



Enhancing medication therapy management in Medicare: Necessary Next Steps to achieving a Quality Benefit

The Medicare Modernization Act of 2003 (MMA) requires all Part D prescription drug plans to offer a medication therapy management (MTM) program as part of their plan design. The importance and anticipated value of such programs were noted in the implementing regulations of the Centers for Medicare and Medicaid Services (CMS) for the Part D benefit, when it expressed its expectation that, over time, “MTMP must **evolve** and become a cornerstone of the Medicare Prescription Drug benefit.”

However, because of the limited experience of Medicare with medication therapy management services and programs provided by pharmacists, CMS provided only broad general guidance to plans for the development of these programs consistent with the statutory requirements concerning (1) multiple disease states, (2) multiple medications being taken, and (3) substantial annual expenditures for medications. This broad guidance has resulted in a wide variety of program structures, eligibility criteria, and service delivery models.¹ Data from CMS indicate that less than 7 percent of Medicare Part D beneficiaries are eligible to receive MTM services under the eligibility requirements of their Part D plans. In addition, because the costs of the MTM programs must be covered under the administrative budgets of the plans, there is essentially no financial incentive to provide robust MTM programs, especially for the stand-alone PDP’s, which are not at risk for non-pharmacy health care costs.

We agree with the CMS statement noted above. It is now time for medication therapy management in Medicare to begin its evolution from the very basic approach offered by most drug plans to a more comprehensive benefit that provides coverage for effective medication therapy management to all Medicare beneficiaries whose medication use can be improved through high-quality, pharmacist-provided MTM services.

The Challenges of Medication Use in Medicare Beneficiaries

The typical Medicare beneficiary sees three or more physicians (or other care providers) in a given year and takes more than five medications. This situation frequently results in medication use that is ineffectively coordinated, producing less favorable health outcomes than can or should be achieved. In some cases significant medication errors, hospitalization, severe disability, or death may occur from failure to effectively manage and coordinate patients’ medication therapy.

¹ Testimony of the American Pharmacists Association Submitted to the Senate Committee on Finance on “The Medicare Prescription Drug Benefit: Monitoring Early Experiences” May 2, 2007 (See - Barriers to “Robust” MTM, Page 9, Available at: http://www.pharmacist.com/AM/Template.cfm?Section=Search1§ion=General_Patient_Resources&template=/CM/ContentDisplay.cfm&ContentFileID=3077)

In its 2006 report - *Preventing Medication Errors* - the Institute of Medicine (IOM) detailed many of the deficiencies in the current health care system that result in hundreds of thousands of individuals becoming ill, needing additional care in clinics and emergency rooms, more frequent admission to hospitals, and most distressingly, avoidable deaths from **inadequate medication management**.

The IOM noted that errors occur throughout the medication use process, but especially during the prescribing and administration phases of medication use. Additional problems that were identified include incomplete understanding by patients of their medications and their proper use and the use of multiple different pharmacies to fill prescriptions. The estimated cost of treating medication errors in Medicare beneficiaries is at least \$887 million a year.²

IOM's call for improvements that would promote patient-centered, multidisciplinary, team-based care must be heeded if we are to improve health outcomes and eliminate preventable medication-related problems that result from poor medication decision making and management. **Effective MTM services provided by pharmacists are an essential feature of those improvements.**

Enhancement of the MTM Benefit is Essential to Quality Patient Care

Congress explicitly expected the outpatient drug benefit not merely to provide access to prescription drug products, but also to assure that medication use by beneficiaries is effectively managed by qualified health care professionals working collaboratively to achieve higher quality patient care. Substantial evidence exists documenting the effectiveness of pharmacists' MTM services in fostering:

- Optimized therapeutic outcomes
- More appropriate and cost-effective medication use
- Reduced medication errors and adverse drug events
- More effective coordination of care
- Improved quality of life

Congress has both a responsibility and a vested interest in ensuring that the Part D benefit is administered efficiently and effectively so that the goals of the program related both to better and more affordable access to medications and to the **enhanced health outcomes from their proper use** are achieved.

Comprehensive pharmacist-delivered MTM services for all Medicare beneficiaries are the essential element to achieve the “cornerstone” results envisioned by Congress and CMS.

We urge your support for LMM's legislative principles and other changes that will foster patient-focused MTM services provided by pharmacists working in collaboration with other providers, beneficiaries, and their families.

² Institute of Medicine -- Committee on Identifying and Preventing Medication Errors, Philip Aspden, Julie Wolcott, J. Lyle Bootman, Linda R. Cronenwett, Editors, July 2006.