

House Energy and Commerce Subcommittee on
Health

Hearing on: “Examining the Medicare Part D
Medication Therapy Management Program”

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Statement for the Record
Submitted by ASHP



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ASHP (the American Society of Health-System Pharmacists) respectfully submits the following statement for the record to the House Energy and Commerce Committee's Subcommittee on Health hearing on examining the Medicare Part D Medication Therapy Management Program.

ASHP represents pharmacists who serve as patient care providers in acute and ambulatory settings. The organization's more than 40,000 members include pharmacists, student pharmacists and pharmacy technicians. For over 70 years, ASHP has been on the forefront of efforts to improve medication use and enhance patient safety. For more information about the wide array of ASHP activities and the many ways in which pharmacists advance healthcare, visit ASHP's website, www.ashp.org, or its consumer website, www.SafeMedication.com.

Medications have become the first line of therapy to treat patients with chronic diseases and acute complex diseases such as cancer and heart failure. Breakthroughs in new medications have led to more Americans living longer, healthier lives. Along with development and approval of new medications, however, new challenges have also emerged. Within the Medicare community alone, nearly 70 percent of Medicare beneficiaries have one or more chronic conditions¹, and many of these beneficiaries are taking multiple medications. Lack of proper medication oversight and management can

¹ Centers for Medicare and Medicaid Services. Chronic Conditions Among Medicare Beneficiaries, Chartbook, 2112 Edition.

result in suboptimal therapeutic outcomes and in some cases, patient harm. For example, too many patients are unnecessarily readmitted to the hospital or have to visit the emergency department due to medication-related issues. These events also add to the costs absorbed by the Medicare Program.

As the medication use experts, pharmacists have the background and training necessary to ensure that patients make the best use of their medications, and are often the most accessible healthcare professional. Further, pharmacists today receive clinically-based doctor of pharmacy degrees, and many also complete post-graduate residencies, and become Board-certified in a variety of specialties. Pharmacists in hospitals and ambulatory clinics work with physicians, nurses, and other providers on inter-professional teams to manage patients' medications and ensure appropriate care transitions.

Care transitions alone are a significant cost driver to the Medicare Program. According to the Centers for Medicare & Medicaid Services, hospital readmissions among Medicare beneficiaries result in annual costs to the Medicare program of \$26 billion. Upon discharge from the hospital, many patients are in need of education about newly prescribed medications they must take, which often involves follow-up to ensure that medications are taken properly when they arrive home. Without it, many patients are re-admitted to the hospital, often within 30 days of being discharged. As a result, many

hospitals have now developed strategies to reduce readmission numbers by utilizing pharmacists to provide education on how to take new medications, answer questions or concerns patients have, or provide instruction on whether medications they were taking prior to hospitalization can be discontinued. Pharmacists often follow-up with patients after they return home to answer questions, and to ensure that their therapy is going as planned.

A recent study in the *American Journal of Health-System Pharmacy*² noted that patients assigned to receive pharmacist interventions in conjunction with physician hospital follow-up visits have a statistically significant lower rate of readmission within 30 days (9.2%) than those who did not receive pharmacist interventions (19.4%). Another study examined the development of a collaborative transitions of care program for heart failure patients³ in a 390-bed community hospital. Pharmacists performed daily medication profile reviews for high-risk heart failure patients, including appropriate discharge counseling. The result was a reduction in 30-day heart failure readmissions and a cost savings of roughly \$5,652 per patient.

In outpatient clinics, accountable care organizations, medical homes, and physician group practices, pharmacists are working collaboratively with other healthcare

² Impact of pharmacist intervention in conjunction with outpatient physician follow-up visits after hospital discharge on readmission rate; *Am J Health-Syst Pharm*—Vol 72 June 1, 2015

³ Development of a collaborative transitions-of-care program for heart failure patients; *Am J Health-Syst Pharm*—Vol 72 Jul 1, 2015

professionals to help patients manage their chronic diseases such as diabetes, high blood pressure, and heart failure. The value that pharmacists provide as medication-use experts has become more evident as the inter-professional team members increasingly rely on the expertise of pharmacists on medication-related issues. In addition to medication and chronic disease management, pharmacists can administer immunizations and perform preventative health-screening services such as blood pressure, glucose, cholesterol, and bone-density tests.

As the number of Americans reaching retirement continues to grow, the projected enrollment into the Medicare Program will correspondingly increase. At the same time, the number of uninsured Americans continues to decrease. The result is tremendous pressure being placed on a primary care infrastructure that cannot meet the burgeoning demand of care needs. This has left many Americans, including Medicare beneficiaries, with few options for obtaining basic healthcare services. Legislation before your committee, H.R. 592, the “Pharmacy and Medically Underserved Areas Enhancement Act” would address that gap in care by enabling pharmacists to better apply their full expertise and training to Medicare beneficiaries in underserved areas, pursuant to their state scope of practice. ASHP is a proud supporter of this legislation, and we believe it is a critical component of emerging care models that make best use of the expertise of each member of the care team.

Medication Therapy Management

In 2003, the Medicare Modernization Act created an outpatient prescription drug benefit within the Medicare Program, known as Medicare Part D. The new Part D program included a provision that required Part D plans to provide for medication therapy management (MTM) services to certain qualified Medicare beneficiaries. These beneficiaries must have multiple chronic conditions, must be prescribed multiple medications, and must have a minimum of \$3,000 in drug costs to be eligible for MTM services. ASHP believes this was a positive first step in identifying the most high-risk beneficiaries that would likely benefit from MTM services; however, we believe more needs to be done to ensure that patients receive appropriate education about their medications, and optimal outcomes are achieved. Therefore, ASHP supports the recent announcement by CMS to develop the Part D Enhanced Medication Therapy Management (MTM) Model. This model will test innovative strategies to optimize medication use, improve care coordination, and strengthen system linkages. ASHP believes that pharmacist-provided MTM services can achieve the dual objective of reducing costs to the Medicare program while improving the overall quality of patient care.

Conclusion

ASHP greatly appreciates the opportunity to provide a statement for the record on this important topic. We remain supportive of the MTM program within Part D and are pleased that CMS has begun the process of developing innovative approaches to MTM services aimed at more robust targeting and interventions. Additionally, ASHP members are at the forefront of new and innovative care delivery models that improve patient outcomes and avoid additional costs to the Medicare program. We believe that including pharmacists as non-physician providers in the Medicare program will help provide needed access to care for our nation's medically underserved patients. ASHP is committed to working with the Subcommittee on Health to advance healthcare delivery that is team-based and patient-centered, and reduces unnecessary costs to Medicare.

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