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American College of Clinical Pharmacy
John K. McGlew
Director, Government Affairs

March 5, 2014

The Honorable Marilyn B. Tavenner, Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-4159-P
P.O. Box 8013
Baltimore, MD 21244-8013

Delivered electronically via http://www.regulations.gov.

Ref: CMS–4159–P (Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs Proposed Rule)

Dear Administrator Tavenner,

The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to comment on the proposed recommendations for the Medicare program; "Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs," published in the Federal Register on January 10, 2014.

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 is 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 plan 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.

We understand the rationale behind the proposal to make the Medicare Part D Medication Therapy Management (MTM) program more accessible to beneficiaries by lowering the minimum eligibility criteria. As you noted in the proposed rule, initial estimates anticipated that 25 percent of Part D enrollees would qualify for MTM services, yet subsequent analysis revealed that MTM program enrollment is well below that level.

We believe that your proposal to lower the eligibility criteria - together with efforts to improve beneficiary recruitment - will make the service more accessible, will address noted ethnic, racial and economic disparities and ultimately help the MTM program achieve its goals of improving drug therapy outcomes and lowering healthcare costs.

We also appreciate your identification of Section 3503 of the Affordable Care Act (ACA) – an important provision that would provide grants or contracts to eligible entities to implement MTM services provided by licensed pharmacists, as a collaborative, multidisciplinary, inter-professional approach to the treatment of chronic diseases for targeted individuals, to improve the quality of care and reduce overall cost in the treatment of such diseases.

ACCP, together with other professional pharmacy organizations, worked hard to secure inclusion of this provision prior to passage of the ACA post-passage to identify potential revenues sources to fund the provision.

As you note in the proposed rule, complications arising from medication use are not limited to only those covered under Part D. We therefore support the proposal to ensure that OTC medications and dietary supplements are considered as part of any comprehensive medication review (CMR) or ongoing analysis of a beneficiary's overall drug regimen.

However, we also note that Section 3503 calls for a "collaborative, multidisciplinary, inter-professional approach" to the delivery of MTM services. We are concerned 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 team-based approach and will fall short of realizing 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 February 28, 2014 comment letter to CMS in response to the Fiscal Year 2015 Medicare Prescription Drug Benefit proposed rule, MedPAC stated that, "after seven years, it may be time to question whether MTM programs offered through PDPs – without the cooperation and coordination of a beneficiary's care team – have the capacity to significantly improve beneficiaries' drug regimens." The Commission went on to suggest that better medication management might be achieved through programs offered by ACOs, medical homes, and other team-based delivery models, since providers working within these care models have more incentive to improve their patients' medication regimens and eligible patients may be more likely to participate in MTM programs and follow the advice they receive.

Like MedPAC, ACCP supports CMS's commitment to improving medication management but questions whether expanding the Part D MTM program, as it is currently structured is the most effective way to achieve this goal.

We note that the Agency correctly recognizes the significance of the 2013 Center for Medicare and Medicaid Innovation (CMMI) report titled, "Medication Therapy Management in a Chronically Ill Population: Interim Report." The report highlights overall cost savings that can be realized through MTM programs that effectively target high risk individuals who had problems with their drug therapy

regimens and had high rates of hospital and emergency room visits before enrollment as well as those that experienced a recent visit to the hospital or emergency room.

ACCP believes that medication management services, delivered in a comprehensive manner targeting on high-cost, high-risk beneficiaries can result in significant improvements in improvements in drug therapy outcomes and contribute to lower overall health care spending by reducing hospitalizations and avoidable emergency room and physician visits. The provisions in the proposed regulation that lower eligibility requirements and help to ensure access to services for all MTM-eligible beneficiaries will lead to improved medication use, better outcomes for beneficiaries and lower overall program costs.

In summary, we appreciate the work of the Agency for its continuing efforts to improve access to MTM services under Medicare Part D. We believe that the proposed regulatory changes could simplify the MTM eligibility criteria and reduce beneficiary confusion when choosing or transitioning between plans. We also recognize the Agency's efforts to reduce disparity by encouraging sponsors to develop strategies to ensure that beneficiaries in special populations receive focused targeting, outreach, or engagement for enrollment or participation in MTM.

Nevertheless, we remain concerned 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 – 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 in terms of improved outcomes and lower costs.

We thank the Agency for the opportunity to comment on the proposed regulation. Please don't hesitate to contact us with questions about these comments.

Sincerely,

John K. McGlew

John K. McGlew
Director, Government Affairs

Cc: Michael S. Maddux, Pharm.D. FCCP, C. Edwin Webb, Pharm.D. MPH