June 10, 2025

To: Alex Reger, PhD - Director Healthcare Benchmarks Initiative, CT OHS

From: Marie Smith, PharmD – Assistant Dean/Professor, UConn School of Pharmacy

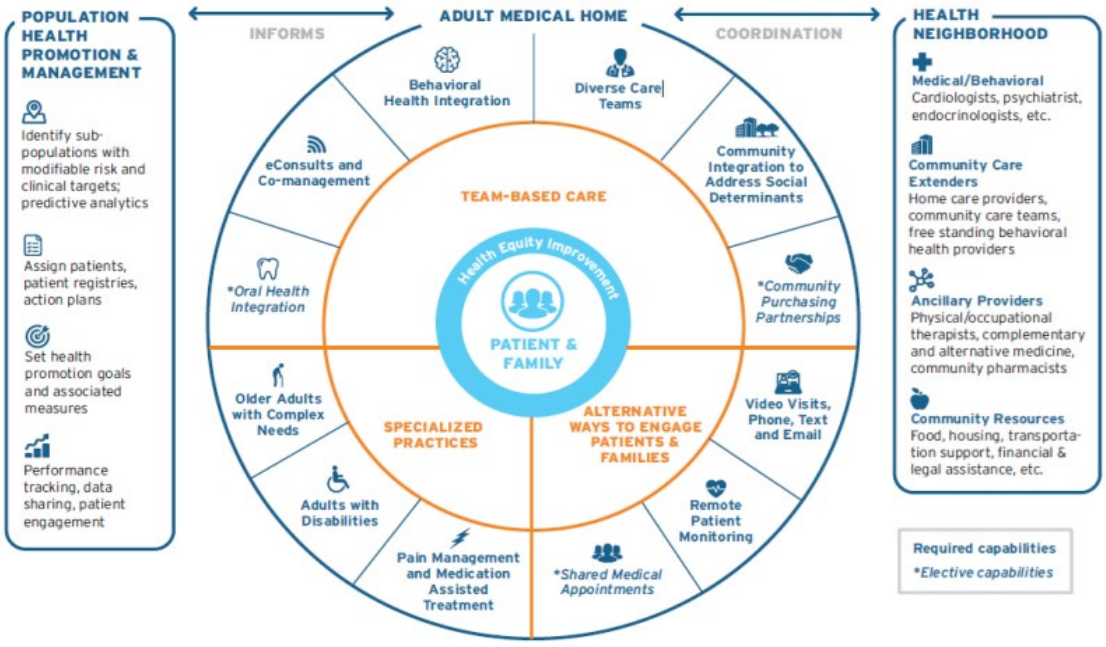
WRITTEN COMMENTS on CT OHS Healthcare Benchmarks Initiative Setting 2026-2030

> *"The Technical Team recommended that OHS pursue additional, complementary strategies to strengthen traditional primary care, noting that a primary care target alone is unlikely to achieve that desired outcome. The Technical Team encouraged OHS to establish additional primary care outcome goals, for example around access to care, and identify measures to track performance and progress."*

We agree that setting a **primary care target benchmark alone is insufficient** for primary care delivery and spending transformation. **Several complementary strategies have been explored and recommended in past CT OHS taskforces, working groups, and grant findings.**

In 2010-2020, several CT OHS and DSS initiatives focused on primary care delivery and spending transformation. Unfortunately, with agency staff turnover and the end of CMMI SIM funding, the extensive work of taskforces /multiple stakeholders/transformation grants has not been fully leveraged nor incorporated in primary care transformation discussions in subsequent years. Here is a brief summary of some past primary care discussions on complementary strategies that involved the UConn School of Pharmacy:

1. **Primary Care Modernization Report (2019- 2020)**



Team-based care was identified as a critical and essential component of primary care transformation. Examples of new care team members in primary care included care coordinators, community health workers, pharmacists, and clinical dietitians.

***Enhancing Team-based Care*:** We have 6 UConn School of Pharmacy primary care faculty members who provide high-quality, person-centered, team-based care by collaborating with PCPs. They provide comprehensive medication management (CMM) services to optimize appropriate, effective, safe, and affordable drug therapy plans. Their practice sites and experiences include FQHCs/look-alikes, hospital-based primary care clinics for underserved communities, family medicine residency programs, population health programs for private physician organizations/ACOs, and home visits for frail elderly or home-bound patients.

At the June 2024 CT OHS Hearing on healthcare benchmark initiatives, Dr. Al Kurose cited his experience with interdisciplinary teams at Coastal Medical in RI. He cited an example where the clinical pharmacy programs (pharmacists were integrated with primary care and population health teams) were a key driver of performance in a value-based payment arrangements.

In CT, we are aware of several pharmacists within the Veteran's Administration, Hartford Health Care, Yale Health, UConn Health, Trinity Health, and FQHCs that integrate pharmacists as members of primary care teams.

2. SIM Community and Clinical Integration Program (2019-2020)

In 2019, as part of the SIM Model Test Program award to CT OHS, the UConn School of Pharmacy grant team (Marie Smith, PharmD - PI) provided technical assistance and subject matter expertise on Comprehensive Medication Management (CMM) to 4 large primary care organizations in CT (CHC, Inc., Northeast Medical Group, Prospect Health, and Western CT Health Network/Nuvance). The focus was to integrate clinical pharmacists and scale CMM services as members of primary care and population health teams.

Key findings from this technical assistance program were:

***Increase in Primary Care Access*:** patient access can be expanded by opening up PCP appointments when patients with medication optimization and management needs are referred to the embedded primary care pharmacist.

- One FTE embedded primary care pharmacist who provides CMM services using collaborative practice agreements can open up approximately 1,900 PCP-patient appointments/year.

***Improved Patient Outcomes*:** an embedded primary care pharmacist using collaborative practice agreements saw commercially-insured patients with uncontrolled diabetes (A1c >9%). The pharmacist provided intensive medication management between PCP visits that resulted in an average A1c reduction of 1.3% within 5 months. For patients with an initial A1c ≥11%, an average A1c reduction of 3.0% was achieved. Both physician and patient feedback was positive for these results.

3. CMS Medicaid Transformation Grant (2009-2010)

We used quality care and total cost of care models to assess the impact of embedded primary care pharmacists providing intensive CMM services for Medicaid Husky D beneficiaries between PCP visits. Patients had at least 1 chronic condition and 3 or more prescription medications for chronic conditions. Key findings were:

- At the first patient-pharmacist visit, 63% of the patients' treatment goals (e.g., A1c <9% or blood pressure <140/90) had been reached. Collaborating with both providers and patients, pharmacists helped patients achieve 91% of their treatment goals within 6 months.
- Using actual Medicaid claims data, there was an estimated annual savings of $1,595 per patient – approximately a 3.6:1 ROI for the contracted pharmacist CMM services.
    - $1,123 savings per patient/year on medication claims and $472 savings per patient/year on medical, hospital, and emergency department expenses. Medication cost reductions were attained by reducing unnecessary, duplicate, or discontinued meds; eliminating meds with adverse effects; titrating to effective doses, and using more cost-effective therapies.

These examples of expanding primary care teams with clinical pharmacists should be considered in current discussions of complementary strategies for primary care transformation. In addition to the work mentioned above, there are numerous other examples that are discussed in these references:

1. *Embedding Pharmacists Into the Practice: Collaborate with Pharmacists to Improve Patient Outcomes* *https://edhub.ama-assn.org/steps-forward/module/2702554*
2. *Integrating Clinical Pharmacists into Primary Care* https://gtmr.org/wp-content/uploads/2021/12/GTMR-DEC-IB-2021.v3.pdf
3. *The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care: A Review of the Evidence on Quality, Access and Costs, December 2024* https://gtmr.org/wp-content/uploads/2024/12/GTMR-evidence-doc-2024-FINAL.pdf
4. *Physicians and Pharmacists, Providers and Payers: Partnerships at the heart of CMM* https://gtmr.org/wp-content/uploads/2020/07/GTMR-Aug-IB-WEB-FINAL-08242020.pdf
5. *Building The Primary Care Workforce With Pharmacist Clinical Services* https://www.healthaffairs.org/content/forefront/building-primary-care-workforce-pharmacist-clinical-services
6. *In Connecticut: Improving Patient Medication Management In Primary Care* https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2011.0002
7. *Why Pharmacists Belong in the Medical Home* https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2010.0209
8. *Why Pharmacists Belong in ACOs and Integrated Care Teams* https://www.healthaffairs.org/doi/10.1377/hlthaff.2013.0542