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June 22, 2015

United States Senate
Committee on Finance
Washington, DC 20510-6200

Chairman Hatch, Ranking Member Wyden, and members of the Senate Finance Committee,

As the Committee considers chronic care policy reform, MedHere Today's network of independent community pharmacists appreciates the opportunity to provide community pharmacy driven solutions. By increasing community pharmacy engagement, we can improve the health of millions of Medicare beneficiaries through care models close to their home.

Listed below are 5 topics with corresponding community pharmacy driven solutions.

1. Improvements to Medicare Advantage for patients living with multiple chronic conditions

- Expand current MTM program to allow monthly billable visits
- Expand billable MTM to allow pharmacists to target interventions that lead to positive outcomes before patients meet CMS defined MTM eligibility criteria. Examples would be pharmacy billable metabolic disease screenings, medication reconciliation services, and resolution of drug related problems.
- Push high risk/high cost patients to select pharmacies that offer clinical services fitting their needs. (Mental health services, Diabetes services, etc.)

2. Transformative policies that improve outcomes for patients living with chronic diseases either through modifications to the current Medicare Shared Savings ACO Program, piloted alternate payment models (APMs) currently underway at CMS, or by proposing new APM structures. Reforms to Medicare's current fee-for-service program that incentivize providers to coordinate care for patients living with chronic conditions. Strategies to increase chronic care coordination in rural and frontier areas

- Refer to [Community Care of North Carolina's Pharmacy Home](#) project
- Pharmacists in CCNC have proven their ability to help reduce overall healthcare costs and decrease patient hospitalizations

3. The effective use, coordination, and cost of prescription drugs

- Include pharmacy billable pharmacogenetic testing to predict efficacy & safety of drug therapies and to prevent potential drug related problems
- Encourage generic utilization by incentivizing pharmacies to proactively help patients convert from brand medication to cost saving generics when appropriate and available. This can be done by limiting Direct & Indirect Remuneration (DIR) fees (claw backs) to brand medication only (no DIR fee for generics).

Mission Statement:

At MedHere Today, we believe that pro-active pharmacy practice, in the form of pharmacist driven intervention, is the answer to improving patient outcomes, lowering overall health care costs, and improving pharmacy profitability.



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4. Ideas to effectively use or improve the use of tele-health and remote monitoring

- Utilize currently available pharmacy delivery services to engage patients in remote monitoring clinical services in the home. Allow billable a la carte type services ordered by the prescriber and delivered by pharmacy professionals in the patients' home for remote monitoring. Examples of at home services: A1C, Blood glucose testing, lipid testing, blood pressure, genetic testing, immunizations, waist circumference, weight monitoring, smoking cessation education, medication reconciliation, etc. This could be an extension of CMS's current "[Independence at Home Demonstration](#)".

5. Options for empowering Medicare patients to play a greater role in managing their health and meaningfully engaging with their health care providers. Ways to more effectively utilize primary care providers and care coordination teams in order to meet the goal of maximizing health care outcomes for Medicare patients living with chronic conditions

- Allow pharmacies to register a staff member (pharmacist, resident, student, technician, etc.) as contracted care coordinators for high risk Medicare beneficiaries. Community pharmacies are the most accessible health care destinations and are convenient locations for patients to gain assistance in health care navigation. By utilizing pharmacy staff as care coordinators, patients can easily access professionals to help them coordinate office visits, manage medications, and navigate the health care maze. In this model, contracted care coordination pharmacies could receive per member per month fees for successful care coordination and positive outcomes. This could be an extension of CMS's current "[Independence at Home Demonstration](#)".

We appreciate the opportunity to provide input for chronic care policy reform, and would welcome the opportunity to further discuss these and other community pharmacy driven solutions in the future.

Sincerely,

Richard N Logan III "Tripp", PharmD

Community Pharmacist and Community Pharmacy Owner
Senior Performance Consultant, MedHere Today

MedHere Today is a pharmacy performance consulting group designed to help community pharmacies implement, grow, and leverage their adherence & performance initiative. MedHere Today uses a combination of education, reporting, and strategic patient targeting to assist pharmacies in achieving measurable population health improvements, as well as maximizing the clinical and financial benefits associated with those improvements. The MedHere Today initiative was created and is currently led by community practice pharmacists, with a goal of improving community pharmacy's position in today's health care marketplace. For more information go to www.medheretoday.com

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