May 7, 2012

Department of Health and Human Services
Office of the Surgeon General
Room 710-H
200 Independence Avenue, SW
Washington, DC 20201

[Submitted via email to: medadhere@hhs.gov]

Re: Request for Information on Prescription Medication Adherence

Dear Sir/Madam:

The American Pharmacists Association (APhA) appreciates the opportunity to comment on the Surgeon General’s Request for Information on Prescription Medication Adherence, published April 5, 2012 (77 FR 20637). APhA is the largest and oldest professional society for pharmacists and our members provide care in all practice settings.

Medications are one of the most important weapons in the fight against disease, particularly chronic diseases. Adherence is the backbone of appropriate medication use. As medication experts, pharmacists help patients, caregivers, and prescribers manage chronic diseases through proper medication use and help improve patients’ medication-taking behaviors and adherence.

APhA offers the following possible solutions for non-adherence in adults with chronic conditions:

- Explore coverage models that align incentives with patients and health care team members to improve prescription medication adherence. In the Public Health Service, incentives are aligned to maximize pharmacists’ services. Similarly, a nationwide adherence incentive program providing tools and information to assist providers and patients is an ideal way to ensure Medicare patients receive provider interventions to help improve medication regimen adherence. Pharmacists could participate in such a model through a pilot program that recognizes pharmacists as providers under Medicare Part B. For example, in a recent APhA project, pharmacists delivered interventions to improve care for patients with diabetes through implementation of the Discussions on Taking Medications (DOTx.MED) Diabetes Pilot Program. The program demonstrated that small, focused interactions by pharmacists addressing patient concerns improve adherence to medication therapy.¹

http://www.pharmacist.com/AM/Template.cfm?Section=Login1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=16020
Another example is the demonstration project conducted by the Pharmacy Quality Alliance (PQA) in community pharmacies that dramatically increased adherence rates to diabetes and high blood pressure medications.  

- Include pharmacists’ clinical services such as medication therapy management (MTM) as a component of essential health benefits (EHB) in HHS’ upcoming proposed rule on EHB. Pharmacists’ clinical services, as practiced for decades in the Public Health Service, and as described in Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General, can apply to most, if not all of the 10 statutorily required EHB elements. Numerous studies referenced in the report, such as the Asheville Project and The Diabetes Ten City Challenge, demonstrate pharmacist-provided clinical services result in improved medication adherence. By making pharmacists’ clinical services more widely available through EHB, patients will benefit greatly, adherence will increase, and overall healthcare costs will drop.

- To provide optimal patient care, pharmacists must be able to access and document information in electronic health records (EHR). The pharmacy profession is working to ensure that pharmacists have bidirectional functional use in EHR. This access ensures that pharmacists and other providers use the most accurate personal medication list as they work with patients to improve adherence, address medication reconciliation, improve transitions of care, reduce hospital readmissions, and collaborate to provide team-based care.

In conclusion, APhA thanks you for the opportunity to provide comments on this important issue. If you have any questions or require additional information, please contact Jason Hansen, Director of Health Policy, at jhansen@aphanet.org or by phone at (202) 448-8729.

Sincerely,

Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA
Executive Vice President and CEO

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