Policy Statement
STATEMENT ON MEDICATION MANAGEMENT SERVICES

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An important and critical mission of pharmacy practice is the delivery of medication management services (MMS), a vital patient-centered practice that improves therapeutic outcomes and minimizes adverse drug events. The American Society of Consultant Pharmacists (ASCP) encourages all pharmacists to promote optimal patient-centered care by implementing MMS.

Preamble/Background
The purpose of this statement is to assist pharmacists in understanding and implementing MMS. Efforts to implement MMS merits the highest priority in all practice settings. ASCP is committed to taking the actions necessary to help move the concept of MMS forward in practice and to help its members deliver this standard of care in a patient-focused, collaborative, and interprofessional environment. Primary care physicians have embraced pharmacist collaboration to improve clinical outcomes.1

In 2018 the Joint Commission of Pharmacy Practitioners (JCPP) approved the definition of Medication Management Services (MMS) as “a spectrum of patient-centered, pharmacist provided, collaborative services that focus on medication appropriateness, effectiveness, safety, and adherence with the goal of improving health outcomes.”2 This definition promotes a better understanding of MMS and provides consistency in how those services are defined. MMS broadly encompass a variety of terms such as medication therapy management (MTM), comprehensive medication management (CMM), and other such terminology being used for a variety of patient-focused medication management. Examples of MMS are shown in the following table.

Examples of Medication Management Services

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<th>Type of MMS</th>
<th>Description</th>
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<tr>
<td>Medication Therapy Management (MTM)</td>
<td>A requirement of the Medicare Prescription Drug Improvement and Modernization Act of 2003 that certain Medicare Part D beneficiaries with chronic illnesses should receive counseling, in an effort to contain costs and help patients better manage the complex aspects of their pharmacotherapy. MTM is an encompassing range of services provided to individual patients intended to optimize therapeutic outcomes and detect and prevent costly medication problems.3 Often MTM is not comprehensive but targeted to specific medication-related problems.</td>
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<td>Comprehensive Medication Management (CMM)</td>
<td>A whole-person approach that focuses on the patient’s clinical and personal goals of therapy. CMM services encompass the patient’s condition, clinical history, interventions tried and failed, past and present lab and test results, problem list and is collaborative with</td>
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other healthcare team members.\textsuperscript{3} A growing body of evidence has shown the value of pharmacists providing CMM to reach therapeutic goals.\textsuperscript{4}

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<th>Comprehensive Medication Review (CMR)</th>
<th>An annual Medicare Part D requirement for a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the patient, caregiver and/or prescriber for Part D MTM eligible patients.\textsuperscript{5}</th>
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<tr>
<td>Medication Regimen Review (MRR)</td>
<td>A requirement of CMS for all nursing home residents. A thorough evaluation of the medication regimen of a patient with the goal of promoting positive outcomes and minimizing adverse consequences related to medications. The review should include preventing, identifying, reporting, and resolving medication-related problems, medication errors, or other irregularities as well as collaboration with other members of the interprofessional team.</td>
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Key elements, listed below, serve as the guide for determining whether any of a spectrum of pharmacist-provided services meet the MMS definition.

MMS includes the following elements:

- Patient-centered approach to care – the service is individualized for a specific patient, focuses on the patient’s needs and concerns, and involves the patient in the care process.
- Assessment of medication appropriateness, effectiveness, safety, and adherence. Consideration should be given to accessibility and cost of medications.
- Collaborative approach to care that involves the patient, caregiver(s), pharmacists, and other healthcare providers.
- Focus on health outcomes.

MMS is not intended to be used to define all services provided by pharmacists. Pharmacists provide other medication-related services such as safe and accurate provision of medications, medication access services, overseeing the medication use process, medication administration services, and many other services.

The JCPP pharmacist’s patient care process is used to deliver MMS.\textsuperscript{2} The pharmacist’s patient care process is meant to standardize how pharmacists deliver patient care, which is patient-centered, collaborative, and requires the collection of patient-specific data, an assessment of that data, the development of an action plan for the patient, implementation of that plan and importantly, appropriate follow-up and evaluation of the implemented plan. Using the pharmacist’s patient care process contributes to healthcare’s quadruple aim:\textsuperscript{7}:

- Better patient outcomes
- Lower costs of care
- Improved patient experiences
- Improved clinical experiences for providers
The pharmacist’s patient care process is an ongoing and continuous process which is illustrated below.⁸

A comprehensive set of core competencies essential to implement the pharmacist’s patient care process and deliver MMS for older adults in long-term and post-acute settings is available here.⁹ Some of these pharmacist competencies are:

- Identify and recognize diseases that commonly affect older adults, patients with multiple chronic comorbidities, and high-risk disease states.
- Apply knowledge of age-related changes in the body and mind as well as psychosocial changes.
- Optimize person-centered health goals and therapeutic outcomes through appropriate non-pharmacologic interventions and MMS.
- Develop a therapeutic plan for common conditions of older adults, patients with multiple chronic comorbidities, and high-risk disease states, including appropriate monitoring for adverse drug events.
- Identify medications that can contribute to population specific adverse events (high risk medications) or geriatric syndromes (e.g., falls, delirium, incontinence, etc.) and optimize with non-pharmacologic and acceptable medication interventions.
- Apply principles of pharmacokinetics, pharmacodynamics, and pharmacogenomics.
- Demonstrate the ability to identify appropriate circumstances for deprescribing and ensure appropriate follow-up evaluations to determine the effect of changes, reassess actual outcomes, and recommend further therapeutic changes to achieve desired clinical goals and outcomes.

**Summation**
MMS is an essential component of pharmacy practice. Pharmacists using the pharmacist’s patient care process and providing MMS contribute significantly to improving patient clinical outcomes. MMS also can contribute to enhancing cost effective therapy, improve the patient’s experience in healthcare, and improve pharmacists’ work satisfaction.
References


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