



**Frequently Asked Questions:** *Get the medications right: a nationwide snapshot of expert practices-- Comprehensive medication management in ambulatory/community pharmacy*

### **What is comprehensive medication management?**

CMM is a *process*, a whole-patient approach that begins with the individual and seeks to optimize medications by identifying and resolving drug therapy problems that stand in the way of patient goals. In *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes*,<sup>1</sup> it's defined thusly: "the standard of care that ensures each patient's medications (whether they are prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended."

### **What sorts of practices are featured in the report?**

The CMM practices included illustrate the story of CMM's evolution. They include new and established practices, representing a range of settings, including safety-net clinics, primary care practices, mental health and specialty clinics, a health plan, a community pharmacy, free clinics, a medication management vendor and ambulatory/community practices within integrated health systems, among others.

Some of those practices described in the report will be featured in a forthcoming issue brief, forecast brief and blog series.

### **Who should read the report?**

We envision this as a resource for pharmacists to learn, implement and replicate sustainable best practices from other pharmacists. But it's not for pharmacists alone. It's also a resource guide with real-world examples that should inform the greater community of stakeholders: providers, payers, employers, government, policymakers and, most important, patients and advocacy groups looking for solid solutions which directly and profoundly affect care and reduce unnecessary costs.

### **What does the report offer that's new?**

Peer reviewed research has long supported the value of CMM.<sup>2,3,4,5,6,7,8</sup> However, no market scan has focused exclusively on identifying a collection of expert and emerging practices that meet the

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<sup>1</sup> T. McInnis, E. Webb, and L. Strand. *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes*, [Patient-Centered Primary Care Collaborative](#), June 2012

<sup>2</sup> "Clinical and Economic Outcomes of Medication Therapy Management Services: The Minnesota Experience." *J Am Pharm Assoc.* 2008;48(2):203-211

<sup>3</sup> Smith M, Giuliano MR, Starkowski MP. "In Connecticut: improving patient medication management in primary care." *Health Aff (Millwood)*. 2011 Apr;30(4):646-54.

<sup>4</sup> Chisholm-Barnes M et al. "US Pharmacists' Effect as Team Members on Patient Care." *Medical Care*; Volume 48, Number 10, Oct. 2010.

<sup>5</sup> Smith M, Bates DW, Bodenheimer T, Cleary PD. "Why pharmacists belong in the medical home." *Health Aff (Millwood)*. 2010 May;29(5):906-13.

<sup>6</sup> Butler A, Dehner M, Gates RJ, et al. *Comprehensive Medication Management Programs: Description, Impacts, and 2015 Status in Southern California*, California Department of Public Health Dec. 2015

<sup>7</sup> Perlroth D, Marrufo G, Montesinos A, et al. Medication therapy management in chronically ill populations: final report. Centers for Medicare and Medicaid Services. August, 2013

definition of CMM in numerous coordinated care settings. Neither has anyone, until now, highlighted the enabling factors for success, the lessons learned through experience, and the results they are achieving.

### **Isn't CMM just a different name for medication management?**

No. It's more accurate to call it a type of medication management. Medication therapy management covers a broad range of activities, *some* of which are accurately termed CMM. Many, however, are not. Unclear or inconsistent use of CMM--or simply lumping CMM services with other medication therapy management services such as Part D CMR--undermines its value and clouds understanding.

### **Why does CMM matter?**

At least 80 percent of the way we prevent and control disease is through the use of medications,<sup>9</sup> so it makes sense to focus on the role of the clinical pharmacist as medication expert to improve care delivery. As more medications come to market, they bring both promise and risk. Medication-related problems, including misuse and underuse, kill people; they are a top preventable cause of serious adverse health events and avoidable readmissions.<sup>10</sup> Beyond the human toll is the financial one: CMS and other insurers increasingly refuse to pay for avoidable readmissions, and medication-related problems will only become more costly.

CMM services, integrated into medical practices, unharness the promise of modern medications by vastly improving therapeutic, safety and patient-centric outcomes. The evidence proves it,<sup>11,12,13</sup> and the report illustrates how CMM programs work in real-world practice.

### **Why is this relevant in the move from fee-for-service to value-based care delivery?**

The move to value-based care has been a driver for CMM services, and many CMM practices—including some profiled in the report--operate under that model. The transition from fee-for-service to value-based reimbursement drives CMM uptake because of its demonstrated contribution to lower cost and better health outcomes.

### **What was the methodology? How did you select the practices to profile?**

In identifying practices to feature in *Get the medications right: a nationwide snapshot of expert practices--Comprehensive medication management in ambulatory/community pharmacy*, Health2 Resources and Blue Thorn Inc. used a multistep process.

In total, 935 individual program managers started and 618 completed the initial practice evaluation instrument--the McInnis Index for Advanced Medication Management Practice (MI-AMMP™). From there, the research team applied a six-way filter and a relative value scoring methodology to determine if practices had adequate processes in place for CMM. To qualify, each had to score above a specified level or

- self-identify as performing CMM;
- have access to current clinical data to assess/determine patient clinical status;
- have broad collaborative practice agreements in place;
- provide interventions and develop care plans that are effectively shared with the team;
- perform adequate patient follow up; and

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<sup>8</sup> McInnis T, Webb E, and Strand L. *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes*, [Patient Centered Primary Care Collaborative](#), June 2012

<sup>9</sup> McInnis T, Webb E, and Strand L. *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes*, [Patient-Centered Primary Care Collaborative](#), June 2012

<sup>10</sup> OIG Report on Preventable Serious Adverse Events in Hospitalized Medicare Patients. [oig.hhs.gov/oei/reports/oei-06-09-00090.pdf](http://oig.hhs.gov/oei/reports/oei-06-09-00090.pdf)

<sup>11</sup> Chisholm-Barnes M et al. "US Pharmacists' Effect as Team Members on Patient Care." *Medical Care*; Volume 48, Number 10, Oct. 2010.

<sup>12</sup> Smith M, Bates DW, Bodenheimer T, Cleary PD. "Why pharmacists belong in the medical home." *Health Aff (Millwood)*. 2010 May;29(5):906-13.

<sup>13</sup> Butler A, Dehner M, Gates RJ, et al. *Comprehensive Medication Management Programs: Description, Impacts, and 2015 Status in Southern California*, California Department of Public Health [white paper](#), Dec. 2015

- deliver CMM to a sufficiently large enough client base to ensure processes are in place for proficiency, sustainability and scalability.

The MI-AMMP scoring tool and the six-way filter allowed the research team to identify which practices were truly offering comprehensive medication management services. Ultimately, 22 were selected for evaluation by the project's advisory board, which narrowed it to the 15 included in the report.

### **What is the McInnis Index for Advanced Medication Management Practice?**

The MI-AMMP is a practice development tool developed by Health2 Resources and Principal Investigator Terry McInnis, MD, MPH, CPE, FACOEM, president of Blue Thorn Inc. It assesses the robustness of practice infrastructure, including collaborative practice agreements; quality and financial metrics; patient and provider satisfaction; IT integration and decision support; and pharmacist training. The tool consists of 103 questions with branching logic, and takes approximately 15 minutes to complete. More information about MI-AMMP is available at [http://www.health2resources.com/comprehensive\\_medication\\_management.html](http://www.health2resources.com/comprehensive_medication_management.html).

### **Who are the experts behind the report?**

Principal Investigator Terry McInnis, MD, MPH, CPE, FACOEM, is a longtime champion of comprehensive medication management; she is co-author of the influential resource guide from the Patient-Centered Primary Care Collaborative, *Integrating Comprehensive Medication Management to Optimize Patient Outcomes*. Her direction resulted in the widespread adoption of that guide, which standardized CMM in the context of not only the medical home, but across the continuum of care. She has spoken on the topic around the country and has published numerous articles and papers.

Also providing expertise and insights are the advisory board members:

- **Steven Chen, PharmD, FASHP, FCSHP, FNAP**, associate professor and chair, Titus Family Department of Clinical Pharmacy and Pharmaceutical Economics & Policy, Hygeia Centennial Chair in clinical pharmacy, University of Southern California
- **Ouita Davis Gatton, RPh**, District A clinical coordinator, Kroger Pharmacy
- **Linda Garrelts MacLean, BPharm, RPh, CDE**, associate dean for professional education and outreach, clinical associate professor, Washington State University College of Pharmacy
- **Daniel Buffington, PharmD, MBA**, CEO, Clinical Pharmacology Services, Inc.
- **Katherine H. Capps**, president of Health2 Resources and the project director.

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