



# **Comments of the American College of Clinical Pharmacy and the College of Psychiatric and Neurologic Pharmacists**

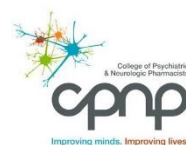
**Submitted to the  
United States House of Representatives  
Ways and Means Health Subcommittee Hearing**

**“Legislation to Improve and Sustain the  
Medicare Program”**

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On behalf of the American College of Clinical Pharmacy and the College of Psychiatric and Neurologic Pharmacists, we applaud Chairman Tiberi and the Ways and Means Subcommittee on Health for holding this important hearing on “Legislation to Improve and Sustain the Medicare Program.” We would like to submit these comments for the hearing record.

Our organizations are dedicated to advancing a quality-focused, patient-centered, and team-based approach to health care delivery that enhances the quality and safety of medication use by patients and ensures that medication-related outcomes are aligned with patients’ overall care plans and goals of therapy. Since a vast majority of Medicare beneficiaries rely on the medications that their physicians prescribe to treat their illnesses and improve their health, it is imperative that any Medicare reforms made by Congress ensure that these medicines are being effectively used to fully achieve clinical goals. Unfortunately, as it stands today, this occurs too infrequently, with unnecessary suffering and costs as a result.

Clinical 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 the safety and quality of medication use, improves clinical outcomes and lowers overall health care costs. Any Medicare reforms that Congress contemplates should ensure that clinical pharmacists are fully recognized and utilized as partners in the medication management team. Otherwise, opportunities to improve care and reduce costs associated with medication use will be lost.

Accordingly, we have endorsed H.R. 4878, The Better Care, Lower Cost Act, by Representatives Erik Paulsen and Peter Welch. This bipartisan legislation would create a successful framework within Medicare to enable the appropriate health care providers – including clinical pharmacists -- to be fully integrated into collaborative health care teams. This legislation reflects the authors’ commitment to preserve and strengthen Medicare for chronically ill beneficiaries in particular.

Members of our organizations practice “comprehensive medication management” (CMM) in a collaborative process that helps ensure that seniors’ medication use is effectively coordinated, achieves clinical goals of therapy and, in doing so, enhances seniors’ health care outcomes. This in turn contributes directly to the goals of enhanced quality and affordability. In short, CMM helps to **“get the medications right”** as part of an overall effort to improve the quality and affordability of the services provided to Medicare beneficiaries.

CMM practice is fully supported by the Patient-Centered Primary Care Collaborative, (PCPCC), in which ACCP as well as the four major primary care medical organizations are actively involved. It is a rapidly emerging standard of care within integrated health care delivery systems.

However, despite coverage for drug products under the Part D drug benefit, CMM is not currently a covered Medicare benefit for the vast majority of Medicare beneficiaries. Therefore, we believe it is imperative that CMM be included as a Medicare benefit, even as we support other reforms to increase provider collaboration and care coordination.

This is particularly critical for seniors because of the central role that medications play in their care and treatment:

- the typical Medicare beneficiary sees two primary care providers and five medical specialists in any given year. Four of every five medical encounters result in a prescription order (new or refill);
- 66% of Medicare beneficiaries have two or more chronic diseases; 40% have four or more;
- 60% of seniors are taking 3 or more discrete prescription or non-prescription medications at any point in time.

In focusing directly on a practice that “gets the medications right,” CMM also contributes to enhanced productivity for the entire health care team, allowing other team members to be more efficient in their own patient care responsibilities. Team members are freed up to practice at the highest level of their own scopes of practice by fully utilizing the qualified clinical pharmacist’s skills and training to coordinate the medication use process as a full team member.

In summary, as part of the process of improving Medicare, we encourage the Subcommittee to 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. While we support H.R. 4878, and other legislation to increase collaboration among health providers, we believe that Medicare would be enhanced by the incorporation of CMM services as part of its core benefit structure and delivery system design expectations. We would welcome the opportunity to provide the Subcommittee with further information about this service in the context of Medicare payment and delivery system reforms.

We appreciate the Health Subcommittee’s consideration of our views and its members’ commitment to improving the quality of care available to Medicare beneficiaries. If you have any questions, please do not hesitate to contact either of our organizations.