



July 1, 2011

To The Illinois Department of Healthcare and Family Services

VIA ELECTRONIC SUBMISSION:

Hft.webmaster@illinois.gov

RE: Illinois Coordinated Care Program

On behalf of the approximately 1,526 chain pharmacies operating in the State of Illinois, the National Association of Chain Drug Stores (NACDS) thanks you and the members of the Illinois Department of Healthcare and Family Services (“Department”) for allowing us the opportunity to submit comments on the Coordinated Care Program Discussion Paper and the important role community pharmacists play in coordinated care models.

NACDS represents traditional drug stores, supermarkets, and mass merchants with pharmacies – from regional chains with four stores to national companies. Chains operate 39,000 pharmacies, and employ more than 2.7 million employees, including 118,000 full-time pharmacists. They fill nearly 2.6 billion prescriptions annually, which is more than 72 percent of annual prescriptions in the United States.

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Critical Role of Pharmacists in Coordinated Care Programs

NACDS and its members believe that successful outcomes for a coordinated care program will be dependent on making sure multiple provider types are able to provide their services to beneficiaries. This includes the multitude of services provided by community pharmacies. Pharmacists play a key role in helping patients take their medications as prescribed and offer a variety of pharmacist-delivered services, such as medication therapy management (MTM) to improve quality and outcomes.

Public policy and healthcare delivery strategies should incorporate the value of pharmacy, and certainly should not jeopardize the viability or accessibility of pharmacies in the community. Including community pharmacists as a part of the coordinated care models is one of the many ways of using a pharmacist’s clinical skills to improve patient outcomes. Pharmacists already have the training and skills needed to provide patients specific medication related services and currently provide most of these services in their day-to-day activities. Through well-established relationships with the patient, pharmacists have gained the trust of their patients and have proven to be a reliable source of information to the patient regarding their healthcare needs. Accessible in virtually every community, pharmacists are medication experts with the ability to identify patient specific medication-related issues and communicate those issues to the patient and their provider. In addition, pharmacists have the ability to educate the patient with the necessary information to improve patient compliance, outcomes and overall quality of care.

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Inclusion of Medication Therapy Management Services in the Coordinated Care Model

A critical factor in the success of a coordinated care program is improving health outcomes and reducing healthcare costs related to chronic conditions through better medication adherence and medication therapy management (MTM). MTM includes a wide range of activities that help prevent medication errors, ensure medication compliance and get patients more actively involved in their medication therapy.

As an avenue to increasing medication adherence, coordinated care models can improve patient care by promoting safe and effective medication use and achieve optimal patient outcomes through a facilitated partnership among healthcare providers. Poor medication adherence costs the nation approximately \$290 billion annually – 13% of total healthcare expenditures – and results in avoidable and costly health complications, worsening of disease progression, increased emergency room visits and hospital stays. This inadequate medication adherence rate is associated with about \$47 billion annually for drug-related hospitalizations, and estimated 40 percent of nursing home admissions.¹

Reasons for patient non-adherence to a medication regimen are multi-factorial, including costs, regimen complexity and patient beliefs. Therefore, it is necessary to tailor interventions to the patient's unique combination of factors contributing to nonadherence. MTM is one solution that has been proven to improve patient medication adherence by face-to-face consultation with community pharmacists. Adherence to medications and recommended therapies is increased when patients have a thorough understanding of all of their medications, including over-the-counter drugs. Whole person, patient-centered care, considering the mental and physical aspects of health, can be advanced by fully integrated care that includes clinically linked, comprehensive medication management.

There is growing evidence of MTM's cost benefits. In the North Carolina "Checkmeds" program, MTM helped 31,000 seniors optimize their drug therapy resulting in estimated savings of \$34 million -- a return on investment of nearly 14 to 1. In another study, for every \$1 invested in MTM programs, overall healthcare costs were reduced by \$12. (Journal of the American Pharmacists Assoc; March-April 2008). Additional examples of successful MTM programs include:

- The Asheville Project, a diabetes program designed for city employees in Asheville, NC and delivered by community pharmacists, showed a decrease in total direct medical costs ranging from \$1,622 to \$3,356 per patient per year, a 50 percent decrease in the use of sick days and an increase in productivity accounting for an estimated savings of \$18,000 annually. The Asheville Project also saw similar results for individuals with asthma or cardiovascular related conditions.²
- The Diabetes Ten City Challenge is an employer-based diabetes self-management program utilizing pharmacists in ten U.S. cities. Results for 573 patients enrolled

¹ New England Healthcare Institute, 2009.

² Bunting BA, Cranor CW. The Asheville project: long-term clinical, humanistic, and economic outcomes of a community-based medication therapy management program for asthma. *J Am Pharm Assoc.* 2006;46(2):133-47.

in the program for at least one year showed that average total healthcare costs were reduced by almost \$1,100 per patient per year (7.2% compared with projected costs). On average, patients saved nearly \$600 per year on their diabetes medications and supplies.³

- The Patient Self-Management Program (PSMP) for Diabetes offered employees of five nationally known companies consultation with pharmacists to receive counseling on management of their diabetes. The PSMP program resulted in a mean total healthcare cost reduction of \$918 (10.8%) per patient per year from the employers' projected expenditures.⁴

Pharmacists are the most highly trained professionals in medication management. They receive a minimum of six years and in many cases eight years of college, with four years enrolled in a College of Pharmacy where they study medication uses, dosing, side effects, interactions and patient care. MTM services provided by community pharmacists improve patient care, enhance communication between providers and patients, improve collaboration among providers, optimize medication use for improved patient outcomes, contribute to medication error prevention and enable patients to be more actively involved in medication self-management. Pharmacist-provided MTM services are one of the many ways of using a pharmacist's clinical skills to improve patient outcomes.

For these reasons, pharmacy provided MTM services should be considered a critical factor in the success of a coordinated care model by improving health outcomes and reducing healthcare costs related to chronic conditions through better medication adherence and management.

Appropriate Measures for Healthcare Outcomes

NACDS applauds the Department for the considering the inclusion of quality measures which will increase beneficiary outcomes in which pharmacists can play a vital role in helping a coordinated care program. Healthcare outcomes should be based on measures for medication reconciliation, hospital readmissions and immunizations. NACDS urges the Department to include measures which will encourage activities that have been shown to increase patient outcomes while reducing overall health expenditures. NACDS recommends that measures related to MTM be included to evaluate the success of a coordinated care program. In order to accurately gauge the effectiveness of a MTM program the Department should include proven metrics for assessing MTM and medication adherence programs. The Pharmacy Quality Alliance (PQA) has developed standardized metrics related to medication adherence and which should be considered for inclusion in any set of quality measures established by the Department.

Examples of quality performance measures related to MTM include measuring the percentage of MTM eligible members who received a comprehensive medication review,

³Fera T, Bluml BM, Ellis WM. Diabetes Ten City Challenge: Final economic and clinical results. *J Am Pharm Assoc.* 2009; 49(3): e52-e60.

⁴Garrett DG, Bluml BM. Patient self-management program for diabetes: first year clinical, humanistic and economic outcomes. *J Am Pharm Assoc.* 2005; 45(2): 130-137.

percentage of older adults who received a MTM intervention who discontinued the use of a high-risk medication, MTM interventions for persons with diabetes, medication therapy for persons with asthma and assessments of gaps in MTM.

Conclusion

NACDS thanks the Illinois Department of Healthcare and Family Services for the opportunity to comment on the key issues surrounding the development of a coordinated care program for Medicaid beneficiaries. NACDS urges the Department to consider the inclusion of community pharmacists and MTM services in the coordinated care program and we look forward to working with you in the future as you continue to developing the structural framework for the coordinated care program and the services provided to Medicaid beneficiaries.

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