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The Honorable Ron Wyden Chairman
The Honorable Orin Hatch, Ranking Member

Senate Committee on Finance
Attn. Editorial and Document Section
Rm. SD-219
Dirksen Senate Office Building
Washington, DC 20510-6200

Dear Chairman Wyden and Ranking Member Hatch,

On behalf of the American College of Clinical Pharmacy (ACCP), I am writing to thank you for holding the July 15, 2014 hearing entitled "Chronic Illness: Addressing Patients' Unmet Needs."

The American College of Clinical Pharmacy (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 over 15,000 practitioners, scientists, educators, administrators, students, residents, fellows, and others committed to excellence in clinical pharmacy and patient pharmacotherapy.

ACCP's members are dedicated to advancing a quality-focused, patient-centered, team-based approach to health care delivery that enhances the safety of medication use by patients and ensures that medication-related outcomes are aligned with patients' overall care plans and goals of therapy. Clinical pharmacists, working collaboratively with physicians and other members of the patient's health care team, utilize a consistent process of direct patient care that enhances quality of care, improves clinical outcomes and lowers overall health care costs.

It is well documented that chronic conditions are the leading cause of death and disability in the United States. Seven out of every ten deaths are attributable to chronic disease, and illnesses like heart disease and cancer top the list of most common causes of death. Forty five percent of Americans suffer from one or more chronic conditions and due the demographic reality of our aging population and public health issues such as the growing obesity crisis, the rates of chronic disease are expected to rise dramatically. [1]

[1] Partnership to Fight Chronic Disease. 2009 Almanac – The Impact of Chronic Disease on US Health and Prosperity. A collection of Statistics and Commentary. Available at http://www.fightchronicdisease.org/sites/fightchronicdisease.org/files/docs/2009AlmanacofChronicDisease_updated81009.pdf. Accessed July 9, 2014.

The burden of chronic 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.[2]

The importance of medication therapies in the treatment and management of chronic disease – and their role in improving the quality of life for patients who suffer from these conditions – cannot be overstated. Medications are involved in 80 percent of all treatments [3] and 60% of seniors are taking three or more discrete prescription or non-prescription medications at any point in time. [4]

Despite these facts, traditional health care 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 consistently fails to deliver the full promise medications can offer.

The too-common result -- particularly in Medicare seniors -- is a range of medication-related problems that frequently are either unrecognized or inadequately addressed:

- dosing "mistakes" that can result in either under treatment or preventable adverse events – or both
- inappropriate, ineffective, or unnecessarily costly medication choices for the established goals of care
- duplicative or interacting medications
- avoidable side effects
- inconsistent adherence or other patient challenges or issues that directly reduce treatment success.

In short, the current medication use "non-system" fails to get the medications right far too often.[5]

Clinical pharmacists use a collaborative, team-based process of care known as comprehensive medication management (CMM) that addresses this unmet need and ensure that patients' medication use is effectively coordinated, safe, appropriate, and aligned with the patients' overall care plan.

CMM helps to "get the medications right." Working in formal collaboration with physicians and other members of the patient's health care team, qualified 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

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[2] 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 July 10, 2014.

[3] Report to the US Surgeon General 2011. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. Available at http://www.usphs.gov/corpslinks/pharmacy/documents/2011AdvancedPharmacyPracticeReporttotheUSSG.pdf. Accessed July 9, 2014.

[4] CDC/NCHS Statistical Data Brief. September 2010.

[5] Parekh, AK et.al. The challenge of multiple comorbidity for the US health care system. JAMA 2010;303(13):1303-1304 (April 7, 2010)

- 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.

In the emerging environment of patient-centered medical homes (PCMH), the practice of CMM is now recognized as a core strategy to achieve better clinical outcomes and quality. 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.[6] Medicaid programs in North Carolina and Minnesota now support CMM within the practice and service components of their primary care delivery systems.[7]

This service is only rarely available to most Medicare beneficiaries – the patient population most in need and most likely to benefit from the service. In order to address this significant unmet need in the treatment of patients with chronic conditions, ACCP urges Congress to enact legislation that would establish a CMM benefit, delivered by qualified clinical pharmacists, within the Medicare program.

The inclusion of a CMM benefit under Medicare Part B would improve the coordination of care among healthcare providers, patients and other caregivers and help prevent avoidable but costly medication errors, adverse drug reactions, and other medication-related patient safety events.

In "getting the medications right," CMM also contributes to enhanced productivity for the entire health care team, allowing other team members to be more efficient in their own patient care responsibilities. Team members are freed up to practice at the highest level of their own 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.

We thank the Committee for its efforts to analyze and address the issue of unmet needs affecting patients with chronic conditions and we urge you to consider our proposal for the inclusion of comprehensive medication management services within the Part B medical benefit. Please feel free to follow up with us at any time if the College and its members can provide additional information.

Sincerely,

Associate Executive Director

Cc: Michael S. Maddux, Pharm.D. FCCP

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[6] Integrating comprehensive medication management to optimize patient outcomes. PCPCC Resource Guide, Second Edition June 2012. Available at http://www.pcpcc.org/guide/patient-health-through-medication-management. Accessed July 9, 2014

[7] Minnesota statute 256B.0625 Subd. 13h, 2005. Available at www.revisor.mn.gov/statutes/?id=256B.0625. Accessed July 9, 2014