

# Addressing Medication Mismatch: An Overlooked Healthcare Priority

By Elizabeth Dragatsi, RPh, BCPS, Pharmacist—Pharmacotherapy, Dragatsi & Co.

## INTRODUCTION: SITUATION CRITICAL

- Nationally: upwards to \$300 billion annually wasted in healthcare due to medication mismanagement in the outpatient setting – 1/3 healthcare based, 2/3 patient based. This is in a context of \$3 trillion spent annually overall on healthcare. (1, 2, 3)
- CMS: only 25% of Medicare Part D beneficiaries received a comprehensive medication review (CMR) in 2015 (4)
- Ambulatory Care Patients: over half of patient-based medication mismanagement in the US occurs in the form of non-adherence because of **unaffordable drug cost**, the rest accounted for by health literacy factors and lack of patient buy-in (5)

## MAINE PHARMACISTS ARE HITTING THE STREETS –

Where and How



See below

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## CONCLUSIONS/FUTURE DIRECTIONS

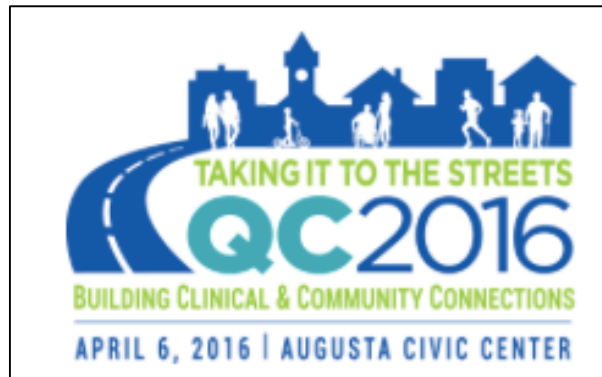
- Rates of return: in the literature, a clinical pharmacist has a 1:4 ROI, an experienced clinical pharmacist has a 1:5 ROI. In Maine, as high as 1:24 has been identified for an experienced clinical pharmacist intervening in complex, chronically ill patients being serviced out of underserved primary care practices. (6, 7, 8)
- Patients stand to benefit from improved medication adherence, especially if their health is being maintained in a home setting vs. being institutionalized--in the order of \$1,500/month (9). Increased pharmacist participation in the community healthcare team has profound benefits in terms of patient outcomes and healthcare system efficiency.
- Emphasis on a complete medication/herbal/supplement listing to be on one's person at all times cannot be overstated until EHRs and transitions of care efforts are complete and fully functional.
- Reimbursement opportunities over and above what is currently being realized is available for primary care practices and retail pharmacies for involving a well-trained, certified pharmacist oriented to this relatively new area of practice. Virtual options are also available.
- Collaborative, shared, and full provider roles are either already here in the United States, or are about to happen. Pharmacists are evolving from a cloistered expert to being an active healthcare helper at your side.
- Pharmacists are out there, researching your options, respecting your values and beliefs, speaking your language, coaching through the hurdles that diseases, drugs and drug costs present, teaming up with community organizations to improve health and health care—right where you live!

### References

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# CURRENT PHARMACIST INNOVATIVE INTERVENTIONS

Practice Transformation	INCLUSION OF PHARMACISTS IN THE AMBULATORY CARE PROVIDER TEAM	2016	In Progress
Health Systems	MaineHealth, Eastern Maine Health System		
Community Hospital Networks	Maine Coast Memorial Hospital, St. Joseph Healthcare		
Federally Qualified Health Centers	Penobscot Community Health Center		
Independent Pharmacist Consultant	Dragatsi & Co.		
Pharmacy Benefits Administration	Martin's Point (Medicare Part D), Cardinal Health		
Community Development Partners	Thriving in Place (Charlotte White Center – Piscataquis County)		
Training & Support	Standards of Practice, Reimbursement, Software		Implemented
Pharmacy, Ambulatory Care Residency	Penobscot Community Health Center		
Maine Quality Counts	Practice Transformation Project Management		
Dragatsi & Co.	Community Development for Medication Management, Individual Provider Practice Support Pharmacy Student Preceptorship		
Cardinal Health	Outcomes <sup>®</sup> reimbursement for clinical interventions in retail pharmacies, consultant support		
Pharmacy Schools	University of New England Pharmacy School, Husson School of Pharmacy		
Legislative Advocacy & Support		2016	In Progress
Maine Collaborative Care Regulations	Maine Board of Pharmacy/Maine Board of Medicine		
Medicare Part B Provider Status for Pharmacists	American Pharmacists Association/Pharmacists Provide Care <sup>®</sup> , Maine Pharmacy Association, Maine Society of Health System Pharmacists, American Society of Health-System Pharmacists		