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American College of Clinical Pharmacy

Department of Government & Professional Affairs

Testimony of the American College of Clinical Pharmacy to the House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies Hearing for Outside Witnesses

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Chairman Cole, Ranking Member DeLauro and distinguished members of the Subcommittee. On behalf of the American College of Clinical Pharmacy (ACCP) we appreciate your leadership over these vital components of our nation's health funding. As the subcommittee considers important spending priorities for fiscal year 2018, we urge you to carefully consider both the needs of existing healthcare programs as well as opportunities to create greater value within our healthcare system. Our testimony therefore focuses on funding needs for the Agency for Healthcare Research and Quality (AHRQ) and also on a progressive clinical practice delivered by members of our profession that demonstrably improve the quality and clinical outcomes of medication use in both public and private sector health care systems.

By way of background, ACCP is the professional society for clinical pharmacists in the United States and around the world. We provide education, advocacy and resources that enable our members to achieve excellence in practice and research, making us the professional home for clinical pharmacy practitioners, scientists, educators, administrators, students, residents and fellows from more than 60 countries. Like our members, we are committed to excellence in clinical pharmacy practice and patient-centered pharmacotherapy.

Unlike many of our pharmacist colleagues, our members' practice activities generally do not include the dispensing of medications. While the safe and efficient distribution of medications is clearly an important component of patient care – and our members are educated and licensed to offer this service – clinical pharmacists most commonly practice directly with physicians, other health professionals and patients in interprofessional health care settings to ensure that patients' medication regimens are effective, safe, and appropriate for their medical conditions.

To facilitate this practice, clinical pharmacists are frequently granted patient care privileges by collaborating physicians and health systems, allowing them to assume full responsibility for a range of medication decision-making functions as part of the patient's health care team, including the initiation, modification, monitoring, and discontinuation of treatment.

These privileges are granted on the basis of the clinical pharmacist's demonstrated knowledge of medication therapy and record of clinical experience. This specialized knowledge and clinical experience is usually gained through post-graduate residency training and specialist board certification, which is expected in addition to the education required for pharmacist licensure.

Funding for the Agency for Healthcare Research and Quality (AHRQ)

As a professional and scientific society dedicated to enabling clinical pharmacists to achieve excellence in patient care practice, ACCP urges the subcommittee to prioritize the budget of the Agency for Healthcare Research and Quality (AHRQ) for FY 2018 by providing the agency at least $334 million in budget authority, consistent with current levels.

AHRQ is the only federal agency with the sole purpose of generating and disseminating research that demonstrates how to make care as effective, efficient, affordable, equitable, and safe as possible. The health services research, quality improvement protocols, datasets, and tools supported by AHRQ are not only vital to the work of clinical pharmacists but are also used in hospitals, medical centers, physician and other clinician practices, nursing facilities, clinics, and public health departments in communities across the nation to improve the quality, access, and value of health care services and programs.

In order to advance this overarching goal of improving health care delivery in America, it is also necessary to continue to support the ongoing transformation of both payment structures and delivery systems that reward (1) quality outcomes from the care being provided, not the quantity of services, (2) value of care rather than volume of care and, most importantly, (3) patient-centered care through the support of the patient's entire health care team – with patients and their caregivers fully included in the team.

Full Integration of Clinical Pharmacists into Federal Health Programs

In order to improve the efficiency and enhance the value of care under federal healthcare programs, including Medicare, policymakers should take actions across all of these programs to integrate and utilize clinical pharmacists to the full capacity of their training and education.

Clinical pharmacists are highly trained medication experts who graduate with a Doctor of Pharmacy degree and have commonly completed up to two years of postgraduate residency training. In addition, many clinical pharmacists go on to achieve certification in a pharmacy practice specialty recognized by the Board of Pharmacy Specialties (BPS). BPS currently recognizes ten areas of specialty practice including ambulatory care pharmacy, oncology pharmacy, pharmacotherapy and critical care pharmacy.

Clinical pharmacists practice in a range of health care settings, including integrated private sector delivery systems, hospitals and outpatient clinics, emergency departments, community pharmacies, physicians' offices, community-based clinics, nursing homes and managed care organizations.

Clinical pharmacists commonly deliver care under formal collaborative drug therapy management (CDTM) agreements or through credentialing and privileging processes of the institution or its medical staff. They work alongside physicians and other health professionals as full members of interprofessional teams. As such, each day they assess the status of patient problems, evaluate the effectiveness of the patient medications and determine whether the prescribed medications are optimally meeting patient needs and goals of care.

Specifically, clinical pharmacists:

- Identify and document medication-related problems of concern to the patient and all members of the care team, using a consistent care process that assures medication appropriateness, effectiveness and safety;
- Initiate, modify, monitor, and discontinue drug therapy to resolve the identified problems and achieve medication-related outcomes that are aligned with the overall care plan and goals of therapy; and
- Engage and educate patients and families in fully understanding their medication regimen, supporting active patient engagement in the successful use of their medicines to achieve desired health outcomes.

This direct patient care service is known as "comprehensive medication management" (CMM) and is increasingly recognized within emerging patient-centered medical homes (PCMH), accountable care organizations (ACO) and many private sector delivery systems. It is recognized as a core strategy to achieve better clinical outcomes and quality by many health care leadership groups. The Patient-Centered Primary Care Collaborative (PCPCC) supports the practice of team-based CMM and has published a resource guide to assist with the integration of this service into clinical practice in the PCMH.

The practice of CMM helps reduce medication mismanagement that can result in either under treatment or preventable adverse events; inappropriate, ineffective, or unnecessarily costly medication choices for the established goals of care; duplicative or interacting medications; avoidable side effects; and inconsistent adherence or other patient challenges or issues that directly reduce treatment success.

In short, CMM helps "get the medications right" as part of an overall effort to improve the quality and affordability of the services provided patients. In "getting the medications right," CMM also contributes to enhanced productivity for the entire health care team. By fully utilizing the qualified clinical pharmacist's skills and training to coordinate the medication use process as an integral team member, physicians and other providers are essentially freed to maintain focus on respective patient care activities that align with professional responsibilities as defined by scope of practice that reflect their particular area of expertise.

CMM is an increasingly valued component of care and benefit design in a variety of health delivery structures and payer programs, including private integrated care systems such as Kaiser

Permanente and the Geisinger Health System, state Medicaid programs including North Carolina and Minnesota, and the Veterans Health Administration.

However, coverage of CMM does not exist within the Medicare program to support a coordinated medication management service for beneficiaries delivered by an effective inter-professional health care team.

This is particularly troubling due to the central role that medications play in the care and treatment of the nation's seniors. Sixty-six percent of Medicare beneficiaries have two or more chronic diseases; 40% have four or more and 60% of seniors are taking 3 or more discrete prescription or non-prescription medications at any point in time. Drug therapy problems occur all too frequently and add substantial costs to the health care system. Drug-related morbidity and mortality costs exceed $200 billion annually in the U.S., exceeding the amount spent on the medications themselves. Medicare beneficiaries with multiple chronic diseases account for 76% of all hospital admissions, and are 100 times more likely to have a preventable hospitalization than those with no chronic conditions.

When combined with the continuing growth in the number and categories of medications -- and greater understanding of the genetic and physiologic differences in how people respond to their medications -- the current system consistently fails to deliver the full promise medications can offer. In short, the current medication use "non-system" fails to get the medications right far too often. This is not just the case in Medicare, but in other healthcare programs as well.

With the federal government responsible for more than $1 trillion per year in health care spending, and mandatory programs projected to overwhelm the entire federal budget, it is vital that we as a nation provide adequate resources to ensure that health care delivery organizations, health providers, policymakers, and the people they serve make informed choices about how to obtain the best care while addressing costs and protecting patient safety.

As part of this effort ACCP urges policymakers to address the imperative for improved medication use quality and safety by promoting and advancing coverage for CMM services delivered under collaborative, patient-centered payment and delivery structures. We would welcome the opportunity to provide further information, data, and connections with successful practices that provide CMM services to help further inform the Subcommittee as you consider spending priorities.

Thank you for the opportunity to provide this testimony and for your consideration of this statement.