



Comments of the American College of Clinical Pharmacy and the College of Psychiatric and Neurologic Pharmacists

**Submitted to the
United States Senate Committee on Finance**

**“A Pathway to Improving Care for Medicare
Patients with Chronic Conditions”**

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**Office of Government and Professional Affairs
1455 Pennsylvania Ave., NW
Suite 400
Washington, DC 20004
(202) 621-1820
www.accp.com**



**8055 O Street
Suite S113
Lincoln, NE 68510
(402) 476-1677
www.cpn.org**

The American College of Clinical Pharmacy (ACCP) and the College of Psychiatric and Neurologic Pharmacists (CPNP) appreciate the opportunity to provide the following statement for the Senate Finance Committee related to the May 14, 2015, hearing entitled “A Pathway to Improving Care for Medicare Patients with Chronic Conditions.”

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 16,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

The College of Psychiatric and Neurologic Pharmacists is an association of specialty pharmacists who work to improve the minds and lives of those affected by psychiatric and neurologic disorders. These professionals apply their clinical knowledge in a variety of healthcare settings and positions ranging from education to research with the goal to apply evidence-based, cost efficient best practices in achieving patient recovery and improving quality of life.

Currently, millions of complex, chronically ill Medicare beneficiaries receive care in a delivery system that is fragmented and insufficiently focused on quality and outcomes. We applaud the leadership of the Committee in holding this hearing to examine a program deficiency that not only fails to adequately meet patient needs but threatens the long-term structural and financial viability of the Medicare program.

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

Irresistible demographic trends in the U.S. mean that the number of Americans who depend on the Medicare program for their health care will increase significantly in the coming decades. Some estimates suggest that Medicare, in its current form, will become insolvent by as early as 2027. It is clear that in order to protect the integrity of the program for today's seniors and ensure its sustainability for future generations the structure of Medicare's current benefit design must be improved and modernized.

As the committee continues its effort to examine ways to improve how care for chronically ill Medicare beneficiaries is delivered and paid for, ACCP and CPNP urge you to focus on models that promote and incentivize a truly patient-centered and inter-professional approach to medication related clinical care and medication safety. Medications are the fundamental treatment intervention in each of the eight most prevalent chronic conditions in Medicare patients based on the most recent data from the Centers for Medicare and Medicaid Services (CMS). The typical Medicare beneficiary sees two primary care providers and five medical specialists in any given year. Four of

every five medical encounters result in a prescription order (new or refill); 60% of seniors are taking 3 or more discrete prescription or non-prescription medications at any point in time.

More specifically, we urge you to include reforms to the Medicare Part B program that provide for coverage of comprehensive medication management (CMM) services provided by qualified clinical pharmacists as members of the patient's health care team. This team-based service of CMM is supported by the Patient Centered Primary Care Collaborative, (PCPCC), in which ACCP as well as the major primary care medical organizations are actively involved. CMM helps ensure that seniors' medication use is effectively coordinated, and in doing so enhances seniors' health care outcomes, contributing directly to Medicare's goals for quality and affordability. CMM can "get the medications right" as part of an overall effort to improve the quality and affordability of the services provided to Medicare beneficiaries.

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 particular patient care responsibilities. Physicians and other 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.

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 are being actively utilized in both public and private-sector integrated care delivery systems be facilitated and aggressively promoted -- especially those 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.

ACCP and CPNP are 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 through the provision of CMM. 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 and safety, improves clinical outcomes and lowers overall health care costs.

In summary, as part of the process of reforming the Medicare payment system, Congress should enact reforms to the Medicare Part B program that provide for coverage of CMM services provided by qualified clinical pharmacists as members of the patient's health care team within its broader payment reform efforts. We would welcome the opportunity to provide further information, data, and connections with successful practices that provide CMM services to help further inform the committee about this service in the context of Medicare payment and delivery system improvements that will modernize and sustain the program for the future.

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 May 11, 2015