



**American Pharmacists Association**<sup>®</sup>  
Improving medication use. Advancing patient care.

Statement of the American Pharmacists Association

Hearing on:

“Examining the Medicare Part D  
Medication Therapy Management Program”

October 21, 2015

10:15 a.m.

2322 Rayburn House Office Building

The American Pharmacists Association thanks Chairman Pitts, Ranking Member Green, and the members of the Subcommittee on Health for the opportunity to submit the following statement regarding the Medicare Part D Medication Therapy Management (“MTM”) Program for the record.

APhA, founded in 1852 as the American Pharmaceutical Association, represents more than 62,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, community health centers, physician office practices, ambulatory care clinics, managed care organizations, hospice settings and the uniformed services.

APhA appreciates the Committee’s recognition of the importance of high-quality care, including MTM, to the continued success of the Medicare Part D program. As a long-time advocate for Part D MTM program improvements, APhA strongly supports Congressional and federal agency efforts to foster innovation in the program.

As Congress and other policymakers consider methods for strengthening and enhancing MTM services, we encourage the removal of current barriers to beneficiary and provider participation and engagement in MTM programs. Expanding access to MTM services benefits patients and the Medicare program as whole by improving patient health outcomes attributable to effective medication management as well as overall quality of care. APhA encourages policymakers to consider the following issues when evaluating possible changes to the MTM program.

Pharmacists are committed to providing the highest quality of care possible to their patients, and, for many patients, pharmacist-provided MTM plays an essential part in optimal health outcomes. In its 2013 report on MTM programs, the Center for Medicare & Medicaid Innovation (“CMMI”) noted that “high-performing MTM programs” leverage both “trusted relationships” between pharmacists and patients and close coordination between pharmacists and prescribers.<sup>1</sup> We agree that these relationships are foundational and we appreciate and support programs that emphasize improvement in overall coordination of MTM services between pharmacists and prescribers, as well as other health care providers. Effective coordination of MTM services provides greater patient access to pharmacists’ services, more broadly utilizes pharmacists’ training and expertise, and permits physicians to identify and refer patients who could benefit from MTM or other medication management services.

### **Increased Patient Access**

Despite the demonstrated benefits of MTM, and the Centers for Medicare & Medicaid Services’ (“CMS”) statement that MTM program should be “a cornerstone of the Medicare Prescription Drug Benefit,”<sup>2</sup> utilization rates for MTM services have consistently lagged behind expectations. APhA believes that eligibility criteria for services, which vary from plan to plan (although capped by guidance), may explain some of the underutilization. While we understand the necessity of baseline eligibility criteria, we suggest that the inclusion of a cost threshold (\$3,138 for CY 2015) for MTM services is unnecessary. If population-based targeting for MTM eligibility is

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<sup>1</sup> *Id.* at 1948; CMMI, *Medication Therapy Management in Chronically Ill Populations: Final Report* (Aug. 2013).

<sup>2</sup> Centers for Medicare & Medicaid Services, *CY 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Programs; Proposed Rule*, 79 Fed. Reg. 1951 (Jan. 10, 2014).

desired, the number of chronic conditions a beneficiary has and the number of Part D drugs a beneficiary takes are likely better indicators than annual medication costs.

Additionally, MTM eligibility criteria should not supplant medical expertise. At present, plan determinations form the sole basis for MTM eligibility, and a patient's providers (who are most familiar with a beneficiary's medical history, problem list, and overall care plan) are not permitted to identify and refer patients for MTM services. In order to derive the greatest return on investment in MTM, we suggest that plans provide more discretion to health care providers, including pharmacists and prescribers, in the identification of patients who could potentially benefit from MTM services.

APhA also believes patient access and choice are critical components of effective MTM programs. Thus, APhA supports solutions that do not limit beneficiaries' ability to choose where they receive MTM services. As previously noted, CMMI has acknowledged that "high-performing MTM programs" leverage both "trusted relationships" between pharmacists and patients and close coordination between pharmacists and prescribers.<sup>3</sup> Patients who prefer to see the pharmacist with whom they have a trusted relationship should have that option. Further, allowing patients to work with trusted, familiar providers may also improve beneficiary acceptance and utilization of MTM services.

Finally, current Medicare benefit designs and compensation structures make it difficult for pharmacists and other providers to engage fully in the provision of MTM and other services, and thus, limit patients' ability to access and benefit from coordinated team-based care. APhA strongly encourages increased flexibility and the removal of barriers preventing Medicare beneficiary access to pharmacists and other providers who are integral to concept of coordinated team-based care.

### **Technology Considerations**

To create and maintain effective MTM programs, prescription drug plans ("PDPs") need to establish meaningful connections with pharmacists, pharmacies, prescribers, and patients, and they must be able to access Part A and B data in a timely manner in order to coordinate MTM service delivery effectively. This can be very challenging given the siloed nature of stand-alone PDPs. APhA has concerns that, due to the significant barriers in connectivity of PDPs with local pharmacists and prescribers, many of the strategies that are successful in private-sector MTM programs (*e.g.*, physician referrals or ordering consults via electronic health records ("EHRs"), reliance on local pharmacists for MTM services, and/or ordering Comprehensive Medication Reviews ("CMRs") or medication histories in advance of medical appointments) have not been incorporated into the Part D benefit. APhA encourages policymakers to engage in efforts to improve connectivity and information sharing between PDPs, pharmacists, and prescribers in order to better align the Part D MTM program with coordinated team-based care delivery models.

The most effective health care programs include the coordination and collaboration of all members of a patient's health care team. Pharmacists providing MTM have indicated to APhA that the lack of access to pertinent health information and appropriate health information technology when providing MTM services presents a major challenge. Coordination of care between pharmacists and prescribers, including the bidirectional exchange of pertinent clinical information such as the patient's goals of therapy, should underpin MTM programs. Because the Affordable Care Act did not provide funding to pharmacies to upgrade electronic systems, pharmacies may not have the resources to invest in new or improved technologies that facilitate interoperability. Thus, we recommend that, to the

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<sup>3</sup> *Id.* at 1948; CMMI, *Medication Therapy Management in Chronically Ill Populations: Final Report* (Aug. 2013).

extent possible, the Committee consider options that provide support and incentives for the implementation and adoption of systems with built-in EHR functionality for pharmacists providing MTM services.

### **Quality Measurement**

APhA supports performance incentive programs for PDPs and MTM providers based on quality metrics that are based on clinical significance and linked to improved outcomes. These should include a mixture of process (*e.g.*, identification and resolution of drug therapy problems) and outcomes measures (*e.g.*, hospital re-admission or emergency room encounters), and will require access to patient outcomes through Parts A and B encounter and claims data. APhA encourages the development of structured, standardized surveys of patient experience regarding the quality of services provided, as literature consistently demonstrates that patient experience is positively associated with clinical effectiveness and patient safety.

### **MTM Program Outreach and Awareness**

Since the creation of the program, lack of awareness, on both the patient and physician levels, has proven to be a barrier to uptake and utilization of the Part D MTM services. Ongoing outreach and education about MTM services is crucial to creating and sustaining comprehensive MTM programs.

Pharmacists hope to continue working closely with Congress, federal agencies, plans, clinicians and other stakeholders to identify and implement MTM best practices that produce a substantial return on investment in pharmacist-provided MTM services and better integrate and coordinate MTM with other team-based health care services. On behalf of pharmacists, we again thank the Committee for recognizing the value of pharmacist-provided MTM services to high-quality patient care. As the Committee continues its work, we encourage you to use APhA as a resource. If you have any questions or require additional information, please contact Michael Spira, Senior Lobbyist, Government Affairs at [mSPIRA@aphanet.org](mailto:mSPIRA@aphanet.org) or by phone at (202) 429-7507.

Sincerely,



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Executive Vice President and CEO

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