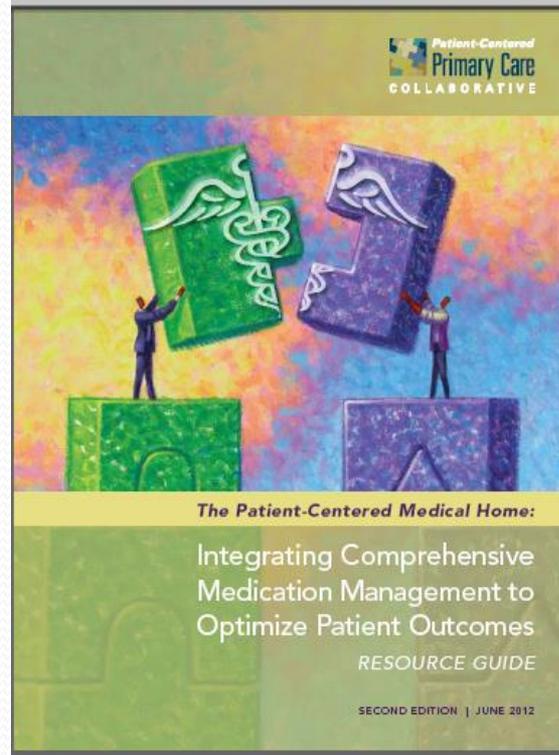
- Indication
- Effectiveness
- Safety – adverse effects, drug interactions
- Adherence

## 2. Care Plan

- Written recommendations to patient and physicians

## 3. Follow-up visit to assess results

# Comprehensive Medication Management



“The standard of care that ensures that a patient’s medications are appropriate, effective, safe, and taken as intended”

<http://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>

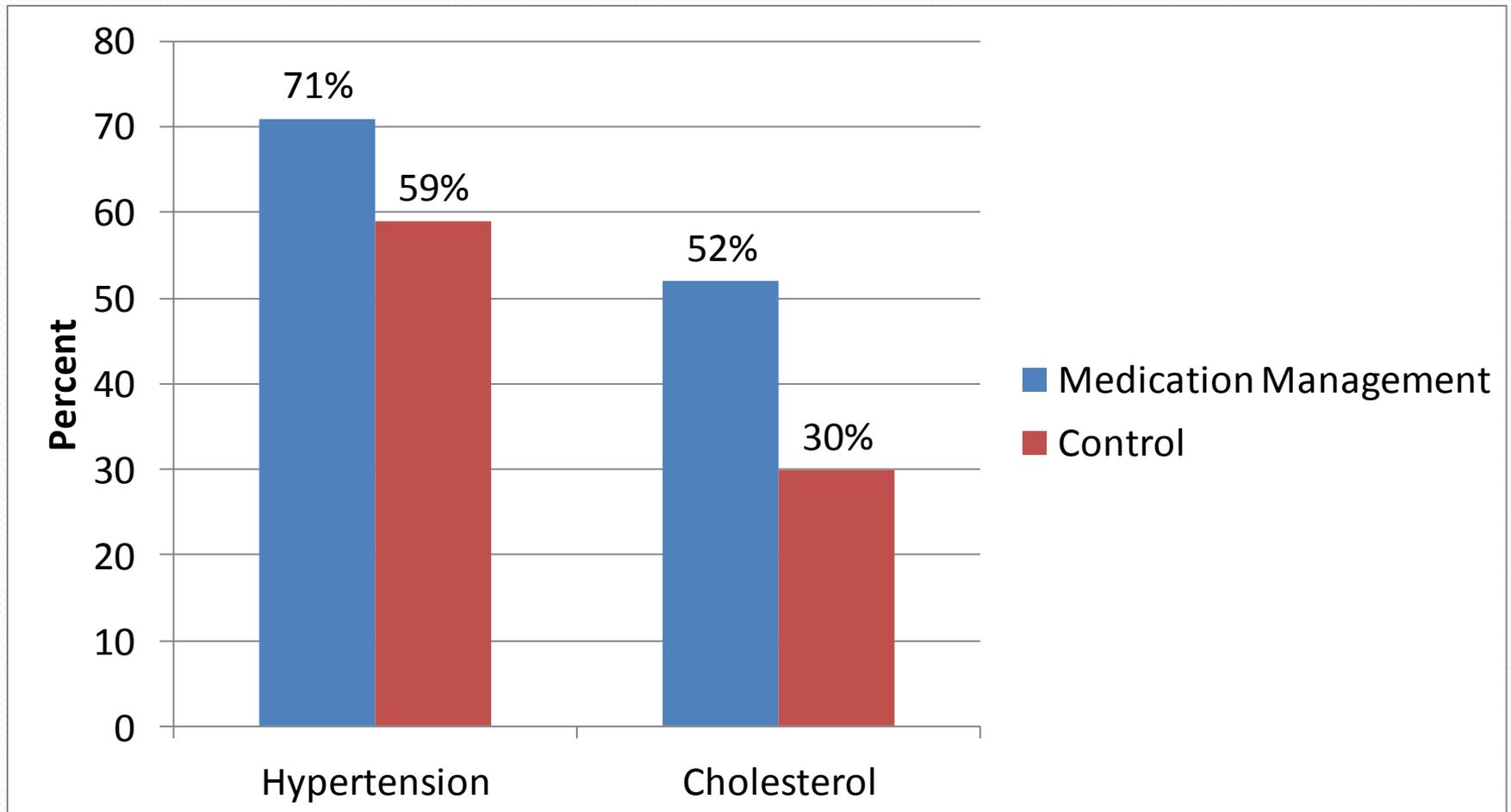
## Comprehensive medication management is not....

- Trouble shooting prescriptions at the pharmacy counter
- Educating patients about new prescriptions
- A fax from a Part D plan asking you to switch to something cheaper
- A phone call regarding a drug interaction
- Independent prescriptive authority
- Expanding scope of practice

# Evidence to Support

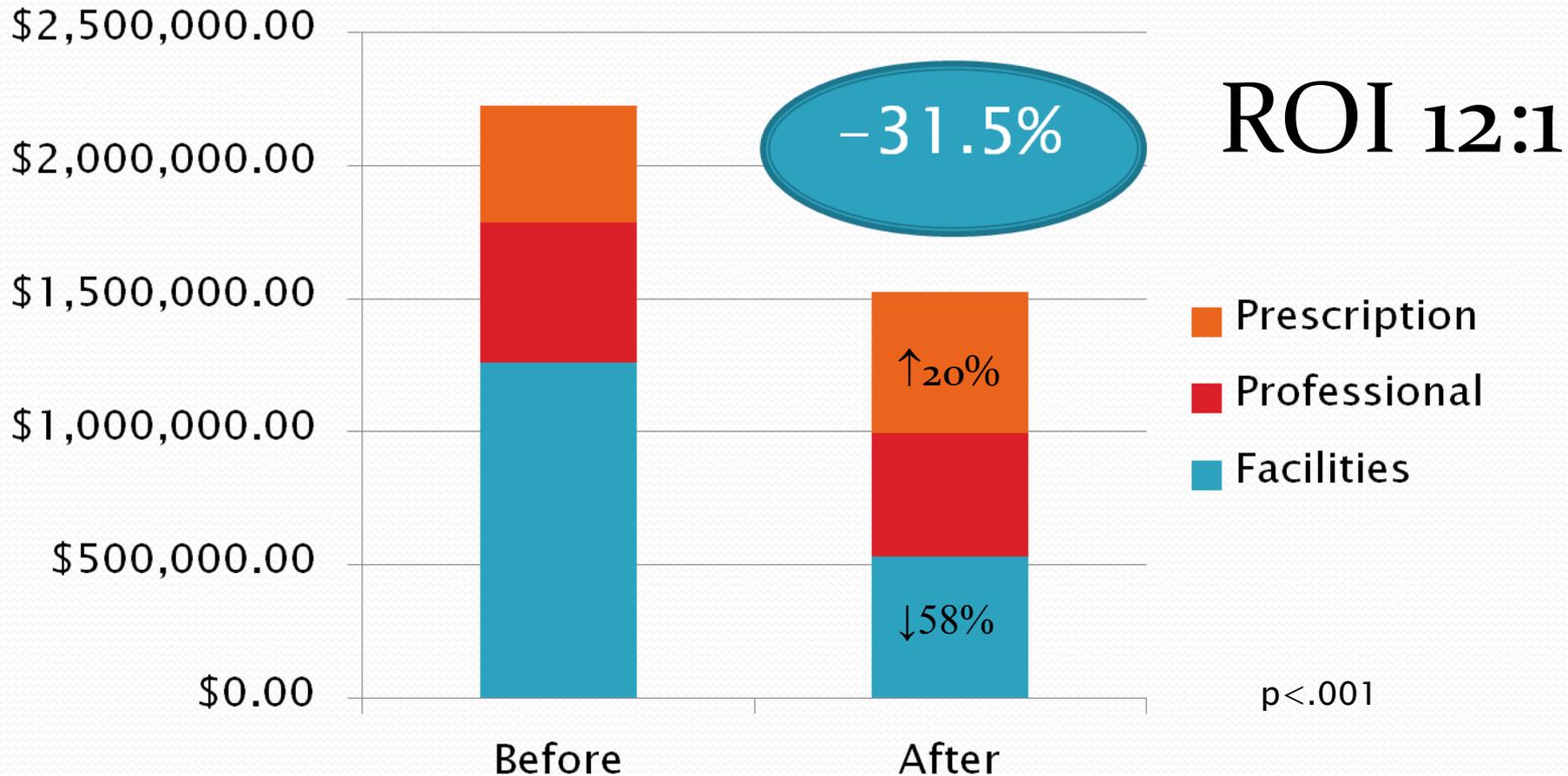
Comprehensive Medication Management

# Patients Meeting Treatment Goals



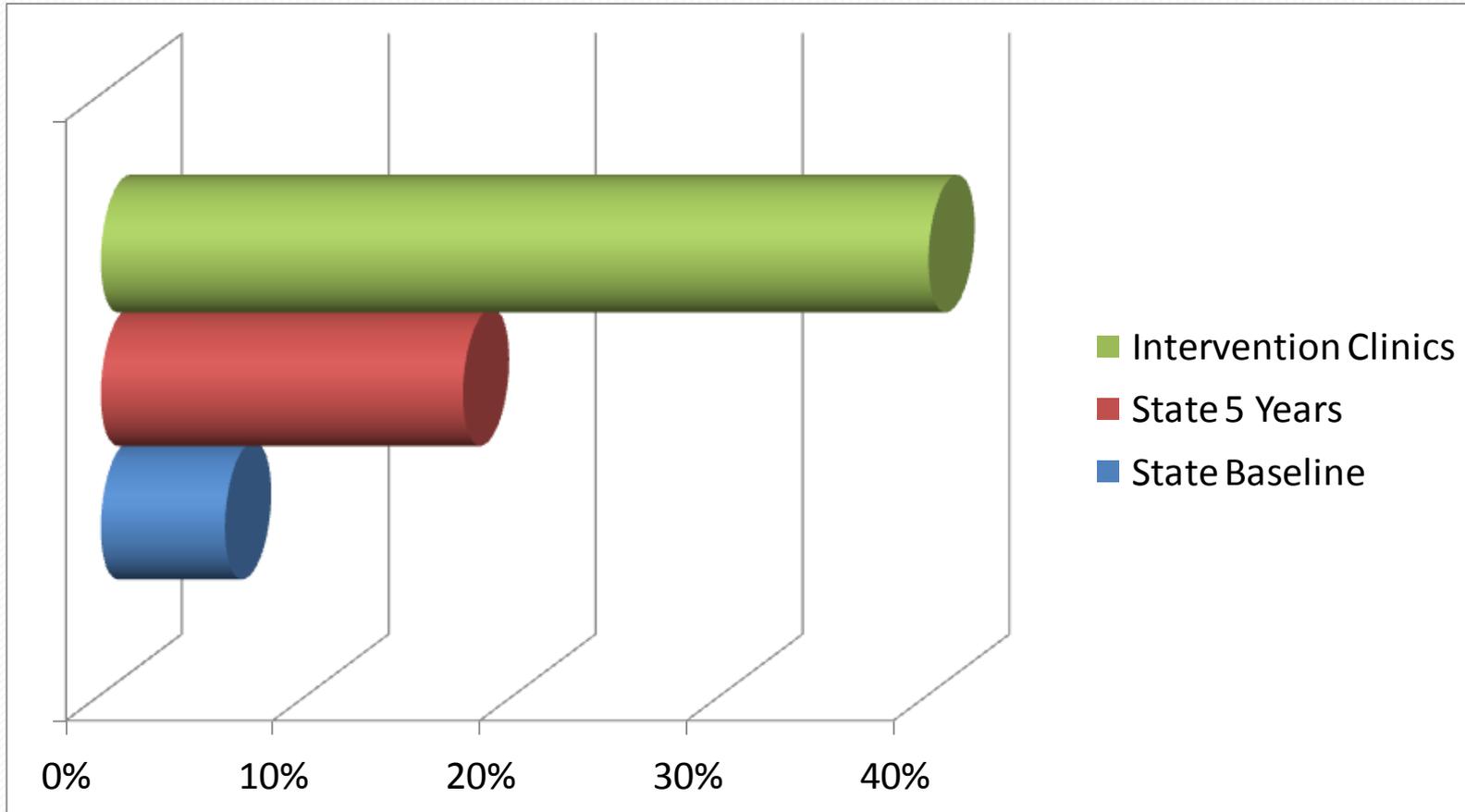
Isetts B, Schondelmeyer S, Artz M, et al. Clinical and economic outcomes of medication therapy management services: The Minnesota experience. *Journal of the American Pharmacists Association*. 2008;48:203-214

# Total Annual Expenditures (n=186)



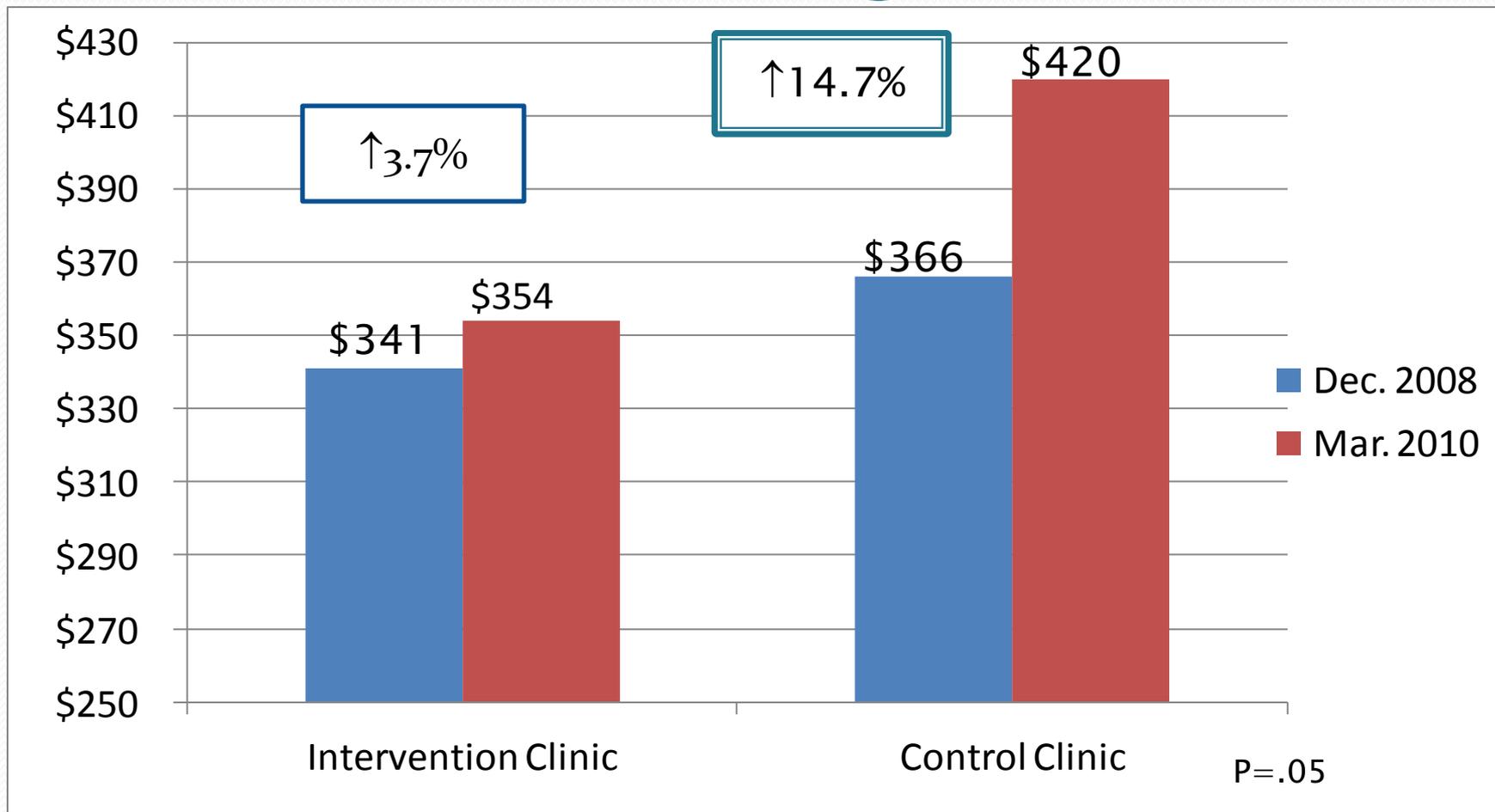
# Diabetes Benchmarks

HbA1c, LDL, BP, aspirin, smoking cessation



Isetts B, Brummel A, Ramalho de Oliveira D, Moen D. Managing Drug-related morbidity and mortality in the patient-centered medical home. *Med Care* 2012;50:997-1001

# PMPM\* Cost Change



\*Per member per month

# Fairview 10-year Experience

- Patient Population

- 1998-2008
- 9069 patients
- 3.7 encounters per patient

- Results

- 55% improved clinical status
- 95% reported improved health and well-being
- Estimated costs
  - Cost \$2,258,302
  - Savings \$2,913,850



ROI 1.3:1

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;16:185-195

# Medicare Part D MTM Program

- Comprehensive medication review
- New enrollees in 2010
- Drug costs increased \$75-181 per patient per year
- ~300K patients per arm

## All cause hospitalization cost

CHF	-526.19*
DM	-398.98*
COPD	-249.70

\* p<.05

[http://innovation.cms.gov/Files/reports/MTM\\_Final\\_Report.pdf](http://innovation.cms.gov/Files/reports/MTM_Final_Report.pdf)

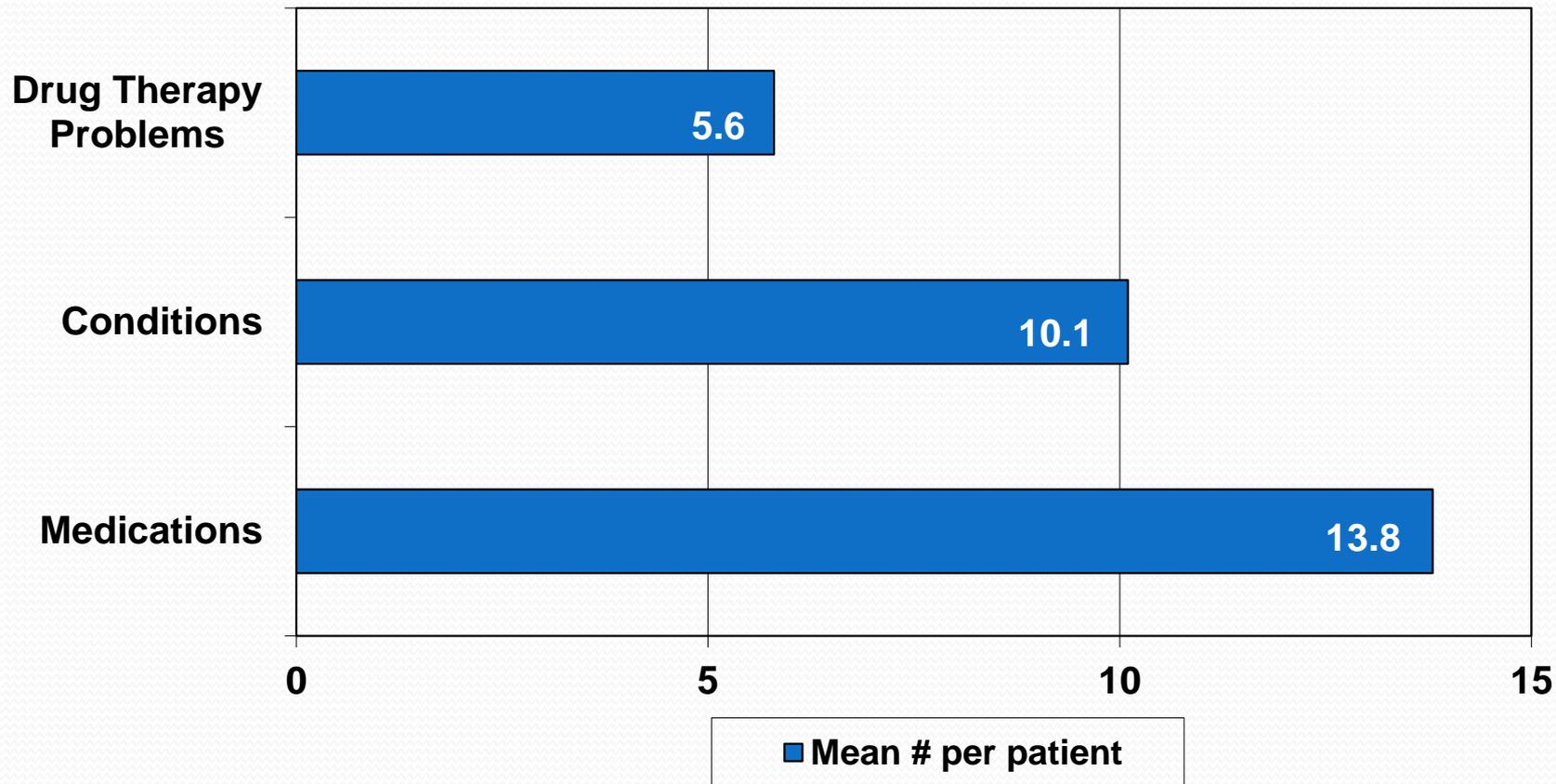
# More ROI Data

1. Fairview employer groups 12:1
2. HealthPartners (MN) 11:1
  - Savings realized after 29 months
3. Kaiser Permanente Colorado 2:1
4. University of Arizona Med Management Call Center 6:1

Personal communication 1. Amanda Brummel, 2. Richard Bruzek, 3. Dennis Helling, 4. Kevin Boesen; Optimizing Medication Safety and Healthcare Quality: Best Practices and Collaborations conference. USC Schaeffer Center for Health Policy and Economics; Los Angeles, CA, 2/20-21/2014

# Comprehensive Medication Management for Patients with Mental Illnesses

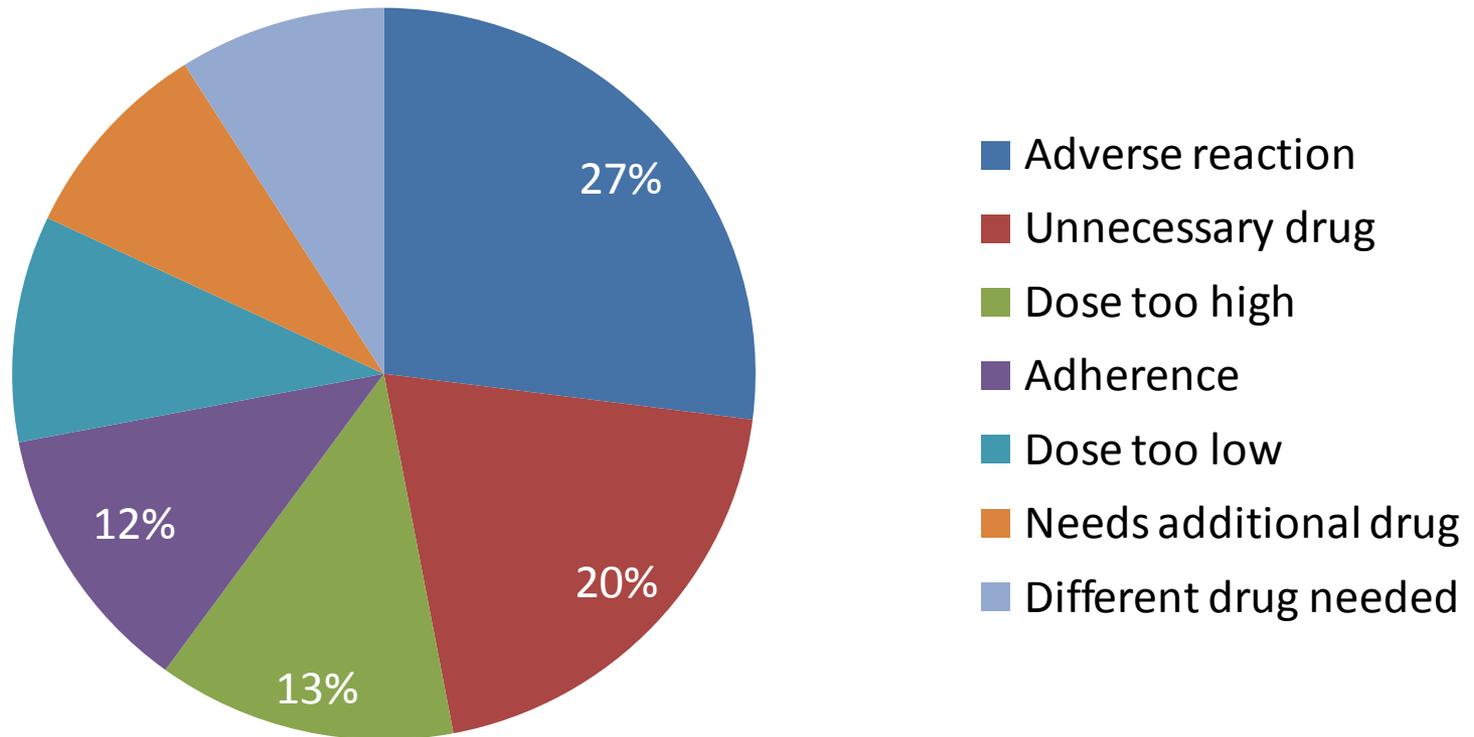
# Montana Mental Health Trust



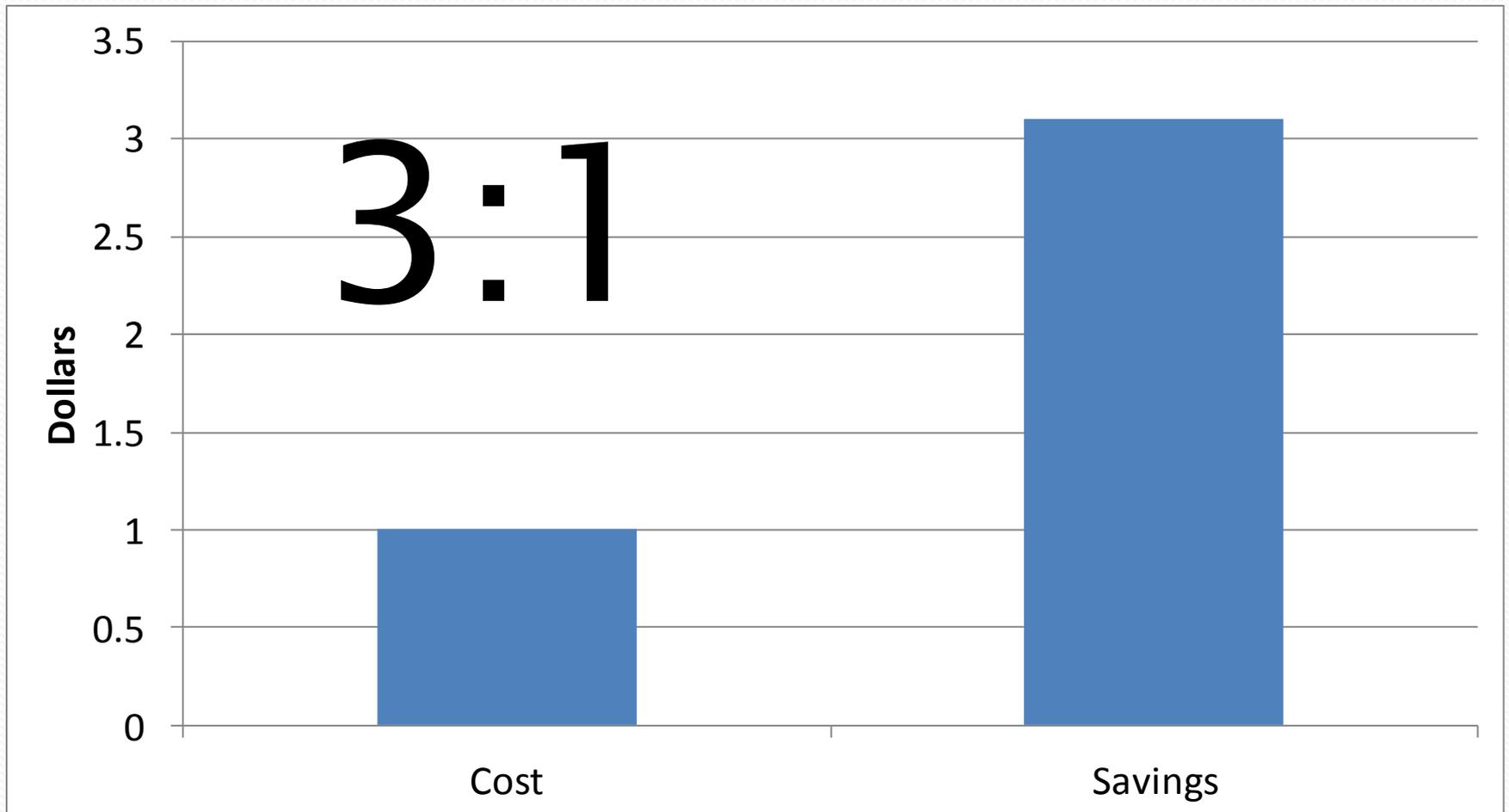
# Estimated Costs

- Total savings \$90,329
- Savings per patient \$587
- Based on projected cost or cost avoidance
  - Not claims data
- Conservative estimate based mainly on reducing drug spend

# Drug Therapy Problems

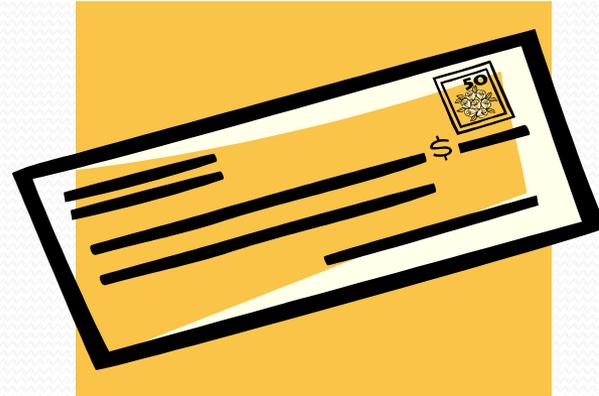


# Return on Investment

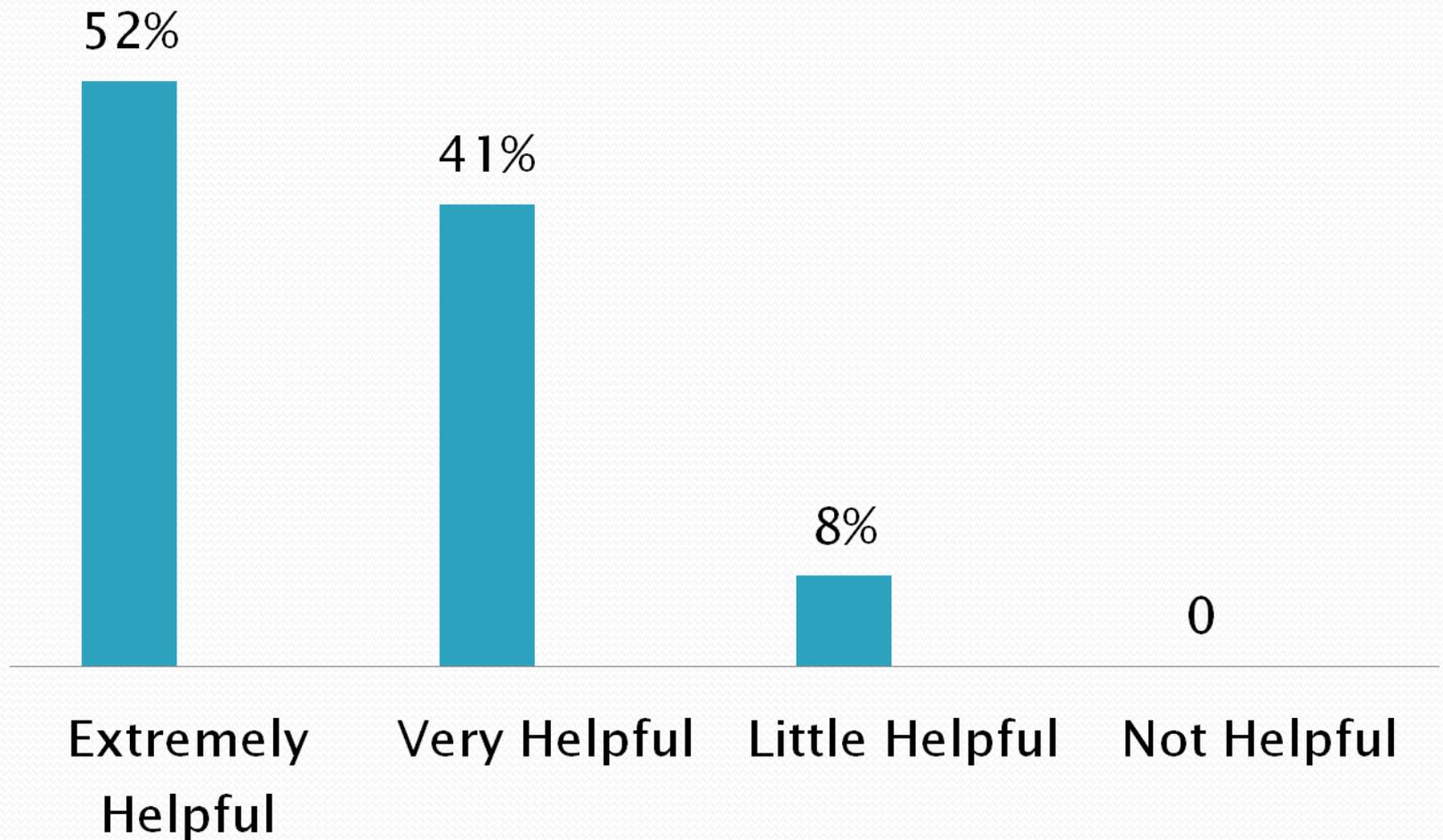


# Patient survey

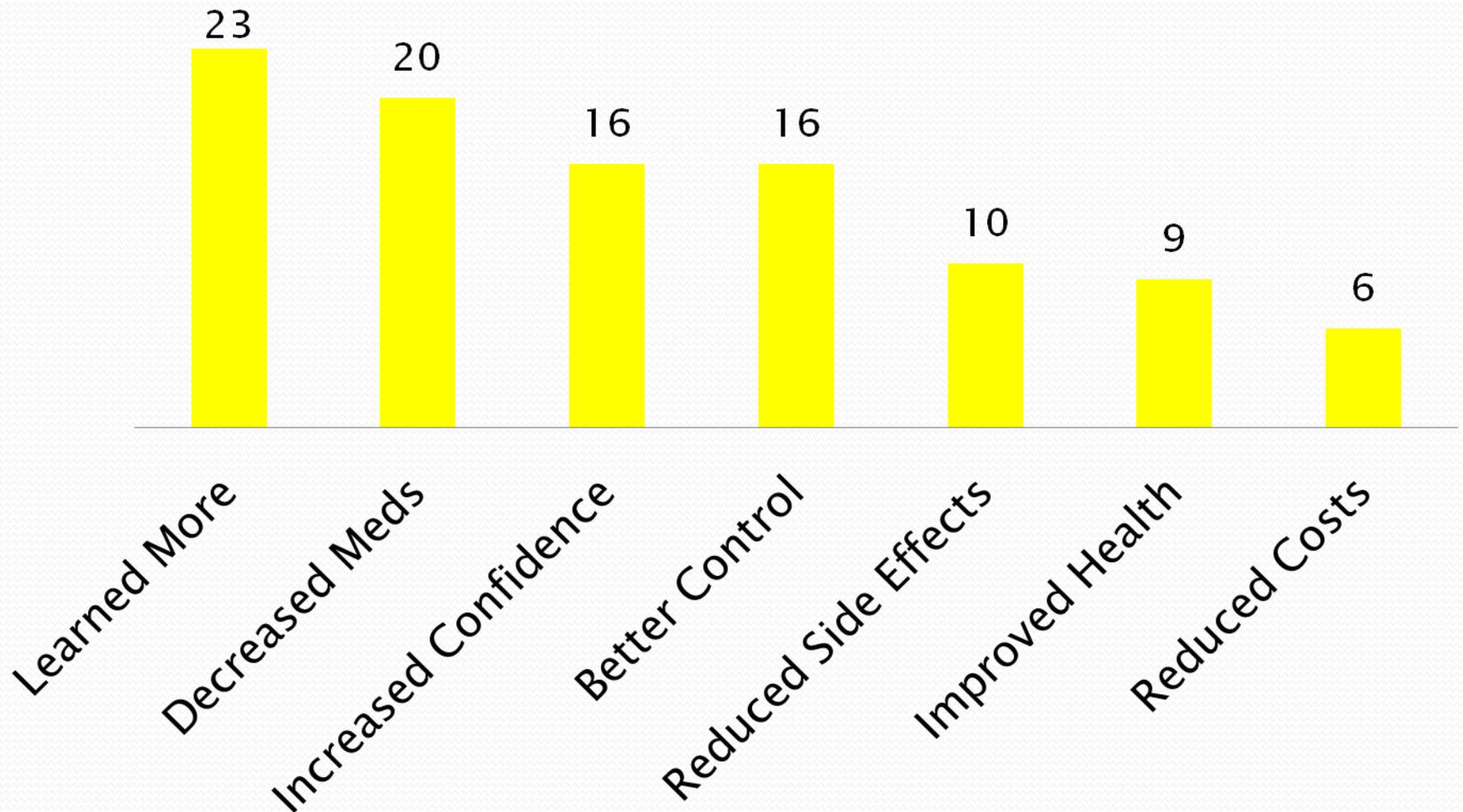
- 48 patients completed



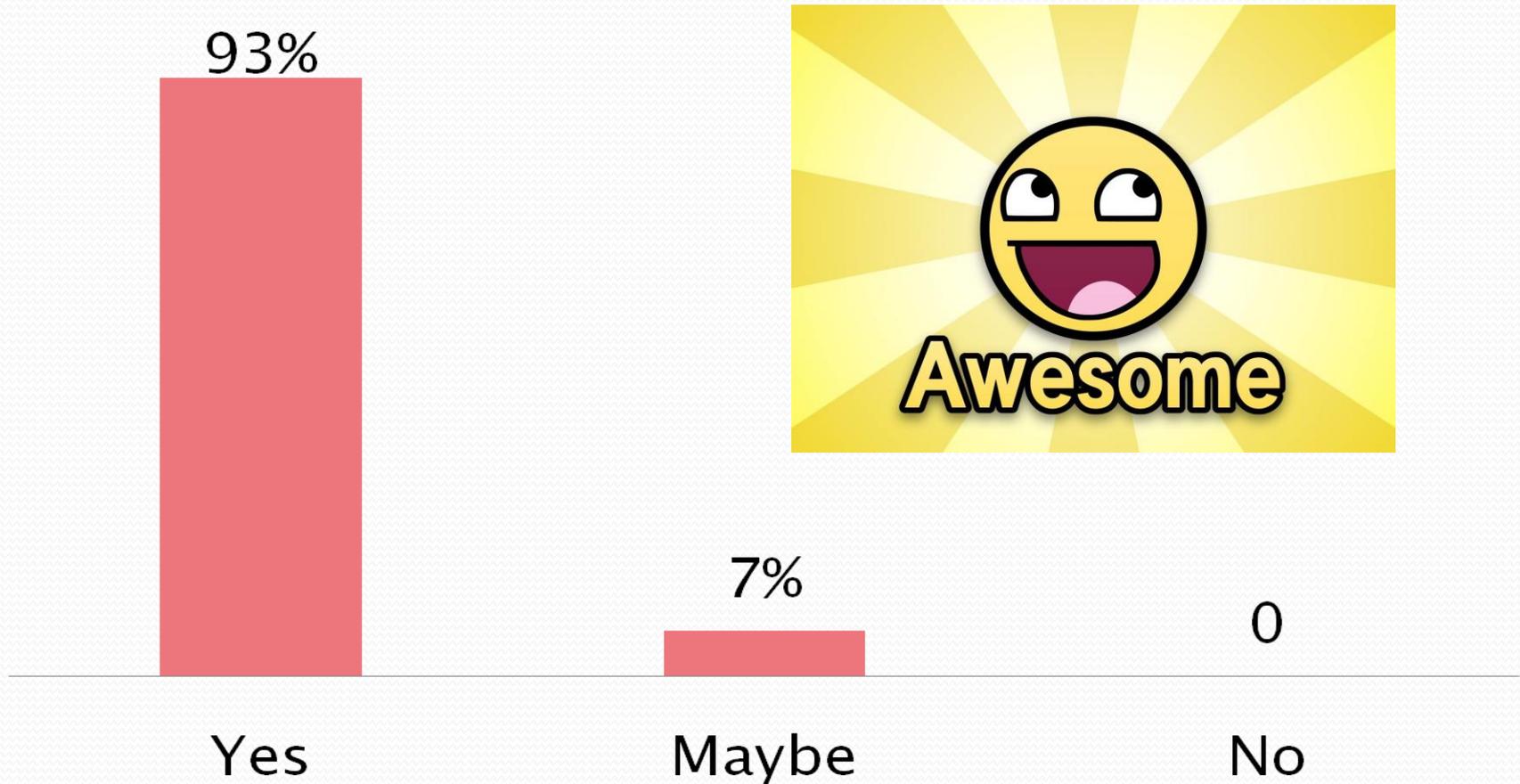
# Did You Find This Service Helpful?



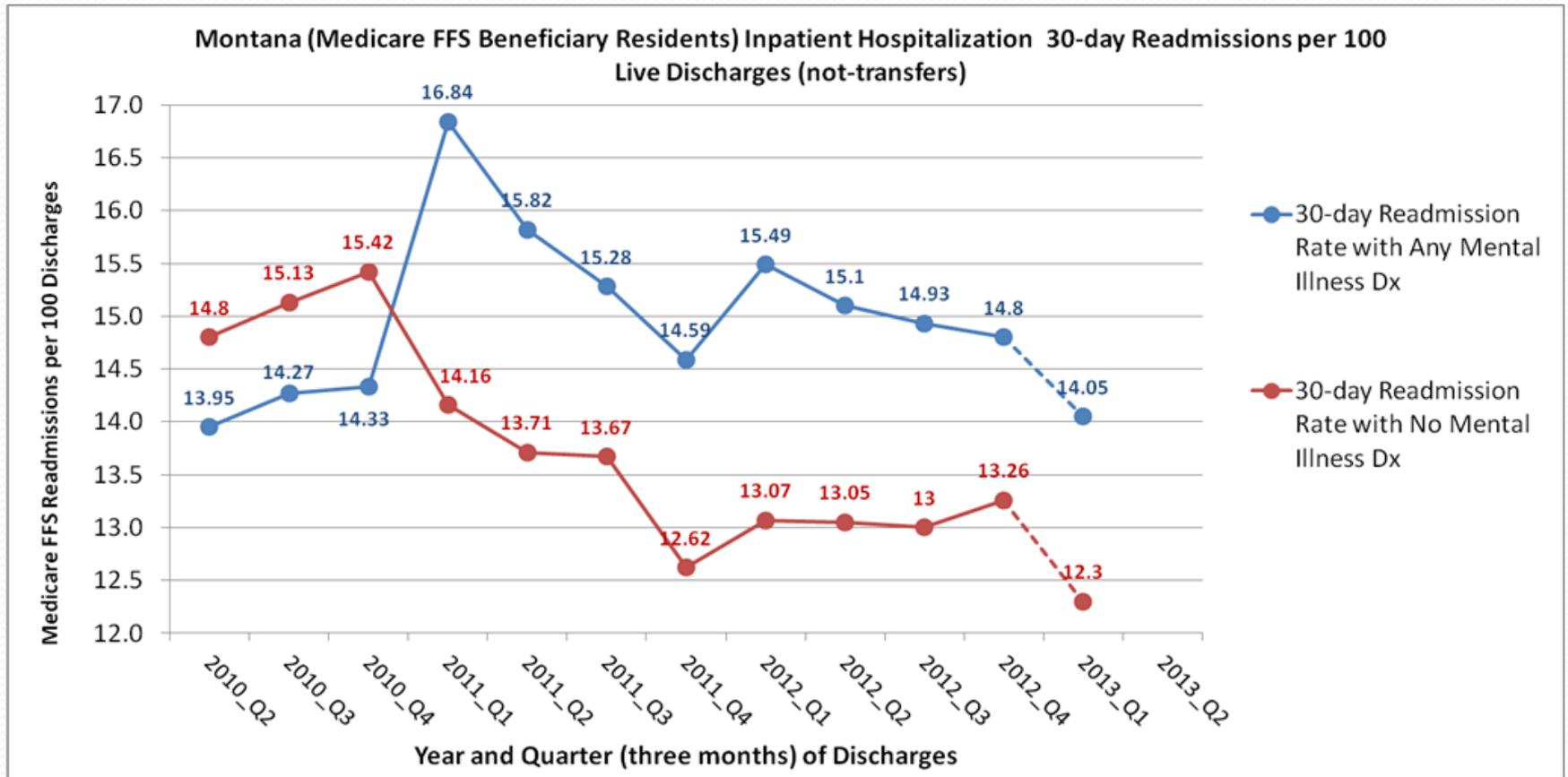
# In What Ways Did You Find Your Visit Helpful? (Check All That Apply)



# Would You Recommend Merit To Friends Or Relatives?



# Readmission Rates for People with a Psychiatric Diagnosis in Montana



# What are other states doing?

- MN Medicaid covers CMM
  - $\geq 1$  chronic condition,  $\geq 3$  prescription meds
- NC Chronic Care Coordination Act
  - Requires CMM per PCPCC guidelines for patients with multiple chronic conditions
- WA Medicaid
  - CMM for multiple chronic conditions
- MA HB 3506 Chronic Disease Care Coordination
  - Should include CMM
- Medicare Part D 2015 comprehensive med reviews
  - $\geq 2$  chronic conditions,  $\geq 2$  prescription meds, \$155/quarter

# Medication Management in MT

- RiverStone Health
- Community Health Center (FQHC) in Billings
- NCQA Level 1 PCMH
- Part-time clinical pharmacist
- CMM model per PCPCC guidelines
- Patients referred by clinic providers
- Appointments scheduled and documented in EMR
- MMHT grant
  - Integrated medication management, care coordination
  - Partnering with Billings mental health center



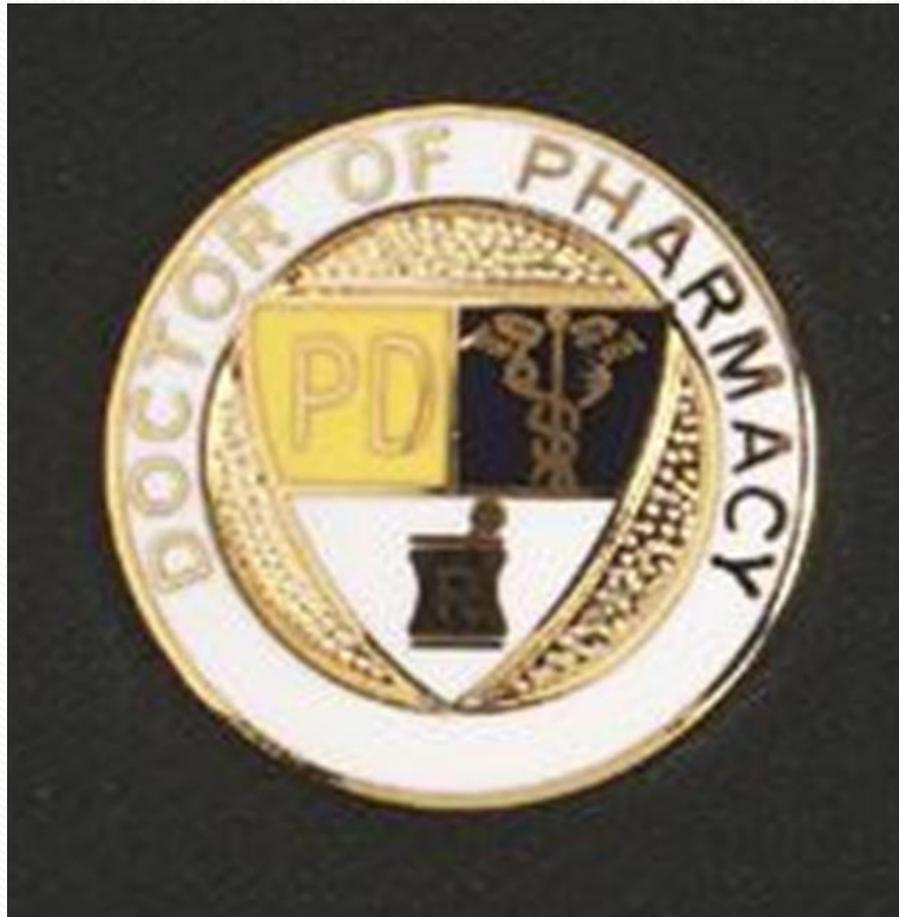
# Back to Gerald

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# Patient Recommendations

- Increase Effexor XR<sup>®</sup> to 225 mg once daily to target depression, insomnia, simplify dosing (effectiveness)
- Stop diphenhydramine to reduce urinary retention, daytime sleepiness (adverse effects)
- Reduce caffeine intake to help with sleep (education)
- Use Advair<sup>®</sup> BID and obtain albuterol inhaler to prevent asthma exacerbations (adherence)
- Educate re: amlodipine/Norvasc<sup>®</sup> (duplication)

# Pharmacist Training



# Payment is Essential

- Pharmacist not providers in social security act
- Current payment – not sustainable
  - Education – school of pharmacy, medical residencies
  - Grant funding
- Future Payment Options
  - Capitation
  - Case management fee for service
  - Quality metrics
  - Shared savings

# Recommendations

- Comprehensive medication management should be a considered as a standard for the Montana PCMH
- Factors to consider
  - Patient Selection
  - Physician/Practice engagement
  - Pharmacist work force
  - Payment reform
  - Value metrics

# Medication Management

- Improves outcomes
- Reduces overall cost of care
- Must be:
  - Integrated
  - Comprehensive
  - Consistent
  - Coordinated
  - Communicated
- Payment reform is essential

