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chronic_care@finance.senate.gov

The College of Psychiatric and Neurologic Pharmacists respectfully submits the following comments to the Honorable Members of the United States Senate Committee "Bipartisan Working Group Exploring Solutions to Improve Outcomes for Medicare Patients Requiring Chronic Care".

Improvements to Medicare Advantage for patients living with multiple chronic conditions; Transformative policies that improve outcomes for patients living with chronic diseases either through modifications to the current Medicare Shared Savings ACO Program, piloted alternate payment models (APMs) currently underway at CMS, or by proposing new APM structures;

The College of Psychiatric and Neurologic Pharmacists (CPNP) is an association of specialty pharmacists who work to improve the minds and lives of those affected by psychiatric and neurologic disorders. These professionals apply their clinical knowledge in a variety of healthcare settings and positions ranging from education to research with the goal to apply evidence-based, cost efficient best practices in achieving patient recovery and improving quality of life. Research proves that persons with severe and persistent mental illnesses (SPMI) do not receive adequate general medical care. The National Association of State Mental Health Program Directors reported, in 2006, that people with serious mental illness have, on average, a 25-year shorter lifespan than people without SPMI. Additionally, more than 68 percent of adults with a mental disorder have at least one chronic medical condition. Co-morbid mental health and medical conditions are associated with decreased quantity and quality of life, increased symptom burden and increased healthcare costs. Due to a long-standing lack of integration between mental health and primary care services, the "Final Report for the President's New Freedom Commission on Mental Health" recommended use of evidence-based models to improve patient care at the interface of general medicine and mental health.

CPNP strongly believes that improvements to Medicare payment systems and the recognition and implementation of Comprehensive Medication Management (CMM) to the Medicare Part B program both addresses improvements to Medicare for patients and offers the Committee a transformative policy that will not only improve outcomes for patients with SPMI, but all Medicare patients who are managing multiple chronic conditions. The psychiatric pharmacists within CPNP believe that CMM, as defined by the Patient-Centered Primary Care Collaborative (PCPCC) offers a team based, patient centered standard of care that results in outcomes for Medicare patients and therefore cost savings for the Medicare program.

College of Psychiatric and Neurologic Pharmacists
8055 O Street, Ste S113, Lincoln NE, 68510
402.476.1677; info@cpnp.org; cpnp.org

CMM is accomplished by providing CMM reviews and treatment plan-based recommendations to patients and other members of the patients care team. In some cases, physician-clinical pharmacist collaborative practice agreements are used to supplement the practice. Minnesota Medicaid, and others have adopted this model for reimbursement. By assessing the patient's medication regimen for indication, effectiveness, safety and adherence, tenets of pharmaceutical care are used to identify individual patient problems, and to provide solutions to drug therapy problems. No other healthcare provider possesses the unique skills set required to offer this specific service to Medicare patients with SPMI and other chronic conditions. By integrating mental health and primary care skills, we are uniquely positioned to partner with primary care providers, mental health specialists, generalist pharmacists and others to target Medicare patients who are high users of both prescription drugs and Medicare program healthcare resources.

CPNP is working in collaboration with the American College of Clinical Pharmacists (ACCP) to promote legislation that would implement payment reform for Medicare Part B, incorporating the practice of CMM, performed by a qualified clinical pharmacist and directed under a collaborative practice agreement with a physician, to patient care reimbursed as a pharmacy service. Our coalition representatives have met with various staff members of your Senate Finance Committee, and we continue to encourage you to consider the value that CMM brings to patient care, and more specifically, the value to the patient suffering from SPMI.

Reforms to Medicare's current fee-for-service program that incentivize providers to coordinate care for patients living with chronic conditions;

As discussed previously, CPNP recommends that the Committee consider providing payment for support staff who assist the physician in care coordination services such as staff who ensure that patients have adequate hospital follow-up (or other care transitions) including access to new medications and understanding of medication changes and qualified clinical pharmacists who perform comprehensive medication management. CMM helps to identify and resolve drug therapy problems for patients who are treated by multiple physicians and/or who are at high risk for drug therapy problems such as chronic conditions, multiple medications, advanced age, chronic kidney disease, and/or not achieving treatment goals for BP or DM. Payment for specific services by qualified clinical pharmacists improves patient care and results in significant potential savings for Medicare.

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The effective use, coordination, and cost of prescription drugs;

The use of comprehensive medication management for patients at high risk for drug therapy problems will improve outcomes for Medicare beneficiaries. CPNP is particularly interested in patients with mental illnesses and substance use disorders who have a high incidence of co-occurring chronic medical conditions. Medical conditions are often undertreated resulting in high rates of morbidity and mortality in this population. Patients with mental illnesses are readmitted to the hospital within 30 days at higher rates, often for non-mental health conditions. Optimizing medication use improves the treatment of modifiable risk factors such as heart disease, diabetes, and chronic lung disease which improves outcomes and decreases overall healthcare costs by reducing preventable resource utilization (ED visits, hospitalizations, re-hospitalizations). Because these conditions may have been un-treated or under-treated medication costs may increase but overall healthcare costs decrease. In some cases, unnecessary or more appropriate, safer, or less expensive medication regimens may be identified which can decrease medication costs. Qualified clinical pharmacists with additional training in the treatment of people with mental illnesses are available to provide these services as part of the care team but currently are underutilized because of the lack of payment for pharmacists' services by Medicare and Medicaid.

Strategies to increase chronic care coordination in rural and frontier areas;

Pharmacists are often one of the few healthcare providers available in rural areas and could be a valuable member of the team approach to care if adequate payment were available to provide clinical services including access to specialized mental health medications such as clozapine, long-acting injectable antipsychotics, and other services as described above.

Options for empowering Medicare patients to play a greater role in managing their health and meaningfully engaging with their health care providers; and

Pharmacists have the skills and training designed to provide patient education and self-management such as smoking cessation, home blood sugar monitoring, proper use of devices such as injectable and inhaled medications, and medication monitoring, optimization, and adherence. Pharmacists are the most accessible healthcare professional in many communities but must be adequately compensated for these services.

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Ways to more effectively utilize primary care providers and care coordination teams in order to meet the goal of maximizing health care outcomes for Medicare patients living with chronic conditions.

Psychiatric pharmacists are a valuable addition to a team approach to care including PCPs and integrated behavioral health providers. Patient may have limited access to psychiatrists and often prefer to have all of their healthcare services offered by their medical home. Psychiatric pharmacists can increase the capacity of primary care providers to care for their patients with mental illnesses by assuming some of the medication-related responsibilities through formal collaborative drug therapy management under a physician's supervision.

Summary

As the Committee continues its effort to examine ways to improve how care for chronically ill Medicare beneficiaries is delivered and reimbursed, CPNP urges you to consider new models that promote and incentivize patient-centered and team based care. Psychiatric pharmacists, working collaboratively with physicians and other members of the patient's health care team, utilize a consistent process of direct patient care that enhances quality and safety, improves clinical outcomes and lowers overall health care costs. We believe that Congress should enact reforms to the Medicare Part B program that provide for coverage of CMM services provided by qualified clinical pharmacists as members of the patient's health care team within its broader payment reform efforts.

We thank you for the opportunity to provide comments and encourage you to consider the benefits of clinical psychiatric pharmacy services and comprehensive medication management as we continue working to improve the health and lives of persons living with mental illness.

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