

January 26, 2023

Meena Seshamani, MD, PhD
Director, Center for Medicare
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Ave., SW
Washington, D.C. 20201

Dear Doctor Seshamani:

We appreciate your leadership of the Medicare program and your work to support improvements that make healthcare more accessible, equitable, affordable, and innovative. Your efforts have helped make Medicare stronger for both current and future enrollees.

As you develop the Medicare-related portions of the President's Fiscal Year 2024 Budget Request to Congress, the American College of Clinical Pharmacy (ACCP) urges you include provisions to ensure that Medicare beneficiaries have access to the services of qualified clinical pharmacists for the delivery of comprehensive medication management (CMM) services. This will help to strengthen Medicare by ensuring that it takes full advantage of innovative high-quality health care services that advance medication optimization and improve patients' health outcomes and costs.

CMM is a direct patient care service, provided by clinical pharmacists working as formal members of the patient's health care team. CMM has been demonstrated to significantly improve clinical outcomes and enhance the safety of medication use by patients. This team-based process of care is supported by the Primary Care Collaborative, in which ACCP and major primary care medical organizations are actively involved. CMM is a coordinated care process that ensures medication use is effectively coordinated, thereby enhancing health care outcomes and contributing directly to the goals of health care quality and affordability.

There is ample evidence of the effectiveness of CMM. It has been shown to improve outcomes,¹ increase patient satisfaction,² alleviate physician "burnout,"³ and save money.⁴ Addressing each of these issues is a priority for the health care system, including Medicare. We would be happy to share additional information with you regarding CMM effectiveness.

CMM is also a well-established standard of care in our Nation's leading private sector health

¹ Cobb CD. Optimizing medication use with a pharmacist-provided comprehensive medication management service for patients with psychiatric disorders. *Pharmacotherapy*. 2014;34:1336-1340. doi.org/10.1002/phar.1503.

² Brummel A, Lustig A, Westrich K, Evans MA, Plank GS, Penso J, Dubois RW. Best Practices: Improving Patient Outcomes & Costs in an ACO Through Comprehensive Medication Therapy Management. *J of Managed Care and Specialty Pharmacy*. 2014. (20): 12.

³ Haag JD, Yost KJ, Kosloski Tarpenning KA, Umbreit AJ, McGill SA, Rantala AL, Storlie JA, Mitchell JD, Dierkhising RA, Shah ND. Effect of an Integrated Clinical Pharmacist on the Drivers of Provider Burnout in the Primary Care Setting. *J Am Board Fam Med*. 2021 May-Jun;34(3):553-560. doi: 10.3122/jabfm.2021.03.200597. PMID: 34088815.

⁴ Chung TH, Hernandez RJ, Libaud-Moal A, et al. The evaluation of comprehensive medication management for chronic diseases in primary care clinics, a Texas delivery system reform incentive payment program. *BMC Health Services Research*. 2020; 20:671. doi: 10.1186/s12913-020-05537-3.

systems, including Geisinger,⁵ Kaiser Permanente,⁶ Mayo Clinic,⁷ and Johns Hopkins.⁸ Nationally, VA clinical pharmacy specialists (CPS) hold scopes of practices that confer medication prescriptive authority and the responsibility to modify, start, stop and/or continue medications as per guideline recommendations, collaborative practice agreements, and the CPS' clinical judgment. CPS also perform associated physical assessments, order lab tests, and initiate consults for other services.

In addition, the Veterans Health Care system has systematically integrated CPS into Patient-Aligned Care Teams (PACT) to significantly improve patient outcomes through the delivery of CMM for a range of chronic conditions.⁹

Finally, CMM is a proven process of care that helps ensure medication optimization. As you are well aware, a major problem in our health care system is suboptimal medication use, medication misuse and the adverse drug events that ensue -- a problem estimated to account for at least \$528.4 billion in unnecessary health care spending annually.¹⁰ Obviously, much more needs to be done to ensure that prescription medication therapy is optimized. CMM provided by clinical pharmacists, in close collaboration with physicians, is one critically important way to address this challenge. Since prescription medicines are such an important part of the treatment plans for senior citizens, addressing this problem in the Medicare program will assure immediate, long-lasting, and positive impact.

The Medicare Part D drug benefit successfully expanded Medicare to include prescription medications in the early 2000s. The Medicare Part B program has long covered a limited number of physician-administered medications. However, Medicare has never had, and still lacks, a meaningful benefit to ensure that these expensive and complex prescription medications provide maximum value. We hope the time for that to change is now. While we applaud the Biden Administration's support for lowering prescription drug prices, it is our contention that just as important as medication affordability -- if not more important -- is bolstering the value of the medication therapy prescribed. CMM delivered by clinical pharmacists is the most effective means of achieving this critically important goal.

Sincerely,



Michael S. Maddux, Pharm.D. FCCP, Executive Director

CC:

Xavier Becerra, Secretary, U.S. Department of Health and Human Services
Chiquita Brooks-LaSure, Administrator, Center for Medicare and Medicaid Services

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⁵ Jones LK, Greskovic G, Grassi DM, Graham J, Sun H, Gionfriddo MR, Murray MF, Manickam K, Nathanson DC, Wright EA, Evans MA. Medication therapy disease management: Geisinger's approach to population health management. *Am J Health Syst Pharm*. 2017 Sep 15;74(18):1422-1435. doi: 10.2146/ajhp161061. PMID: 28887344.

⁶ Witt, Daniel. (2008). The Kaiser Permanente Colorado Clinical Pharmacy Anticoagulation Service as a model of modern anticoagulant care. *Thrombosis research*. 123 Suppl 1. S36-41. 10.1016/j.thromres.2008.08.004.

⁷ Peinovich M, Darracott R, Dow J. Developing pharmacy services in a home hospital program: The Mayo Clinic experience. *Am J Health Syst Pharm*. 2022 Oct 21;79(21):1925-1928. doi: 10.1093/ajhp/zxac200. PMID: 35896358; PMCID: PMC9384588.

⁸ Maryland Primary Care Program (MDPDP): Participating Care Transformation Organizations (CTO) List. [Accessed 1/25/2023](#).

⁹ GTMRx Institute CMM In Practice Case Example: William S. Middleton Memorial Veterans Hospital, Madison, WI. [Accessed 1/25/23](#)

¹⁰ Watanabe JH, McInnis T, Hirsch JD. Cost of Prescription Drug-Related Morbidity and Mortality. *Annals of Pharmacotherapy*. 2018;52(9):829-837. doi:10.1177/1060028018765159