HOUSE BILL NO. 1095

Presented by: Katherine H. Capps, Executive Director, Board Member, GTMRx Institute (www.gtmr.org)

Before: Human Services Committee

Date: January 17, 2023

Mr. Chairman and Members of the Committee:

I am Katherine Capps, co-founder, executive director, and board member of the Get the Medications Right Institute (GTMRx) and I am here in support of HB 1095. GTMRx is a multistakeholder coalition of over 1,700 individuals from 1,100 organizations throughout the country bringing critical stakeholders together, bound by the urgent need *to get the medications right*. We are physicians, pharmacists, health IT innovators, drug and diagnostics companies, consumer groups, employers, payers and health systems. We have come together to save lives and save money through comprehensive medication management. Our work is built on the shoulders of the Primary Care Collaborative and a 2012 resource guide designed for primary care physicians to encourage appropriate use of medications to control illness and promote health entitled *Integrating Comprehensive Medication Management to Optimize Patient Outcomes.*[1]

It is the job of the physician to make sure that patients understand how *and* when to take their medications— and when to stop their medications. But they cannot do this alone. It takes a team. Improving patient awareness of the harms and benefits associated with certain medications or combinations of medications may be the difference between life and death. We all have a personal story or a family member who has experienced some type of medication disaster. This should come as no surprise to any of us here today, the primary way we treat and prevent illness is through medications.

More than 20,000 prescription medication are on the market today.[2] Nearly 80% of patients visiting their primary care provider leave with a prescription.[3] Nearly 30% of adults take five or more medications, and that percentage is higher among those over 65. [4] Pharmaceuticals are the most common medical intervention and treatment, but their potential for both *help* and *harm* is enormous.

[1] Patient-Centered Primary Care Collaborative. The patient-centered medical home: integrating comprehensive medication management to optimize patient outcomes. 2012. www.pcpcc.org/sites/default/files/media/medmanagement.pdf
[2] Fact Sheet: FDA at a Glance
[3] Watanabe JH, McInnis T, Hirsch JD. Cost of Prescription Drug-Related Morbidity and Mortality. Ann Pharmacother. 2018 Sep;52(9):829-837. doi: 10.1177/1060028018765159.
[4] Medication Errors. June 2017, http://psnet.ahrq.gov/primers/primer/23/medication-errors

The question is not "are patients taking their medicine." Rather, the question is this: "Are they taking the right medications?" Merely being on the medication and staying on the medication (adherence) is not a sufficient outcome or measure for health plans and PBMs.

Medication therapy problems occur every day and carry with them a huge economic burden. Programs that support the primary care physician and the patient to ensure safe, effective and appropriate use of medications must be put in place. Only then can we effectively and comprehensively manage and address the enormous number of drug therapy problems and protect patients.

The Cost of Not Getting it Right

What happens if you take no action to advance solutions offered in House Bill 1095? Waste, more waste, and unnecessary death.

More than 15 years ago, The Institute of Medicine reported that over 1.5 million preventable adverse drug events occur annually in the United States.[5] It's only grown worse.

The human and financial toll associated of poorly optimized medications — medications that are wrong, skipped or not used as intended — is tremendous. More than 275,000 people die and $528 billion is wasted every year due to our trial-and-error approach to medication use.[6]

Misuse, underuse or overuse of medications can lead to treatment failure, adverse effects and toxicity causing significant morbidity or mortality. With over 80% of Americans now taking one or more medications per week, and rates of hospital admissions resulting from medication-related problems continuing to rise, a strategy must be implemented to ensure that we "get the medications right" for all patients.[7]

House Bill 1095 ensures that patients will have access to **comprehensive medication management** (CMM). CMM is a patient-centered approach to optimizing medication use and improving patient health outcomes. It is delivered by a clinical pharmacist working in collaborative practice with the patient and her physician. The CMM patient care process ensures each patient's medications (whether prescription,

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[5] Institute of Medicine. In: Aspden P, Wolcott J, Bootman JL, Cronenwett LR, editors. *Preventing Medication Errors*. Washington, DC: The National Academies Press; 2007. https://doi.org/10.17226/11623

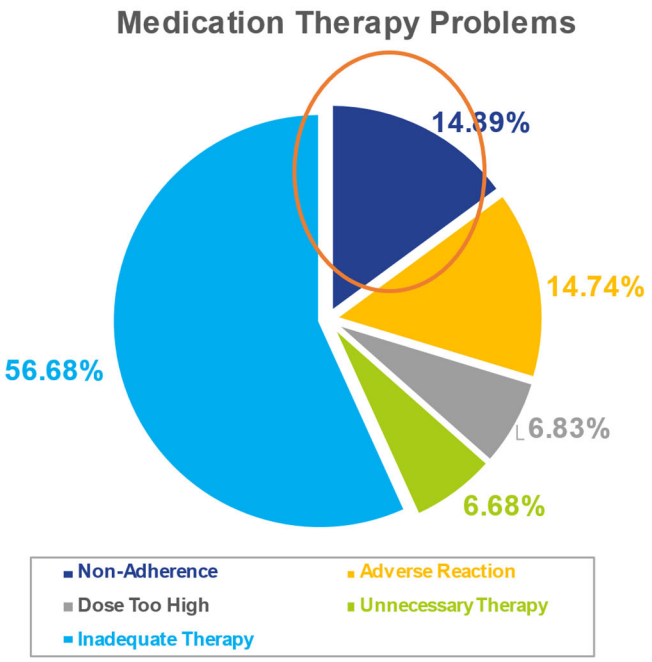
[6]Watanabe JH, McInnis T, Hirsch JD. op cit

[7] The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care: A Review of the Evidence on Quality, Access and Costs, December 2022 https://gtmr.wpenginepowered.com/wp-content/uploads/2022/12/Telehealth-Evidence-Document.v4-1.pdf

nonprescription, alternative, traditional, vitamins or nutritional supplements) are individually assessed to determine that each medication has an appropriate indication, is effective for the medical condition and is achieving defined patient and clinical goals, is safe given the comorbidities and other medications being taken, and that the patient is able to take the medication as intended and adhere to the prescribed regimen.

The evidence shows that CMM improves quality of care and has an average return-on-investment (ROI) of 3:1 to 12:1 when applied to patients with chronic conditions.[8,9,10]

CMM goes beyond medication adherence by establishing an optimal patient-centered regimen in additional to optimal use. It is critically important to consider each patient's specific personal issues – especially those with multiple chronic conditions. Our current approach to medication therapy fails to do that, and as a result, people are dying, and costs are rising.

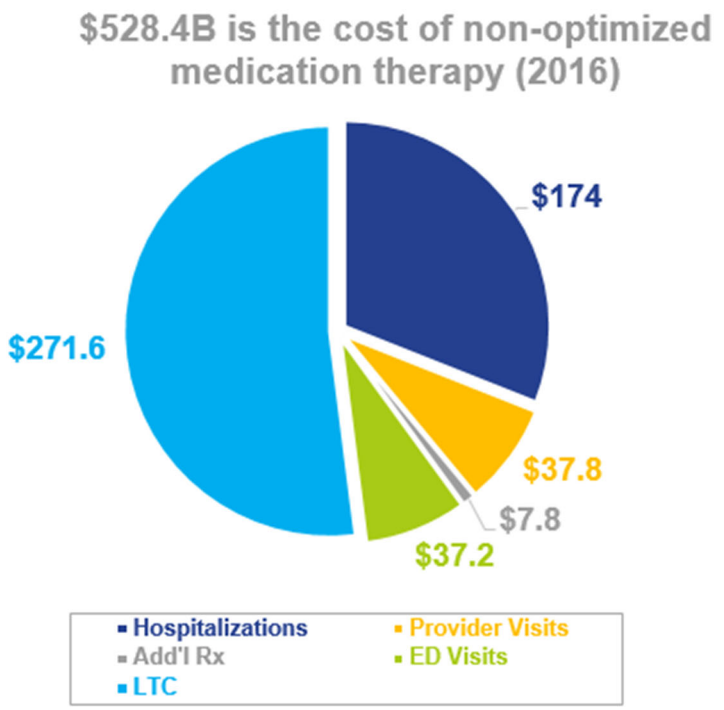


American College of Clinical Pharmacy (ACCP). Comprehensive Medication Management in Team-Based Care. https://www.accp.com/docs/positions/misc/CMM%20Brief.pdf

Beyond adherence: Addressing all medication therapy problems

As I mentioned earlier, the financial and human toll of getting the medications wrong is enormous. To solve this, we need a comprehensive way to address all medication therapy problems, not simply adherence. Working with the patient across multiple visits, the clinical pharmacist, in collaborative practice with the physician, can minimize or even eliminate medication therapy problems. It takes time: These problems run much deeper than a lack of adherence or

[8] Watanabe JH, McInnis T, Hirsch JD. Cost of Prescription Drug-Related Morbidity and Mortality. Ann Pharmacother. 2018 Sep;52(9):829-837.
[9] Cobb CD. Optimizing medication use with a pharmacist-provided comprehensive medication management service for patients with psychiatric disorders. Pharmacotherapy. 2014 Dec;34(12):1336-40.
[10] Cipolle RJ, Strand L, and Morley P. Pharmaceutical Care Practice: The Patient Centered Approach to Medication Management. Third Edition. New York, NY: McGraw-Hill Medical; 2012.



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

medications). Medication therapy problems include dosage issues (dose too high or too low), unnecessary therapy, inappropriate medications, inadequate therapy, adverse reactions, and medications that simply don't work and need to be stopped.

It Takes a Team: Physician, Patient, Clinical Pharmacist

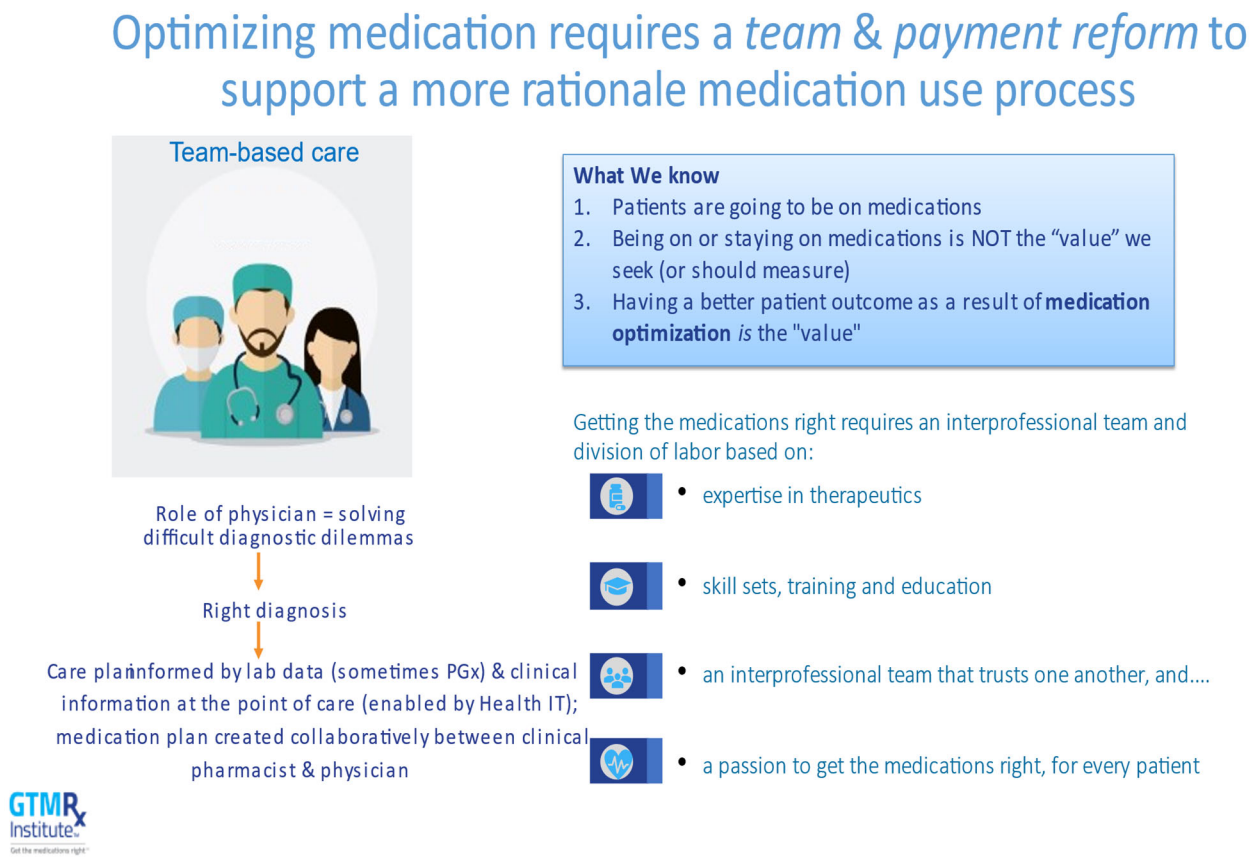
Paul Grundy, MD, president of the GTMRx Institute, former founding president of the Primary Care Collaborative in Washington, and former Chief Transformation Officer at IBM has, for decades, advocated for person-centered, team-based care. He makes the case that the physician has two primary tasks that only they can do: difficult diagnostic dilemmas and creating relationships of trust with their patients. Beyond that, they must surround themselves with other professionals with complementary skills, such as behavioral health specialists, social workers and, to our point today, clinical pharmacists. The clinical pharmacist is a medication specialist and as Grundy points out, does a much better job of managing medication and supporting patient needs around medication.

I agree with Paul that fully embracing a team-based approach cannot happen soon enough: Just as clinicians cannot hold all medical data and research in their heads, neither can they carry the total burden of patient care on their shoulders.

When team-based care is supported through professional training, collaboration, infrastructure and reimbursement models, people receive better, individualized care. This more personal, collaborative approach facilitates collection and use of appropriate information related to social risks, social needs,

barriers to care, etc. which can lead to higher quality, more equitable care, especially for people with chronic conditions.[11]

The current piecemeal approach to health care involves each provider working in a silo. That's the opposite of coordinated care. A team-based approach to medication use helps ensure that care is coordinated and medications are managed appropriately. With CMM, the clinical pharmacist is no longer siloed. They are integrated into the care team as part of a patient care process, partnering with the patient and physician for better care. In the CMM process, a clinical pharmacist works in collaborative practice with the patient, the patient's physician and other care team members to develop



an individualized medication plan that achieves the intended goals of therapy *and* includes appropriate follow-up to determine actual patient outcomes. This team-based approach ensures the patient has access to the appropriate expertise, be it the clinical pharmacist, the social worker, the nutritionist, or the behavioral health specialist.

[11] Rahayu SA, Widianto S, Defi IR, Abdulah R. Role of Pharmacists in the Interprofessional Care Team for Patients with Chronic Diseases. J Multidiscip Healthc. 2021 Jul 5;14:1701-1710

Through **House Bill 1095** you have an opportunity to make sure that patients will have access to this level of coordinated, comprehensive primary care.

Who Benefits from a More Comprehensive Way to Manage Medications?

Patients benefit; as I've already shown. In particular, CMM helps patients who

- Have multiple conditions and are being treated by multiple providers, on multiple medications.
- Are transitioning from one setting of care to another, such as a recent discharge from the hospital to home or a nursing home.
- Are being treated for complex diseases, that require multiple medications and may require balancing clinical goals with patient costs and quality of life.

Health plans benefit from improved HEDIS measures, impact on total cost of care for beneficiaries, impact on drug safety, effectiveness and appropriate use. (See table below.)

Employers benefit from a lower total cost of care, less absenteeism and fewer emergency department visits, hospitalizations and readmissions. [12,13,14,15,16]

North Dakota taxpayers benefit from the impact on reductions in total cost of care (which drive insurance premiums).

[12] Brummel, A., Lustig, A., Westrich, K., Evans, MA., Plank GS., Penso J., and Dubois RW. Best Practices: Improving Patient Outcomes and Costs in an ACO Through Comprehensive Medication Therapy Management. J of Managed Care and Specialty Pharmacy. 2014. (20): 12.
[13] The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care: *A Review of the Evidence on Quality, Access and Costs*, GTMRx, October 2020
[14] Brummel, A, Carlson, A. "Comprehensive Medication Management and Medication Adherence for Chronic Conditions." *Journal of Managed Care Pharmacy* 2016; 22 (1); 56-62.
[15] Budlong, H, Brummel, A, Rhodes, A, Nici, H. "Impact of Comprehensive Medication Management on Hospital Readmission Rates." *Population Health Management* 2018.

Physicians benefit from having a medication specialist on the team. As Paul Grundy noted, physicians need the support of the team. Peter Teichman, MD, MPA, a GTMRx Physician Advisor, made a similar case in the *AAFP Practice Journal.* "With high ratios of education and training to sphere of practice, clinical pharmacists are capable of stepping into the challenges of daily clinical care, making substantial contributions to care teams, and building robust population health program." [17]

CMM Could Improve Performance On Several HEDIS® Measures

PCE: Mgt of COPD	CDC: Comprehensive DM Care	POD: Pharmacotherapy for Opioid Use disorder	DRR: Depression Remission or Response	IET: Initiation and Engagement of Alcohol & Other Drug Abuse or Dependence Treatment	
AMR: Asthma Medication Ratio	OMW: Osteoporosis Testing & Mgt.	DDE/DAE: Medication Mgt. in Older Adults	HDO: Use of Opioids at High Dosage	UOP: Use of Opioids from Multiple Providers	COU: Risk of Continued Opioid Use
CBP/HBD: Controlling Blood Pressure	AMM: Antidepressant Medication Mgt.	PBH: Persistence of Beta Blocker (MI)	ADD: Follow-up Care for Children with ADHD	SPC/SPD: Statin Therapy (CVD & DM)	SAA: Adherence to Antipsychotic Rx (Schizophrenia)
PCR: Plan All-Cause Readmissions		EDU: Emergency Dept. Utilization		HPC: Hospitalization for Potentially Preventable Complications	
TRC: Transitions in Care		FMC: Follow-Up After ED Visit for People with Mult. High-Risk Chronic Conditions		CAHPS Health Plan Survey: Multiple Measures	

GTMRx Institute

Source: Barr, M. ACCP International Conference 10.22

Why in North Dakota? Why Now?

This isn't a political issue. Neither is it an academic issue. It is an issue of life and death. It is also an opportunity for total cost of care savings, improved health outcomes and movement toward a healthier North Dakota .

As you know, **H.B. 1095** implements a key recommendation of the North Dakota's Health Care Cost Study, ensuring that that patients will have access to optimized medications. That study, commissioned by the Insurance Department, specifically identified the need for medication optimization as a tool to control health care costs. It called improved medication management "***a major opportunity for cost savings and health improvement***." Indeed, it is. Also from the study: "If addressed appropriately, the

[17] Teichman P, Wan S. How to Integrate Clinical Pharmacists into Primary Care. *Family Practice Management*. 2021;28(3):12-17. https://www.aafp.org/pubs/fpm/issues/2021/0500/p12.html

state can reasonably expect to see lower hospital-related utilization and substantial cost savings." That has been the result where comprehensive medication management has been implemented.[18]

The point of this legislation is to ensure that all drug treatments lead to better health outcomes. You should expect nothing less from the medications that your tax dollars, your citizens and your employers pay for. Why should you pay for medications that may harm, hurt or drive people into the nursing home, back to the hospital, to the emergency room or the morgue?

As lawmakers, you have an opportunity to help your mother, your grandfather, your friends and neighbors. People are dying. Health care costs are soaring. Patients are taking medications that are making them less healthy. We can change this by getting the medications right. You have the power to change this with approval of **House Bill 1095.**

Thank you, I am happy to answer any questions you may have. The Institute stands ready to share research, evidence, use cases and financial ROI to this committee.

[18] The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care: A Review of the Evidence on Quality, Access and Costs, December 2022 https://gtmr.wpenginepowered.com/wp-content/uploads/2022/12/Telehealth-Evidence-Document.v4-1.pdf