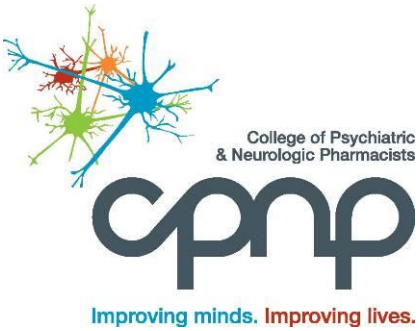


Comments of the College of Psychiatric & Neurologic Pharmacists (CPNP)

"Bipartisan Chronic Care Working Group Policy Options Document"

Respectfully submitted to the United States Senate Finance Committee Chronic Care Reform Working Group

January 22, 2016

Chronic_care@finance.senate.gov

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 and research to primary care and the Veterans Administration, with the goal of applying evidence-based, cost efficient best practices in achieving patient recovery and improving quality of life.

CPNP has commented to the Senate Finance Committee work group previously, both individually on behalf of the association and as a member of the coalition working alongside the American College of Clinical Pharmacy to improve Medicare Part B, by including Comprehensive Medication Management as a clinical pharmacy service. We introduced the work group to the practice of Comprehensive Medication Management (CMM), and encouraged you to consider the value that a clinical psychiatric pharmacist, practicing under a physician supervised collaborative practice agreement, could bring to improved direct patient care, better patient outcomes, better medication management and eventual cost savings. It is important to stress to your Committee that our primary goal is to ensure appropriate, effective, and safe medication use. Clinical pharmacist-provided CMM is essential in improving outcomes and reducing overall healthcare costs in patients with chronic illnesses.

In response to your Policy Options Document section **Improving Care Management Services for Individuals with Multiple Chronic Conditions**, we find that the practice of CMM compliments the CMS chronic care management (CMM) discussion. The chronic care work group is considering a new "high-severity chronic care management code" that clinicians, potentially such as psychiatric pharmacist, could bill under within the Physician Fee Schedule.

In your reasons for consideration of the section, you note that "Beneficiaries with multiple chronic conditions, or those with one chronic condition combined with a mental health impairment, often incur significantly higher costs than traditional fee-for-service beneficiaries." You continue to discuss the complex, time intensive, and labor intensive care management needs that extend beyond the time available during an in-person visit with a clinician. We completely agree with your statement, and recommend to you that you consider the practice of CMM. Clinical psychiatric pharmacists across the country are working with primary care physicians, psychologists, psychiatrists, case managers, nurse practitioners, physician's assistants, nurses and other healthcare providers, as a part of the patient team. Minnesota Medicaid, Kaiser and others have adopted the CMM model for reimbursement. When the clinical pharmacist assesses the patient's medication regimen for indication, effectiveness, safety and adherence, clinical pharmacists are able to consider the tenets of pharmaceutical care and identify individual patient problems. In addition, they provide an integration of behavioral health and primary care by reviewing all medications provided by all primary care and specialist physicians, as well as over-the-counter medications and supplements, to identify and resolve drug interactions or other problems that arise from having multiple prescribers. They provide solutions to drug therapy problems that are prevalent with our mental health patients who are most frequently affected by other multiple chronic conditions, including Alzheimer's, dementia, diabetes, heart disease, chronic obstructive pulmonary disease (COPD), and others. No other healthcare provider possesses the unique skill set required to offer this specific service to Medicare patients with Severe Persistent Mental Illness and other chronic conditions. By integrating mental health and primary care skills, clinical pharmacists are uniquely positioned to partner with primary care providers, mental health specialists, generalist pharmacists and others to target those patients who are the highest users of both prescription drugs and Medicare program resources.

8055 O Street, Ste S113 ■ Lincoln, NE 68510
www.cpnp.org ■ info@cpnp.org
402-476-1677 (phone)
888-551-7617 (fax)

Patient Criteria
Because of the complications that frequent the care of a patient with mental health disorders and chronic conditions, we believe that patient criteria for a potential new code should include two or more chronic conditions or one or more uncontrolled chronic illnesses PLUS a co-occurring serious mental illness and/or dementia/Alzheimer's disease, or with two or more emergency department visits or hospitalizations in the past six months., and patients on high-risk medications such as anticoagulants, hypoglycemic, and opioid analgesics.

Type of Providers
As MedPAC cautioned, any implementation of a new code for high-severity chronic care management should be carefully considered. We support that clinical pharmacists, possessing specialty certification and practicing CMM under a collaborative practice agreement, should be eligible to receive advanced care coordination payments. Clearly the practice of CMM is an extremely thorough and team-based protocol that is comprehensive, ongoing and provided to Medicare beneficiaries over a sustained period of time.

Measures
In studies, CMM has been shown to improve medication adherence, improve adherence to evidence-based disease state guidelines, and reduce medication-related resource utilization. Ultimately the goal of this program would be to reduce emergency department visits and hospitalizations. In addition, an improvement of disease-state measures, such as hemoglobin A1c and blood pressure, has been shown to reduce long-term complications such as cardiovascular and kidney disease. Medication-possession ratios of medications such as antidepressants or mood stabilizers for psychiatric disorders, angiotensin converting enzymes or angiotensin receptor blockers and cholesterol medications (statins) in patients with diabetes, or controller medications and smoking cessation counseling in patients with COPD, could also be markers of successful implementation of such a program.

Implementation of the New Code
Finally, we encourage the work group to consider that CMM is currently being practiced across the country, and healthcare teams and patients are seeing the benefits. Additionally, alternative payment models for CMM are being explored with the assistance of CMS. However, we also recognize that Congress continues to look for ways to enhance the Part D MTM program, as well as to improve mental health services, to address substance abuse and Medicare fraud and to reform Medicaid. With so many varied policies under review, we would support the use of these codes temporarily until the program can be evaluated to see if it is successful.

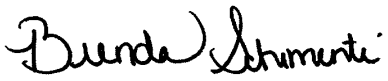
Expanding Access to Pre-Diabetes Education
The working group is also soliciting feedback on whether there is evidence to support coverage of services analogous to DSMT for beneficiaries who are at risk of complications from other chronic conditions. There is evidence to support the IMPACT Collaborative Care Model, an evidence-based team approach of care for people with major depressive disorder. This program has demonstrated a significant improvement in outcomes compared to usual care. Including psychiatric pharmacists as part of the team approach to treating depression in a primary care setting ensures that patients receive adequate doses and durations of medication trials, support primary care physicians in choosing subsequent trials of medications, and support adherence to treatment. In addition the healthcare team supports non-pharmacologic interventions which are essential components of depression care such as nutrition, exercise, counseling, and sleep hygiene. The diabetes self-management training type of program would be ideal for ensuring optimal outcomes in the treatment of depression.

8055 O Street, Ste S113 ■ Lincoln, NE 68510
www.cpnp.org ■ info@cpnp.org
402-476-1677 (phone)
888-551-7617 (fax)

Summary
As the working group and Committee continues its efforts to consider the needs of beneficiaries with multiple chronic conditions and mental health impairment, and how a high-severity chronic care management code might be implemented, 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 the consistent process of direct patient care that enhances quality and safety, improves clinical outcomes and lowers overall health care costs. We support the integration of medical and psychiatric care. We believe that Congress should carefully examine the practice of CMM, provided by qualified clinical pharmacists under physician supervision. This type of coordinated care provides a good foundation for implementing a new billing code that includes both responsible healthcare, specific identifiable procedures and accountability of the providers.

We thank you for the opportunity to provide comments and encourage you to consider the benefits of clinical psychiatric pharmacy services and CMM as we continue working to improve the health and lives of persons living with mental illness and chronic healthcare conditions. We welcome any questions or discussion. Please feel free to contact our Executive Director, Brenda Schimenti, bschimenti@cpnp.org, for state specific examples of how CMM is working to improve patient care.

Respectfully submitted,



Brenda Schimenti
CPNP Executive Director
bschimenti@cpnp.org
cpnp.org