

## TESTIMONY OF M HEALTH FAIRVIEW SYSTEM

January 11, 2023

Mr. Chairman and Members of the Committee:

I am Amanda Brummel, Vice President of Clinical Pharmacy Services for M Health Fairview. M Health Fairview is an integrated health system which includes 12 hospitals and 56 primary care clinics with over 100 specialties in collaboration with the University of Minnesota Physicians. In addition, we have had a comprehensive medication management (CMM) program since 1998. The CMM program has grown to include 45 pharmacists in 53 clinic locations. In 2022, the CMM team saw over 14,000 unique patients with over 33,000 visits.

We are also a member of Health-Systems Alliance for Integrated Medication Management (HAIMM). HAIMM is comprised of CMM leaders from each of the state's health systems offering CMM services. In 2021, these health systems employed 158 pharmacists and 14 PGY1 pharmacy residents in ambulatory care-focused experiences. These practitioners provided services in 251 clinic locations, generating over 111,000 encounters to over 48,000 unique patients.

Comprehensive Medication Management is the practice model that we provide in our system and in our Minnesota health system. We have demonstrated that when you ensure that each medication is indicated (appropriate for the patient's health condition), effective (it is helping the patient to meet their clinical goals), safe and that they can be adherent to the medication (no education or financial barriers), that CMM can improve clinical outcomes, decrease total cost of care, improve patient engagement and satisfaction and improve provider/care team satisfaction.

House Bill 1095 ensures that patients will have access to level of care.

### **H.B. 1095 Implements a Key Recommendation of the ND Health Care Cost Study**

North Dakota's Health Care Cost Study, commissioned by the Insurance Department, specifically identified the need for medication optimization as a tool to control healthcare costs

for North Dakotans. The Cost Study identified that improved medication management represents ***“a major opportunity for cost savings and health improvement.”*** As we have demonstrated in our health system and state, that is the result when comprehensive medication management has been implemented.

### **Comprehensive Medication Management Yields Positive ROI and Improved Outcomes**

Studies of comprehensive medication management services have consistently shown that when these services are integrated in team-based care, therapeutic goals are achieved more consistently, costs decrease, and the patient and provider experience improves.

### **Comprehensive Medication Management Outcomes from M Health Fairview**

#### **Reduced Costs<sup>1</sup>**

- Total health expenditures decreased from \$11,965 to \$8,197 per patient.
- 12:1 ROI when comparing the overall health care costs of patients receiving team-based medication management to patients who did not receive those services.

#### **Decreased hospital readmission rates<sup>2</sup>**

- Patients who received a medication management services after hospital discharge had a 33% lower rate of 30-day readmissions rates than patient who did not.

#### **Improved Patient Care<sup>3,4</sup>**

- 85% of patients had at least one medication therapy problem identified.

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<sup>1</sup> Brummel A, Westrich K, Evans MA, Plank GS, Penso J, Dubois RW. Best Practices: Improving Patient Outcomes and Costs in an ACO Through Comprehensive Medication Therapy Management. *Journal of Managed Care and Specialty Pharmacy*. 2014(20):12.

<sup>2</sup> Budlong H, Brummel A, Rhodes A, Nici H. Impact of Comprehensive Medication Management on Readmissions Rates. *Population Health Management* 2018; 21(5):395-400.

<sup>3</sup> Ramalho de Oliveria D, Brummel AR, Miller DB. Medication therapy management: 10 years of experience in a large integrated health care system. *Journal of Managed Care Pharmacy* 2010; 16(3):185-95.

<sup>4</sup> Brummel AR, Soliman AM, Carlson AM, Ramalho de Oliveira D. Optimal Diabetes Care Outcomes Following Face-to-Face Medication Therapy Management Services. *Population Health Management*. 2013;16(1):28-34. doi.org/10.1089/pop.2012.0023

- Of those, 29% had 5 or more problems identified.
- Improvement of optimal care in complex patients with diabetes, demonstrating that the percentage of patients optimally managed was significantly higher for the CMM program patients (21.49% vs. 45.45%,  $P < 0.01$ )

### **Improved patient experience**

- 95.3% of patients agreed or strongly agreed that their overall health and well-being had improved as a result of team-base medication management services.
- 95% of patients rated their pharmacist as a 9 or 10 top box

### **Improved provider experience<sup>5</sup>**

- Physicians reported increased satisfaction that their patients were receiving better care and highlighted increased achievement of quality measures.
  - 87% of medical providers strongly agreed that they feel confident in the medication recommendations given by M Health Fairview's CMM pharmacists
- Primary care providers reported improved workload and less mental exhaustion.

Unfortunately, existing programs implemented by most insurers to manage medication use do not always achieve these goals. H.B. 1095 improves on existing offerings to ensure patients consistently receive medication management services that are appropriately designed to achieve the cost savings and quality improvements envisioned in the Cost Study. In Minnesota we have been able to partner with our insurance providers, to ensure CMM was implemented as outlined in proposed language.

### **Credentialing and Inclusion of Pharmacists in Provider Networks Is Not a Barrier to Implementation**

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<sup>5</sup> Funk K, Pestka D, McClurg M, Carroll J, Sorensen T. Primary Care Providers Believe That Comprehensive Medication Management Improves Their Work-Life. *Journal of the American Board of Family Medicine*. 2019; 32(4):462-473.

For pharmacists working in facilities like hospitals, rural health clinics, and health centers, the bill specifically recommends that insurers rely on the credentialing that is already being done by the facility, and insurers already have contract relationships with facilities to reimburse them for services provided by members of their care teams. Since 2006 we have been credentialed by insurance providers in our state. We follow the same process that our medical providers do which would be consistent with what has been outlined. In Minnesota, we bill under the pharmacist. Medication management is a medical service, and in order to provide that services, there must be a mechanism for insurers to reimburse the care team for services provided by the pharmacists.

### **Insurers Should Ensure Adequate Inclusion of Pharmacists in Networks**

Delivering comprehensive medication management services requires direct engagement from a pharmacist with the patient and their care team. This is a different service than dispensing medications. Simply having an existing network of pharmacies to dispense medications does not ensure that patients will have access to the clinical services of pharmacists that are essential to the implementation of medication management. Network adequacy requirements help to support this but must be realized that this may take time to fully develop. Adequate support and funding of CMM services will support the growth of the network. Also, the telemedicine support will also provide support in areas that may not have this service established yet, while growth occurs.

Comprehensive Medication Management has been a key service that we provide to our patients to ensure they are able to manage their medications, improve their health and clinical outcomes, and to reduce total costs of care. M Health Fairview supports House Bill 1095 but realizes network adequacy may take time to develop and the timeline for this may need to be phased.