Prescriptions for a Healthy America

"A Partnership for Advancing Medication Adherence"

March 7, 2014

Jonathan Blum
Principal Deputy Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Deputy Administrator Blum:

Prescriptions for a Healthy America is a multi-stakeholder alliance representing patients, providers, pharmacies, pharmaceutical manufacturers, and employers. We joined together to raise awareness on the growing challenges posed by medication non-adherence, 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.

Weighting Adherence Measures

CMS has received suggestions from stakeholders to both reduce the weight of the adherence measures to 1.5, equivalent to access measures, from the 3.0 associated with clinical measures and combine the three adherence measures into one measure. We oppose combining the measures as the concept lacks industry consensus, and the measures reflect different disease states and are appropriately measured separately.

We support retaining the current weights associated with the Part D measures related to adherence. We believe this will lower health costs, taxpayer expenses and positively impact health outcomes.

Studies have shown that at least 50 percent of patients do not take their medications as prescribed.[1][2] A poll commissioned by Prescriptions for a Healthy America supported this, finding that 66 percent of patients self-reported being non-adherent.[3] Just last year, the IMS Institute for Healthcare Informatics released a report finding that the U.S.

---

[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.
[3] Survey conducted for Prescriptions for a Healthy America by Greenberg Quinlan Rosner, May 2013; Available at adhereforhealth.org

healthcare system could save $105 billion per year by addressing nonadherence for hypercholesterolemia, diabetes, hypertension, osteoporosis, HIV, and congestive heart failure.[4] This suggests that interventions that improve adherence for these conditions will lead to both significant cost savings and health improvements.

Reducing the weights of the adherence measures would diminish the incentives for health plans to work collaboratively with other stakeholders to develop, evaluate, invest in and thoughtfully implement adherence interventions. While we recognize the limitations of claims based measures, we disagree that the adherence measures do not necessarily point to changes in health outcomes. Improved adherence is positively associated with clinical outcomes as indicated by AHRQ and numerous peer-reviewed studies. Recently-published data has confirmed that the long-held industry standard of 80 percent MPR, based upon pharmacy claims data assessment, is associated with improved health outcomes and reduced adverse coronary events for post-heart attack patients.[5] Furthermore, claims based measures are particularly valuable in retrospectively evaluating the impact of adherence programs at the population level. The adherence measures currently included in the Star Ratings were developed with broad stakeholder consensus and are the best measures currently available to address these issues. We believe CMS should keep the weights at 3x and develop policies that concurrently measure clinical outcomes in collaboration with PQA.

Adherence measures have produced improvements in adherence scores, confirming the effectiveness in the weight for generating positive patient and provider behavior. However, many plans still score far below average. For policy reasons, we believe the weights should be maintained at their current level because doing so will continue to focus plan interventions on improved adherence and its associated improved outcomes, a goal shared by CMS. We believe CMS should also conduct research on how the adherence measures, weights and performance impact beneficiary health, outcomes and costs.

Transition Policy

Health plans are required to provide enrollees with a one-time temporary supply of requested non-formulary drugs when they are transitioning from one plan to another (or if the plan switches formularies). CMS proposes two display measures to identify when plans are failing to do so: all class, and classes of clinical concern. Patients who switch plans with different formularies and covered drugs should have a transition period to adjust their medications based on clinical factors. We agree this is an appropriate step in ensuring patients do not become non-adherent simply because they are changing coverage.

---

[4] MS Institute for Healthcare Informatics, "Avoidable Costs in U.S. Healthcare: The $200 Billion Opportunity from Using Medicines More Responsibly," June 2013, http://www.imshealth.com/portal/site/imshealth/menuitem.c76283e8bf81e98f53c753c71ad8c22a/?vgnextoid=12531cf4cc75f310VgnVCM10000076192ca2RCRD

[5] Choudhry, N.K., et al. Untangling the relationship between medication adherence and post–myocardial infarction outcomes. *American Heart Journal*. 2014: 167(1): 51-58.

Drug-Drug Interactions

CMS proposes to update the DDI measure specifications based on the updated Pharmacy Quality Alliance (PQA) DDI measure list. We support this change as it appropriately updates the measure specifications and will better support reductions in DDIs.

New Measure Concepts

CMS is interested in identifying new measures and methodological concepts to enhance aspects of the programs to improve outcomes and lower costs. P4HA supports CMS' exploration of new measures and methodologies, including those for:

1. Care coordination;
2. Care transitions;
3. Alternative methods for measuring improvement;
4. Patient reported outcomes; and
5. Condition specific measures, such as those for mental health, cancer and HIV/AIDS.

We note that PQA is currently developing measures in some of these areas, including provisions of MTM services and readmission post-discharge, and consumer experience with pharmacy services. We suggest CMS should explore the funded development of additional adherence measures based on both process and outcomes, and incorporate them into the Star Ratings program as quickly as possible.

We appreciate the opportunity to comment on the 2015 Call Letter and look forward to working with you to ensure seniors and the disabled are more adherent to their medications.

Sincerely,

Joel White
President
Prescriptions for a Healthy America