



Case Study: Part 2

A multi-year analysis of the value of a Comprehensive Medication Review program

Calculating the value of a single comprehensive medication review (CMR) will vary by application, but recent data from **Community Health Group** gives evidence of year-over-year increase of financial savings and improved health outcomes.



2020 Member Inclusion Criteria

Similar to criteria used by most Medicare plans, the CHG members in this study:

- Have 3 or more of selected chronic diseases
- Take at least 8 covered Part D medications
- Incur one-fourth of the annual costs threshold (\$4,255) for covered Part D drugs in previous three months or \$1,063 quarterly

2019 & 2020 Study Population

787 total patients received a CMR in both 2019 and 2020

- Avg Age: 73.3
- Gender: 58% female
- Top 3 primary languages: 36% Spanish, 32% English, 26% Vietnamese

Year 1:
CMRs created an average of
\$4000
in medical expenses
reduction per
patient per year

Overall, CHG found members who received a CMR:



spent less time in the hospital



recorded improved health outcomes



saw a reduced medical spend





Stronger results year over year

From 2019 – 2020 healthcare spending nationwide grew by an astounding 9.7%*. Even in the wake of increased healthcare spend, the benefit of a CMR rang true for CHG. In CY2020, **members who received a CMR had a 16.7% lower average amount paid per member for total cost of care** as compared to members who did not receive a CMR. That's up from 2019's 5% lower average amount per member for total cost of care.

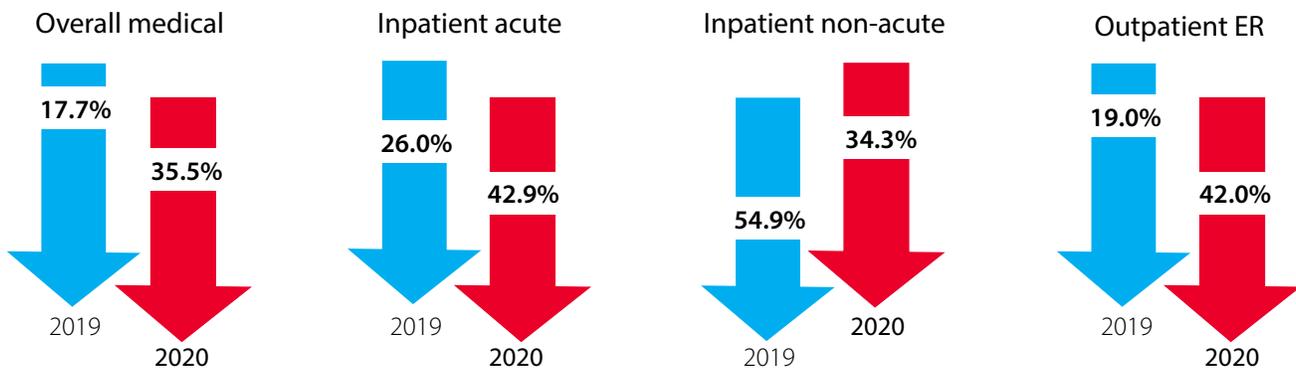
* <https://www.cms.gov/files/document/highlights.pdf>

Year 1:
Members receiving a CMR averaged **5%**
lower total cost of care
compared to members who did not

Year 2:
Members receiving a CMR averaged **16.7%**
lower total cost of care
compared to members who did not



2019 vs 2020 medical expense reduction in patients receiving CMRs



While not all patients in the study received a CMR in both 2019 and 2020, the overall financial impact recorded by CHG for the CMR group showed additional savings year two, often even greater than the year prior.

STUDY LIMITATIONS

- Control and treatment groups were not equal in size; more patients got the CMR than did not.
- The study involved a small population in a geographically focused area of the United States (California)
- The COVID-19 pandemic was the primary contributing factor in the national increase of healthcare spending. To fully understand the longitudinal impacts of the analysis, a third year study should be conducted to determine long term value of the CMR.