UTILIZING COMPREHENSIVE MEDICATION MANAGEMENT (CMM) AS A CONSISTENT CARE PROCESS IN PHARMACY PRACTICE

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CONFLICT OF INTEREST

• The presenters have no COI to disclose

WARNING – ALPHABET SOUP

OBJECTIVES

• Pharmacist & Technician
  – Identify the three elements of comprehensive medication management (CMM)
  – Recognize the role of CMM to identify and resolve medication-related problems (MTPs)
  – Identify a plan to implement CMM into current pharmacy practice

THE NEED FOR A CONSISTENT CARE PROCESS

BACKGROUND
THE NEED FOR A CONSISTENT CARE PROCESS

AHRQ Effective Health Care Program
MTM Interventions in Outpatient Settings
Systematic review of 44 studies

Conclusion: The evidence base offers low evidence of benefit for a limited number of intermediate and health utilization outcomes. We graded the evidence as insufficient for most outcomes because of inconsistency in direction, magnitude and precision, rather than lack of evidence. Wide variations in populations and interventions, both within and across studies, likely explain these inconsistencies...

New research, regardless of specific focus, will likely continue to find inconsistent results until underlying sources of heterogeneity are accounted for.

THE PHARMACIST PATIENT CARE PROCESS

AHRQ Publication No. 14(15)-EHC037-EF.

MEDICATION MANAGEMENT SERVICES (MMS)

Medication Management Services are 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.

COMPREHENSIVE MEDICATION MANAGEMENT (CMM)

CMM PHILOSOPHY OF PRACTICE

A shared philosophy of practice is an attitude or a mindset held by clinical pharmacists and other health care providers that serves to guide actions and behaviors and instill trust in the care delivered. Without a philosophy of practice, it is unclear what the clinical pharmacist values and, therefore, how the clinical pharmacist will behave towards the goals of optimizing medication use for patients.

CMM PHILOSOPHY OF PRACTICE
FIVE CORE TENETS

• Meeting a societal need
• Assuming responsibility for optimizing medication use
• Embracing a patient-centered approach
• Caring through an ongoing pharmacist-patient relationship
• Working as a collaborative member of the health care team

https://jcpp.net/patient-care-process/
CMM PRACTICE MANAGEMENT PRINCIPLES

• Care team engagement
• CMM program evaluation
• Care delivery process
• Organizational support
• Ensuring consistent and quality care

CMM PATIENT CARE PROCESS (PCP)

Goal = identify and resolve medication therapy problems (MTPs)

MEDICATION THERAPY PROBLEMS (MTPS)

CASE #1

BC is a patient who presents to your pharmacy and asks “What are your thoughts on my medications?” The patient is frustrated by her medications. She feels like she is on too many, thinks she’s experiencing side effects, and wants to know if you “see any problems.” She plans to take your recommendations to her next doctor’s appointment.

Age: 34  Race: White  Allergies: NKDA

<table>
<thead>
<tr>
<th>BC’s MEDICAL CONDITIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic back pain</td>
<td>Chronic hepatitis C</td>
</tr>
<tr>
<td>Depression/anxiety</td>
<td>Asthma</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BC’s MEDICATIONS</th>
<th>Fill History Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omeprazole 20 mg daily</td>
<td>Last filled 04/18/18</td>
</tr>
<tr>
<td>Aspirin 81 mg daily</td>
<td>Picks up OTC</td>
</tr>
<tr>
<td>Triiodide 100 mg daily</td>
<td>Last filled 04/18/18</td>
</tr>
<tr>
<td>Harvoni 90/400 mg PO daily</td>
<td>Last filled 04/18/18</td>
</tr>
<tr>
<td>Morphine 15 mg QID</td>
<td>Last filled 04/18/18 (3x20 for 30 days)</td>
</tr>
<tr>
<td>Albuterol 90 mg Act-2 puffs Q4-HR pm</td>
<td>Last filled 02/01/18, 04/18/18, 05/30/18</td>
</tr>
<tr>
<td>Sertraline 50 mg daily</td>
<td>Last filled 03/10/18</td>
</tr>
</tbody>
</table>
**CASE 1**

How can we classify/document the “problems”?

<table>
<thead>
<tr>
<th>Problem</th>
<th>I/E/S/A</th>
<th>Category</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin – why is patient taking?</td>
<td>I/E/S/A</td>
<td>Indication</td>
<td>Unnecessary medication therapy</td>
</tr>
<tr>
<td>Albuterol – 3 fills in 2 months</td>
<td>I/E/S/A</td>
<td>Indication</td>
<td>Needs add'l med therapy Adherence</td>
</tr>
<tr>
<td>Morphine – &gt;50 MED’s</td>
<td>Safety</td>
<td>Dosage too high</td>
<td>Dose too high</td>
</tr>
</tbody>
</table>

**APPLICATION TO PRACTICE**

How can CMM be applied to your pharmacy practice?

**OPTIMAL REGIMEN MEETS OPTIMAL USE**

Building a Patient-Centered Pharmacist Team to Achieve Medication Optimization

**UTAH COMMUNITY PHARMACY ENHANCED SERVICES NETWORK (CPESN)**

Mission Statement: Develop, implement, and maintain a network of community pharmacies that provide high quality enhanced services to patients to improve patient clinical outcomes and utilization of healthcare resources by working collaboratively with other healthcare providers, health systems, accountable care organizations, and other key stakeholders.
CASE #2
DK is a patient who presents to your pharmacy to pick up a new prescription for “Sertraline 50 mg PO daily”. You, the pharmacist, are about to counsel her on this new medication. . .

How can CMM be utilized in this scenario?
How does CMM enhance the counseling?

CASE #3
Using your handouts, answer the following....

• Using the CMM framework (I/E/S/A), what medication “problems” can you identify?

• Using the PQA document, how would you classify your identified “problems”?

• What actions can you take with the patient or provider to resolve these “problems”? 

PRACTICE – SMALL GROUPS

CMM FOR COUNSELING?
TAKEAWAYS

ADVICE FROM COMMUNITY PHARMACY
ADVICE & LESSONS LEARNED
GOODRICH PHARMACY (MINNESOTA)

1. Get the tools and master them
2. Develop a patient care culture
3. Develop a patient care culture
4. Start soon
5. Perseverance is required: It can take a while to get a program up to speed
6. Pharmacists like CMM: CMM creates job satisfaction for pharmacists

GOODRICH PHARMACY (MINNESOTA)

- A culture that supports the pharmacist as a patient care professional.
- Read-and-write access to the EHRs
  - His team doesn’t always have that access, but it makes a difference in patient care.
- Broad collaborative practice agreements.
  - “Doctors don’t want you to bring them a problem you can’t fix,” he said. Pharmacists need to have the authority to fix the problems they find.

BIG PICTURE

What can you apply to your practice TODAY?
- CMM as a framework for...
  - Counseling
  - Medication regimen reviews
  - Identification of drug-related problems
- Increased ownership of “optimal use”

What does CMM look like in the future?
- CPESN
- Building into PharmD curriculum
- National adoption – “What does a pharmacist do?”

QUESTION 1

What is the correct order of the assessment steps of the CMM care process?

A. Adherence, Safety, Indication, Effectiveness
B. Effectiveness, Indication, Safety, Adherence
C. Indication, Effectiveness, Safety, Adherence
D. Safety, Effectiveness, Indication, Adherence
QUESTION 2
Which of the following is NOT a key component of CMM?
A. Patient care process
B. Philosophy of practice
C. Personal practice style
D. Practice management systems

QUESTION 3
According to published reports, what was a key reason MTM demonstrated little evidence of benefit?
A. Too few studies have investigated the topic
B. Too few patients included in studies
C. Inconsistency in practice, strategy, and heterogeneity of studies
D. No benefit likely exists

QUESTION 4
Which is NOT an example of CMM applied to community pharmacy practice?
A. Utilization of CMM as framework when counseling about new medications
B. Provision of a CMM “med review”
C. Establishment of broad collaborative practice agreements
D. Presence of an automated blood pressure monitor at pharmacy
QUESTION 5

Which principle of optimal care are pharmacists and technicians ideally positioned to impact?

A. Optimal regimen
B. Optimal use
C. Optimal diagnosing
D. Optimal monitoring