Prescriptions for a Healthy America
"A Partnership for Advancing Medication Adherence"

September 2, 2014

Marilyn Tavenner
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1612-P
P.O. Box 8013
Baltimore, MD 21244-1850

Submitted electronically via www.regulations.gov

RE: CMS-1612-P

Dear Administrator Tavenner:

Prescriptions for a Healthy America is pleased to submit our comments on the 2015 proposed rule entitled Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models & Other Revisions to Part B for CY 2015.

Prescriptions for a Healthy America (P4HA, http://www.adhereforhealth.org) is a multi-stakeholder alliance representing patients, consumers, providers, employers and payers. We joined together to raise awareness on the growing challenges posed by medication nonadherence, and to advance medication adherence solutions that will produce better health outcomes and lower health care costs

Medication nonadherence is a significant health and cost issue. Half of all patients do not take their medications as prescribed, and more than 1 in 5 new prescriptions go unfilled.[1,2] This is an issue that impacts seniors and those with chronic illnesses and lower incomes disproportionately. For example, poor medication adherence 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] Policies that incentivize providers to manage medications for those Medicare beneficiaries with chronic illnesses are a step in the right direction for improving health outcomes and lowering health costs. We applaud CMS for continuing to ensure medication management and adherence is a priority.

We believe various revisions to programs governed by the proposed rule represent a positive step to improve access to and coordination of care, particularly for those patients with multiple chronic conditions on multiple medications. Specifically we support the provisions of the rule that:

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[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] IMS 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

1. Improve the Chronic Care Management (CCM) service and code; and
2. Revise Quality Measures Reporting.

We applaud CMS for taking these important steps and urge the Agency to make modifications that we believe will further improve the program. Our comments and recommendations are outlined below.

I. Chronic Care Management (CCM), Section (II)(G)

In the proposed rule, CMS recognizes chronic care management as an important tool in improved health outcomes and lower future health costs. Chronic care management services include the development, revision, and implementation of a care plan; communication with the patient, caregivers, and other treating health professionals; and medication management. CMS proposes to begin payments in 2015.

Services Furnished Incident to a Physician's Service Under General Physician Supervision

CMS proposes to permit TCM and CCM services provided by clinical staff incident to the services of a practitioner to be furnished under the general supervision of a physician or other practitioner. We support this change because it recognizes that clinical staff may not be direct employees of the practitioner or practice and that services may be provided at any time, not just outside of normal business hours. This is important because it allows practices interested in providing CCM services flexibility in providing the services as an additional incentive.

Services

The proposed rule defines the elements of the scope of service requirements for CCM and requests comments on both the proposed changes and the current scope of services. The rule requires that CCM services must be furnished with the use of a certified electronic health record or other health IT or health information exchange platform, which includes an electronic care plan accessible to all providers within the practice. While we support this requirement, the limits of current technology must be addressed. We note that we, among others, have significant concerns about the ability of current EHR technologies to share information across different providers and EHR systems. We believe it is inappropriate for CMS to require providers to use technology that is not capable of allowing the provider to meet the requirements of the billing code. As a result, we suggest CMS make the requirement optional at this time and allow providers to either use CEHRT or use alternate technology that allows the provider to meet all of the service requirements of the CCM billing code. Furthermore, we note that the 2014 Edition Certification Criteria for EHRs does not include a requirement related to fill status, which makes it difficult if not impossible for providers to know, via the EHR, whether a patient actually filled a prescription. We advise the Agency that minimum CCM code requirements should not exceed current CEHRT capabilities.

We support the Agency's inclusion of medication reconciliation with a review of adherence and potential interactions; and oversight of patient self-management of medications within the current

scope of CCM services. We believe CMS should define "review of adherence" as it is not clear what this term means. P4HA supports defining this as "comprehensive medication management", which 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. Comprehensive medication management includes an individualized care plan that achieves the intended goals of therapy with appropriate follow-up to determine actual patient outcomes.

II. Proposed Changes to the Quality Measures Used in Establishing Quality Performance Standards that ACOs Must Meet to be Eligible for Shared Savings, Section (III)(M)(2)

P4HA supports the proposed changes to quality measures for ACOs. Specifically, the new measure titled, "Documentation of Current Medications in the Medical Record (NQF #0419)". We agree that the change from the current medication reconciliation measure (NQF #0097), which only requires medication reconciliation after a hospital discharge, is insufficient for coordinated medication management outside of the facility setting. P4HA supports the new measure, which ensures a medication review at every office visit. We also appreciate the alignment with both PQRS and the EHR Incentive Program, as this helps reduce regulatory cost and time burdens.

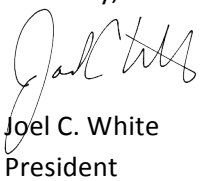
III. Request for Comments for Future Quality Measures, Section (III)(M)(3)

P4HA appreciates the request for comments for future quality measures. We suggest that CMS consider measuring proportion of days covered (PDC) for ACOs using one or more of the medication adherence measures developed by the Pharmacy Quality Alliance (PQA).[4] PDC is a valuable tool for ACOs to consider as it provides a snapshot of medication adherence rates and could potentially identify areas for improvement and savings related to medication errors. CMS would need to calculate these measures for ACOs as they would not have access to all of the necessary data.

Conclusion

Prescriptions for a Healthy America is committed to improving payments to providers and creating incentives to improve medication adherence. We look forward to working with you to this end.

Sincerely,



Joel C. White
President
Prescriptions for a Healthy America

[4] http://pqaalliance.org/measures/