American Pharmacists Association®
Improving medication use. Advancing patient care.
APhA

June 22, 2015

Chairman Orrin Hatch
Senate Finance Committee
United States Senate
Washington, DC 20510

Ranking Member Ron Wyden
Senate Finance Committee
United States Senate
Washington, DC 20510

Senator Johnny Isakson
Senate Finance Committee
United States Senate
Washington, DC 20510

Senator Mark Warner
Senate Finance Committee
United States Senate
Washington, DC 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson and Senator Warner:

On behalf of the American Pharmacists Association (APhA) we appreciate the opportunity to comment and share our thoughts on ways to improve care for Medicare patients with chronic conditions. APhA, founded in 1852, represents more than 60,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in advancing the profession of pharmacy. APhA is dedicated to helping all pharmacists improve medication use and advance patient care.

We share the Committee's concerns regarding chronic disease management and strongly agree that something must be done to address the human and financial toll of these diseases. Chronic diseases account for $1.7 trillion in health care expenditures and 91 percent of all prescriptions filled annually. Moreover, almost 50 percent of people prescribed medications for chronic diseases do not take their medications correctly. Pharmacists, the medication experts on the patient's health care team, are well-positioned to assist in alleviating this problem. Pharmacists are conveniently accessible health care professionals who, in coordination and collaboration with other health care providers, are ready and able to play a greater role in the delivery of health care services. While pharmacists remain committed to assisting patients in accessing their medications and educating them regarding those medications, pharmacists today are providing a broad spectrum of services, within their scope of practice, including managing chronic diseases.

Below are ways pharmacists can improve care for Medicare patients with chronic conditions.

- Access to Pharmacists' Care – For decades, pharmacists have been one of the few health care professionals that lack recognition as health care providers under federal law. Physicians and certain non-physician health care professionals are reimbursed under Medicare Part B for providing health care services. With few exceptions, Medicare patients do not have access to health care services when provided by a pharmacist.

  There is currently a shortage of primary care providers and many Americans are medically underserved. The shortage is only expected to worsen, which will make health care access

more difficult, especially for those in need of non-urgent and chronic care. The lack of reimbursement of pharmacists for services provided within their state scope of practice unnecessarily limits patient access to certain health care services and the contributions pharmacists can make to their health care and outcomes. By enabling pharmacists to practice at the top of their education and training, and be better integrated into the patient's health care team, those with chronic disease will have improved health outcomes. Given that more than 90% of Americans live within 5 miles of a community pharmacy, fully utilizing pharmacists for vital services will improve access to quality care for older Americans, increasing the likelihood that they will receive preventive care.

- Expanded and Improved Medication Therapy Management (MTM) – MTM criteria should be streamlined, the targeting process should be refined, and the pool of providers should be increased. Currently, only about a quarter of Medicare beneficiaries are eligible for MTM services and the actual utilization rates are far lower. Variation in Part D plans' MTM eligibility criteria creates confusion for providers and beneficiaries alike and simpler, consistent criteria would create clear eligibility parameters that would likely lead to greater utilization and, correspondingly, increased benefits to beneficiaries. At present, MTM is available based only on plan determinations of eligibility; therefore the patient's providers (who are most familiar with a beneficiary's medical history, problem list, and overall care plan) are not permitted to identify and refer patients for MTM services. Thus, to facilitate the availability of these services to patients, we suggest that pharmacists and physicians be permitted to identify patients and seek approval to provide MTM services, even if those patients do not meet established, standard plan MTM eligibility requirements. Finally, to improve access to MTM services and to increase beneficiary engagement in care, plans should allow any pharmacist/pharmacy willing to accept their terms and conditions for MTM participation to offer MTM services to plan beneficiaries.

- Health Information Technology (HIT) – HIT is expected to provide integrated electronic health care with interactive exchange among patients and providers with a goal of increasing the overall quality and efficiency of health care delivery. For patients living with chronic disease, it is important that members of their health care team, including pharmacists, remain connected and coordinated. Fully coordinated care will require electronic health record standards that effectively support the delivery of pharmacist-provided patient care services across all care settings.

- Accessible Coach – As the APhA Foundation has proven through its Diabetes Ten City Challenge, a multisite community pharmacy health management program, self-insured employers can improve diabetes care and reduce health care expenditures when they offer employees the opportunity to meet with specially-trained pharmacist "coaches" to help manage their diabetes. Employers contracted with the APhA Foundation to establish the program in their community, and align employee benefit incentives to encourage success. As a result of having patients engage with pharmacists, average total health care costs were reduced annually by over $1,000 per patient and, more importantly, people included in the analysis showed significant improvements in clinical measures including hemoglobin A1C (blood sugar control), LDL cholesterol, and blood pressure.

- Increased Access to Immunizations – Pharmacists have proven to be an important access point for improving immunization utilization rates. Immunizations are an important part of

public health, especially for those with chronic conditions. It is important that barriers to pharmacist-provided immunizations are removed to help maximize patients' access to immunizations. For example, Medicare recognizes the ability of pharmacists to provide many kinds of immunizations, but arbitrarily excludes patients with diabetes from getting Hepatitis B vaccinations from pharmacists.

Your leadership on this issue is very much appreciated and we commend you for all your hard work. Please do not hesitate to contact our Senior Lobbyist, Michael Spira, at 202-429-7507 or mspira@aphanet.org with any questions or for assistance.

Sincerely,

Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA
Executive Vice President and CEO