Comments of the American College of Clinical Pharmacy

Submitted to the
United States Senate Committee on Finance

"Examining Bipartisan Medicare Policies that Improve Care for Patients with Chronic Conditions"

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The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement for the United States Senate Committee on Finance related to the May 16, 2017, hearing titled "Examining Bipartisan Medicare Policies that Improve Care for 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 17,000 clinical pharmacists, residents, fellows, students, scientists, educators, and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

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 Committee's leadership in holding this hearing and for recognizing the urgent need for structural changes to promote a modernized Medicare program that focuses on primary care and that fully incentivizes patient-centered and team-based care.

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. Moreover, 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.

As Senator Roberts noted at the hearing, medications are the most prevalent means by which we prevent and control chronic disease. According to data from the Centers for Medicare & Medicaid Services, medications are the fundamental treatment intervention in each of the eight most prevalent chronic conditions affecting Medicare patients.

For the typical Medicare beneficiary, four of every five medical encounters result in a prescription order (new or refill), and 60% of seniors are taking three or more discrete prescription or nonprescription medications at any time. Furthermore, the importance of medications in the care and treatment of chronic illness will only increase as advances in biomedical research and innovation and breakthroughs in digital and personalized medicine bring new life-saving drugs and devices to patients and a new generation of cures and treatments.

Despite these facts, traditional practice models and payment policies result in disjointed prescribing and distribution of medications from unconnected professional "silos." No effective policies or payment incentives currently exist in Medicare to support a coordinated medication management service for beneficiaries delivered by an effective interprofessional health care team. When combined with the continuing growth in the number and categories of medications – and greater understanding of the genetic and physiological differences in how people respond to their medications – the current system, including the Part D Medication Therapy Management (MTM) benefit in particular, consistently fails to deliver the full promise that medications offer.

We believe that the amendment offered by Senators Roberts and Carper requiring the Secretary of the United States Department of Health and Human Services (HHS) to establish a process, beginning in plan year 2020, by which a Medicare Part D plan sponsor may submit a request to HHS for claims data under Medicare Parts A and B represents an acknowledgment of the limitations of the current Part D MTM structure.

However, the Part D MTM programs are, by law, administrative in purpose and scope. Part D plan administrators – not patients or clinicians – determine who can access an MTM program. We therefore urge the Committee to consider opportunities to integrate and provide coverage for the service of comprehensive medication management (CMM) across all settings of care that serve Medicare beneficiaries.

CMM is a direct patient care service provided by qualified clinical pharmacists in full collaboration with physicians and health care team members using formal "collaborative drug therapy management" agreements or credentialing/privileging procedures to promote the optimization of patients' medication therapy through formal systems of interprofessional practice and accountability.

This team-based service of CMM is supported by the Patient-Centered Primary Care Collaborative, of which ACCP as well as the major primary care medical organizations are active members. 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 contributes substantively to "getting 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 the enhanced productivity of 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 using the qualified clinical pharmacist's skills and training to coordinate the medication use process as a full team member.

ACCP is dedicated to advancing a quality-focused, patient-centered, and team-based approach to health care delivery that helps ensure the optimization 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. We believe and can demonstrate that clinical pharmacists, practicing collaboratively with physicians and other members of the patient's health care team, can bring enhanced quality and safety, improved clinical outcomes, and better managed health care costs to the Medicare program and its beneficiaries.

In summary, as part of the process of reforming the Medicare payment system, Congress should modernize the Medicare program, particularly within Part B, to provide for coverage of CMM services provided by qualified clinical pharmacists as members of the patient's health care team. We would welcome the opportunity to provide additional information, data, and connections with successful practices that currently 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.