# Comments of the American College of Clinical Pharmacy

## In Response to:
## Contract Year 2024 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs Proposed Rule (CMS-4201-P)

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The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement to in response to the Contract Year 2024 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs Proposed Rule (CMS-4201-P).

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of 17,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

ACCP's members practice in a variety of team-based settings, including ambulatory care environments, hospitals, colleges of pharmacy and medicine, the pharmaceutical industry, government and long-term care facilities, and managed care organizations. Our focus is the optimization of medication regimens to achieve patient-centered therapeutic goals.

The burden of chronic physical and mental health conditions has far reaching implications for the Medicare program. Over 68% of Medicare beneficiaries have two or more chronic conditions and over 36% have four or more chronic conditions. In terms of Medicare spending, beneficiaries with two or more chronic conditions account for 93% of Medicare spending, and those with four or more chronic conditions account for almost 75% of Medicare spending.[1]

The central role that medications play in the care and treatment of chronic diseases is undisputed. The importance of medications in the care and treatment of chronic illness will only increase as advances in biomedical research and breakthroughs in digital and personalized medicine bring forth a new generation of cures and treatments.

However, no effective incentives currently exist in Medicare to support a coordinated medication management process. Traditional practice models and payment policies result in disjointed prescribing and distribution of medications from unconnected professional "silos." 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, including the Part D MTM benefit, consistently fails to deliver the full promise medications can offer.

In order to enhance access to high-quality care and to ensure the sustainability of the Medicare program as a whole, it is essential that progressive payment and delivery system improvements that have emerged (and that are being actively utilized in both public and private-sector integrated care delivery systems) be expedited and aggressively promoted. It is especially important to pursue those steps that measure and pay for quality and value, not simply volume of services, and that fully incentivize care that is patient centered and team based.

We therefore urge CMS to consider opportunities to integrate coordinated, team-based comprehensive medication management (CMM) provided by clinical pharmacists and delivered

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[1] CDC Report - Prevalence of Multiple Chronic Conditions Among Medicare Beneficiaries, United States, 2010. Available at: http://www.cdc.gov/pcd/issues/2013/12_0137.htm. Accessed October 15, 2015

across all care settings (hospital, outpatient practice, managed care), and during transitions between care settings, throughout the entire Medicare program.

**Background to Medicare Medication Management**

Beginning with the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) in 2003, ACCP worked closely with Congress and CMS to ensure that the new benefit not only enhanced beneficiary access to needed medications, but that the program's operational and quality standards assured that therapeutic outcomes will be fully optimized through the delivery of medication therapy management (MTM) services by pharmacists as a substantial and integral part of the overall drug benefit.

In the preamble to the Part D final rule, CMS stated its belief that the MTM Program would be a "cornerstone of the Medicare Prescription Drug Benefit." MTM was intended to be a "patient-centric and comprehensive approach to improve medication use, reduce the risk of adverse events, and improve medication adherence."[2] However, CMS has acknowledged that it has not been possible to fully demonstrate the value and success of the Part D MTM Program.[3]

Following the implementation of the Part D benefit and the launch of the MTM program, pharmacists across all practice settings worked to deliver high quality patient care to beneficiaries within the Part D MTM structure and sought to make the program a success. Now, after almost two decades of experience, we have concluded that the Part D MTM program as it is currently structured – delivered primarily through prescription drug plans and detached from the patient's health care team and medical records – fails to support this patient-centric comprehensive approach and will never fully realize the full potential of effective, team-based medication management in terms of improved outcomes and lower costs.

This concern is shared by the Medicare Payment Advisory Commission (MedPAC). In a March 2019 Report to the Congress: Medicare Payment Policy, MedPAC stated, "we continue to be concerned that sponsors of stand-alone PDPs do not have financial incentives to engage in MTM or other activities that, for example, reduce unnecessary medical expenditures. Further, the effectiveness of the current MTM services in improving the quality of overall patient care is unclear."[4]

Like MedPAC, ACCP questions whether seeking improvements to the Part D MTM program, as it is currently structured, is the most effective way to achieve medication optimization for beneficiaries. Part D MTM is an administrative benefit delivered by the patient's Part D plan sponsor, rather than a comprehensive medical benefit coordinated through the patient's health care team. Part D MTM is largely delivered using drug claims data and is narrowly focused on issues such as duplications in therapy, gaps in adherence, use of certain classes of medications,

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[2] CMS Memo to all Part D Sponsors. CY 2015 Medication Therapy Management Program Guidance and Submission Instructions. May 7, 2014. Accessed October 15, 2015. Available here: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/MemoContractYear2015MedicationTherapyManagementProgramSubmission050714.pdf

[3] CMS Memo to all Part D Sponsors. CY2013 Part D Reporting Requirements – Request for Comments. January 13, 2012. Accessed October 15, 2015. Available here: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/downloads/ReqforCommentson2013ReportingRequirements_01102012.pdf

[4] MedPAC Report to the Congress: Medicare Payment Policy, March 2019: https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/mar19_medpac_ch14_sec.pdf

and generic substitution. Experience has shown that physicians may be reluctant to accept recommendations from drug plans with which they have no direct relationship.

**Recommendations for Medication Optimization in Medicare**

ACCP believes that medication management services, delivered in a comprehensive manner targeting high-cost, high-risk beneficiaries can result in significant improvements in drug therapy outcomes and contribute to lower overall health care spending by reducing hospitalizations and avoidable emergency room and physician visits. However, we remain concerned that the existing Part D MTM program cannot ensure a true team-based, patient-centered approach to health care consistent with evolving delivery and payment models, such as the patient-centered medical home (PCMH), and will ultimately fall short of realizing the full potential of effective, team-based medication management to improve outcomes and lower costs.

We therefore urge CMS to advance reforms to the Medicare program that provide coverage of CMM services provided by qualified clinical pharmacists as members of the patient's health care team. CMM is a collaborative, team-based approach to patient care delivered by clinical pharmacists operating under formal collaborative practice agreements or through clinical privileges granted by the health care setting in which the clinical pharmacist practices. Effective CMM saves overall health care costs by reducing unnecessary use of more costly health care services.

This team-based service of CMM is supported by the Primary Care Collaborative, (PCC), in which ACCP, as well as the major primary care medical organizations, are actively involved. By helping ensure that seniors' medication use is effectively coordinated, this service is a benefit that enhances seniors' health care outcomes and contributes directly to Medicare's goals for quality and affordability.

Patients benefit from the delivery of CMM in terms of improved outcomes due to the increased individualized attention to medications and the role they play in the patient's therapeutic care plan. In addition, physicians and other care team members benefit when clinical pharmacists apply their pharmacotherapeutic expertise in collaboration with the team to help manage complex drug therapies.

CMM also contributes to enhanced productivity of the health care team, allowing other team members to be more efficient in their own patient care responsibilities. Physicians can dedicate more time to the diagnostic and treatment processes, enabling them to be more efficient, see more patients, and spend more time providing medical care. Team members are freed up to practice at the highest level within their respective scopes of practice by fully utilizing the qualified clinical pharmacist's skills and training to coordinate the medication use process as a full team member.

**About "Qualified Clinical Pharmacists"**

Clinical pharmacists are practitioners who provide medication optimization services and related care for patients in all health care settings. They are licensed pharmacists with specialized, advanced education and training who possess the clinical competencies necessary to practice in

team-based, direct patient care environments. Accredited residency training or equivalent post-licensure experience is necessary for entry into direct patient care practice. Board certification is also expected once the clinical pharmacist meets the eligibility criteria specified by the Board of Pharmacy Specialties (BPS). In providing CMM, clinical pharmacists establish valid collaborative drug therapy management (CDTM) agreements with the patient's provider or are formally granted clinical privileges within a health care practice/institution.

**Summary**

We thank you for the opportunity to provide input on the Medicare CY2024 Proposed Rule. ACCP is dedicated to advancing a quality-focused, patient-centered, team-based approach to health care delivery that helps assure the safety of medication use by patients and that achieves medication-related outcomes that are aligned with patients' overall care plans and goals of therapy.

As part of the process of exploring opportunities to improve the quality of medication management services available to seniors, CMS should integrate coverage of CMM provided by qualified clinical pharmacists as members of the patient's health care team, into the Medicare program. We would welcome the opportunity to provide further information, data, and connections with successful practices that provide CMM services to help further inform your understanding of this service in the context of specific improvements to the Part D MTM program as well as the broader debate over Medicare payment and delivery system reform that will modernize and sustain the program for the future.