

Innovations in Comprehensive, Team-based Medication Management: Lessons from Minnesota

PCPCC Webinar

May 22, 2014

Brian J. Isetts, RPh, PhD, BCPS, FAPhA
Professor, University of Minnesota

Our Speaker:

Brian J. Isetts, RPh, PhD, BCPS, FAPhA
Professor, University of Minnesota
College of Pharmacy

Brian recently returned from a three-year sabbatical serving as a Health Policy Fellow at the Centers for Medicare & Medicaid Services in the CMS Part D MTM Program and at the CMS Innovation Center.



Disclosures

Brian Isetts has no conflicts of interest or disclosures to report relative to this presentation. The views, opinions and reflections expressed are solely his own, and do not represent the official position of any institution, agency or organization.

Workshop Objectives

- 1.) Present a vision for the medication use system our patients deserve,
- 2.) Discuss progress toward accountable medication use in which patients achieve their drug therapy treatment goals with zero tolerance for medication harms.

Workshop Agenda

- 1.) Think like engineers to go back and (re-)build a medication use system
- 2.) Consider the impact of systems that help patients achieve their treatment goals and resolve drug therapy problems
- 3.) Characteristics of comprehensive team-based medication management from the patient's perspective
- 4.) Call to action to improve medication safety and effectiveness in national efforts to redesign healthcare delivery and financing

Connecting with our Audience

- Do you work in a hospital, clinic, nursing home or pharmacy?
- Do you take medications or help others take their medications?
- Do you teach or precept students, or train practitioners?
- Have you been involved in building or redesigning a practice?
- Have you been engaged in any type of pilot project, study or test of change to improve care?

This is Reality in Homes across America



Power of the Patient's Perspective in Improving Health Care

“We would all be far better off if we professionals recalibrated our work with patients and families not as hosts in the care system, but as guests in their lives.”

**Don Berwick, M.D. (former CMS Administrator),
Institute for HealthCare Improvement**

Patient Ownership of Comprehensive Team-based Medication Management

- How can we accelerate progress toward a medication use system in which patients routinely achieve their drug therapy treatment goals with zero tolerance for preventable medication harms?
- How can we engage patients and families in team-based medication management in a system of care built around the manner in which patients use medications in their homes?

Open Letter to the Natl. Quality Forum

Dear Health Care Experts:

We request your guidance in establishing a medication use system focused on helping patients and families find the answers to three essential questions:

- 1) *What is the intended medical use for each of my medications?*
- 2) *What are the realistic, patient-specific goals for the medications used to treat each of my conditions?*
- 3) *What are the unique safety concerns specific to my mix of conditions & medications?*

We look forward to your response,

Sharon and Edward Jungbauer, Maplewood, MN (11/30/2012)

It's Often Darkest just before the Dawn

Drug-related Morbidity/Mortality-a National Crisis

- Spend ~\$300 billion/year due to the ineffective and unfortunate consequences of medication use
- Largest category of hospital acquired conditions
- Most common cause for hospital readmissions
- 3 categories of drugs related to over 70% of costs
- Approximately 10 people die every HOUR from preventable medication consequences

So why has it taken so long to do something about this national crisis?

The Urgent National Call for a Medication Use System

- Congressional request for action-2012
- Secretary of Health inventory of resources across federal partners
- Promise of the CMS Innovation Center initiatives to reduce harm and improve effectiveness
- National Action Plan on ADE Prevention

HHS Data Shows Major Strides Made in Patient Safety (May 7th)*

- 9% ↓ in hosp. harms; 8% ↓ readmissions
- ADE, falls, infections, VTE, Pr. ulcers, etc
- 15,000 fewer deaths; 550,000 fewer harms; \$4.1 billion in costs saved
- These rapid cycle quality improvement methods have now been moved into CMS as standard operating procedures

* U.S. Dept. of Health & Human Services, Press Release - May 7, 2014



NATIONAL ACTION PLAN FOR ADVERSE DRUG EVENT PREVENTION

Questions to Run On

- What would a rational medication use system look like from the patient's perspective?
- What are the responsibilities of all care-givers in a redesigned medication use system?

But First, a little Fireside Chat



ALL-Teach All-Learn Method of Improvement

Story of SELF, Story of US, Story of NOW:

- We are all sitting in a room together in a practitioner meeting seeking input on helping patients achieve their drug therapy treatment goals.
- We are also mentoring other practitioners who are building accountable medication use systems.
- What are the key values and tenets of practice that serve as the foundation for systematically achieving treatment goals and resolving drug therapy problems?

We hold these truths to be self-evident

- First is a therapeutic alliance, because patients don't care what you know until they know that you care
- Use a systematic patient care process to assess all of a patient's drug related need
- Clear care plan responsibilities so each of us are held accountable for work to achieve goals
- We follow-up to evaluate progress toward goals, and the resolution of drug therapy problems, because if you don't follow-up – you don't care
- We document care – because if you don't document, it didn't happen

Expectations of Comprehensive Medication Management in the Health System we Deserve

It is difficult to be an Accountable Care Organization (ACO) if you're not accountable for what happens when patients take medications

Service Level Expectations

- Official Health Reporting Nomenclature (CPT®)
A “bill of goods” sold to the Amer. Medical Assn.
- A practice in which a pharmacist takes responsibility for all of a patient’s drug-related needs and is held accountable for this commitment
- Separate and distinct from dispensing
- Systematic patient care process (assessment, care plan and evaluation)

Medication Management Terminology

- American Medical Association: MTMS-CPT
- Medicare Payment Advisory Commission: Collaborative Drug Therapy Mgmt-CDTM
- Comprehensive Medication Management – Patient-centered Primary Care Collaborative
- Medicare Part D MTM Program: Comprehensive Medication Review (CMR), and, “targeted MTM” interventions

Indicators of Progress Towards our National Aims

- Intra-/Inter-Gov't Collaboration
- Reimbursement Reform
- Patient & Family Engagement
- Dynamic Systems Redesign

Systematic Safety & Effectiveness

- Principles adopted from airline safety
- 40% reduction in preventable hospital acquired conditions over three years
- 20% reduction in 30-Day readmissions in three years
- Represents the new normal at CMS for rapid cycle quality improvement

Rapid Cycle Quality Improvement

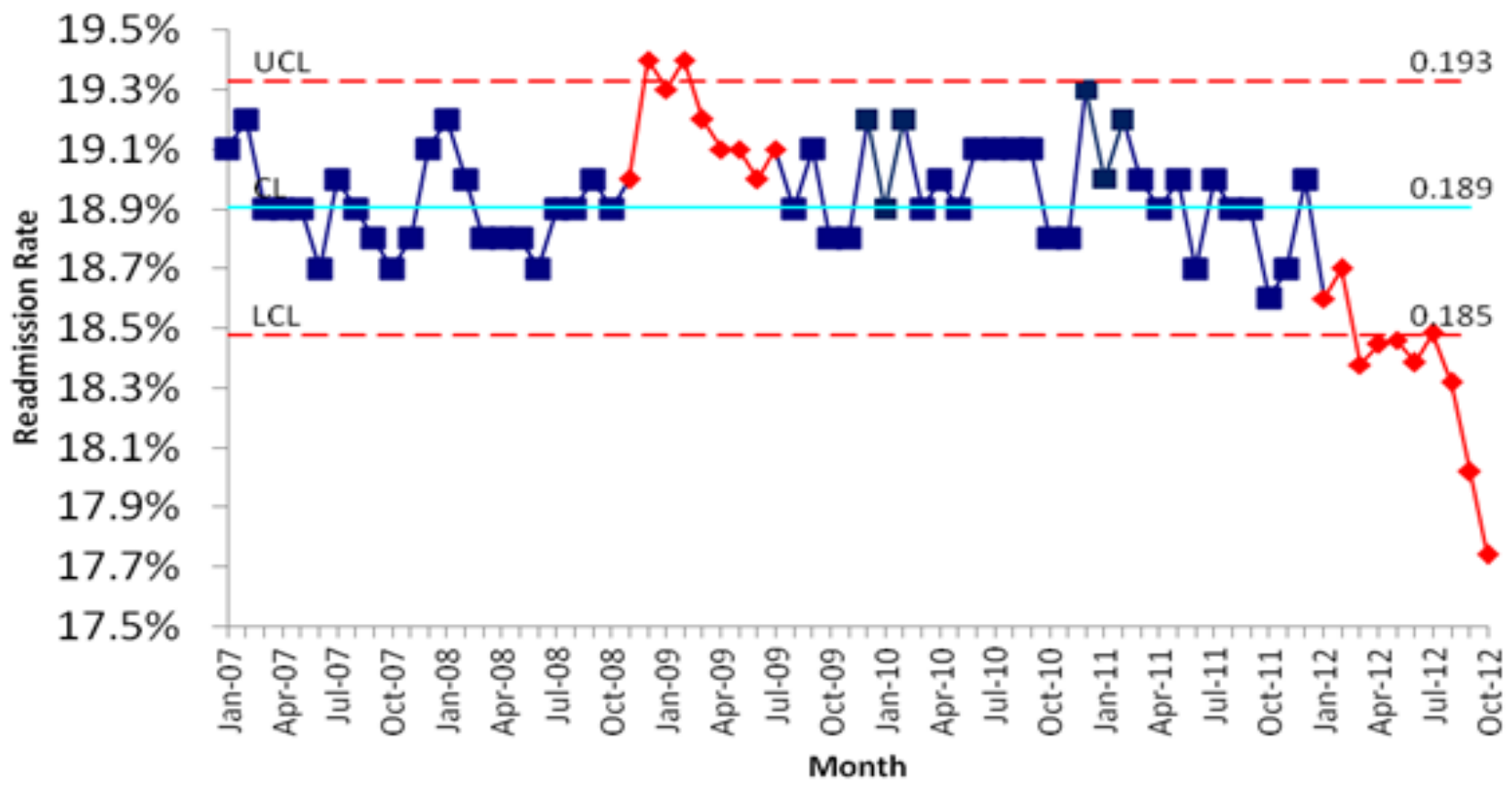
Plan-Do-Study-Act (P,D,S,A) Method

- Collaborative selection of high impact areas in need of improvement
- Use of iterative cycles for tests of change
- Report quantitative data - regular intervals
- Review of data for improvement solutions
- Need to design systems, not fix people

Medicare FFS 30-Day All-Cause Readmission Rates

-- Unprecedented National Decreases --

National Medicare FFS 30 Day all Cause Readmissions

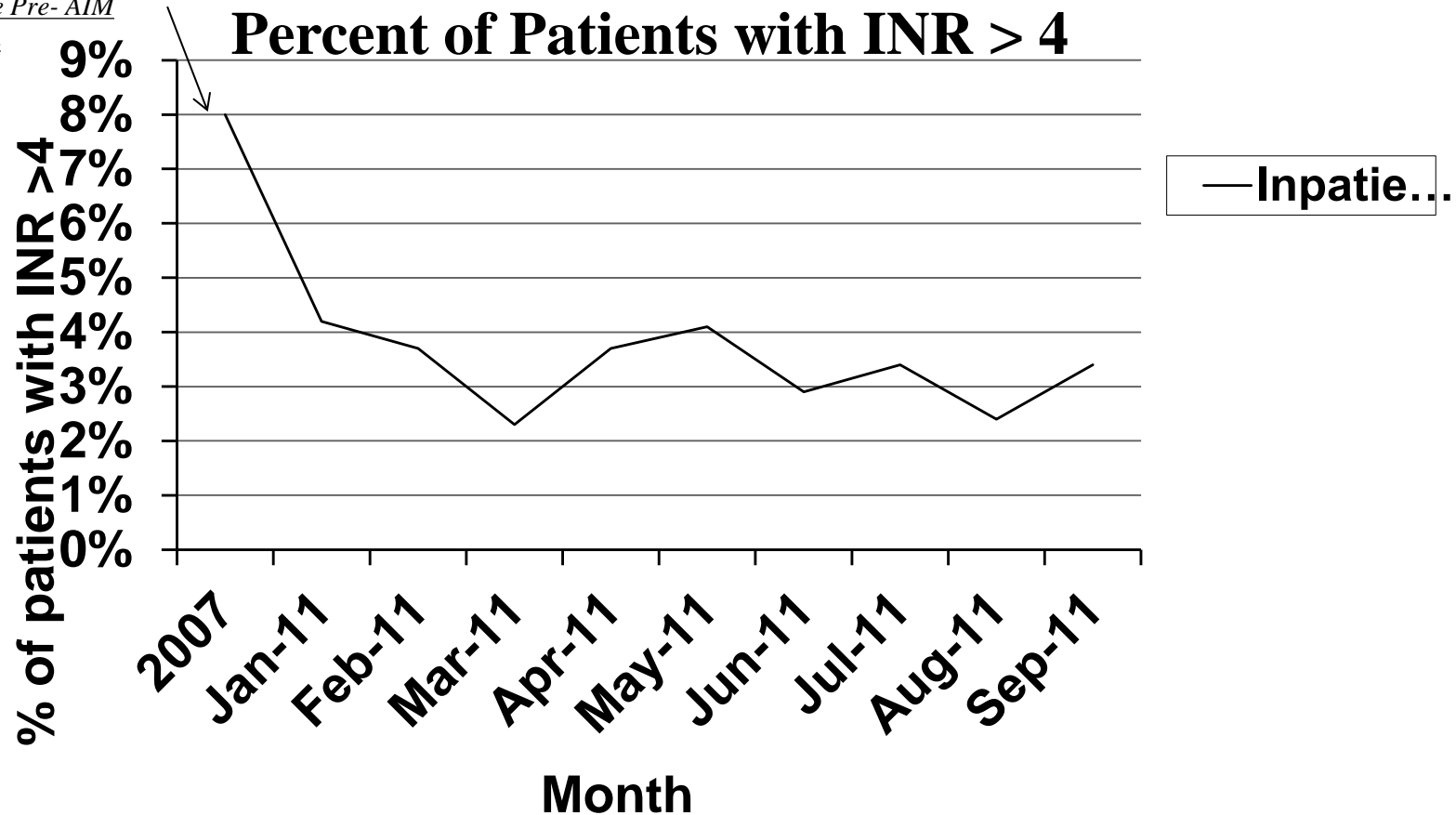


Evidence-based Medicine and Rapid Cycle Quality Improvement

- * Systematic application of aim & methods
- * Ensures thorough & reliable systems
- * Results in doing the right things right
- * Warfarin example – Reducing the % of patients with an elevated INR

Anticoagulation Safety – Hospital of the Univ. of Penn

Value Pre- AIM
Team



Redesigning Systems to Support Medication Use Expectations

- Shift from F-F-S to Value-based \$
- R.O.I./Outcomes Studies of C.M.M.
- Lessons from RPhs in Pioneer ACOs
- Transitions of care focus on drugs
- Provider recognition in the A.C.A.
- Urgent national call to action

The Medication Use System We Can Have

Key Characteristics

- Every drug in use in America is assessed to ensure: it has an intended medical use, is effective and safe, and can be taken by the patient as intended
 - Patients, family members, and care givers contribute to establishing realistic, achievable goals of therapy
 - Clear care plan responsibilities for achieving goals
- Patients will Demand our Health System Help Them:
- 1) Describe the intended medical use of each medication
 - 2) Set realistic, patient-specific goals of therapy
 - 3) Understand safety for their co-morbidities & medications

Comprehensive Team-based Medication Management

All team members help set patient-specific drug therapy goals for each medical condition:

- Assessment of intended use, effectiveness, safety, and adherence embedded across the care continuum
- When patient is not achieving goals of therapy there is more efficient and effective use of pharmacists
- Coordination of care as hospital pharmacists conduct comprehensive assessments of drug-related needs
- Patients/care-givers help team define “high-risk” as core element of the patient-centered health home

Lessons Learned Along the Journey

- Value-based financing is good news for patients who take medications
- We have a second chance to make a first impression in designing a medication use system we deserve
- Can't be an ACO if not accountable for medications
- Outcomes of C.M.M. can facilitate progress toward our 3-part national aims
- Patient demand for C.M.M. will accelerate progress
- All team members help set patient-specific goals

ALL-Teach All-Learn Reflections

Questions to Run On:

- What would a rational medication use system look like from the patient's perspective?
- What are the responsibilities of care-givers, health systems, patients and families in a redesigned medication use system?

Patient Ownership of an Accountable Medication Use System

Achieving a New Vision

- How can we accelerate progress toward a medication use system in which patients routinely achieve their goals of therapy with zero tolerance for preventable medication harms?
- How can you support Ed and Sharon Jungbauer's vision of team-based medication use led by a patient and family focus on three essential questions?

Discussion

