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Get the medications right™

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Comprehensive Medication Management - Achieving better Health and Value for Employees and Employers

MACHC | February 22, 2022

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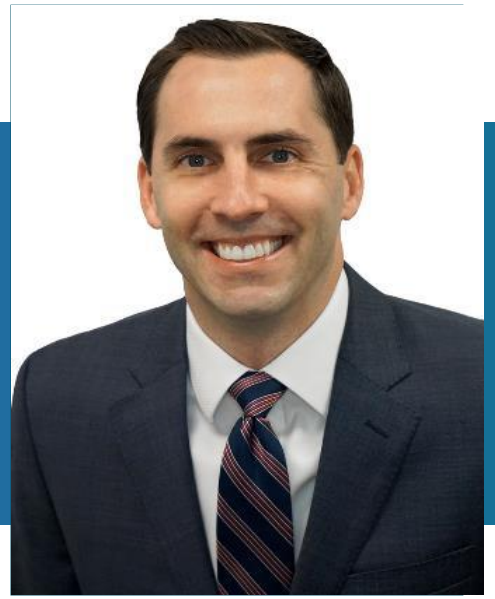
Sandra Morris
Senior Advisor
GTMRx Institute



Matt Baki
Sr. Vice President,
Tria Health

GTMRx - A coalition calling for medication management reform…

*Launched April 17, 2019 - **3** years focused on awareness, education and advocacy to change:*

How we practice | How we pay | How we use diagnostics | How we leverage technology (HIT)

In order to optimize medication use through a person-centered, team-based, patient care service called CMM

Largest nonprofit in the nation advocating for access to and payment for a more rational medication use process

1600+ members | **1000+ organizations**

7- member board

5 Executive Members **20 Strategic Partners**

Multi-stakeholder membership

- Solution Provider
- Academia
- Public & Private Payors
- Consultants
- Providers of Care
- Consumer Advocacy Groups
- Professional Organizations
- Consumers
- Hospitals and Health Systems

National Resource Center

CMM Practice Registry
Value Framework
Evidence Documents
Use Cases/Case Studies
Stakeholder Change Packages
GTMRx Learning Network
Voices of Change (Podcast)
White Papers/ Practice Guidance
Issue Management/ Advocacy
Peer-reviewed Published Papers

Each week GTMRx directly reaches 30,000 readers through a variety of push communication campaigns

GTMRx Leadership, Funders and Members

GTMRx Board of Directors

Katherine Herring Capps
GTMRx Co-founder, Exec Director

Paul Grundy, MD, Fmr Founding Presidend, PCC
GTMRx President, Chief Transformation Officer, Innovaccer

Brig. Gen. Allison Hickey (Ret.) Fmr Under Secretary for Benefits, VA
GTMRx Executive Committee, CEO, All In Solutions LLC

Ira Klein, MD
VP of Provider Relations, Tempus Inc.

C. Edwin Webb, Pharm.D.
GTMRx Treasurer, Consultant & Senior Policy Advisor, ACCP

Paul W. Abramowitz, Pharm.D.
CEO, ASHP

Anastasia Daifotis, MD
Chief Scientific Officer, J&J

Founding Board

ashp
accp American College of Clinical Pharmacy
J&J
Quest Diagnostics

Executive Members

tria HEALTH
TABULARASA HEALTHCARE
California Chronic Care Coalition
KAISER PERMANENTE
U.S. Department of Veterans Affairs

Strategic Partners

abbvie
AACP
aam Association for Accessible Medicines
Avera
breast cancer index
CSRO
Cleveland Clinic
cpnp
cureatr comprehensive medication management
EmpiRx HEALTH
Genentech A Member of the Roche Group
GENOMIND
THE JOURNAL OF PRECISION MEDICINE
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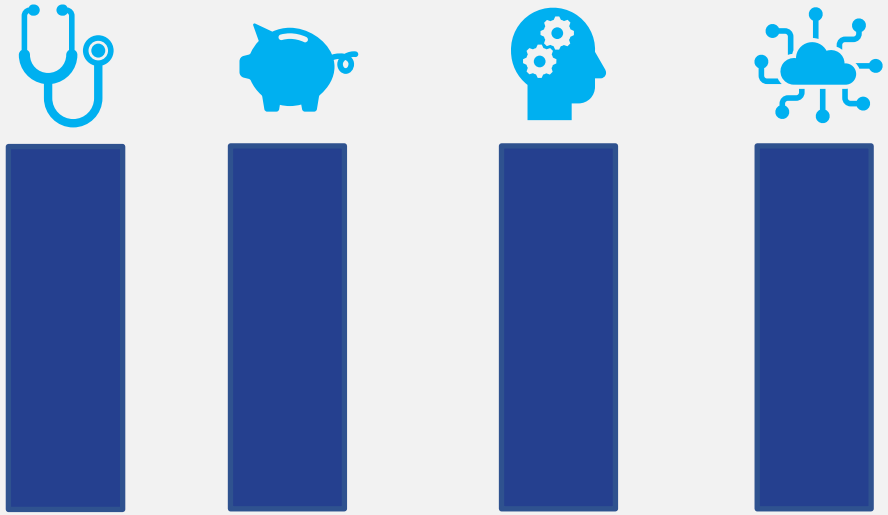
labcorp
National Alliance of Healthcare Purchaser Coalitions Driving Innovation, Health and Value
National Pharmaceutical Council
OneOme
Partners in Care FOUNDATION
phactMI
TEACHERS' Retirement System TRS KENTUCKY

GTMRx Buy Right Strategy

GTMRx 4 Pillars of Medication Management Reform

Achieving sustainable change requires revamping



Vision

Enhance life by ensuring appropriate and personalized use of medication and gene therapies

Mission

Bring critical stakeholders together, bound by the urgent need to optimize outcomes and reduce costs by getting the medications right

Goal

Medication optimization

Why?

Medication access and use

- 10,000
- 80%
- 75%
- 30% / 5+

Waste and lives lost

- Treatment failures
- New medical problems
- $528 billion & 275,000 lives/yr.

It's a flawed process

- $271 billion
- $174 billion
- $38.8 billion
- $37.2 billion
- $ 7.8 billion

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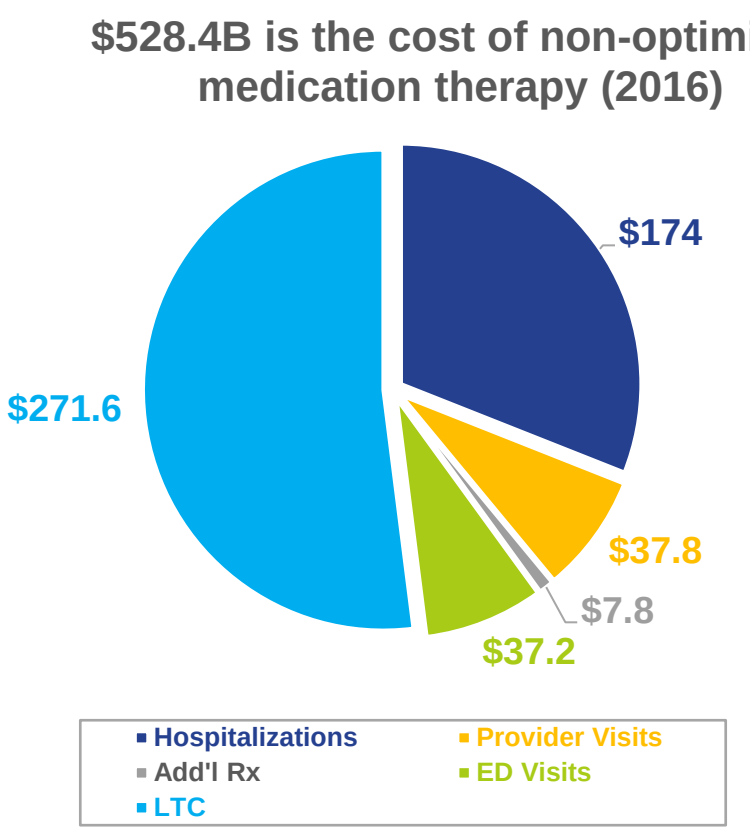
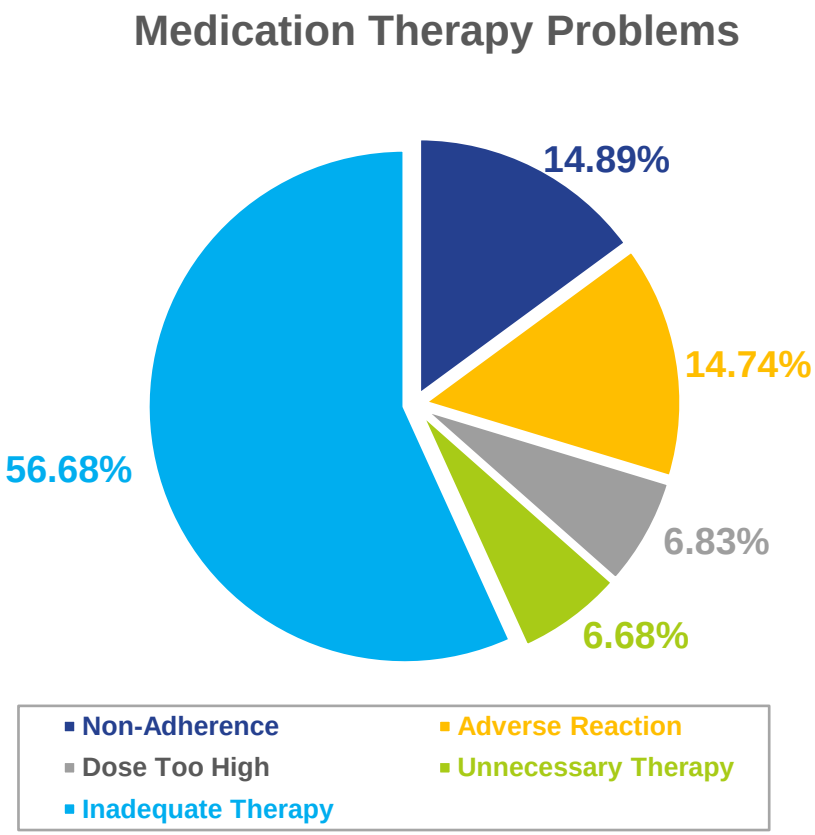
GTMRx Buy Right Strategy

$528B opportunity when we focus on all MT problems



Watanabe, JH, McInnis, T, & Hirsch, JD. "Cost of Prescription Drug–Related Morbidity and Mortality." Annals of Pharmacotherapy, 2018; 52(9), 829–837.



American College of Clinical Pharmacy (ACCP). Comprehensive Medication Management in Team-Based Care. https://www.accp.com/docs/positions/misc/CMM%20Brief.pdf

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GTMRx Buy Right Strategy

GTMRx Pledge from over 1600 GTMRx members "We Believe"

A personalized, patient-centered, systematic and coordinated approach to medication use will vastly improve outcomes and reduce overall health care costs.

We must align systems of care to integrate comprehensive medication management, engaging patients to ensure that they are willing and able to take those medications that are indicated, effective, and safe, to optimize their outcomes.

We need immediate delivery system, payment, and policy transformation to streamline clinical trials and reduce costs of bringing drugs to market while enabling successful, broad-scale adoption of integrated, comprehensive medication management (CMM) services.

Appropriate diagnosis and access to advanced diagnostics with companion/ complementary and pharmacogenetics testing is essential to target correct therapy.

Success requires team-based, patient-centered care models that recognize appropriately skilled clinical pharmacists as medication experts who work in collaborative practice with physicians and other providers.

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Proposed Solution: Include medication specialists in the provision of team-based, patient-focused care

"We propose expansion of comprehensive medication management (CMM) programs by clinical pharmacists in collaborative practice with physicians and other prescribers as an effective and scalable approach to mitigate these avoidable costs and improve patient outcomes." [1]

Watanabe, McInnis, Hirsch

- The predicted US physician shortage, up to 122,000 by 2032, can be addressed with clinical pharmacist services[2]
- Physicians spend **26 seconds** on guideline-recommended components and **23 seconds** on all other aspects of a prescription when talking to patients about a new medication (in a mean office visit time of 15.9 mins).[3]
- Patients need varying intensities of support to achieve optimal use of new medications. There is a huge void of support in today's medication use system.

1. Watanabe JH, McInnis T, Hirsch JD. Cost of Prescription Drug–Related Morbidity and Mortality. Annals of Pharmacotherapy. 2018;52(9):829-837. doi:10.1177/1060028018765159
2. https://news.aamc.org/press-releases/article/2019-workforce-projections-update/
3. Tarn, D. M., Paterniti, D. A., Kravitz, R. L., Heritage, J., Liu, H., Kim, S., & Wenger, N. S. (2008). How much time does it take to prescribe a new medication? Patient Education and Counseling, 72(2), 311-319. https://www.sciencedirect.com/science/article/pii/S073839910800116X?via%3Dihub

Comprehensive Medication Management

- A systematic approach to medications where **physicians and pharmacists ensure** that 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.[1]

1. McInnis, Terry, et al., editors. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. 2nd ed., Patient-Centered Primary Care Collaborative. PCPCC Medication Management Task Force collaborative document.

10 Steps to CMM:

#1

Identify patients that have not achieved clinical goals of therapy.

#2

Understand the patient's personal medication experience, history, preferences, & beliefs.

#3

Identify actual use patterns of all medications including OTCs, bioactive supplements & prescribed medications.

#4

Assess each medication for appropriateness, effectiveness, safety (including drug interactions) & adherence, focusing on achievement of the clinical goals for each therapy.

#5

Identify all drug-therapy problems.

#6

Develop a care plan addressing recommended steps including therapeutic changes needed to achieve optimal outcomes.

#7

Ensure patient agrees with & understands care plan which is communicated to the prescriber or provider for content & support.

#8

Document all steps & current clinical status vs. goals of therapy.

#9

Follow-up evaluations are critical to determine effects of changes, reassess actual outcomes & recommend further therapeutic changes to achieve desired clinical goals & outcomes.

#10

CMM is a reiterative process! Care is coordinated with other team members & personalized goals of therapy are understood by all team members.

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McInnis, Terry, et al., editors. *The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes*. 2nd ed., Patient-Centered Primary Care Collaborative, PCPCC Medication Management Task Force collaborative document.

GTMRx Buy Right Strategy

Optimizing medication requires a **team & payment reform** to support a more rationale medication use process

Team-based care

Role of physician = solving difficult diagnostic dilemmas

↓

Right diagnosis

↓

Care plan informed by lab data (sometimes PGx) & clinical information at the point of care (enabled by Health IT); medication plan created collaboratively between clinical pharmacist & physician

What We know

1. Patients are going to be on medications
2. Being on or staying on medications is NOT the "value" we seek (or should measure)
3. Having a better patient outcome as a result of **medication optimization** *is* the "value"

Getting the medications right requires an interprofessional team and division of labor based on:

- expertise in therapeutics
- skill sets, training and education
- an interprofessional team that trusts one another, and....
- a passion to get the medications right, for every patient

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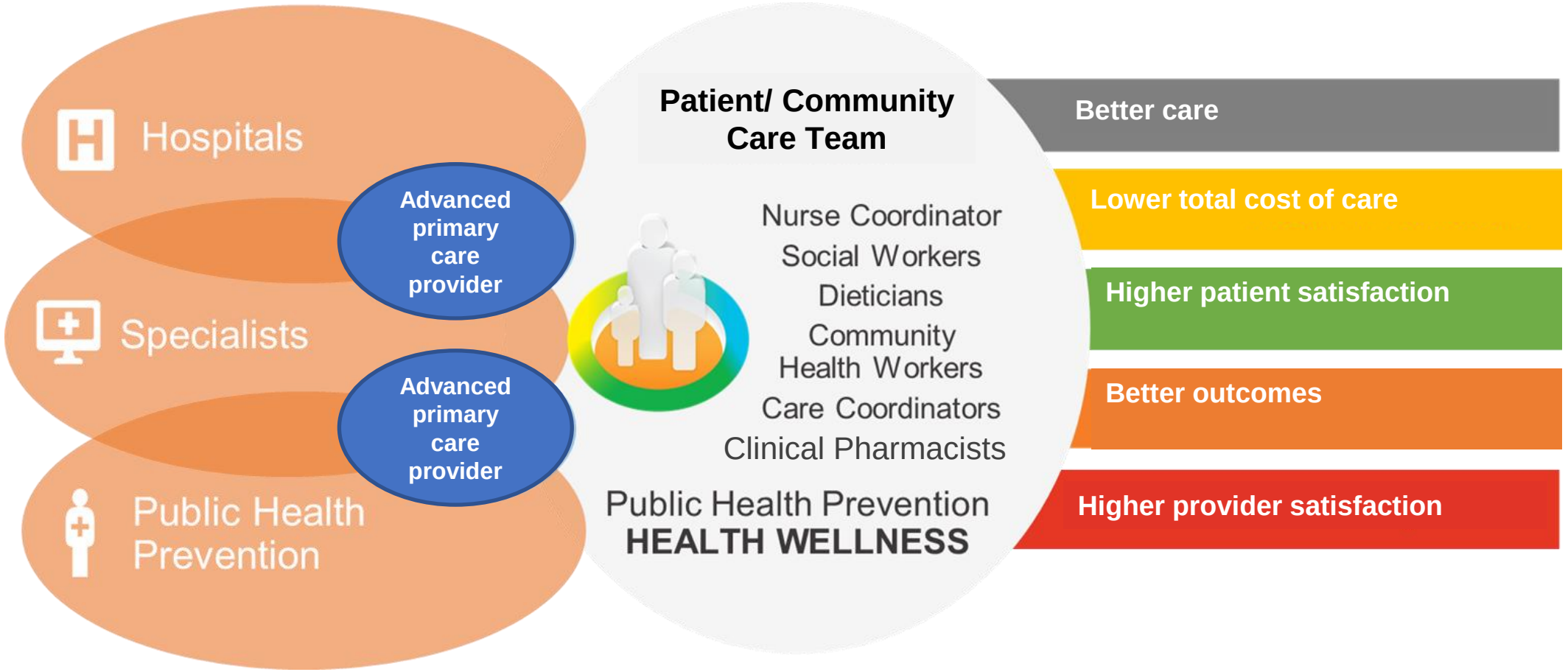
GTMRx Buy Right Strategy

Advanced Primary Care: Enhancing Value With Services to Optimize Medication Use

Driving accountable, equitable, affordable care



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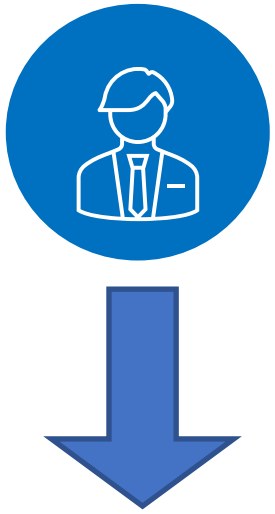
GTMRx Conducts Ongoing Tracking of Stakeholders Views

"New GTMRx Study Finds 9 out of 10 Employers Feel They Would Benefit from a More Innovative Way to Manage Medication Therapy Problems"

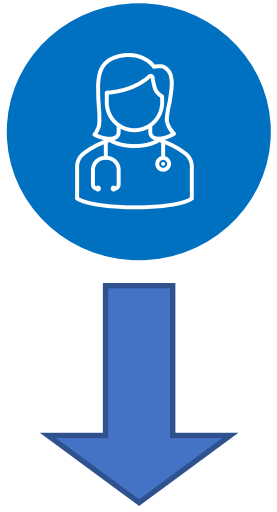
GTMRx / Zogby 300 HR Executives,



HR Executive

"Health Care Leaders Say Lack of Communication Between Prescribers and Pharmacists Is Biggest Issue in Medication Management"

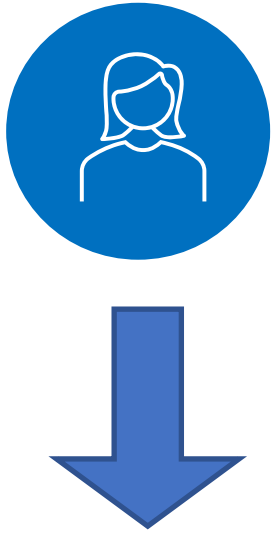
GTMRx Pulse of Pharma, April 2021



Health Care Leader

"Nearly One in Four People Say Their Medications are Not Routinely Reviewed and Evaluated by Their Medical Team"

GTMRx / Zogby 1000 Consumers, May 2021



Consumer

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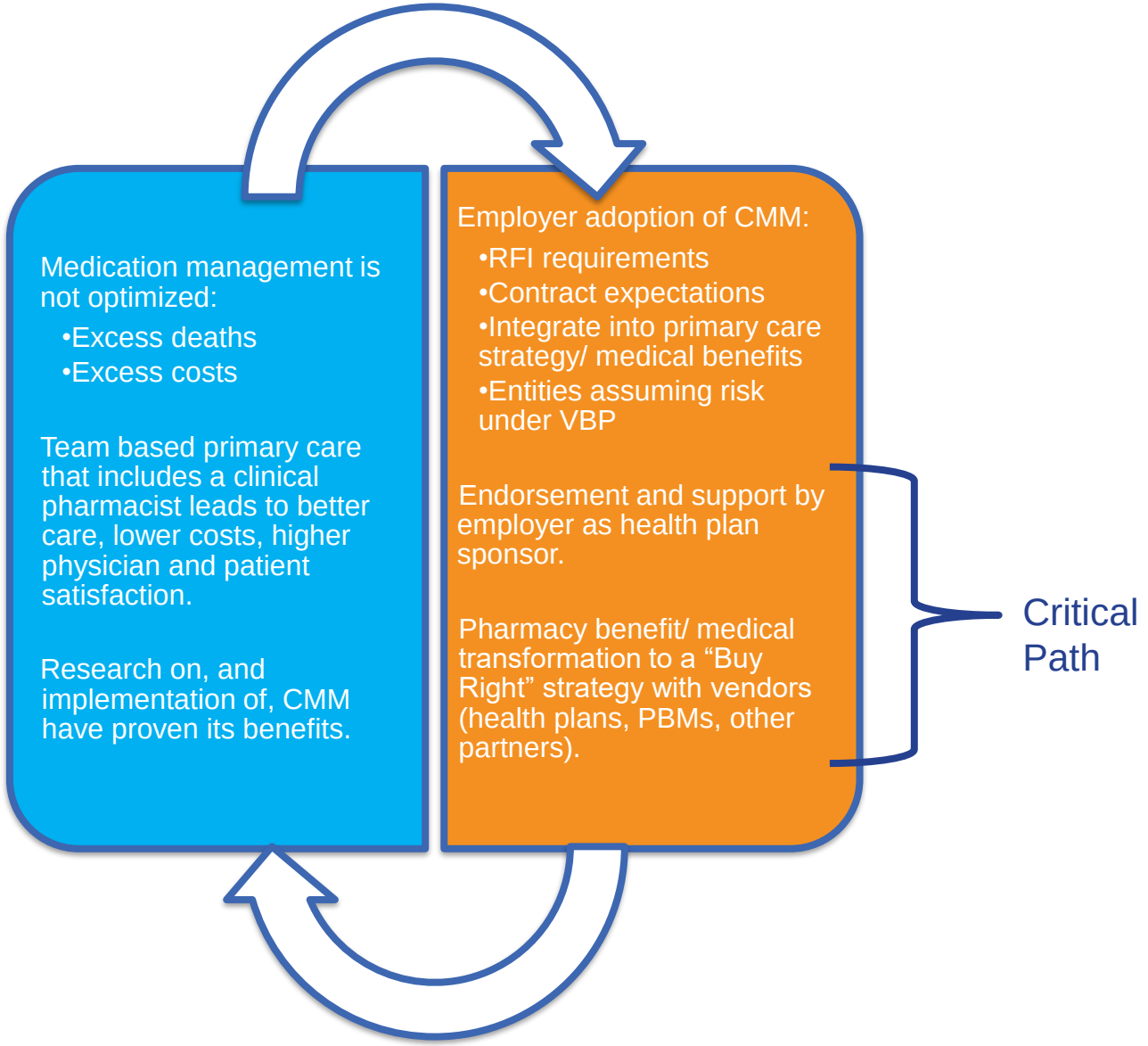
What is the Consumer Experience?

61% of respondents believed it would be helpful to have a "medication coach" as part of their medical care team

Source: GTMRx Zogby Consumer Survey — May 25-27 2021

What We Know - What We Need



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Why should employers care about optimizing medication use via CMM?

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CMM = Improved Patient/Clinical Outcomes

- Improvement in clinical outcomes among a group of 4849 adult patients with a total of 12,851 medical conditions that were not under control. After a visit with a CMM pharmacist, 7068 (55%) conditions had significant clinical improvement correlated with medication optimization.
- In a subset of patients with diabetes, the number achieving all 5 treatment goals increased from 17.3% at baseline to 42.7% at study completion compared with only 13% of patients in statewide diabetes data.

Ramalho de Oliveira D, Brummel AR, Miller DB. Medication therapy management: 10 years of experience in a large integrated health care system. *J Manag Care Pharm*. 2010;16:185-195.

CMM = Improved Patient/Clinical Outcomes

- Six months of clinical pharmacy specialist management of diabetes demonstrated a significant reduction in median hemoglobin A_{1c} values from 10% to 7.7%.[1]
- These patients also had significant reductions in median systolic and diastolic blood pressures from a baseline of 142/83 mm Hg to 134/79.[1]
- Another study of care for patients with complex diabetes demonstrated a significantly greater percentage of patients were optimally managed in the CMM program compared with patients who did not receive CMM services (45.45% vs 21.49%, respectively.[2]

1. Cripps RJ, Gourley ES, Johnson W, et al. An evaluation of diabetes-related measures of control after 6 months of clinical pharmacy specialist intervention. *J Pharm Pract*. 2011;24:332-338.

2. Brummel AR, Soliman AM, Carlson AM, Ramalho de Oliveira D. Optimal diabetes care outcomes following face-to-face medication therapy management services. *Popul Health Manag*. 2013;16:28-34.

CMM = Reduced primary care wait times

- 87% of VA physicians and nurse practitioners stated that a clinical pharmacy specialist increased access to their clinic, thus decreasing the time veterans waited for primary care services.[1]
- A 2016 study showed 27% of primary care return appointments could be transitioned to clinical pharmacy specialists, which would open even greater access to the primary care provider.[2]

1. McFarland MS, Lamb K, Hughes J, et al. Perceptions of integration of the clinical pharmacist into the patient care medical home model. *J Healthc Qual*. 2018;40:265-273.

2. Blum K. 'Shark Tank' VA pharm finalists help PCPs focus on acute care. *Pharmacy Practice News*. July 6, 2016. www.pharmacypracticenews.com/Operations-and-Management/Article/07-16/%E2%80%98Shark-Tank%E2%80%99-VA-Pharm-Finalists-Help-PCPs-Focus-on-Acute-Care/36954.

CMM = Reductions in hospital readmissions

- Following discharge from a hospital or an emergency department for chronic obstructive pulmonary disease (COPD), patients who received care from a clinical pharmacy specialist had a 0% composite readmission rate to the emergency department or hospital for COPD exacerbation within 30 days of discharge.[1]

- Another study demonstrated that patients who had a CMM visit after hospital discharge, typically within a week, had a significantly lower rate of 30-day readmissions (8.6% vs 12.8%; *P* <.001) than patients who did not have CMM services.[2]

1. Portillo EC, Wilcox A, Seckel E, et al. Reducing COPD readmission rates: using a COPD care service during care transitions. *Fed Pract*. 2018;35:30-36.

2.. Budlong H, Brummel A, Rhodes A, Nici H. Impact of comprehensive medication management on hospital readmission rates. *Popul Health Manag*. 2018;21:395-400.

CMM = desired outcomes in a variety of settings

Different Models Using CMM and Types of Results

Employers & health system pharmacy

Employer & onsite pharmacist

Employers & community pharmacies

At Diabetes Goal
Improved from 66% to 75%
Reduced cholesterol

Employer Savings/patient
$253 for medication
$1,011 total cost

Patient Satisfaction
4.8 out of 5

Johannigman MJ, Leifheit M, Bellman N, et al. Medication therapy management and condition care services in a community-based employer setting. Am J Health Syst Pharm. 2010 Aug;67(16):1362-7.

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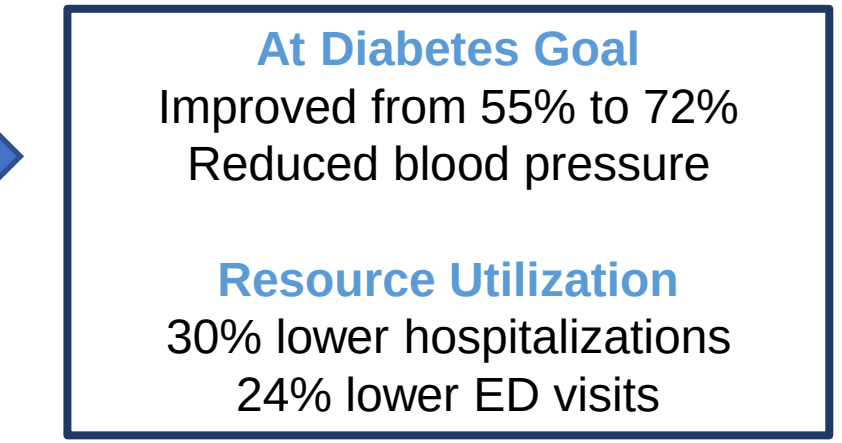
CMM = desired outcomes in a variety of settings

Different Models Using CMM and Types of Results

Employers & health system pharmacy

Employer & onsite pharmacist

Employers & community pharmacies



Iyer R, Coderre P, McKelvey T, et al. An employer-based, pharmacist intervention model for patients with type 2 diabetes. Am J Health Syst Pharm. 2010 Feb;67(4):312-6.

CMM = desired outcomes in a variety of settings

Different Models Using CMM and Types of Results

Employers & health system pharmacy

Employer & onsite pharmacist

Employers & community pharmacies

At Diabetes Goal
Improved 38% to 62%
Reduced cholesterol

Resource Utilization
Total medical costs decreased
MD, Hospital, ED, Labs decreased
Prescription costs increased

Patient Behaviors
Sick Days: 12 to 6/year
(Employer Est. value: $18K/year)
Increased recommended self care

Cranor C, Bunting B, Christensen D. The Asheville project: long-term clinical and economic outcomes of a community pharmacy diabetes care program. J Am Pharm Assoc. 2003 Mar;43(2): 173-84.

CMM = positive impacts on employer business results

- Improved clinical outcomes and employee health, especially in those with chronic conditions such as diabetes and cardiovascular disease [1-5]
- Decreased employee absenteeism [6]
- Reduced health care utilization, including emergency department visits, hospitalizations and readmissions [2,5]
- A reduction in annual total health care costs of an average of $1,000 per participating member/year [3-6]
- A return on investment to average around 3:1 to 5:1 the first year [7]

1. Theising KM, Fritschle TL, Implementation and clinical outcomes of an employer-sponsored, pharmacist-provided medication therapy management program. Pharmacotherapy 2015 Nov;35(11): e159-63.

2. Iyer R, Coderre P, McKelvey T, et al. An employer-based, pharmacist intervention model for patients with type 2 diabetes. Am J Health Syst Pharm. 2010 Feb;67(4):312-6.

3. Johannigman MJ, Leifheit M, Bellman N, et al. Medication therapy management and condition care services in a community-based employer setting. Am J Health Syst Pharm. 2010 Aug;67(16):1362-7.

4. Bunting B, Nayyar D, Lee C. Reducing healthcare costs and improving clinical outcomes using an improved Asheville project model. Innovations in Pharmacy. 2015;6(4):227.

5. Rodriguez de Bittner M, Chirikov VV, Breuning I, et al. Clinical effectiveness, and cost savings in diabetes care, supported by pharmacist counselling. J Am Pharm Assoc. 2017;57(1):102-108.

6. Cranor C, Bunting B, Christensen D. The Asheville project: long-term clinical and economic outcomes of a community pharmacy diabetes care program. J Am Pharm Assoc. 2003 Mar;43(2): 173-84.

7. Comprehensive medication management in team-based care. American College of Clinical Pharmacy. https://www.accp.com/docs/ positions/misc/CMM%20Brief.pdf. Accessed August 26, 2020.

GTMRx Buy Right Strategy: **A Call to Action**

7 THINGS EMPLOYERS CAN DO NOW

1. Learn more about CMM
2. Talk to your medical carriers, health plans and PBMs
3. Collect the right data
4. Gain leadership support
5. Engage brokers and consultants
6. Use your contract authority
7. Build primary care and other stakeholder alliances

Join us through your local coalition!
Contact Jeff Hanson (e: jhanson@gtmr.org) for more.

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Your PBM is probably not already providing CMM

- **Prior Authorization (PA)** – a one-time process typically **not conducted by a pharmacist** involving completion of a list of questions to determine if a single medication is FDA indicated for use in treating the condition, step-therapy is indicated before use, the drug is covered under the patient's prescription plan and at what formulary level, etc.

- **Medication therapy management (MTM)** – a Medicare Part D covered program that **might be conducted by a pharmacist** and usually involves review/documentation of a drug list and a medication-related action plan.

- **Comprehensive medication management (CMM)** – a reiterative process **involving a clinical pharmacist, the patient, physician, and other team members** working together to ensure all medications are appropriate and safe for the patient, effective for treating the medical conditions, able to be taken, and achieve desired outcomes.

Employer business groups, coalitions and advisors worked with GTMRx to build an employer toolkit

Jessica Brooks, MPM, PHR

PBGH

Gerri Burruel

PBGH

Marianne Fazen, Ph.D.

DFW BUSINESS GROUP ON HEALTH
DFWBGH

Texas Business Group on Health
TBGH

Gaye Fortner, BSN, MSN

HC21
HealthCare 21 Business Coalition

Neil Goldfarb

GPBCH

Cheryl Larson

MBGH Midwest Business Group on Health
The Source for Leading Health Benefits Professionals

Troy Ross, MS

Mid-America Coalition on Health Care

Chris Syverson

Nevada Business Group ON HEALTH

HealthCare Partners Nevada

Karen van Caulil, Ph.D.

FLORIDA ALLIANCE FOR HEALTHCARE VALUE

Jane Cheshire Gilbert, CPA

TEACHERS' Retirement System
TRS
KENTUCKY

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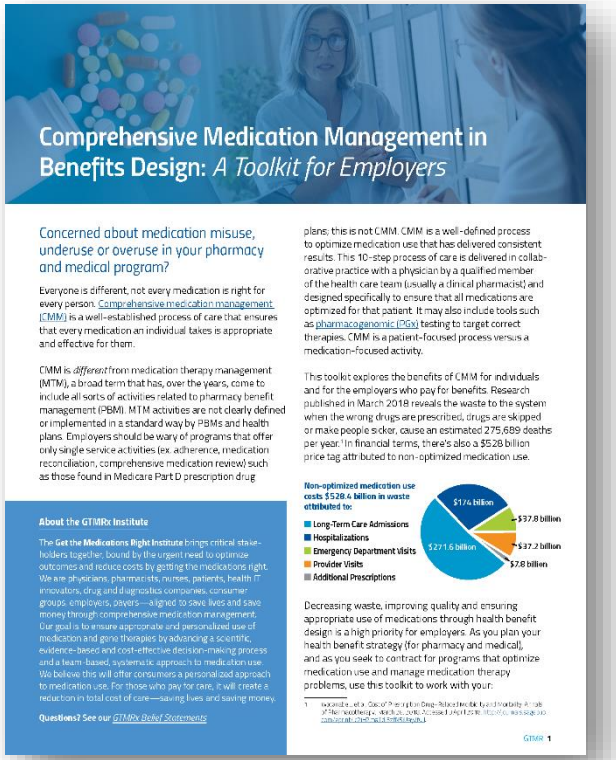
GTMRx Buy Right Strategy

GTMRx Buy Right Strategy: A Toolkit for Employers

This toolkit explores the benefits of CMM for individuals and for the employers who pay for benefits. Research published in March 2018 reveals the waste to the system when the wrong drugs are prescribed, drugs are not taken as prescribed or drugs make people sicker which in turn leads to an estimated 275,689 deaths per year. In financial terms, there's also a $528 billion price tag attributed to non-optimized medication use.



Use this toolkit to work with your:

- Pharmacy Benefit Managers (PBMs)
- Medical carriers
- Benefit consultants
- Solution providers (PGx, others)
- Employees

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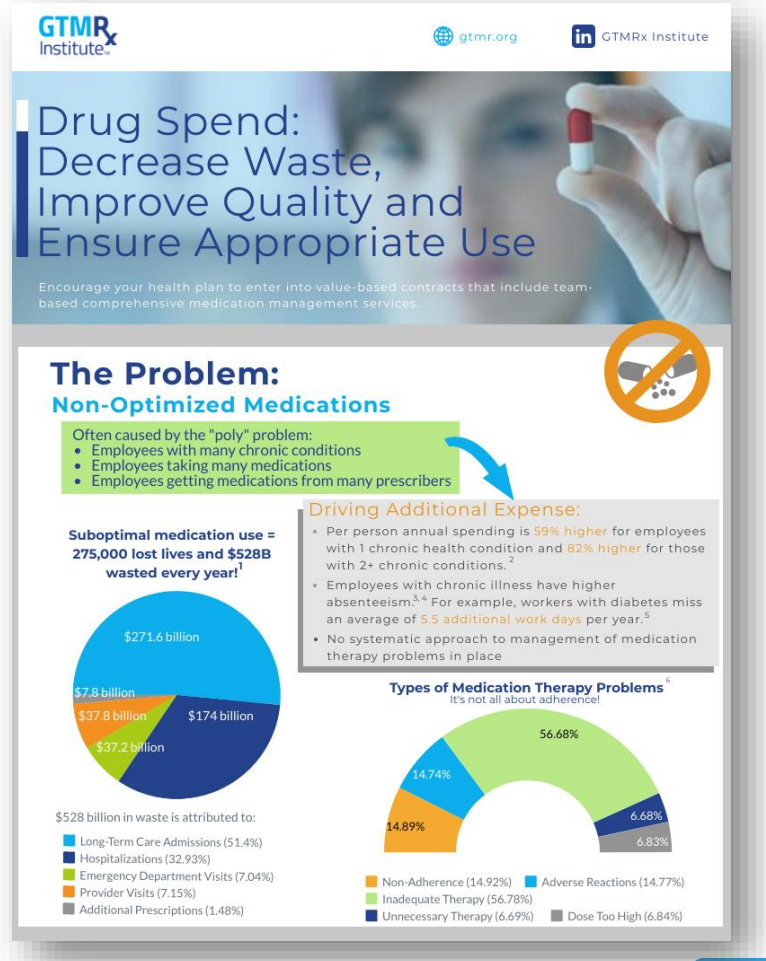
GTMRx Buy Right Strategy

GTMRx Buy Right Strategy: A Toolkit for Employers

Drug Spend: Decrease Waste, Improve Quality, and Ensure Appropriate Medication Use

Employees with many chronic conditions, taking many medications and getting medications from many prescribers are at risk for non-optimized medication use. From an employer standpoint, learn how to encourage your health plan to utilize value-based contracts to gain team-based CMM services for a patient-centered approach to optimize medications safely and effectively.



[Employer Toolkit Resources - Get The Medications Right (gtmr.org)]

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GTMRx Buy Right Strategy

Draft payment and policy recommendations to implement sustainable CMM practices to ensure access to CMM and high-quality care

- Adopt the common definition of comprehensive medication management (CMM).
- All private and public medical benefit plans (commercial, Medicare, Medicaid, VA, Marketplace) should compensate interprofessional care teams for delivering CMM services.
- High quality, comprehensive and advanced primary care payment models should include payment to teams to deliver a comprehensive set of services, to include CMM.
- Recognition that value-based payment models are optimal for the provision and sustainability of CMM.
- Under Medicare and other fee-for-service models, allow physicians to bill for complex evaluation and management services provided by an appropriately trained clinical pharmacist, working in collaborative practice on the care team with the physician.

Draft payment and policy recommendations to implement sustainable CMM practices to ensure access to CMM and high-quality care

- A sufficient workforce of qualified clinicians trained, credentialed and privileged to provide CMM services should be available to meet patient and population needs.
- CMM value should be measured on attributable patient outcome measures.
- Providers of CMM should have access to clinical information at the point-of-care and be held accountable for related quality metrics.
- In order to identify, assess and evaluate those patients that would benefit from CMM services, the primary care provider and care team should have access to clinical information at the point of care.
- Fully integrate companion and complementary diagnostic (e.g., pharmacogenomic) services into the CMM process to support useful clinical decision making and increased availability of data. For more details, see GTMRx's Pharmacogenomics and CMM policy recommendations (link).

July 2020: GTMRx Call for Medication Management Reform

FOREWORD | CMM: IT'S TIME TO PAY ATTENTION

LIZ FOWLER, executive vice president of programs for The Commonwealth Fund; former special assistant to President Barack Obama on health care and economic policy at the National Economic Council. Adapted from keynote remarks to the Feb. 6, 2020 Bipartisan Policy Center and GTMRx event, "Get the Medications Right: Innovations in Team-Based Care."

By ensuring appropriate use of medications, including gene therapies and personalized medicine, we have the potential to address many of the issues that policymakers have been grappling with for decades. And today, we have a Blueprint for realizing that potential.

Think about all the time we've spent on drug pricing and all the energy we've put into trying to control spending on medications in this country. Many of us have been looking for policies and approaches to deliver the *right* therapy to the right patient at the right time.

Comprehensive medication management is a solution that's been right under our noses. Speaking for myself, I thought that public policy had already weighed in on medication therapy management. As a congressional staffer, I worked on the Medicare Drug Bill in 2003, and medication therapy management was required for all Part D plans. And then the Affordable Care Act extended the requirement to all Part D beneficiaries.

That represented a tremendous advancement, but it was just a first step. As I started digging into the research and reading all the material and all the studies to prepare for this event, it became apparent there was a *lot* more work to do. And I became a believer.

Ten years later

It's not that policymakers hadn't been thinking about these issues all along. The ACA led to the creation of several new models of primary care. The Medicare Comprehensive Primary Care Initiative, for instance, improved care coordination and reduced emergency department visits. But it didn't have a significant impact on spending—or on the physician experience.

And CMMI—the Center for Medicare and Medicaid Innovation—has made great strides, testing more than 40 new payment models, but only two models have been expanded across Medicare.

Cost containment: A scalpel or a scythe?

There's a growing call for cost containment, and it's becoming more difficult to ignore. We're all paying attention now—and rightly so—to the coronavirus. But regardless of what the new normal looks like, Congress *will* be forced to step in to address Medicare spending. And we all know that when that happens, there will be across-the-board cuts that don't discriminate between high-quality and low-quality providers.

Those of us in Washington health policy circles are watching the horizon, and we know the debate over health costs is coming. We have a limited window to identify solutions that improve patient care, reduce costs and improve outcomes. Improving job satisfaction among physicians should also be a priority.

Enter comprehensive medication management.

So where do we begin?

Structural and attitudinal barriers inhibit the adoption of a systematic approach to appropriate medication use across the health care continuum. Yes, our payment systems are starting to evolve as we explore new innovations in value-based care, but the fundamentals of our system remain outdated—built on a fee-for-service chassis. As a result, it often discourages coordination across providers. It doesn't reimburse for certain services or certain providers. I don't need to enumerate the barriers to those of you who study these issues and know them better than I do.

So where do we begin? We need to demonstrate that the savings are achievable. That's what carries weight with policymakers.

Is comprehensive medication management the solution to our broken health care system? By itself, no. Practicing medicine is complex. Managing medications is complex. But I am convinced that comprehensive medication management should be an important part of the solution—and it's one that hasn't received enough attention.

It's time to pay attention. This Blueprint is an important start. ■

- Practice and Care System Transformation
- Payment & Policy Solutions
- Precision Medicine via Advanced Diagnostics
- Health IT to Support Optimized Medication Use

GTMRx Institute™ Get the medications right™

[Blueprint for Change Tools - Get The Medications Right (gtmr.org)]

GTMRx Buy Right Strategy

What is CMM?

Consumer Explainer Video

Learn more!

Watch at: https://gtmr.org/consumer-education-tools/

GTMRx Buy Right Strategy: Podcast

Tria Health is working with GTMRx to support their “Buy Right Strategy,” an educational outreach program to educate employers as health plan sponsors about a better way to manage medications.

https://www.healthcarenowradio.com/programs/voices-of-change/

Tria Health's Model: Employer & Benefit Provider

Chronic Condition Management (CCM) delivers same steps in CMM process

- Educates and empowers patients
- Informs physicians
- Employers add as option to their health benefit
- Easy to Implement

Pharmacy Advocate Program

- Pharmacists provide one-on-one, telephonic consultation & support to high-risk patients with chronic conditions
  - Consultations Include: Health education, comprehensive medication review, preventative care & lifestyle assessment
  - Personalized care plan is then shared with both the patient & their physician(s)
- Digital support
  - Remote monitoring devices (glucometer and blood pressure cuff)
  - Mobile app and patient portal

RxPlan Protection Suite: Oversight of Rx utilization across the entire plan. This includes the elimination of duplicate & unnecessary therapies, lower cost alternative options, gaps in care & non-compliance notifications.

Help Desk: Live pharmacy concierge and general health inquiries.

Add-On Programs:

- Choose to Lose: Personalized weight management led by a dietitian and health coach
- STOP: Tobacco cessation with two tracks available depending upon the patient's motivation to quit

How it Works for Employers

1. **Data Connectivity**
2. **Implementation Meeting**
   - Designated Account Manager
   - Confirm incentive and plan design
   - Create custom communication strategy
3. **Employer Promotes**
   - Tria Health provides clients with a variety of communication materials to effectively and easily communicate.
4. **Tria Health Begins Targeted Outreach**

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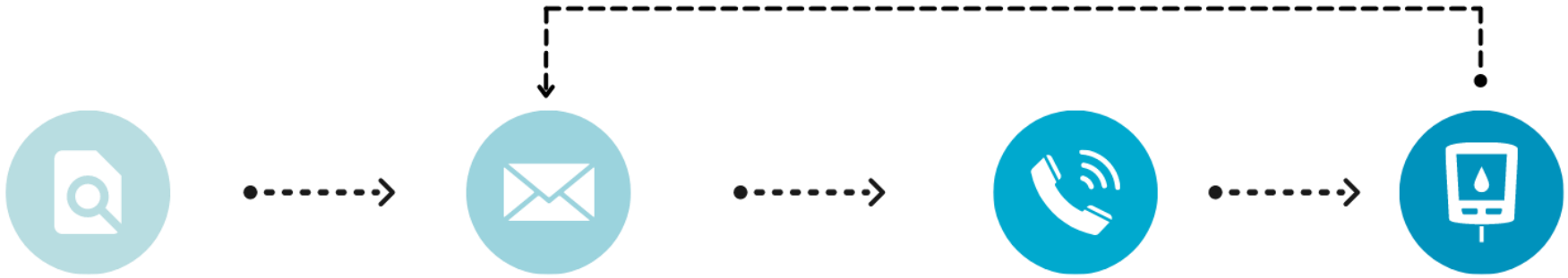
Tria Health can be implemented at any time of the year & within 90 days

How it Works for Patients

Right patient, right message, right time



1 - Identification

Claims Analysis to identify members for one-on-one consultation

Members that don't meet criteria for individual consultation but have medication gaps in care are outreached to through Rx Plan Protection Suite

2 - Outreach

- Direct to identified members: Mail, Phone, Email
- Communication through employer to increase benefit awareness

3 - Consultation

- Scheduled at a convenient time for the member
- Conducted telephonically
- Complete medication and health review

4 - Care Coordination

- Customized care plan sent to patient.
- Plan can also be shared with their physician and other caregivers
- Tria's pharmacist to engage physician on medication changes

The Pharmacy Advocate Program

Our Consultations Improve Health Literacy & Chronic Condition Management

The Three B's

A member's approach to their healthcare vary based on their:

Background, Behavior & Beliefs

Health Literacy

Gauging how well members understand medical information helps pharmacists know what resources to provide.

Medication Review

A comprehensive review of all medications - prescription, OTC, and vitamins/supplements

Preventative Care

Ensures members are meeting disease/age recommended preventative care.

Habits & Lifestyle

Pharmacists and dietitians assess a member's motivation for lifestyle changes and provides recommendations accordingly.

Care Coordination & Follow Up

Communicating recommendations to a member's care team is essential, along with ensuring follow up appointments for continuous care.

Remote Monitoring

Ability to automatically capture readings from blood glucose meters, cuffs, scales, etc. and use data to support consultations to drive behavior change

Tria Health's Diabetes Care Plan

Evaluation of HEDIS and T-MED Measurements:

- **HbA1c**
  - Is it a goal for them?
  - Is it being monitored properly?
  - Provide patient education.
- **Blood Glucose**
  - Are they testing/monitoring properly?
  - Are there any concerning readings?
  - Any recent hypoglycemic events?
    - Is a change in treatment appropriate?
- **Blood pressure**
  - Current levels.
  - Is it a goal and being treated properly?
- **Cholesterol**
  - Most recent values for LDLs & HDLs.
  - Is it a goal and being treated properly?
- **Statin Medication**
  - Is statin use appropriate?
  - Are they taking the proper dose?
- **Non-Statin Cholesterol Medications**
  - If they are taking this, is it appropriate or should be discontinued?
- **ACE/ARB Use**
  - Does the member have kidney disease**?**
- **Kidney Exam**
  - Do they have evidence of protein in their urine
- **Foot Exam**
  - Are they self-monitoring?
  - Are they doing proper foot care?
- **Dental Exam**
  - Are they up to date on preventative dental screenings?
- **Retinal Eye Exam**
  - Do they understand importance & up to date?
- **Aspirin**
  - Are there indications for prophylactic aspirin?
- **CV Risk**
  - We calculate 10-year cardiovascular risk for all patients.

Thoughtful Technology Integration Improves Health Outcomes

- ✓ Devices provided, data agnostic
- ✓ Advanced analytics to support personalized care plan
- ✓ Messaging to drive behavior change

Tria Coordinates Care & Reduces Risk

Problem: Dosage too low

- During their initial Tria Health consultation, the patient reported that they were taking Eliquis, a blood thinner, to prevent stroke due to atrial fibrillation
  - They were prescribed Eliquis 5mg, twice daily

Improved Outcomes

- Upon questioning, the patient was adamant that they were supposed to be taking the Eliquis one daily.
- Tria contacted the prescribing physician and confirmed that the prescribed dose was one tablet twice daily.
  - Tria and the physician's office contacted the patient to correct their dosing and ensure significant risk reduction for subsequent events.

Patient Impact/Savings

- Specialist visit avoided

Stock Photo. Posed by Model

Change and Confusion Can Lead to Unnecessary Cost

- **Problem: Unnecessary Drug Therapy – Duplicate Therapy**
  - The patient had insulin-dependent diabetes and their endocrinologist had made numerous changes to their insulin regimen over the past few months.
  - Tria discovered that the patient had multiple insulins that they had been filling, including two long-acting insulins: Levemir and Tresiba.
  - Due to the numerous changes made recently, the patient had become confused regarding which long-acting insulin they were supposed to be taking and had been using both insulins interchangeably.
- **Improved Outcomes:**
  - Tria contacted the endocrinologist and confirmed that the patient was supposed to stop Tresiba and use Levemir daily.
  - At their follow up, the patient was using the correct insulin product and reported excellent adherence.
- **Patient Impact/Savings**
  - Specialist visit avoided
  - Rx drug discontinuation: Annual cost, Tresiba insulin - $3,756

Patient's Health Profile

- 10 Rx Medications
- 5 OTCs
- 3 Physicians
- 6 Conditions

Tria Educates & Improves Patient Health

Problem: Uncontrolled Asthma and Access to Medications

- At the time of their initial consultation, a patient with severe asthma, seasonal allergies and high blood pressure was struggling to breathe.
- She was attempting to space out the usage of her Albuterol inhaler due to both cost and concern of leaving her house during COVID-19.

Improved Outcomes

- Her pharmacist informed her that with her Tria Health incentive, her inhaler copay would be free!
- Her Tria Health pharmacist also coordinated a medication delivery service and was able to assist the patient with getting the paperwork approved and the inhaler overnighted, for free.

Patient Impact/Savings

- Improved Asthma Control

Stock Photo. Posed by Model

Can a Pharmacist Really Improve Health Outcomes?

The Patient Population Measured was Large & Complex: Multiple Conditions & Medications

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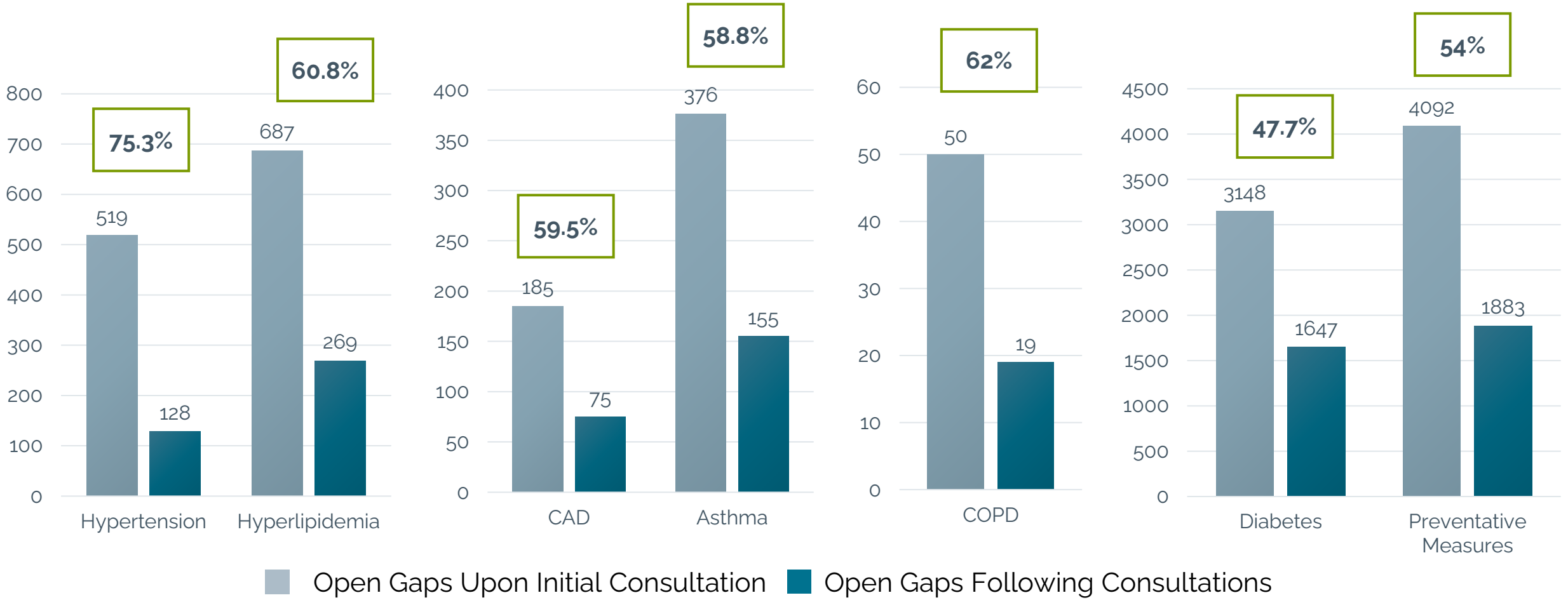
Table 1: Characteristics of Patients at Baseline

Condition	Number of patients	Number of care gap assessments per condition	Average age in years	Average number of medications	Average number of chronic conditions
Hypertension	3,805	4	58.9	13.7	3.5
Hyperlipidemia	3,350	6	58.6	14.0	3.7
CAD	726	7	63.0	15.4	3.9
Asthma	1,101	9	46.8	14.4	3.3
COPD	162	9	62.5	16.7	4.6
Diabetes	5,299	12	56.7	13.5	3.6
Preventative Measures	7,681	16	58.7	12.7	3.1

Open Care Gaps Were Substantially Reduced Following Pharmacist Consultations



Healthier, Happier Members

- **Improved Health Literacy**
- **Care Gaps Closed:**
  - Hypertension – 75.3%
  - Hyperlipidemia – 60.8%
  - CAD – 59.5%
  - COPD – 62%
  - Diabetes – 47.7%
- **↓ A1C for Uncontrolled Diabetes:** 2.5
- **Improvements in medication adherence:**
  - Diabetes: **22.5%**
  - High Blood Pressure: **32%**
  - Cholesterol: **28%**
  - Heart Disease: **30%**

Health Improves, but What About Costs?

Healthier Bottom Line

- **Validation Institute (Matched Cohort Study)**
  - In-Patient Hospital Visit Cost – ↓59%
  - Average In-Patient Cost – ↓33%
  - Emergency Room Cost – ↓56%
- **Average Savings Per Engaged Patient** - $2,124
- **Average Overall ROI** – 3.6 : 1
  - **ROI – Rx Savings Only** – 1.2:1
- **2020 Client Retention Rate** – 97%

"Our members feel a lot more informed and involved in their healthcare, in this case their medications. They really enjoy the program, and this is an important tool for our employee retention."

- ***Cameron Ahrens***
Benefits & Wellness Manager of Johnson County, Kansas

CCM Delivers Financial Results

3.2 : 1 ROI

Financial Outcomes	1/1/2020-12/31/2020
Rx Savings	$131,876
Health Care Savings	$34,090
Compliance Savings	$325,970
Total Savings to Date	**$491,936**

Investment	
PEPM Fees	$153,198

Rx Savings

Category of Health Care Savings	Average Savings	#of Occurrences	Current Year Savings	Aggregate Savings
PA: Generic Substitutions	$1,839	17	$31,266	$122,136
PA: Less Expensive Substitutions	$2,650	1	$2,650	$5,300
PA: Discontinued Medications	$593	59	$34,977	$113,556
Affordable Med Program Switches	$1,575	12	$18,904	$157,960
Duplicate Therapy Discontinuation	$2,132	2	$4,263	$12,032
Diabetes Medication Discontinuation	$136	9	$1,226	$2,614
Non-Statin Cholesterol Discontinuation	$377	20	$7,543	$20,442
PPI Drug Discontinuation	$110	198	$21,863	$94,272
Diabetes Strip Savings	$20	471	$9,185	$41,028
		Total Net Rx Savings:	**$131,877**	**$569,340**

Health Care Savings

Category of Health Care Savings	Average Savings	#of Occurrences	Current Year Savings	Aggregate Savings
Urgent Care Visits Avoided	$143 Per Visit	59	$8,437	$24,369
Outpatient Clinic Visits Avoided	$106 Per Visit	216	$22,896	$77,366
Specialists' Visits Avoided	$111 Per Visit	24	$2,664	$16,272
Lab Monitoring Services Avoided	$31 Per Service	3	$93	$643
ER Visits Avoided	$1,917 Per Visit	0	$0	$1,917
Total Estimated Health Care Savings:			**$34,090**	**$120,567**

Compliance Savings

Chronic Disease Category	Average Savings	#of Occurrences	Current Year Savings	Aggregate Savings
Asthma	$1,349	2	$2,698	$13,400
Diabetes	$3,756	19	$71,364	$356,820
Heart Disease	$7,823	12	$93,876	$438,088
High Blood Pressure	$3,908	34	$132,872	$715,164
High Cholesterol	$1,258	20	$25,160	$129,574
		Total Compliance Savings:	**$325,970**	**$1,653,136**

1. Roebuck MC, Liberman JN, Gemmill-Toyama M, Brennan TA. Medication adherence leads to lower health care use and costs despite increased drug spending. Health Aff (Millwood). 2011 Jan;30(1):91-9. doi: 10.1377/hlthaff.2009.1087. PMID: 21209444.
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2. American Journal of Managed Care, Association Among Change in Medical Costs, Level of Comorbidity, and Change in Adherence Behavior. Steven M. Kymes, PhD; Richard L. Pierce, PhD; Charmaine Girdish, MPH; Olga S. Matlin, PhD; Troyen Brennan, MD, JD, MPH; and William H. Shrank, MD. August, 22, 2016, Volume 22, Issue 8.
    - Diabetes, High Blood Pressure and High Cholesterol
3. Watanabe JH, McInnis T, Hirsch JD. Cost of Prescription Drug–Related Morbidity and Mortality. Annals of Pharmacotherapy. 2018;52(9):829-837. doi:10.1177/1060028018765159.
    - Additional background related to the cost of non-optimized medication regimens.

What Employers Should Look for in a Solution

- A **patient-centric** approach to ensure all conditions are controlled properly, rather than a disease specific model.
- The ability to **coordinate care** across providers in order to improve the member experience.
- Collaboration to create a customized incentive and communication strategy to **maximize engagement**.
- A **strategic partner** independent of the employer's PBM that enables a reduction in pharmacy cost spend.
- Provides a proven product that enables an employer to demonstrate to employees and their families that their health and well-being is an **important investment** when designing a benefit plan.
- Measurable outcomes and a **financial guarantee** to reduce the employer's financial risk.

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Q&A

Interested in discussing how Tria Health can help your plan and members?

Contact Matt Baki for a Free Savings Analysis

- **Call:** 913-322-8478
- **Email:** mbaki@triahealth.com