

## **IMPLEMENTATION OF COMPREHENSIVE MEDICATION MANAGEMENT IN A FAMILY MEDICINE CLINIC.**

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With over 5 billion prescription medications expected to be filled in the United States in the year 2021, there are ample opportunities for clinical pharmacists to aid in medication management by ensuring patients are on the most appropriate regimens. Comprehensive medication management (CMM) is a patient care model often implemented by clinical pharmacists within patient-centered care settings that aims to evaluate individual patients' medication regimens for proper indication, efficacy, safety, and adherence. A number of previous studies have shown the positive impact pharmacists have on patient care through CMM programs at different collaborative practice settings, but there is a lack of data comparing such medication interventions to interventions made for usual care patients in similar settings.

The purpose of this retrospective study is to evaluate the number of medication therapy problems resolved for patients provided CMM versus usual care. To be included in the CMM study arm, patients must have completed at least one CMM visit with a clinical pharmacist via phone or in person between June 1, 2019 and September 30, 2019. These patients were matched one-to-one to usual care patients based on primary care provider, basic needs assessment score, and baseline number of medications. Secondary outcomes analyzed include category of medication therapy problems resolved and number of 90-day hospital and emergency room encounters post-visit.

The results of this study may demonstrate the impact of pharmacist lead CMM visits, define the role of the pharmacist, and justify the inclusion of clinical pharmacists within primary care settings.

### **Learning Objective:**

- Describe the role pharmacists have in resolving medication therapy problems within collaborative care settings