

COMPREHENSIVE MEDICATION MANAGEMENT INTERVENTION

Developed under guidance from the Practice Transformation Task Force (PTTF) as part of the Connecticut State Innovation Model Initiative

Program Description and Objective:

Description: The Comprehensive Medication Management (CMM) intervention will be an elective CCIP capability for patients with complex therapeutic needs who would benefit from a comprehensive personalized medication management plan. CMM is a system-level, person-centered process of care provided by pharmacists to optimize the complete drug therapy regimen for a patient's given medical condition, socio-economic conditions, and personal preferences. The CMM evidence-based model, according to 13 national pharmacy organizations, is "dependent upon pharmacists working collaboratively with physicians and other healthcare professionals to optimize medication use in accordance with evidence-based guidelines."¹ In the context of CCIP, this intervention will be relevant for all patients who are experiencing difficulty managing their pharmacy regimen, who have complicated or multiple drug regimens, or who are not experiencing optimal therapeutic outcomes; this includes patients enrolled in CCIP with complex conditions and patients experiencing equity gaps.

Objective: To assure safe and appropriate medication use by engaging patients, caregivers/family members, and health care providers improve health outcomes related to the use of medications.

High-Level Program Design:

1. Identify patients requiring comprehensive medication therapy management
2. Pharmacist consult with patient and caregiver in coordination with PCP/care team
3. Develop a person-centered medication plan
4. Implement person-centered medication action plan

Detailed Program Design:

Standards

1. Identification of patients requiring comprehensive MTM

- The network defines criteria to identify patients with complex and intensive needs related to their pharmacy regimen that would be conducive to pharmacist intervention²;
- The network develops a process for the responsible professional and/or care team to assess patient medication therapy management needs³

¹American Pharmacists Association, and National Association of Chain Drug Stores Foundation. *Medication Therapy Management in Pharmacy Practice: Core Elements of a MTM Service Model Version 2.0*. March 2008.

² Characteristics of patients with these needs could include patients with: multiple chronic conditions, complicated or multiple medication regimens, failure to achieve treatment goals, high risk for adverse reactions, preventable utilizations due to difficulty managing medication regimens (e.g. hospital admissions, readmissions, emergency department, urgent care, and/or physician office visits), health equity gaps, multiple providers, functional deficits (e.g. swallowing, vision, and mobility problems), and multiple care transitions

³ This assessment should occur at the time of the person-centered assessment for patients who are part of the CCIP Complex Care population. Other patients in need of additional medication management who are not part of

2. Pharmacist consult with patient and, if applicable, caregiver in coordination with PCP or comprehensive care team

- The Advanced Network or FQHC picks a pharmacist integration model that aligns with their current network needs/current state.⁴
 - Regardless of the model, the pharmacist receives training to interact directly with the patient and/or caregiver in a person-centered way and to understand their goals of care in order to provide MTM as part of a clinical team. Training includes⁵:
 1. Clinical training to support more effective patient engagement during one-on-one patient interactions
 2. Valid credentials⁶
 3. Interdisciplinary team work training to interact and work collaboratively with primary and comprehensive (should be aligned with team based training for comprehensive care team)
- The pharmacist conducts the initial consult in person⁷.

3. Develop a person-centered medication action plan

- The pharmacist develops an action plan during the initial patient consultation in partnership with the patient and/or caregivers as needed or requested by the patient
- To develop the person-centered medication action plan the pharmacist will:
 - Create a comprehensive list of all patient medications including currently prescribed medications and any nonprescription nutritional supplements, vitamins, herbal products, and over-the-counter medications

CCIP can be identified/referred by other members of the care team or through automated triggers based on EHR-programmed “alert” claims or EHR-based analytic reports. The assessment should include patient preferences and concerns.

⁴ Possible models include: (1) pharmacist is a clinician staff member of the practice; (2) pharmacist is embedded in the practice site through a partnership between the practice and another entity (e.g., hospital, school of pharmacy, etc.); (3) regional model by which the pharmacist works for a health system and serves several practices in a geographic area; and (4) shared resource network model by which the pharmacist is contracted by a provider group, ACO, or payer to provide services to specific patients

⁵ Pharmacist should have some experience in a direct patient care role, and training should occur at on-boarding with additional team based training as needed (i.e.; new team members join, protocols change, etc.) and annual validation of credentials.

⁶ Networks should determine the appropriate credentials for CMM services. CT has addressed pharmacist competencies with a State regulation for Collaborative Drug Therapy Management (CDTM). It is recommended that networks adopt CDTM as minimum credentials for pharmacists providing CMM services. The CDTM regulation can be found here:

http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/practice_transformation/reference_library/ct_cdtm_regs_2012.pdf.

⁷ For patients participating in the CCIP Complex Care program, this consult should occur in conjunction with the initial comprehensive care team person-centered assessment and/or care planning meeting, while other patients should schedule a consult with the pharmacist within a specified timeframe post-identification of the need for CMM. For less complex patients and subsequent consults, telehealth, telephonic, or other touch points may be advisable.

- Assess each medication for appropriateness, efficacy, safety, and adherence/ease of administration given a patient’s medical condition and co-morbidities.
- This assessment will be person-centered and also take into account the compatibility of medication with the individual’s cultural traditions, personal preferences and values, home or family situation, social circumstances, age, functional deficits, health literacy, medication concerns, lifestyle, and financial concerns including affordability of medications compared to other regimens that achieve the same medical goals.
- The person-centered medication action plan includes:
 - An updated and reconciled medication list with information about medication use, allergies, and immunizations
 - Process to engage patients and their caregivers on better techniques to adhere to the therapeutic regimen in line with reported self-management goals
 - Documentation of actionable medication management recommendations that are communicated to patients, caregivers, and all of their health care providers
 - The pharmacist’s recommendations for avoiding medication errors and resolving inappropriate medication selection, omissions, duplications, sub-therapeutic or excessive dosages, drug interactions, adverse reactions and side effects, adherence problems, health literacy challenges, and regimens that are costly for the patient and/or health care system
 - An outline of the duration of the CMM intervention, frequency of interactions between pharmacist and patient throughout the intervention, and instructions on follow-up with the pharmacist, comprehensive care team, primary care team, and specialists as needed⁸.
 - Specifications of when touchpoints should occur and which members of the care team should be involved
- The person-centered medication action plan becomes a part of the patient’s medical record
 - The network develops a process or protocol to make the person-centered medication plan accessible to all necessary care team members. The process or protocol will include:
 - Identifying who needs to have access to the person-centered medication action plan, which at a minimum will include the pharmacist and primary care provider but which should also be guided by patient preference and the team needs assessment⁹.
 - Developing technological capabilities for specified individuals to have access to the person-centered medication action plan

4. Implementation of person-centered medication action plan with revisions as necessary

⁸ Patient with more complex needs may require more frequent follow-up with the pharmacist and care teams. The plan should identify the format for touch points, which should be guided by patient preference and the team needs assessment. Some formats include in-person, telephonic, and other telehealth mediums.

⁹ If the patient has a comprehensive care team or is working with a Community Health Worker, those individuals should also have access.

- The pharmacist and care team initiate touchpoints with the patient and/or caregiver as outlined in the person-centered medication action plan¹⁰
 - The pharmacist participates in the comprehensive care team meetings if the patient is also participating in the CCIP complex patient intervention
 - The pharmacist and care team define a process to revisit and adjust person-centered medication action plan as necessary after follow up visits with the care team and referral

¹⁰ Other care team members who are part of the implementation plan are identified through the consultation process. The touch points should align with those identified in the person-centered medication action plan for those patients who are participating in the CCIP complex care management intervention.