

December 13, 2017

AMERICAN PHARMACISTS ASSOCIATION

STATEMENT FOR THE RECORD

**TO THE HOUSE ENERGY AND COMMERCE COMMITTEE
SUBCOMMITTEE ON HEALTH HEARING:
“EXAMINING THE DRUG SUPPLY CHAIN”**

As drugs become more and more expensive, complex, and personalized, the need to optimize their impact also increases. Pharmacists have more medication-related education and training than any other health care professional. Yet, despite their expertise and accessibility, pharmacists are often an underutilized health care resource in helping to address medication costs by improving the impact, and therefore, value of medications. The American Pharmacists Association (APhA), and our members appreciate the opportunity to provide our comments on the important role pharmacists play in patients’ lives as you examine the drug supply chain in our country.

Founded in 1852 as the American Pharmaceutical Association, APhA represents 64,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and the uniformed services.

Cost versus Value

In order to get the greatest benefit from medications, patients must understand how to use their medications safely and effectively. Pharmacists are the medication experts on the patient’s health care team. Pharmacists today graduate with a Doctorate of Pharmacy degree, which requires six to eight years to complete. Pharmacists can and do assist patients in optimizing the impact of medications and decreasing patients’ costs by providing services focused on safe and appropriate medication use. For example, pharmacists provide medication management services, which are especially important for patients who have complex care plans, take multiple drugs or have chronic conditions. Additionally, to address hospital readmissions, pharmacists help patients transition between care settings.

Unfortunately, despite the fact that many states and Medicaid programs are turning to pharmacists to increase access to health care and address medication-related costs, Medicare Part B does not cover the services pharmacists can provide. Pharmacists are trained to do more than place medication in a container and while 91% of Americans live within five miles of a community pharmacy¹, many of our Nation’s seniors are medically underserved. Pharmacists are an underutilized health care resource which can positively affect the impact and value of medications, beneficiaries’ care² and the entire Medicare program.

APhA strongly believes H.R. 592, the *Pharmacy and Medically Underserved Areas Enhancement Act*, is a proposal that will improve patient care, health outcomes, value of

¹ NCPDP Pharmacy File, ArcGIS Census Tract File. NACDS Economics Department.

² CMS. Evidence Supporting Enhanced Medication Therapy Management. Center for Medicare and Medicaid Innovation. 2016. Available at: <https://innovation.cms.gov/Files/x/mtm-evidencebase.pdf>

medications,³ and consequently, the viability of the Medicare program. Introduced by Representatives Brett Guthrie and G.K. Butterfield, H.R. 592 has 240 bipartisan cosponsors. Similar legislation obtained 297 cosponsors in the 114th Congress.

The legislation will enable Medicare patients in medically underserved communities to better access health care through state-licensed pharmacists practicing according to their own state's scope of practice. In medically underserved communities, pharmacists are often the closest health care professional and accessible outside normal business hours. Helping patients receive the care they need, when they need it, is a common sense and bipartisan solution that will improve outcomes and reduce overall costs.

The importance of medication-related services cannot be overstated, especially in the Medicare program. Medications are the primary method of treating chronic disease and are involved in 80 percent of all treatment regimens. Moreover, the United States spends nearly \$300 billion annually on medication-related problems, including nonadherence.⁴ Accordingly, not only will S.109 increase beneficiaries' access to health care, it will help improve their outcomes—particularly those impacted by medications. APhA appreciates the support by nearly all Committee members for the *Pharmacy and Medically Underserved Areas Enhancement Act* and urges its swift passage to allow pharmacists to deliver these vital services as providers in medically underserved areas.

APhA also encourages the Committee, when considering policy changes, to look beyond isolated components of health care to determine cost and value. Because health coverage is frequently analyzed by the benefit type such as inpatient, outpatient, and drug coverage, a patient's overall services, costs and outcomes may never be reviewed comprehensively. Policies cannot continue to consider drug and medical coverage, and their related costs and outcomes, separately if we are to achieve true value in health care. Current coverage and payment policies related to prescription drugs place incentives on the short-term, focusing on cost containment for the product rather than weighing the overall clinical benefit to the patient and the impact to their medical costs. Breaking down the many silos within our health care system will help address that \$300 billion dollars spent on medication-related problems—many of which are preventable.⁵

Importation Detracts from Value-Based Care

Broader importation laws will hinder the progress made to move U.S. health care delivery and payment towards value, as opposed to volume, and further fragment care. Because Canadian pharmacists may only fill prescriptions written by Canadian prescribers, expanded importation policies will encourage Americans to seek care from foreign prescribers and pharmacists, whose systems and standards are not integrated into, or consistent with, U.S. systems or care. Value-based care models and other efforts to produce savings and promote quality, such as outcomes-

³ See Avalere Health. Exploring Pharmacists' Role in a Changing Healthcare Environment. May 2014.

Available at: <http://avalere.com/expertise/life-sciences/insights/exploring-pharmacists-role-in-a-changing-healthcare-environment> Also, See Avalere Health. Developing Trends in Delivery and Reimbursement of Pharmacist Services. October 2015. Available at:

<http://avalere.com/expertise/managed-care/insights/new-analysis-identifies-factors-that-can-facilitate-broader-reimbursement-o>

⁴ New England Healthcare Institute. Thinking Outside the Pillbox: A System-Wide Approach to Improving Patient Adherence for Chronic Disease. August 2009. Available at:

<http://www.nehi.net/publications/17-thinking-outside-the-pillbox-a-system-wide-approach-to-improving-patient-medication-adherence-for-chronic-disease/view>

⁵ Ibid.

based reimbursement, will be more difficult to measure and optimize if patients are allowed to receive care outside the model's mechanisms to drive results.⁶ Moreover, because of the implementation of outcomes-based payment, U.S. health care providers and facilities may be unjustly penalized due to the actions of foreign providers or patients' reactions to non-FDA approved medications.

Other negative events can result from broadened importation, such as increased adverse events and decreased medication adherence, as practitioners may make care decisions based on a patient's incomplete medical and medication profile. Pharmacist-provided services that help patients optimize medications, such as medication therapy management covered under Medicare Part D, may lose their value as medication reviews will likely not be comprehensive. APhA consistently emphasized the value of pharmacist-provided care services, noting that pharmacists' roles extend well beyond the dispensing of a medication. Patients benefit significantly when they have a relationship with a pharmacist.^{7,8,9,10,11} The pharmacist-patient relationship will be seriously undermined if importation of non-FDA approved drugs is permitted.

Thank you again for the opportunity to provide our perspective regarding the important role that the pharmacist plays in the drug supply chain.

⁶ Centers for Medicare & Medicaid Services, (May 2016). CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs), available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Final-MDP.pdf>, last accessed: May 23, 2017.

⁷ Phatak, A., Prusi, R., Ward, B., Hansen, L.O., Williams, M.V., Vetter, E., Chapman, N. & Postelnick, M. (2015). Impact of pharmacist involvement in the transitional care of high-risk patients through medication reconciliation, medication education and post-discharge call-backs (IPITCH Study), *Journal of Hospital Medicine*, 11(1), 39-44.

⁸ McCullough, M.B., Petrakis, B.A., Gillespie, C., Solomon, J.L., Park, A.M. & Ourth, H. (2016). Knowing the patient: A qualitative study on care-taking and the clinical pharmacist-patient relationship, *Research in Social and Administrative Pharmacy*, 12(1), 78-90).

⁹ Braaf, S., Rixon, S., Williams, A., Lieu, D. & Manias, E. (2014). Pharmacist-patient medication communication during admission and discharge in specialty hospital settings: implications for person centered healthcare, *The International Journal of Person Centered Medicine*

¹⁰ Schuessler, T.J., Ruisinger, J.F., Hare, S.E., Prohaska, E.S. & Melton, B.L. (2015). Patient satisfaction with pharmacist-led chronic disease state management programs, *Journal of Pharmacy Practice*, 29(5), 2015.

¹¹ Mossialos, E., Courtin, E., Naci, H., Benrimoj, S., Bouvy, M., Farris, K., Noyce, P. & Sketris, I. (2016). From "retailers" to health care providers: Transforming the role of community pharmacists in chronic disease management, *Health Policy*, 119(5), 628-639.