



March 4, 2014

The Honorable Ron Wyden
221 Dirksen Senate Office Building
Washington, D.C., 20510

Dear Chairman Wyden,

On behalf of the American College of Clinical Pharmacy (ACCP), and the College of Psychiatric and Neurologic Pharmacists (CPNP), we are writing to congratulate you on the introduction of S.1932, the Better Care, Lower Cost Act and to applaud your leadership in working to develop a modernized Medicare program that rewards quality, value and outcomes over volume and process.

We recently met with your staff to discuss the legislation, as well as our ideas for enhancing Medicare quality and outcomes through comprehensive medication management services, and we wanted to offer a few more specific comments as well as voice our support for your efforts.

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of over 15,000 practitioners, scientists, educators, administrators, students, residents, fellows, and others committed to excellence in clinical pharmacy and patient pharmacotherapy.

CPNP is an association of specialty pharmacists who work to improve the minds and lives of those affected by psychiatric and neurologic disorders. These professionals apply their clinical knowledge in a variety of healthcare settings and positions ranging from education to research with the goal to apply evidence-based, cost efficient best practices in achieving patient recovery and improving quality of life.

Our organizations are dedicated to advancing a quality-focused, patient-centered, team-based approach to health care delivery that enhances the safety of medication use by patients and ensures that medication-related outcomes are aligned with patients' overall care plans and goals of therapy. Clinical pharmacists, working collaboratively with physicians and other members of the patient's health care team, utilize a consistent process of direct patient care that enhances quality of care, improves clinical outcomes and lowers overall health care costs.

Accordingly, we applaud your recognition of the burden of caring for chronically ill Medicare beneficiaries and your efforts to reform the fee-for-service system and encourage team-based care that is focused on helping patients achieve their clinical goals.

We also thank you for including pharmacists as eligible members of the proposed “Better Care Practices” that will expand opportunities for Medicare beneficiaries to participate in integrated care delivery models. However, we are concerned that despite the recognition of pharmacists as providers under your proposed model, the lack of coverage under Medicare Part B for the care pharmacists provide as integrated members of the health care team remains a significant barrier to beneficiaries’ access to these services.

Members of our organizations deliver a the team-based process of comprehensive medication management (CMM) that helps ensure that seniors’ medication use is effectively coordinated, and in doing so enhances seniors’ health care outcomes, contributing directly to Medicare’s goals for quality and affordability. CMM helps to “get the medications right” as part of an overall effort to improve the quality and affordability of the services provided to Medicare beneficiaries.

CMM is promoted by the Patient-Centered Primary Care Collaborative, (PCPCC), in which ACCP as well as the major primary care medical organizations are actively involved and is a standard service under leading integrated delivery systems such as Kaiser Permanente and Geisinger health System.

CMM is not currently a covered Medicare benefit and as a result we are concerned that even those seniors who participate under your proposed BCPs would be denied access to a vital component of team-based care.

This is particularly critical for seniors because the central role that medications play in their care and treatment is undeniable:

- The typical Medicare beneficiary sees two primary care providers and five medical specialists in any given year. Four of every five medical encounters result in a prescription order (new or refill);
- 66% of Medicare beneficiaries have two or more chronic diseases; 40% have four or more;
- 60% of seniors are taking 3 or more discrete prescription or non-prescription medications at any point in time.

In “getting the medications right,” CMM also contributes to enhanced productivity for the entire health care team, allowing other team members to be more efficient in their own patient care responsibilities. Team members are freed up to practice at the highest level of their own scopes of practice by fully utilizing the qualified clinical pharmacist’s skills and training to coordinate the medication use process as a full team member.

In summary, as part of the process of reforming the Medicare payment system, we encourage you to enact reforms to the Medicare Part B program that provide for coverage of CMM services provided by qualified clinical pharmacists as members of the patient’s health care team.

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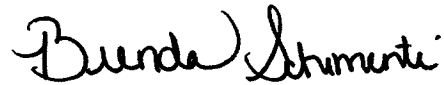
We would welcome the opportunity to provide further information about this service in the context of Medicare payment and delivery system reforms.

We appreciate your commitment to improving the quality of care available to Medicare beneficiaries. Please feel free to follow up with us at any time if our organizations and our members can be of assistance in this effort.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Edwin Webb". The signature is fluid and cursive, with a large, looping initial "C".

C. Edwin Webb, PharmD, MPH
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A handwritten signature in black ink, appearing to read "Brenda Schimenti". The signature is cursive and somewhat stylized, with a large initial "B".

Brenda Schimenti
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