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June 21, 2015

United States Senate

Committee on Finance: Chronic Care Reform

Washington, DC 20510-6200

Dear Finance Committee Chronic Care Working Group,

Thank you for your work to develop bipartisan legislative solutions to our current Medicare system in the provision of care for chronic diseases. I am a clinical pharmacist who is board certified in psychiatric and ambulatory care pharmacy. I provide Comprehensive Medication Management (CMM) services to patients referred to me by primary care providers in the rural areas of Appalachia in Southwest Virginia and Eastern Tennessee.

Mental health disorders are proportionately higher in Appalachia than in the rest of the nation. Patients referred for psychiatric care often face wait times of 3-6 months for an appointment. I serve as a bridge between primary care and psychiatric specialty care by helping to manage a patient on appropriate medications. I spend an hour with patients evaluating their history, disease states, and medications in order to best help them determine what medication regimen would best manage their chronic diseases. I work collaboratively and often side-by-side with physicians, nurse practitioners, and physician assistants to manage patient care. However, I am not reimbursed for the work I do that improves patient outcomes. This is because clinical pharmacists are not recognized as healthcare providers under the current Medicare reimbursement models. I am able to do what I do because I serve as faculty for a College of Pharmacy that pays my salary and allows me the opportunity to provide these valuable services to patients. The work of your committee can help change this and allow expansion of clinical pharmacy services to meet the needs of Medicare patients with chronic conditions.

Specifically, I urge you to include reforms to the Medicare Part B program that provide for coverage for CMM services provided by qualified clinical pharmacists as members of the patient's health care team. CMM helps ensure that patients' medication use is effectively coordinated, and in doing so enhances health care outcomes, contributing directly to Medicare's goals for quality and affordability.

Specific comments regarding input on specific issue areas are noted below.

Improvement to Medicare Advantage for patients living with multiple chronic conditions and transformative policies that improve outcomes for patients living with chronic disease

I believe that improvements to Medicare payment systems and the recognition and implementation of CMM to the Medicare Part B program both addresses improvements to Medicare for patients and offers the Committee a transformative policy that will improve outcomes for patients with multiple chronic conditions, including psychiatric illness. CMM offers a team-based, patient-centered standard of care that results in outcomes for Medicare patients and therefore cost savings for the Medicare program. CMM is accomplished by providing CMM reviews and treatment plan-based recommendations to patients and other members of the patients care team. In some cases, physician-clinical pharmacist collaborative practice agreements are used to supplement the practice. By assessing the patient's medication regimen for indication, effectiveness, safety and adherence, tenets of pharmaceutical care are used to identify individual patient problems, and to provide solutions to drug therapy problems. No other healthcare provider possesses the unique skills set required to offer this specific service to Medicare patients. By integrating mental health and primary care skills, clinical pharmacists are uniquely positioned to partner with primary care providers, mental health specialists, generalist pharmacists and others to target Medicare patients who are high users of both prescription drugs and Medicare program healthcare resources.

Reforms to Medicare's current fee-for-service program that incentivize providers to coordinate care for patients living with chronic conditions;

Consideration should be made for authorizing payment for members of the healthcare team who assist the physician in care coordination services and qualified clinical pharmacists who perform CMM. CMM helps to identify and resolve drug therapy problems for patients who are treated by multiple physicians and/or who are at high risk for drug therapy problems such as chronic conditions, multiple medications, advanced age, chronic kidney disease, and/or not achieving treatment goals for chronic disease states. Payment for specific services by qualified clinical pharmacists improves patient care and results in significant potential savings for Medicare.

The effective use, coordination, and cost of prescription drugs;

The use of CMM for patients at high risk for drug therapy problems will improve outcomes for Medicare beneficiaries. Medical and mental health conditions are often undertreated resulting in high rates of morbidity and mortality in the Medicare population. Optimizing medication use improves the treatment of modifiable risk factors such as heart disease, diabetes, and chronic lung disease which improves outcomes and decreases overall healthcare costs by reducing preventable resource utilization (ED visits, hospitalizations, re-hospitalizations). Because these conditions may have been un-treated or under-treated, medication costs may increase but overall healthcare costs decrease. In some cases, unnecessary or more appropriate, safer, or less expensive medication regimens may be identified which can decrease medication costs. Qualified clinical pharmacists with additional training in the treatment of people with chronic illnesses are available to provide these services as part of the care team but currently are underutilized because of the lack of payment for pharmacists' services by Medicare and Medicaid.

Strategies to increase chronic care coordination in rural and frontier areas;

Pharmacists are often one of the few healthcare providers available in rural areas and could be a valuable member of the team approach to care if adequate payment were available to provide clinical

services. Clinical pharmacists often have additional training in specialty areas, which will increase access to care for many chronic care conditions.

Options for empowering Medicare patients to play a greater role in managing their health and meaningfully engaging with their health care providers;

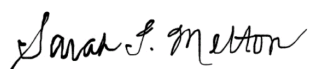
Pharmacists have the skills and training designed to provide patient education and self-management such as smoking cessation, home blood sugar monitoring, proper use of devices such as injectable and inhaled medications, and medication monitoring, optimization, and adherence. Pharmacists are the most accessible healthcare professional in many communities but are not currently adequately compensated for these services.

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.

Clinical pharmacists are a valuable addition to a team approach to care including primary care providers and integrated behavioral health providers. Patient may have limited access to psychiatrists and other specialists and often prefer to have all of their healthcare services offered by their patient-centered medical home. Clinical pharmacists can increase the capacity of primary care providers to care for their patients with chronic diseases by assuming some of the medication-related responsibilities through formal collaborative drug therapy management under a physician's supervision.

Thank you for the opportunity to provide comments on this important issues and I encourage you to consider the benefits of clinical pharmacy services and comprehensive medication management as we continue working to improve the health and lives of persons covered by Medicare. I urge you to examine ways to improve how care for chronically ill Medicare beneficiaries is delivered and reimbursed. New models that promote and incentivize patient-centered and team based care are needed. Clinical pharmacists, working collaboratively with physicians and other members of the patient's health care team, provide a consistent process of direct patient care that improves the quality and safety of care, improves clinical outcomes and lowers overall health care costs. Overall, I believe that Congress should enact reforms to the Medicare Part B program that will provide for coverage of CMM services provided by qualified clinical pharmacists as members of the patient's health care team within its broader payment reform efforts.

Sincerely,

A handwritten signature in cursive script that reads "Sarah T. Melton".

Sarah T. Melton, PharmD,BCPP,BCACP,CGP,FASCP