

October 8, 2009

The Honorable Max Baucus
United States Senate
Washington, DC 20510

RE: Pharmacist MTM in Senate HCR Proposals

Dear Chairman Baucus:

The pharmacy profession, as represented by the organizations listed below, is pleased that the Senate Finance Committee and Senate Health, Education, Labor and Pensions (HELP) Committee proposals to reform the healthcare system recognize the importance of medications and their potential to positively impact the health of our nation's citizens. We look forward to continuing to work together to strengthen patient access to medications accompanied by patient-centered management of those medications. As provisions in the pending Senate proposals indicate, medication therapy management (MTM) is a quality improvement process that should be integrated across the continuum of care. MTM is an essential service that should be integrated into efforts to: improve care coordination; reduce preventable hospital readmissions; and improve medication reconciliation at transitions of care; and when care is delivered through primary care, home health services, school-based clinics, telemedicine, and long-term care services. Re-organizing our health care system will require that patients and prescribers have the tools necessary to optimize appropriate medication use, reduce medication-related problems, and improve health outcomes through the delivery of MTM services, health promotion, disease prevention and chronic care management activities.

Proper use of medications helps improve quality of life and health outcomes. However, under the current system, we incur more than \$177 billion annually in mostly avoidable health care costs to treat adverse events from inappropriate medication use.^[i] The proper use of medication becomes even more important as treatment of chronic disease costs the health care system \$1.3 trillion annually, or about 75 cents of every health care dollar.^[ii] A 2006 Institute of Medicine report requested by the Senate Finance Committee estimated "that there are at least 1.5 million preventable ADEs [adverse drug events] that occur in the United States each year. The true number may be much higher."^[iii] Clearly, more must be done to address this crisis.

To this end, as you merge the two proposals, we encourage you to maintain the following elements of the proposals:

- **Integrated Care Models** such as medical homes, accountable care organizations, community health teams, and home-based chronic care programs.
(HELP Section 212; Finance Title II, Subtitle B; Finance Title III, Subtitle A, Part III)
 - Add to the list of models that the CMS Innovation Center must test, a model that funds pharmacists who offer chronic care management services, including MTM services, to Medicare beneficiaries in coordination with interdisciplinary care teams. This change reflects other directives to the

Center to test certain models, such as the model to fund home health providers who offer chronic care management services to Medicare beneficiaries in cooperation with interdisciplinary teams.

- Amend the clause "utilize medication therapy management services" by adding "provided by pharmacists or other qualified providers with expertise in medication use" to ensure that providers of MTM services are qualified. Alternatively, the unique qualifications of pharmacists could be measured by requiring at least one of the programs that utilize MTM services to measure the impact of pharmacist-provided MTM services.
- Expand any benefit plan that offers prescription drug coverage to also include medication therapy management services for patients whose prescribers determine that the patient would benefit from these services.
- Retain the home-based chronic care pilot program outside of the CMS Innovation Center. The program, modeled on the successful VA home-based program, is a proven strategy that reduces hospitalizations and improves quality of care for the most complex, older patients. Pharmacists play a significant role, as core members of the interdisciplinary team, in assessing, managing and monitoring medications for this high-cost population.
- **Transitional Care Activities** such as medication reconciliation, medication records, and discharge planning that may include medication therapy management services. **(HELP Section 216; Finance Title III, Subtitle A, Part III)**
 - Clarify that pharmacists may provide these services and have their services compensated through Medicare Part B.
- **Grant Programs** aimed at evaluating the effectiveness of patient-centered, team-based practice approaches; specifically the programs that support medication therapy management. **(HELP Section 213; Finance Title III, Subtitle A, Part III)**
 - Retain the stand-alone grant program that tests pharmacist-provided MTM services as defined by the pharmacy profession's Core Elements of an MTM Program.^[iv] The program ensures testing of delivery care models, such as patient-centered self-management programs, that improve patient outcomes through team-base collaboration between prescribers and pharmacists.
 - Retain the requirement of the CMS Innovation Center to ensure that medication therapy management services are integrated into efforts to improve care coordination, reduce preventable hospital readmissions, and improve medication reconciliation at transitions of care.
- **Incentive Programs** that provide Medicare Advantage plans incentives to provide robust medication therapy management programs. **(Finance Title III, Subtitle C)**

In 2003 the pharmacy community welcomed the inclusion of coverage for MTM services under the Medicare Part D prescription drug benefit. However, due to restricted access to the benefit and a lack of guidance to plans on how MTM services should be delivered, the impact of the benefit on Medicare beneficiaries was limited. CMS itself acknowledged these limitations, and called for some important enhancements to Part D MTM in its 2010 Call Letter. The pharmacy community looks forward to continuing to deliver services under an enhanced Part D MTM benefit and urges the Committees to draw on the Part D MTM experience and ensure meaningful access to pharmacists' clinical services that optimize

appropriate medication use, reduce medication-related problems, and improve health outcomes."

Conclusion

Increasing access, improving quality, and refocusing healthcare on keeping people well requires a re-organization of our healthcare system and the utilization of providers in that system. Our nation's pharmacists play a critical role in providing affordable, accessible and quality health care. Decisions made to reform our healthcare system should enhance, fully recognize and utilize the professional skills and competencies of pharmacists. We are encouraged by the committees' recognition of the importance of MTM services. We fully support retaining and strengthening these provisions as stated above.

Our organizations, representing pharmacists and pharmacies in all practice settings, look forward to continuing to work with the Committee and Senate leadership to enact health reform. We would welcome the opportunity to discuss questions you may have regarding any of these provisions. Should you wish to do so, please contact John Coster, Senior Vice President of Government Affairs for the National Community Pharmacists Association at (703) 888-0859 or john.coster@ncpanet.org or Kristina Lunner, Vice President of Government Affairs for the American Pharmacists Association at (202) 429-7507 or klunner@aphanet.org.

Sincerely,

Academy of Managed Care Pharmacy
American Association of Colleges of Pharmacy
American College of Clinical Pharmacy
American Pharmacists Association
American Society of Consultant Pharmacists
American Society of Health-System Pharmacists
College of Psychiatric & Neurologic Pharmacists
Food Marketing Institute
International Academy of Compounding Pharmacists
National Association of Chain Drug Stores
National Alliance of State Pharmacy Associations
National Community Pharmacists Association
Rite Aid Corporation
Safety Net Hospitals for Pharmaceutical Access
Walgreen Co.

cc: Russell Sullivan, Health LA

[i] Ernst FR, Grizzle AJ. Drug-related morbidity and mortality: updating the cost-of-illness model. J Am Pharm Assoc. 2001;41:192-9

[ii] "An Unhealthy America: The Economic Burden of Chronic Disease," Milken Institute, Oct. 2, 2007

[iii] Preventing Medication Errors: July 2006, Institute of Medicine

[iv] American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication therapy management in pharmacy practice: core elements of an MTM service model (version 2.0). J Am Pharm Assoc. 2008;48:341-53.