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Room for Improvement Through National Policy Initiatives



The Medicare Modernization Act of 2003 (MMA) provides another opportunity for the pharmacy profession to improve and strengthen its social contract as the learned intermediary with patients, prescribers and payers. While this Medicare Part D requirement is limited in its beneficiary reach and extremely flexible in its requirements of providers, the Centers for Medicare and Medicaid Services (CMS) is increasing its evaluation of these programs and therefore provides a developing evidence base for the quality improvement associated with integrating the pharmacist into collaborative medication management service provision.

AACP was among the many organizations that advocated for the Medicare Part D benefit to be a much more robust platform for pharmacist-provided medication management. Part of that platform included, and still does today, payment for pharmacy services under Medicare Part B. Despite a strong and sustained advocacy effort, the Part D benefit MTM provision resolved to its rather weak statutory language due to:

- the lack of a sufficient, rigorous evidence base of the value of the pharmacist in medication management;
- insufficient appreciation of the changes in the education of the pharmacist; and
- program cost estimates leading some to discern changes may be ill-considered or indiscriminate.

Even with leadership changes within CMS, the MTM program remains a priority for CMS to:

- increase the evaluation;
- improve the quality; and
- create a more consistent approach to Part D plan MTM delivery.

The most recent guidance published by CMS for Part D plans regarding MTM program delivery in 2008 is illuminating in its direct statements of recognizing the importance of medication therapy management to improved quality of care for Medicare beneficiaries. To view the Medicare Part D MTM Programs 2008 FACT SHEET go to www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/MTMFactSheet.pdf.

The Part D MTM programs provide ample advocacy opportunities for academic pharmacy in a number of areas.

1. Research

The need for solid, quantitative data still remains to move patients, policy makers, prescribers, and payers from their traditional images and utilization of the pharmacist. Two areas of health services research that can help change this traditional image are comparative effectiveness research (CER) and the development of quality indicators. The potential for pharmacy faculty to move the profession from behind the counter will increase dramatically through research that compares healthcare practices that include or do not include the pharmacist as part of the medication management team. Both the Institute of Medicine and the Agency for Healthcare Research and Quality are engaged in discussions and support CER. The creation of quality indicators requires development and testing for which pharmacy faculty are well qualified. The Pharmacy Quality Alliance is an example of pharmacy faculty driving the development of pharmacy-focused quality indicators that are intended to move payers toward payment for quality MTM services. For more information, visit www.pqaalliance.org.

2. Improving MTM

It is clear that the Medicare Part D benefit is limited in its reach and therefore its impact. According to CMS, just “10 percent of beneficiaries enrolled in Plans with a Medication Therapy Management Program (MTMP) met the Plan’s designated MTMP criteria.” Yet the use of community-based pharmacists to provide MTM by Part D plans has doubled from 10 percent in 2007 to 20 percent in 2008. Toward the end of creating a more robust MTM program, pharmacy organizations, including AACP, have organized through the Leadership for Medication Management (LMM). The two pronged strategy for the LMM is to create a Part D funded yearly drug review for all Medicare beneficiaries and the provision of additional medication management services that would be paid for through Medicare Part B.

The 111th Congress will provide ample opportunity for pharmacy faculty to be engaged in federal efforts to improve the quality of care through medication management for all Americans. Preparing for this engagement now by enhancing the evidence for our arguments through research is essential.