



Comments of the American College of Clinical Pharmacy

**Submitted to the
Committee on Energy and Commerce
Health Sub-Committee
United States House of Representatives**

**“A Permanent Solution to the SGR:
The Time is Now”
January 21-22, 2015**



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

The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement for the House Energy and Commerce Health Subcommittee hearings on the issue of Medicare physician payment reform and needed changes to the Sustainable Growth Rate (SGR) formula.

These comments are consistent with information provided last year during consideration by the Committee of proposed legislation on this issue. We applaud the leadership of the Committee in moving swiftly in the 114th Congress to address this fundamental issue in assuring the quality, sustainability, and effectiveness of the Medicare program going forward.

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 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy. We are joined in these comments by the College of Psychiatric and Neurologic Pharmacists (CPNP), with whom we work closely on policy issues related to Medicare payment policy reform, benefit re-design, and care delivery transformation.

We fully support the continuing efforts of the Committee in seeking to address the flaws of the current volume-based physician/provider payment system and to develop meaningful reforms that achieve better care for Medicare patients as well as longer-term economic viability of the Medicare program. 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.

To that end, 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. 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.

As the committee continues its effort to develop and adopt payment approaches that link closely to current and evolving value and quality objectives, ACCP urges you to include payment mechanisms and incentives that promote a truly patient-centered and inter-professional approach to medication-related clinical care and medication safety. Such measures should encourage broader adoption of the team-based service of comprehensive medication management (CMM) that 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.

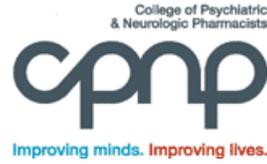
This is particularly critical for seniors, due to the essential role that medications play in their care and treatment:

- 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);
- 66% of Medicare beneficiaries have two or more chronic diseases; 40% have four or more;
- 60% of seniors are taking 3 or more discrete prescription or non-prescription medications at any point in time.
- Medications are the fundamental treatment intervention in each of the eight¹ most prevalent chronic conditions in Medicare patients based on the most recent data from the Centers for Medicare and Medicaid Services (CMS).

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 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 High blood pressure, high cholesterol, ischemic heart disease, arthritis, diabetes, heart failure, chronic kidney disease, depression.



THE EVIDENCE FOR VALUE OF COMPREHENSIVE MEDICATION MANAGEMENT SERVICES: “GETTING THE MEDICATIONS RIGHT” RESOLVES REAL PROBLEMS AND IMPROVES OUTCOMES

Growing evidence demonstrates the care quality and economic benefits of a **comprehensive approach to team-based medication management**. It also reveals that some commonly cited “medication problems” for patients, including seniors, are often not the leading reasons for treatment failures and incomplete achievement of clinical goals. “Medications” include prescription and non-prescription products, herbals, and vitamins/supplements.

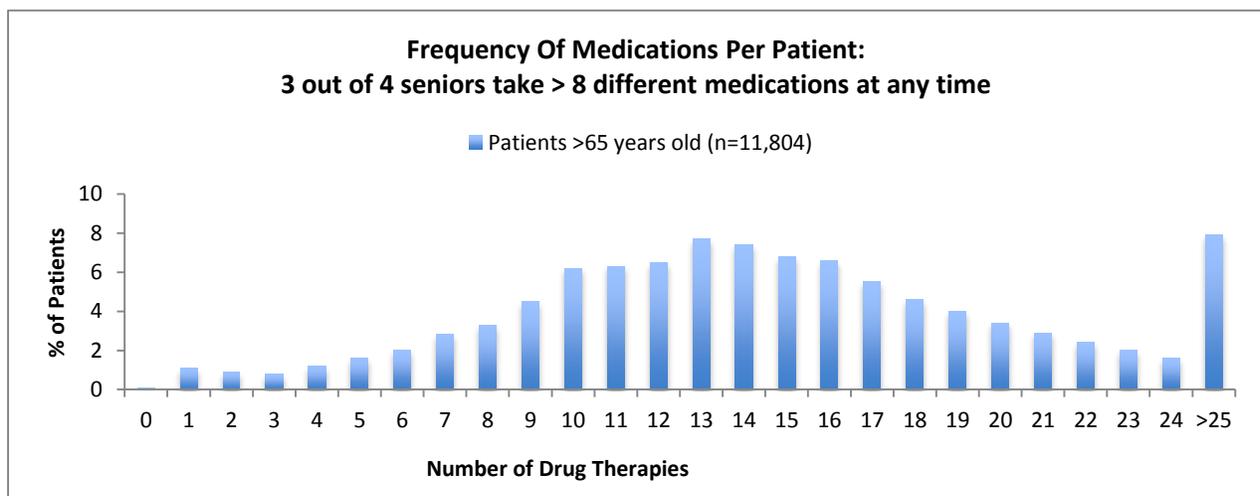
The data represented below reflect aggregated results from 19 distinct medication management service practices, provided by qualified pharmacists within settings such as community-based pharmacies, hospital-based clinics, free-standing medical clinics, and health systems. In all cases, a consistent and comprehensive process of care was used in the provision of the service. Data reflect 11,804 patients (over 65 years old) with 21,213 documented encounters. All patients received services between April 2006 and September 2010.¹

2 out of 3 Medicare Beneficiaries Need Access to Comprehensive Medication Management (CMM) Services

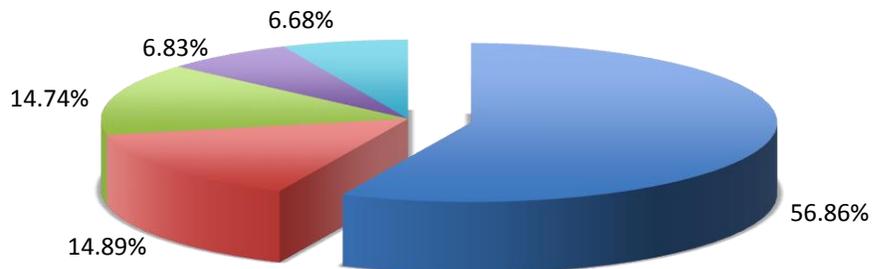
Of the 11,804 patients documented, 2 out of 3 seniors had 3 or more medical conditions and 2 out of 3 seniors were identified with 2 or more drug therapy problems.

Providing coverage for CMM services could help the Medicare program avoid:

Almost 6 million physician office visits, saving more than \$1 billion annually
670,000 emergency room visits, saving more than \$500 million annually



**Types of Drug Therapy Problems:
Almost half of problems result from improper medication use.**



Category of Drug Therapy Problem

- Improper Use (Dose too low/Different or additional drug needed/Wrong drug)
- Non-Adherence
- Adverse reaction
- Dose too high
- Unnecessary

HEALTH CARE SERVICES SAVINGS FROM CMM SERVICES

	11,804 patients (over 65 years old) 21,213 encounters			Medicare Part B Population Projections	Medicare Part B Population Projections**
Health care savings*	# of events avoided	# of referrals	\$ net savings	# of events avoided	\$ Gross Savings
Office visit (\$182)	9,146	838	\$1,512,056	23,789,053	4,329,607,646
Specialist visit (\$564)	549	149	\$225,600	1,427,967	805,373,388
Urgent care (\$182)	263	7	\$46,592	684,072	124,501,104
Emergency department visit (\$821)	1,033	12	\$838,241	2,686,868	2,205,918,628
Hospital admission (\$29,046)	69	15	\$1,568,484	179,471	5,212,914,666
Totals			\$4,190,973		

*Health care event savings and referral costs based on 2008 U.S. averages from Expenses per Visit for Ambulatory Visits and Inpatient Stay for 2008, Agency for Healthcare Research & Quality-Center for Financing, Access, and Cost Trends, 2010 and Genworth 2011 Cost of Care Survey, Genworth Financial 2011.

** Projections based on data collected over period: April 2006 to September 2010