

January 18, 2012

Kathleen Sebelius, Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Subject: Community Pharmacists' Role in Averting Adverse Medication Reactions

Dear Secretary Sebelius:

We read with interest the letter from Senators Michael Bennet and Olympia Snowe referencing the November 24, 2011 publication of the *New England Journal of Medicine* (NEJM) in which the researchers analyzed data nationwide on hospitalization of Medicare beneficiaries resulting directly from adverse drug reactions. As the Department of Health and Human Services (HHS) considers initiatives that would identify patients at risk for specific adverse drug reactions, the National Community Pharmacists Association (NCPA) is pleased to share the efforts in which our members have been engaged to ensure safe and appropriate medication use. NCPA represents the interests of America's community pharmacists, including the owners of more than 23,000 independent community pharmacies. Together they represent a \$93 billion health-care marketplace, employ more than 315,000 people, including 62,400 pharmacists, and dispense over 40% of all retail prescriptions.

NCPA applauds the multifaceted measures HHS has already undertaken to improve health care quality and patient safety, from the Safe Use Initiative from the Food and Drug Administration (FDA) to initiatives promoting more effective care coordination, such as Accountable Care Organizations. We applaud ongoing efforts of the Center for Medicare and Medicaid Innovation (CMMI) and believe community pharmacists are poised to make a positive impact via CMMI initiatives, such as the Million Hearts initiative. Although these efforts are moving in the right direction of care improvement, recent results from the *New England Journal of Medicine* study indicate that there is still room for improvement¹. NCPA is committed to working collaboratively with patients and other stakeholders towards achieving the three broad aims laid out in HHS's National Quality Strategy of creating better care: healthier patients and communities; and more affordable care.

¹ Budnitz DS, Lovegrove MC, Shehab N. Emergency Hospitalizations for Adverse Drug Events in Older Americans. *N Engl J Med* 2011;365(21):2002-12.

Promoting better, more affordable care through safe and appropriate medication use

Community pharmacists play a critical role in providing quality care to the nation's 40 million seniors by ensuring safe and appropriate medication use as well as providing specialized services such as immunizations and compounding. Pharmacists are among the most trusted health care professionals providing high quality, patient-centered care to improve outcomes. The dispensing of medication is only part of the continuum of care delivered to the patient, not an endpoint. Before the medication reaches the patient, pharmacists evaluate patient profiles to monitor for drug allergies and catch potential dosing errors, duplicative therapies, and drug-drug interactions. Pharmacists also advise patients on the side effects, safety, and efficacy of all the medications they take, including over-the-counter products and supplements, which are often taken in combination with prescriptions.

Pharmacists both ensure that patients are taking the appropriate medications as well as educate patients on the importance of taking those medications as directed. Poor adherence is a growing public health concern that not only harms the patient, but can be financially draining as well. Medication-related morbidity has been estimated to add \$290 billion in avoidable costs to the health care system annually. Because of their accessibility, community pharmacists are well-positioned to improve medication adherence given their frequent communications with patients regarding medications and role as a trusted healthcare resource. Improving medication adherence in chronically ill patients and reducing unnecessary hospitalizations due to adverse drug events can greatly improve the quality of care while reducing overall health care costs.

Improving transitions of care through coordination of patient medication

The current state of hospital re-admissions among Medicare beneficiaries is concerning from a quality of care standpoint and financially unsustainable. With preventable hospital readmissions among the most significant contributors of health costs, there is increased attention on improving care transitions. Providing the best care possible and keeping patients well in their communities is a top priority for the members of NCPA and we are a proud partner in the Partnership for Patients Initiative. Research has confirmed the critical role that pharmacists play in providing patients with the assistance necessary to maintain high levels of medication adherence. In particular, refill coordination at a single pharmacy is recognized as an effective tactic to improve adherence.²

Community pharmacists are dedicated to providing solutions that can reduce the problem of medication non-adherence. In fact, hundreds of pharmacies around the country have implemented community-based, personalized coordinated refill programs that facilitate improved adherence. Based on the concept of refill synchronization, these programs help coordinate all of a patient's prescriptions to be filled on the same day each month and address barriers to non-adherence. The coordination of refills decreases regimen complexity, which can help boost adherence, and provides an opportunity for the pharmacist to review all of a patient's medications to ensure safe and appropriate use.

² Choudhry NK, Fischer MA, Avorn J, Liberman JN. The implications of therapeutic complexity on adherence to cardiovascular medications. *Arch Intern Med* 2011;171(9):814-822

Similar to the concept of a medical home, having a “pharmacy home” at a single community pharmacy where all of a patient’s medications are coordinated can improve medication adherence and reduce the potential for adverse drug reactions. Research has shown that patients who use multiple pharmacies are more likely to discontinue therapy. The design of the coordinated refill programs reduces the potential for gaps between refills as well as medication-related hospital admissions, and provides mechanisms to help identify possible barriers to adherence. This monthly medication reconciliation process is a cornerstone of the program and allows the pharmacist to identify any recent hospitalizations, especially those that may have resulted in changes in therapy (new medications, discontinuations, dosage adjustments), especially during care transitions.

The synchronized refill model facilitates a more comprehensive and coordinated level of care. The enhanced communication among all those associated with the care of a patient completes the triad of care among the patient and caregivers, pharmacists, and prescribers. Patients and caregivers are actively involved in the decision-making process, and physicians are contacted and regularly informed when a mutual patient is enrolled in the program. Coordinated refill programs are an example of scalable, innovative models in care delivery focused on improving patient outcomes while decreasing costs. NCPA has discussed synchronized refill programs with CMMI and looks forward to potentially working together to expand these programs in the future.

Advancing patient care with health information technology and medication therapy management

As the health care delivery paradigm moves toward a more coordinated, team-based approach, the use of electronic prescribing and interoperable electronic health records (EHR) will only continue to grow. NCPA is very supportive of the efforts from the Office of the National Coordinator for Health Information Technology (ONC) to develop a health information technology (HIT) infrastructure allowing for the secure exchange of information that improves health care quality and reduces health care costs.

Through the work of the Pharmacy e-Health Information Technology Collaborative, the pharmacy sector’s HIT goals over the next several years are focused on pharmacists’ roles in integrated care delivery, medication therapy management and electronic prescribing³.

Pharmacists serve as a direct point of contact between patients and physicians, particularly with regard to the key elements of medication management envisioned to achieve the care goals of an interoperable EHR. In addition to dispensing prescriptions to patients, pharmacists also provide valuable clinical services, known as medication therapy management (MTM) services. MTM focuses on a patient-centered process of care, including comprehensive evaluations and ongoing follow-up assessments to identify and resolve medication problems. Many of the objectives considered for meaningful use of EHRs include elements of and outcomes associated with MTM services provided by pharmacists, such as implementing drug utilization reviews, maintaining an active medication list, and exchanging key clinical information among providers of care.

³ Pharmacy e-Health Information Technology Collaborative. The Roadmap for Pharmacy Health information Technology Integration in U.S. Health Care. December 2011.

Community pharmacies regularly maintain electronic patient records and transmit claims using electronic systems. In rural and underserved communities, pharmacies may be the only provider with experience in using electronic systems and thus could be a beneficial resource in connecting other health care providers electronically. As noted earlier, pharmacies often maintain records on drug allergies, use of over-the-counter medications, dietary, herbal and vitamin supplements and a record of all medications that are not filled through third party insurance, such as prescriptions that are paid for in cash. Third party payers, such as pharmacy benefit management (PBM) companies, do not have this complete data on patients. The data from a complete electronic medication list maintained by community pharmacies can better identify adverse drug events and reinforces the need for a fully functional electronic medication management system.

Moreover, as we have seen in Medicare Part D, PBMs don't always electronically send pharmacies information about prescriptions filled by a patient in other pharmacies, even though this technology currently exists. This factor impairs the ability of the pharmacist to make judgments about appropriateness of therapy and adverse drug reactions. Finally, we also believe that PBM plan designs which mandate or create incentives for patients to use PBM mail order pharmacies result in disjointed care and inhibit the community pharmacist from helping the patient to manage all their prescription and over-the-counter medications.

While community pharmacists provide MTM services, integrating components of these services into an interoperable EHR system will require substantial changes and upgrades to existing electronic systems that will take time. Electronic prescribing (e-prescribing) is an example of a currently operational system where the full functionality of the benefits has yet to be realized, although substantial progress is being made. As pharmacies work to become electronically integrated, ninety percent of independent community pharmacies are connected for e-prescribing, with 15 percent of the pharmacy's prescription volume received electronically, representing a 300 percent increase from two years ago⁴.

Community pharmacists play a vital role in impacting quality measures

NCPA is a founder and active Board member of the Pharmacy Quality Alliance (PQA), a public-private partnership that develops, tests, and endorses quality measures related to appropriate medication use. Both CMS and the FDA are active participants in PQA. Several of these measures are used by CMS within the Medicare Part D program to help evaluate the quality of the health plans servicing Medicare beneficiaries.

Many of the measures that have been developed relate to critical drug-drug interactions, high risk medications and other measures of medication safety and are directly impacted by community pharmacists. PQA has also developed a model for transitions of care that includes medication reconciliation coupled with patient education on medications. NCPA remains committed to working with all healthcare stakeholders to ensure that quality measures being developed are being utilized for the best patient outcomes possible, and that all stakeholders strive to improve upon the causes of adverse drug reactions.

⁴ 2011 NCPA Digest, sponsored by Cardinal Health

Conclusion

The issue of improving care and decreasing adverse drug reactions for Medicare beneficiaries, and all patients, is of great interest to NCPA and its members, who serve as a primary access point for prescription medications for millions of Medicare Part C and D beneficiaries in both outpatient and long-term care settings. NCPA will continue to play a vital role in all of the ongoing work listed above that strives to address issues surrounding adverse drug reactions. NCPA welcomes future discussions with HHS on the role community pharmacists can play in improving the quality of care for the nation's Medicare beneficiaries.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Douglas Hoey". The signature is written in a cursive style with some loops and flourishes.

B. Douglas Hoey, R.Ph., M.B.A.
Executive Vice President

CC: The Honorable Michael Bennet, U.S. Senate
The Honorable Olympia Snowe, U.S. Senate