Written Testimony
of
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"Examining the Medicare Part D Medication Therapy Management Program"
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Introduction

Thank you Chairman Pitts, Ranking Member Green, and members of the Subcommittee for holding this important hearing and inviting me to testify.

My name is Richard Benson. I am the Associate Medical Director of Stroke at the MedStar Washington Hospital Center with the NIH Stroke Program in Washington, DC. As the only Comprehensive Stroke Center program in the Greater Washington Region, and as an ACGME certified vascular neurology fellowship training program site for the NIH training program, I work very closely with the Medical Director and the other NIH stroke team faculty members to develop, grow, and support this program.

Today, I also speak to you as a volunteer for the American Heart Association, a non-profit organization with more than 30 million supporters dedicated to building healthier lives, free of cardiovascular diseases and stroke. As a volunteer with the association, I have served as chair of the American Heart Association Missions' Committee for the Greater Washington Region, and was responsible for enrolling over 900 community members in the American Heart Association-sponsored Heart 360 "Check it, Change it" blood pressure self-management program.

Consequences of Medication Nonadherence for CVD and other Patients

The statistics are both startling and alarming: as many as half of 187 million patients in the U.S. do not take their medications as prescribed.

Poor medication adherence results in 125,000 deaths in the U.S. annually, and costs our health care system nearly $300 billion a year in additional doctor visits, emergency department visits, and hospitalizations.

Unfortunately, poor medication adherence is particularly common among patients with cardiovascular disease (CVD), and when patients with CVD do not take medication as directed, the repercussions can be severe – and sometimes fatal.

For instance, if you have a family history of cardiovascular disease and don't take the medication needed to keep your high blood pressure in check, you are three times more likely to die from a heart attack, and four times more likely to die from a stroke.

The bottom line is that it is critical for all patients to realize that if they do not take their medications, they could suffer severe consequences.

So, why do patients not take their medicine? There are many reasons. They may forget. They may not be convinced of the medication's effectiveness, or are unsure that it is working. They may fear the side effects or have difficulty taking the medication. Or, it may be a combination of all these reasons that keeps patients from taking their prescriptions.

A Solution to Medication Nonadherence: Medication Therapy Management

However, there is hope. Medication therapy management (MTM) programs are an important intervention tool that can improve medication adherence. Research indicates that these programs can lead to better health outcomes, reduce the risk of adverse events, and help control health care costs.

For example, the American Pharmacists Association Foundation created a community-based MTM program that featured face-to-face counseling and educational classes with clinically trained educators and pharmacists to help control high blood pressure, cholesterol, and triglycerides for 12,000 employees of the city of Asheville, North Carolina and a local hospital system. The results were impressive and across the board.

Over a six-year period, the proportion of people who achieved the program's targeted blood pressure level increased, while the number of heart attacks and other cardiac events fell by more than half. So did the patients' use of emergency rooms and other hospital services for cardiac events.

In addition, health care costs paid by the employer declined by more than 45% and the percentage of health plan costs related to CVD decreased from just over 30% to just over 19%.

A 2013 CMS report on medication therapy management in chronically ill populations further showed that enrollees in MTM programs suffering from congestive heart failure (CHF) had improved medication adherence. This was particularly true for those enrollees who received a comprehensive medication review.

The report also demonstrated that MTM programs decreased hospital utilization and costs in diabetes and CHF patients receiving comprehensive medication reviews, resulting in per-patient hospital cost savings of $526 for patients with congestive heart failure, and $399 in savings for patients with diabetes.

Mr. Chairman, the American Heart Association supports policies that would ensure better access to these valuable services, especially for the patients who need them most. For example, the American Heart Association strongly believes that passage of the Medication Therapy Management Empowerment Act of 2015 is critical to ensuring that a greater number of Medicare beneficiaries receive access to MTM services.

This legislation would amend current MTM criteria to allow beneficiaries with a single chronic condition, such as high blood pressure, to be eligible for these services under Part D of the Medicare program.

As the subcommittee knows, each program currently sets the minimum number of chronic conditions a beneficiary must have to qualify for MTM program eligibility, allowing sponsors to set the minimum threshold at two or three. Unfortunately, approximately 82% of the 2015 programs target beneficiaries with at least three chronic diseases.

This means that a beneficiary with only high cholesterol may not have access to MTM services. The consequences could be devastating. These patients who do not adhere to their medications are at a

greater risk – 26% more likely – of a cardiovascular disease-related hospitalizations compared to patients who adhere to their cholesterol prescriptions.

While the MTM Empowerment Act of 2015 has not yet been introduced in the House of Representatives during this Congress, the American Heart Association salutes Representative McMorris Rodgers' past work on this issue and for introducing legislation similar to the MTM Empowerment Act of 2015 [H.R. 1024, "The Medication Therapy Management Act of 2013"]. This bipartisan legislation has received support from many members of this Committee and Congress in the past, and we urge that this bill be reintroduced in the House at the earliest opportunity so swift action can be taken.

CMS Enhanced MTM Pilot Program

The American Heart Association was also encouraged when the Center for Medicare and Medicaid Innovation (CMMI) announced its new enhanced model to test strategies to improve medication use among Medicare beneficiaries enrolled in Part D. MTM services currently offered by Part B plans fall short of their potential to improve quality and reduce unnecessary medical costs.

CMMI has taken an important step to provide these programs with regulatory flexibility and to innovate to find new ways and target strategies to improve health outcomes for patients.

We are particularly pleased that the model will provide incentives to support more extensive MTM interventions, services, and care coordination among both prescribers and pharmacists; allow prescription plans to request beneficiary-level Parts A and B claims data; and support new MTM encounter data collection efforts.

The demonstration project will also help us better understand how different medication adherence interventions affect health outcomes and the link between medication adherence, patient health care spending, and health care costs, and which approaches are the most successful. The American Heart Association strongly supports the MTM enhanced model as both seniors and the health plans that cover them could benefit from stronger adherence to prescription medication. We look forward to its launch in 2017.

Conclusion

In conclusion, the American Heart Association believes that medication therapy management services play a critical role in ensuring patients meet their health care needs. We support greater access to these services and better patient education about medication adherence. We further advocate for improved care coordination between providers, and utilizing existing relationships between pharmacists and prescribers to identify and help reduce barriers to improve drug adherence for those most at risk. And finally, we must provide incentives to the healthcare system to ensure patients receive the proper follow-up and support to continue taking their medicines as prescribed.

We know that taking their medications as prescribed gives patients the best opportunity to manage their chronic conditions and maintain their best possible health. Think about what a difference it might make in their lives. It could allow a patient to attend his grandchild's baseball game, or walk his daughter down the aisle. These are outcomes we can all support and work towards.

I thank you for giving me the opportunity to testify and I would be happy to answer any questions.