



October 21, 2015

Rep. Joe Pitts (R-PA)
Chairman
Subcommittee on Health
Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

Rep. Gene Green (D-TX)
Ranking Member
Subcommittee on Health
Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

Re: Examining the Medicare Part D Medication Therapy Management Program

Dear Chairman Pitts and Ranking Member Green:

The Academy of Managed Care Pharmacy (AMCP or Academy) appreciates the opportunity to submit comments for the record on the hearing entitled: “*Examining the Medicare Part D Medication Therapy Management (MTM) Program*” held on October 21, 2015. AMCP appreciates that the Subcommittee is willing to consider stakeholders’ perspectives associated with the Medicare Part D MTM program. AMCP strongly supports MTM programs, particularly those that focus on the ability of pharmacists to use their education and training to provide medication management in collaboration with other health care professionals to optimize beneficiary outcomes. In addition to interventions that improve adherence, MTM programs help ensure that beneficiaries receive the correct medication, ensure appropriate dosing and monitor for contraindications and potential adverse effects. AMCP supports the ability of prescription drug programs (PDPs) and Medicare Advantage programs with prescription drug benefits to provide MTM programs in a manner that meets the needs of the population served. AMCP believes that the recent enhanced MTM test model released by the Centers for Medicare and Medicaid Services’ (CMS) and the Centers for Medicare and Medicaid Intervention (CMMI) is a positive step to providing flexibility to PDPs to design appropriate programs to improve the delivery of MTM services and also improve beneficiary outcomes. AMCP encourages Congress to gather data from the test model prior to enacting legislation to change existing MTM criteria.

AMCP is a national professional association of pharmacists and other health care practitioners who serve society by the application of sound medication management principles and strategies to improve health care for all. The Academy's more than 7,000 members develop and provide a diversified range of clinical, educational and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit.

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Medication-related problems are a significant public health issue within the healthcare system. The Food & Drug Administration's Adverse Event Reporting System estimates that more than 1.17 million¹ prescription related-adverse events occur each year, resulting in \$3.5 billion in medical costs annually.² Pharmacists participating in team-based care models have made positive contributions to patient care and safe medication use. Based on their focused education and training in medication management, they are uniquely positioned in the health care system to help optimize appropriate medication use, reduce medication related problems and improve health outcomes. As clinical experts working as part of an inter-professional team, pharmacists can assess whether medication use is contributing to unwanted effects and can help achieve the desired outcomes from medication use. In one significant example, a study of MTM programs in a large health system identified that 85% of patients had at least one drug therapy problem, and 29% of patients had five or more drug therapy problems.³ A pharmacist-led MTM program in that health system saved \$2,913,850 (\$86 per encounter) over a 10-year period. The total cost of MTM was \$2,258,302 (\$67 per encounter), for an estimated return on investment of \$1.29 per \$1 in MTM costs.⁴

The body of clinical and scientific literature on the positive impact on outcomes and costs associated with MTM and pharmacists' services continues to expand. To date, much of this research has not been associated directly with the Medicare Part D MTM program. In 2014, the Agency for Health Research and Quality (AHRQ) completed a systematic review of outpatient MTM programs under Medicare Part D.⁵ The review found some evidence of improvements in outcomes and rehospitalization rate reductions for beneficiaries with congestive heart failure and an increase in generic dispensing rates in community pharmacy, but overall found a very low correlation between MTM interventions and outcomes.⁶ AMCP's analysis of the systematic review found that many of the studies were published in 2004, before widespread adoption of more sophisticated MTM programs.⁷ Furthermore, the analysis disregarded some because of the interventions did not meet the targeting requirements of the MTM program.⁸ The AHRQ analysis demonstrates the need for additional research to assess the implications of MTM interventions on outcomes and costs. Additional research should not be limited to only the existing criteria for Part D MTM, but rather it should examine MTM services for Medicare Part D beneficiaries. In addition, the data collected by the enhanced MTM model, could be used to provide this much-needed data to fully examine the effectiveness of the MTM program. Through a partnership between the public and private sector, AMCP also recommends examining the impact of the use of health information technology on MTM outcomes.

¹ Food & Drug Administration's Adverse Event Reporting System Updated December 2013. <http://1.usa.gov/1W3FkGL>. Accessed October 20, 2015.

² Institute of Medicine. Committee on Identifying and Preventing Medication Errors. Preventing Medication Errors, Washington, DC: The National Academies Press 2006.

³ De Oliveria, Djenane, PhD, Amanda Brummel, PharmD, and David Miller, RPh. "Medication Therapy Management: 10 Years of Experience in a Large Integrated Health Care System." *Journal of Managed Care Pharmacy* (2010): 185-95.

⁴ *Ibid.*

⁵ MTM Interventions in Outpatient Settings. Agency for Health Care Research and Quality; November 17, 2014. <http://1.usa.gov/1LKNSf5> Accessed October 20, 2015.

⁶ *Ibid.*

⁷ AMCP Comments to AHRQ on Systematic Review of Medicare Part D MTM. January 7, 2014. <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=17521>. Accessed October 20, 2015.

⁸ *Ibid.*

AMCP is taking proactive steps to help improve MTM programs in Medicare Part D and in other settings. AMCP recently convened an MTM Advisory Group that regularly meets to discuss ways to improve MTM programs. The Advisory Group includes both AMCP members and other stakeholders to allow robust discussion and recommendations for improvements. The Advisory Group is identifying the proper Systematized Nomenclature of Medicine (SNOMED) codes to communicate MTM services and ways to improve the delivery of MTM by electronically connecting health plans and PDPs with pharmacies and prescribers. Based on AMCP's collaborative work in MTM and in other areas, we will be positioned to provide recommendations for additional research opportunities and new areas of collaboration with the goal of adding to the data collected by the enhanced MTM test model.

The role of MTM services in Medicare Part D and other programs in improving medication use continues to expand. As noted above, AMCP supports MTM services conducted primarily by pharmacists. To more effectively provide these services, there is a need to recognize the services pharmacists provide under Medicare Part B. Recognition and payment of these services will result in pharmacists as full members of the health care team with a direct stake in patient care management and outcomes. Studies and practice-based experience have shown that when pharmacists are involved as members of the health care team, patient outcomes improve, patients report higher rates of satisfaction, and overall health care costs are reduced. AMCP encourages Congress to consider legislation to support pharmacists as providers.

Again, thank you for considering the views of stakeholders on the current and future Medicare Part D MTM program. AMCP encourages the Subcommittee and other Members of Congress to gather data from the expanded test model for MTM before making additional changes to the targeting requirements for MTM. If you have any questions, please contact Mary Jo Carden, mcarden@amcp.org, 703-683-8416.

Sincerely,



Edith A. Rosato, R.Ph., IOM
Chief Executive Officer