

December 6, 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:

Thank you for your leadership of the Medicare program and your ongoing work to ensure America's seniors have meaningful access to equitable, affordable, and innovative healthcare services. Your efforts have helped make Medicare stronger for both current and future enrollees.

As you are 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.<sup>1</sup>

We appreciate that you instructed your team last year to meet with us to discuss our ideas for improving medication use in Medicare. We found that meeting to be very helpful and look forward to continuing this discussion.

To that end, while we understand that the process for developing the Medicare-related portions of the President's Fiscal Year 2025 Budget Request to Congress is underway, 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). This will help to strengthen Medicare by ensuring that it takes full advantage of innovative high-quality health care services that advance medication optimization, improve patients' health outcomes and reduce costs. As we describe below, we believe there is ample evidence to support your agency's endorsement of coverage for CMM services in Medicare.

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 (PCC), in which ACCP and major primary care medical organizations are actively involved. CMM is a coordinated care process that optimizes medication use, thereby enhancing health care outcomes and contributing directly to the goals of health care quality and affordability.

There is ample evidence to demonstrate the effectiveness of CMM. It has been shown to improve outcomes,<sup>2</sup> increase patient satisfaction,<sup>3</sup> improve physician work-life,<sup>4</sup> and save money.<sup>5</sup> Incorporating CMM into the Medicare program is essential to achieving the goals of the Quintuple Aim of Health Care.<sup>6</sup>

<sup>1</sup> 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

<sup>2</sup> 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

<sup>3</sup> Brummel A, Lustig A, Westrich K, Evans MA, Plank GS, Penso J, Dubois RW. Best practices: improving patient outcomes and costs in an ACO through comprehensive medication therapy management. *J Manag Care Spec Pharm*. 2014 Dec;20(12):1152-8. PMID: 25597053

<sup>4</sup> 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

<sup>5</sup> 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

<sup>6</sup> Itchhaporia D. The Evolution of the Quintuple Aim: Health Equity, Health Outcomes, and the Economy. *J Am Coll Cardiol*. 2021 Nov

In 2023, the Get the Medications Right Institute (GTMRx) published a statement that highlighted the importance of pharmacoequity to ensure that all patients - regardless of race, ethnicity, socioeconomic status, or availability of resources - are treated with the optimal medication regimen, have access to their medications, and can use their medications to manage their health conditions.<sup>7</sup>

Clinical pharmacists are increasingly recognized as essential team-members addressing medication therapy problems associated with social determinants of health (SDOH)<sup>8</sup> to improve health outcomes. We would be happy to share additional information with you regarding pharmacoequity as an essential component to achieving health equity, the fifth aim in the quintuple aim of healthcare.

CMM is a well-established standard of care in our Nation's leading private sector health systems, including Geisinger,<sup>9</sup> Kaiser Permanente,<sup>10</sup> Mayo Clinic,<sup>11</sup> and Johns Hopkins.<sup>12</sup> Within the Veterans Affairs (VA) health care system, 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. The VA 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.<sup>13</sup>

The Medicare Part B program has long covered a limited number of physician-administered medications. The Medicare Part D drug benefit successfully expanded Medicare to include prescription medications in the early 2000s. The Part D Medication Therapy Management (MTM) component promised to become a "cornerstone of the Medicare Prescription Drug Benefit."<sup>14</sup> However, CMS has acknowledged that it has not been possible to fully demonstrate the value and success of the Part D MTM Program.

As a result, Medicare has never had, and still lacks, a meaningful benefit to ensure that 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 and enacting much-needed reforms to the Pharmacy Benefit Manager (PBM) industry, 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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30;78(22):2262-2264. doi: 10.1016/j.jacc.2021.10.018. PMID: 34823665; PMCID: PMC8608191

<sup>7</sup> GTMRX Pharmacoequity Infographic. Accessed 12/4/2023. Available [here](#)

<sup>8</sup> Cobb, et al.; Health Equity 2023, 7.1 <http://online.liebertpub.com/doi/10.1089/hea.2022.0189>

<sup>9</sup> 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

<sup>10</sup> 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

<sup>11</sup> 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

<sup>12</sup> Maryland Primary Care Program (MDPDP): Participating Care Transformation Organizations (CTO) List. [Accessed 1/25/2023](#)

<sup>13</sup> GTMRx Institute CMM In Practice Case Example: William S. Middleton Memorial Veterans Hospital, Madison, WI. [Accessed 1/25/23](#)

<sup>14</sup> 70 FR 4194 - Medicare Program; Medicare Prescription Drug Benefit