

January 29, 2016

The Honorable Orrin Hatch
Chairman, Committee on Finance
104 Hart Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Committee on Finance
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Johnny Isakson
United States Senator
131 Russell Senate Office Building
Washington, DC 20510

The Honorable Mark Warner
United States Senator
475 Russell Senate Office Building
Washington, DC 20510

Mr. Chairman Hatch, Ranking Member Wyden, and Senators Isakson and Warner:

The American Society of Consultant Pharmacists is the only international professional society devoted to optimal medication management and improved health outcomes for all older persons. ASCP's members manage and improve drug therapy and improve the quality of life of geriatric patients and other individuals residing in a variety of environments, including nursing facilities, sub-acute care and assisted living facilities, psychiatric hospitals, hospice programs, home and community-based care, and those transitioning from facility to home and hospital to facility. ASCP has a long history of advocating for the medical best interests of people who reside in long- term care facilities and those enrolled in hospice programs.

ASCP appreciates the opportunity to comment on the Senate Finance Chronic Care Working Group. From the report, ASCP identified some areas where the expertise of consultant and senior-care pharmacists could aid in policy development and implementation. Specifically, those areas of focus would include: independence at home, improving care management for individuals with multiple chronic conditions, developing quality measure for chronic conditions, encouraging beneficiary use of chronic care management services, eliminating barriers to care, and provision of optimal medication management. In the paragraphs below, I will outline our expertise in these areas.

Senior-care pharmacists receive extensive training in pharmacy school, through post-doctoral residencies, and by obtaining specialized board certification in geriatric pharmacotherapy, and are a key member of the clinical team. Because of their specialized training, senior care and consultant pharmacists provide medication regimen reviews that are designed to provide the best patient care for older adults and patients with multiple chronic conditions. The comprehensive review can include:

- Observation and assessment of patient-centered healthcare concerns
- Advocating healthy living practices and disease prevention for seniors
- Identifying medication-related problems that can cause, aggravate, or contribute to common geriatric problems, and recommending treatment strategies

- Increase medication adherence by labeling, packaging, and organizing prescription drugs
- Working with the patient and patient’s caregivers to ensure that the medication regimen is both clinically optimal, and financially achievable

In summary, senior care pharmacists evaluate all aspects of medication management, including quality of life, effectiveness, ease of use, affordability, and safety. This level of patient-focused care ensures that whether the patient is at his or her home, or in a facility, the likelihood of a medication-related need for hospital care decreases.

Consultant Pharmacists in the Clinical Setting:

At ASCP’s 2015 Annual Meeting in Las Vegas, October 2015, attendees reported working in a wide variety of settings: 30% provided services to nursing facilities and assisted living facilities while 70% provide medication consultations and medication management services to patients in other settings, as can be seen in the table below.

Nursing Facility	17.20%
Assisted Living Facility	12.80%
Community Pharmacy	8.40%
Administrative Responsibilities	8.20%
University	6.70%
Hospitals	6.50%
Sub-acute Care	5.40%
Hospice	5.30%
Residential Care/Boarding Home	4.50%
Mental Health Facility	4.10%
Adult Care Center	3.50%
Hospital-based long-term care facility	3.50%
Consulting to non-institutional patients	3.00%
Home Care	2.40%
Correctional Facility	1.50%
Other	7.10%
Total	100%

Consultant pharmacists complete approximately 15.6 million drug regimen reviews annually for skilled nursing facility residents alone excluding other practice settings such as assisted living, group homes, and other community settings.¹ They work to ascertain that their patients’ medications are the most appropriate, the safest possible, the most effective, and used correctly. Consultant pharmacists are ready and willing to help identify, prevent, and resolve the medication problems experienced by seniors, regardless of where they live.

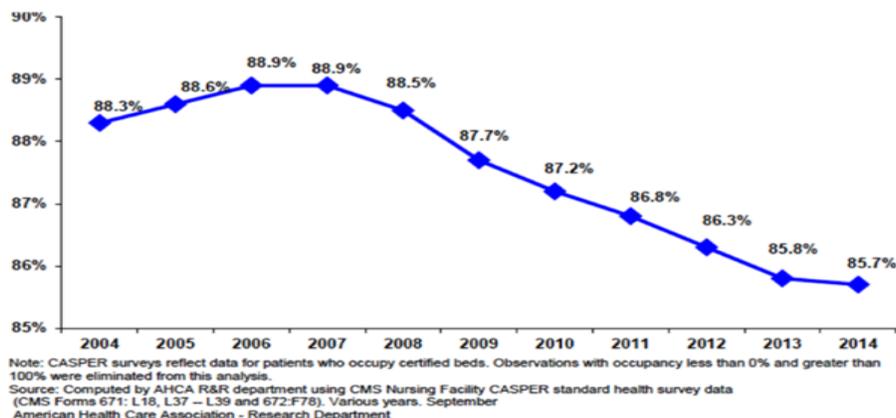
Chronic Care Management:

Current Medicare incentives to improve patient satisfaction, reduce cost, and improve care (the “Triple Aim”), has led to a decline in nursing facility census levels which is at the lowest point in 10 years:²

¹ Based on the the approximate 1.3 million SNF patients receiving a DRR once a month for 12 months.

² http://www.ahcancal.org/research_data/trends_statistics/Documents/Trend_PVNF_FINALRPT_June2014.pdf

AHCA Median Nursing Facility Occupancy Rate for Certified Beds



The Centers for Medicare & Medicaid Services reported in July 2015 that the number of Medicare patients who receive some skilled nursing care annually increased from 636,000 (19 per 1,000 enrollees) in 1989 to 1,839,000 (52 per 1,000 enrollees) in 2010. This data indicates that the old model of long-stay nursing homes is shifting. More patients are using skilled nursing facilities for short-stay and post-acute care rehabilitation, and returning home.

Regardless of the length of stay, on average, these patients are 65 years of age or older and are moving through long-term facility-based care settings. They tend to have many severe chronic and co-morbid conditions and for which they are prescribed multiple medications. Seniors represent just over 13% of the population, but consume 40% of prescription drugs and 35% of all over the counter drugs. According to a 2009 Alliance for Aging Research report, on average, individuals 65 to 69 years old take nearly 14 prescriptions per year, individuals aged 80 to 84 take an average of 18 prescriptions per year.³ Adverse drug reactions are responsible for 32,000 hip fractures and 28 percent of re-hospitalizations; patients 65 and older are two-and-a-half times more likely to visit the emergency room because of an adverse drug reactions than patients in the under-65 population.⁴

Adverse outcomes from medication mismanagement represents one of the leading causes of re-hospitalization after discharge. By consulting with a patient before leaving the hospital, senior care pharmacists can dramatically reduce post-acute care costs. According to the Henry J. Kaiser Family Foundation, in 2014, the average cost of a one-day hospital stay was \$2,212 (ranging from a low of \$1,331 in Wyoming to \$3, 344 in Oregon).

Under current Medicare rules, medication therapy management (MTM) is available to beneficiaries with multiple chronic conditions. Expanding this to Medicare beneficiaries with a single chronic condition, as

³ https://www.ascp.com/sites/default/files/file_Task_Force_2009_FINAL-3.pdf

⁴ Ibid

s.776 (Sen. Roberts) does, will improve access to services and help prevent medication-related re-hospitalization.

Identifying Chronically Ill Populations and Improving Quality of Care

The prevalence of multiple chronic conditions and functional impairment within the aging population is increasing. Today, the 15 percent of Medicare enrollees with both chronic conditions and functional limitations who need long-term services and supports account for one-third of Medicare spending. Care coordination can help to improve clinical outcomes for this population.

The increasing prevalence of older adults with functional status deficiencies requires steps are taken to determine the most efficient and most clinically appropriate treatment plans. As such, ASCP is encouraged to see the Committee recognizes the importance of functional limitations in determining payment structures.

Quality Measures:

ASCP supports the development of quality measures. We recently submitted comments on the proposed quality measures required by the IMPACT Act of 2014. We feel that these, and other chronic care quality measures should include appropriate drug regimen review (DRR), combined with timely medication reconciliation. These are among the most effective methods by which to ensure the health and safety of LTC residents.

The National Quality Forum (NQF) is consulting with stakeholders regarding measurements for high-quality Home and Community Based Services (HCBS). According to NQF, demand is rising for home and community-based services that enable individuals to live well outside of institutional settings and reflects the census changes facilities are experiencing (see highlighted above). This rising demand is due, in part, to our aging society, as well as shifts in consumer preferences and the policy environment around long-term services and supports. This project will develop a conceptual framework and perform an environmental scan to address performance measure gaps in home and community-based services to enhance the quality of community living. We encourage the Committee and CMS to look to NQF's work as a foundation for future quality measures in this area.⁵

Innovation:

ASCP and our members are always looking to find the most efficient way to provide care. We are working with other stakeholders on ways to increase interoperability of EHR systems and information sharing with HIEs. ASCP plans to meet with CMMI to discuss how consultant pharmacists fit within their idea of an ACO and how the systems can better share information to help reduce costs and improve quality.

Expanding Innovation and Technology:

ASCP believes that policies should encourage the full health care team, including pharmacists, family caregivers, and individuals to use technology, while safeguarding the privacy of health information. Improved quality and safety, however, will require a geriatrically and gerontologically competent

⁵ For more information: http://www.qualityforum.org/Measuring_HCBS_Quality.aspx

workforce as well as one that has additional training and support in the use of available technology. Consultant and senior care pharmacists specialize in care of the elderly, as frontline providers, ASCP members can help lead the implementation of interoperable EHR and HIE systems. We encourage the Committee to assess the purpose, capabilities, and training needs of new technological initiatives, as they relate to a wide range of stakeholders including health care professionals, direct care workers, older adults, and family caregivers.

Conclusion:

ASCP appreciates the opportunity to comment on the working group report. We support expanding access to chronic care management and believe that, as practitioners with frequent and thorough patient engagement, consultant pharmacists, and the services we provide, such as MTM, medication reconciliation, and drug regimen review, will help streamline the chronic care management system and save money. We look forward to working with the working group on policy recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frank Grosso', with a long horizontal line extending to the right.

Frank Grosso, RPh
Executive Director & CEO
American Society of Consultant Pharmacists