



**Statement  
of the  
American College of  
Clinical Pharmacy**

**Submitted to the  
U.S. Senate Committee on Finance**

**“The Medicare Prescription Drug  
Benefit:  
Monitoring Early Experiences  
May 2, 2007**



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# Statement of the American College of Clinical Pharmacy

## Submitted to the Senate Committee on Finance in conjunction with its hearing on

### “The Medicare Prescription Drug Benefit: Monitoring Early Experiences” May 2, 2007

#### **Introduction**

The American College of Clinical Pharmacy (ACCP) appreciates the opportunity provided by Chairman Baucus and members of the Senate Finance Committee to submit this statement for the record concerning early experiences with implementation of the Medicare Part D prescription drug benefit.

ACCP is a national professional and scientific society representing more than 8,000 clinical pharmacist practitioners, researchers and educators. Our members have been among the profession’s leaders for almost three decades in developing and providing professional services, consultation, cutting-edge clinical research, and education programs that improve the quality of medication use in the health care settings in which they practice.

ACCP has consistently advocated for inclusion of a comprehensive pharmacy services benefit within all health care programs. As medication use among Americans continues to grow and prescription medications play an increasingly central role in improving the health outcomes and quality of life in patients with both acute and chronic diseases, the importance and value of pharmacist-provided medication management services have become clear.

#### **Improving Medication Use for Medicare Beneficiaries**

In its 2006 report, *Preventing Medication Errors*, the Institute of Medicine (IOM) outlined many of the deficiencies of the current healthcare system that result in hundreds of thousands of individuals becoming ill, needing additional medical treatment or hospital admission. The report found that **between 44,000 - 98,000 Americans die each year as a result of medical errors**. The estimated cost of treating medication errors in Medicare beneficiaries is at least \$887 million a year.

Given the fact that the typical Medicare beneficiary sees three or more physicians (or other healthcare providers) each year and takes more than five medications, the need for appropriate, pharmacist-provided care is even greater among Medicare beneficiaries than for the overall population.

## Medication Therapy Management (MTM) under Medicare Part D

ACCP welcomed the inclusion of “medication therapy management services” (MTMS) as a key component of the Medicare Part D prescription drug benefit. The statement in the preamble to the Part D final rule stating that MTMS should evolve to become a “cornerstone” of the Part D benefit fully reflects both ACCP members’ expectations of the program and their own commitment to quality patient care.

Effective medication management encompasses an array of professional services that optimize therapeutic outcomes for individual patients. Among the services included in a comprehensive medication management program are:

- Formulating a medication treatment plan and monitoring and evaluating the patient’s response to therapy,
- Performing a comprehensive medication review to identify, resolve and prevent medication-related problems, and
- Coordinating and integrating medication management services within the broader healthcare management services being provided to the patient.

However, under current Part D guidelines, MTM services are insufficiently comprehensive in scope and quality. Equally importantly, they are being made available to only a very small proportion of Part D beneficiaries. Data presented by CMS at the May 1, 2007, meeting of the Pharmacy Quality Alliance showed that only 7.7% of beneficiaries in stand-alone prescription drug plans (PDP’s) and 3.8% of beneficiaries in Medicare Advantage plans (MA-PD’s) participated in the plans’ MTM programs in 2006.

Under the current Part D regulations, the vast majority of Medicare beneficiaries receive essentially no professional services to help them achieve safe and appropriate outcomes from their use of medications. Given the nation’s significant investment in providing medications through the Part D benefit, failure to assure the provision of more comprehensive MTM services is a **significant missed opportunity** to improve health outcomes and reduce overall healthcare costs across the entire Medicare beneficiary population.

Expanding beneficiary access to comprehensive medication therapy management services would yield important benefits to patients and to the Medicare program, including:

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

## **Policy Changes Are Needed to Enhance Medication Management (MTM) within Medicare**

ACCP is one of seven national pharmacist practitioner organizations<sup>1</sup> involved in a coalition effort that will shortly propose substantial policy changes and enhancements to the existing MTM provisions within the Medicare program. The organizations believe that better integration of more comprehensive MTM services provided by pharmacists is essential to achieve the best outcomes from, and maximize the value of Medicare's expenditures for, prescription medications.

ACCP and our coalition partners will be seeking opportunities to meet with members and staff of the committee in the coming weeks to discuss proposals to substantially enhance coverage for MTM services within the Medicare program. We look forward to a productive and beneficial dialogue.

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<sup>1</sup> Academy of Managed Care Pharmacy, American Association of Colleges of Pharmacy, American College of Clinical Pharmacy, American Pharmacists Association, American Society of Consultant Pharmacists, American Society of Health-System Pharmacists, College of Psychiatric & Neurologic Pharmacists.