



Prescriptions for a Healthy America

"A Partnership for Advancing Medication Adherence"

September 15, 2014

Marilyn Tavenner

Administrator, Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: Request for Information: Beneficiary Engagement, Incentives, and Behavioral Insights

Submitted electronically via: <http://www.healthcarecommunities.org/Home/RFI-BeneficiaryEngagement.aspx>

Re: Center for Medicare and Medicaid Services Request for Information: Beneficiary Engagement, Incentives, and Behavioral Insights

Dear Administrator Tavenner:

Prescriptions for a Healthy America (P4HA) appreciates the opportunity to respond to the Centers for Medicare and Medicaid Services (CMS) request for information (RFI) regarding beneficiary engagement, incentives, and behavioral insights. P4HA (www.adhereforhealth.org) is a multi-stakeholder alliance representing patients, providers, pharmacies, and employers. We joined together to raise awareness on the growing challenges posed by medication nonadherence, as well as to advance public policy solutions that will help reduce health care costs and improve the lives of patients across the nation through medication adherence interventions.

P4HA supports CMS's interest in testing innovative models that increase the engagement of Medicare and Medicaid beneficiaries in both their health and their health care. Because drugs don't work in patients who don't take them, patient choice and engagement is critical for improving medication management. Therefore policies and models that aim to improve proper medication adherence, defined as when a patient takes their medications as directed, have considerable potential to reduce health spending and improve health outcomes.

Non-adherence results in higher costs, reduced effectiveness of treatment regimens, negative health effects for patients and tens of thousands of deaths annually. Half of all patients do not take their medications as prescribed, and more than 1 in 5 new prescriptions go unfilled.¹² This is an issue that impacts seniors and those with chronic illnesses and lower incomes disproportionately. For example, poor medication adherence

¹ Sabate E. editor. Adherence to long-term therapies: evidence for action. World Health Organization. Geneva, Switzerland; 2003.

² Lee J, Grace K, Taylor J. Effect of a primary care program on medication adherence, persistence, blood pressure, and low-density lipoprotein cholesterol: a randomized controlled trial. *JAMA*. 2006; 296(21):2563-2571.

results in 33 to 69 percent of medication-related hospital admissions in the United States, at a cost of roughly \$100 billion per year.³

The issue is thus significant and time-sensitive, and will continue to gain importance as health care costs and the number of Americans with chronic illnesses increase. Working aggressively to uncover which interventions work best to lower costs, engage patients and improve outcomes will be a significant but worthwhile undertaking for CMMI. We encourage you to explore research opportunities within Medicare and Medicaid that assist beneficiaries in more easily managing their medication regimens. In particular, we suggest the following.

Improving the understanding and evaluation of the Part D MTM Benefit.

The Medicare Part D Medication Therapy Management (MTM) program was enacted as part of the Medicare Part D prescription drug benefit in the 2003 Medicare Modernization Act (MMA). The MTM program was included in Part D because it was recognized that many Medicare beneficiaries would need assistance from health professionals in assuring that they use their medications appropriately. However, experience suggests that the Part D MTM program may need to be modernized to keep pace with the rapid changes in the health care system.

We recommend that efforts be focused on gaining a better understanding of: (1) the impact of MTM on patient-related outcomes, (2) the appropriateness of the MTM eligibility criteria, and (3) the reasons for poor take-up. A key goal in establishing the MTM program was to promote better use of medicines and ultimately better health outcomes by pharmacists engaging directly with patients. This engagement generally centers on education, a review of prescribed medication lists, provider interaction, and disease management referral, among other activities. After nearly eight years since implementation, additional evidence is needed to understand the overall effectiveness of MTM, or specific components – operational and policy – of the program.

In addition, we believe it is also important to examine whether or not the program is optimally targeted to impact beneficiaries who would most benefit from participation. Evidence to date suggests that eligibility criteria for MTM participation may be better targeted to reach beneficiaries at high risk for negative health events, high medical spending, or poor adherence.⁴ Finally, it is well known that participation in MTM and receipt of a key component of MTM- the comprehensive medication review- is dramatically low. Recent evidence suggests that only 11% of Medicare beneficiaries are enrolled in MTM

³ IMS Institute for Healthcare Informatics, “Avoidable Costs in US Healthcare: the \$200 Billion Opportunity from Using Medicines More Responsibly,” June 2013, <http://www.imshealth.com/portal/site/imshealth/menuitem.c76283e8bf81e98f53c753c71ad8c22a/?vgnextoid=12531cf4cc75f310VgnVCM10000076192ca2RCRD&vgnnextfmt=default>

⁴ Stuart B et al. Should eligibility for medication therapy management be based on drug adherence?. J Man Care Pharm. 2014;20(1):66-75

and about half of those eligible are receiving it.⁵ In order to adequately explore these issues it is important that additional empirical research be conducted. We believe such research will require use of data that describes MTM program characteristics and outreach efforts, particularly among those who would most benefit from the MTM services including certain racial and ethnic groups. This is not currently available in releases of Medicare administrative data to external researchers. Therefore, to better understand the Part D MTM benefit, we encourage CMS to evaluate how to link Part D process data to reflect outcomes in Parts A & B.

Improving the understanding of the various medication management services offered throughout Medicare Parts B, C and D.

Beyond MTM, there are many medication management services provided to Medicare beneficiaries, most of which may be unknown. We suggest that CMS should evaluate the differences in eligibility criteria, types of services provided, and effectiveness of medication management across different programs in Parts B, C and D and efforts undertaken in the private sector. Once best practices are known, and medication management services are better aligned across the Medicare program in its entirety, we expect patient engagement and comprehension to increase.

Testing new approaches to improve medication adherence.

Medication Synchronization demonstration project

A significant portion of Medicare beneficiaries are burdened with multiple chronic conditions, which require complex medication regimens. A wealth of evidence supports the theory that greater medication complexity is associated with poor medication adherence and adverse clinical outcomes. Regimen complexity is exacerbated by the need to refill multiple prescriptions at different times over the course of a month. The burden on patients to make multiple trips to the pharmacy can have negative implications for adherence and downstream clinical outcomes.

Synchronizing medication fill dates for multiple prescriptions may reduce this burden and provide a simple mechanism for improving medication adherence. Medication synchronization is a promising intervention that is gaining popularity in the private market. The program synchronizes prescription fills to one day of the month for patients to pick up or receive, via mail-order, all prescriptions. In advance of each fill, pharmacists contact the patient to remind and receive authorization for filling the medications. This process also offers an opportunity for the pharmacist to engage with patients and conduct medication reconciliation and deliver medication management services, if needed. The

⁵ Avalere. Few Medicare Beneficiaries Receive Comprehensive Medication Review Services. Available at: <http://avalere.com/expertise/managed-care/insights/few-medicare-beneficiaries-receive-comprehensive-medication-management-serv>

combination of a pre-fill reminder phone call, a single synchronized pick-up date, and option for medication counseling has the potential to significantly impact patient care.

Thrifty White Pharmacies and the Virginia Commonwealth University completed a study on the effects of refill synchronization and counseling on medication adherence and persistence among a convenience sample of patients and found that patients enrolled in medication synchronization had a 3.4 to 6.1 times greater odds of adherence to their medications than patients not enrolled.⁶ However, limitations in the available empirical evidence of the impact of medication synchronization prohibit wide-scale adoption of this potentially simple and cost effective strategy to impact patient outcomes. Now, NCPA estimates that almost 1500 independent pharmacies have implemented a synchronization program and major retail chains nationwide are also piloting similar programs.

P4HA suggests CMS test a medication synchronization demonstration project that is practical, affordable and efficient. The program should be based on current commercial best practices and should test the impact medication synchronization and other program components have on medication adherence and persistence, appropriate medication use, clinical outcomes, negative health events, patient experience and level of engagement, and total healthcare costs. Plans participating in the program should offer medication synchronization as an opt-in service for beneficiaries, but allow them to decline participation for, among other factors, concerns about the financial burden of copays.

Comprehensive Medication Management Pilot program in Part B

Comprehensive medication management (CMM) is the standard of care that ensures each patient's medications are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended.⁷ CMM includes an individualized care plan that achieves the intended goals of therapy with appropriate follow-up to determine actual patient outcomes and has the potential to seriously involve patients in engaging with their healthcare.

P4HA suggests CMS conduct a pilot testing CMM in Medicare Part B, including development of a care plan, follow-up evaluation of the patient, and communication to the patient's health care provider to evaluate its potential to improve clinical goals of therapy and reduce overall healthcare costs.

Conclusion

Prescriptions for a Healthy America appreciates CMS's request for stakeholder input on this important topic. The partnership believes an integral part of any solution is the use of

⁶ Holdford D, Inocencio T. Adherence and persistence associated with an appointment-based medication synchronization program. *Journal of the American Pharmacists Association*. 2003;53:576-583.

⁷ Patient-Centered Primary Care Collaborative. Integrating Comprehensive Medication Management to Optimize Patient Outcomes. Found at:

<http://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>

incentives to improve medication adherence. In particular, new care delivery and payment models should create a structural framework to reward a broad range of healthcare providers (e.g., physicians, nurses, pharmacists) and health plans that improve outcomes and lower costs. We look forward to working with you as you explore models that will improve beneficiary engagement.

Sincerely,

A handwritten signature in black ink, appearing to read "Joel White", written in a cursive style.

Joel C. White
President
Prescriptions for a Healthy America