



March 11, 2016

The Honorable Erik Paulsen  
127 Cannon  
House Office Building  
Washington, D.C. 20515

Dear Congressman Paulsen,

On behalf of the American College of Clinical Pharmacy (ACCP), and the College of Psychiatric and Neurologic Pharmacists (CPNP), we are writing to applaud and support your decision to re-introduce in the current Congress legislation reflected in H.R. 3890, the Better Care, Lower Cost Act, introduced in the previous Congress in 2014. We applaud your continued leadership in working to promote major changes that will modernize the Medicare program and further enhance quality, value and clinical outcomes for our nation's seniors.

We have met with your staff to review the policy concepts embodied in this legislation, as well as our ideas for enhancing Medicare quality and outcomes through comprehensive medication management (CMM) services, and we wanted to again provide some specific policy comments as well as voice our continuing support for your efforts.

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of almost 18,000 practitioners, scientists, educators, administrators, students, residents, fellows, and others committed to excellence in clinical pharmacy and patient pharmacotherapy.

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.

Our organizations are dedicated to advancing a quality-focused, patient-centered, and team-based approach to health care delivery that enhances the safety of medication use by patients and ensures that medication-related outcomes are aligned with patients' overall care plans and goals of therapy. 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 quality of care, improves clinical outcomes and lowers overall health care costs.

Accordingly, we applaud your recognition of the burden of caring for chronically ill Medicare beneficiaries and your efforts to reform the fee-for-service system to facilitate team-based care that is focused on helping patients achieve their clinical goals.

We also appreciate the anticipated inclusion of pharmacists as eligible members of the proposed “Better Care Practices” that will expand opportunities for Medicare beneficiaries to participate in integrated care delivery models. We would continue to encourage, as we did in 2014, that the lack of benefit coverage under Medicare Part B for the type of care clinical pharmacists provide as integrated members of the health care team be addressed so that beneficiaries’ access to these services would be fully supported.

Members of our organizations practice 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 your goals - and Medicare’s goals - for 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 is promoted 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.

With particular respect to your home state of Minnesota, the provision of team-based CMM is an integral part of the practice standards of the Fairview and Park-Nicollet health systems. We would welcome the chance to work with you to connect with medical and pharmacy colleagues in those institutions who have done so much to lead this practice evolution as you further refine your legislation. In addition to these private sector approaches, the Minnesota Medicaid program has specifically included CMM services in its benefit structure and payment policies for more than a decade.

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. We remain concerned that even those seniors who would participate under the proposed BCPs would be denied access to this vital component of team-based care given the previous legislation language that we have seen.

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.

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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 reforming the Medicare payment system, we encourage you 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. We believe your legislation would be enhanced by the incorporation of CMM services as part of its benefit structure and delivery system design changes, and would welcome the opportunity to provide further information about this service in the context of Medicare payment and delivery system reforms.

We appreciate your commitment to improving the quality of care available to Medicare beneficiaries. Please feel free to follow up with us at any time if our organizations and our members can be of assistance in this effort.

Sincerely,



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