

January 7, 2014

Carmen Y. Kelly, Pharm.D., M.P.H., R.Ph.
Task Order Officer
Center for Outcomes and Evidence
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

RE: Draft Systematic Review: Medication Therapy Management

Dear Dr. Kelly:

The Academy of Managed Care Pharmacy (AMCP) would like to thank the Agency for Healthcare Research and Quality (AHRQ) for the opportunity to comment on the *Draft Systematic Review: Medication Therapy Management*.

The Academy of Managed Care Pharmacy is a national professional association of pharmacists and other health care practitioners who serve society by the application of sound medication management principles and strategies to improve health care for all. The Academy's nearly 7,000 members develop and provide a diversified range of clinical, educational and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit. It celebrated its 25th anniversary in 2013. For more news and information visit www.amcp.org.

AMCP believes that the report's conclusions are reasonable and could have a significant impact on the provision of MTM services and policy considerations. AMCP agrees with the study results that underscore the need for new research to define specific cohorts and MTM methods that produce the best outcomes.

With the continued adoption and growth of electronic medical records and databases, certain health conditions and disease states having higher costs can be isolated to monitor for specific outcomes, including improvements in medication management. AMCP members have been actively engaged in developing and implementing further MTM research initiatives to estimate the true value of the interventions to patients and the health care system. According to a Robert Wood Johnson Research Foundation report, it is estimated that Medicare patients alone account for \$26 billion each year in readmission costs, of which \$17 billion was deemed to be avoidable if the right care was delivered.¹

According to another study in North Carolina, there are similar findings for Medicaid patients.² With the Centers for Medicare and Medicaid Services (CMS) identifying hospital readmissions as one of the top problems in the health care system and now penalizing hospitals with high rates of readmission for heart failure, heart attack, and pneumonia patients, improving the quality of transitions of care has become a top priority. Pharmacists are becoming more involved in medication management during care transitions and medication reconciliation. Given the above, AMCP believes that AHRQ should have reviewed studies pertaining to medication reconciliation interventions.

Additionally, the list of included studies has an average publication year of 2004. The first widely accepted definition of MTM was not established until July 2004,³ which makes it difficult for the majority of included studies to truly reflect the key elements that were defined. Furthermore, the Medicare Modernization Act of 2003 required that Medicare Part D plans reimburse for MTM services beginning in 2006.⁴ Therefore, the advent of MTM is still somewhat recent and has continued to evolve especially as it is coupled with increased clinical education and training for pharmacists to have more patient-centered care roles.

MTM is constantly evolving and research has not conclusively indicated which services or interventions are most effective. Therefore, it is important for managed care organizations to continue to experiment with innovations with MTM programs. As highlighted by this Draft Report it is important that MTM services allow flexibility for health plans to evaluate the most effective interventions. Flexibility will allow for stronger and well-developed research initiatives and will hopefully highlight the need for appropriately funded Randomized Controlled Trials. Overall, AMCP believes it is truly important that a research framework be established and adopted to allow for a more effective evaluation of published MTM research which would be valuable to include in the Draft Report conclusions.

Also attached is a copy of comments from an author who has published research in our peer-reviewed journal, the Journal of Managed Care Pharmacy (JMCP).

We appreciate your consideration and review of our comments. If you have any questions, please contact me at 703-683-8416 or by email at erosato@amcp.org.

Sincerely,



Edith A. Rosato, R.Ph., IOM
Chief Executive Officer

Attachment

1. Robert Wood Johnson Research Foundation. The revolving door: a report on U.S. hospital readmissions, an analysis of Medicare data by the Dartmouth Atlas project. February 2013. Accessed Oct. 22, 2013. <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf404178>
2. Jackson CT, Trygstad TK, DeWalt DA et al. Transitional care cut hospital readmissions for North Carolina Medicaid patients with complex chronic conditions. Health Affairs 2013; 32(8):1407-15.
3. Bluml BM. Definition of medication therapy management: development of profession wide consensus. J Am Pharm Assoc. 2005;45:566-72.
4. Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173. <http://www.gpo.gov/fdsys/pkg/PLAW-108publ173/content-detail.html>