



Academy of
Managed Care
Pharmacy®

May 4, 2017

The Honorable Beth Harwell
Speaker of the House
301 6th Avenue North
Suite 19 Legislative Plaza, Nashville, TN 37243

RE: House Bill No. 628 – Medication Therapy Management Pilot Program in TennCare

Dear Speaker Harwell:

The Academy of Managed Care Pharmacy (AMCP) urges you to support House Bill No. 628, which would establish a Medication Therapy Management (MTM) pilot program as a component of the TennCare program. MTM services have demonstrated success for Medicare Part D beneficiaries by improving patient outcomes while decreasing overall health care costs, and AMCP strongly supports the expansion of MTM services for other patient groups including Medicaid beneficiaries. In addition, AMCP has demonstrated leadership and innovation in improving MTM through the work of the AMCP MTM Advisory Group and contributions to improving the documentation of pharmacists' services under the Medicare Part D Enhanced MTM Model Test.

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes and ensuring the wise use of health care dollars. Through evidence- and value-based strategies and practices, the Academy's 8,000 pharmacists, physicians, nurses and other practitioners, including members in Tennessee, manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models and government.

AMCP supports the intent of this legislation to increase TennCare patients' access to essential pharmacist-provided services, which have been shown in other state Medicaid programs to improve patient outcomes, increase the quality of care, and decrease overall costs to taxpayers.¹ Pharmacists are uniquely positioned to evaluate a patient's medications to ensure they are safe, effective, and appropriate to improve patient outcomes, increase quality of life, and often lower health care costs.

Medication related problems are a significant public health issue. For example, a study of MTM programs in a large health system identified that 85% of patients had at least one medication therapy problem, and 29% of patients had five or more medication therapy problems.² When pharmacists provide MTM, equivalent or superior levels of health care services and outcomes are realized when compared to MTM where pharmacists are not involved.³

¹ According to the National Conference on State Legislatures, 17 states have implemented some form of pharmacist-provided MTM into their Medicaid program. These states have realized cost savings with regards to decreased medication spending and reductions in total health expenditures. Most notably, Minnesota reported their MTM program resulted in a 31% reduction in total annual health expenditures per patient, from \$11,965 to \$8,197.

² De Oliveria, Djenane, PhD, Amanda Brummel, PharmD, and David Miller, RPh. "Medication Therapy Management: 10 Years of Experience in a Large Integrated Health Care System." *JOURNAL OF MANAGED CARE PHARMACY* (2010): 185-95

Recommendations to enhance the pilot program:

1. AMCP believes that the program standards, eligibility requirements and reimbursement rates developed by the Bureau should be flexible to encourage innovative ideas or the use of successful techniques already in practice.
2. AMCP believes that that provision that the Bureau “may seek input from pharmacists, etc.” should be mandatory. Pharmacists working in managed care settings have years of experience designing and implementing MTM programs. The Bureau will benefit from their experience and expertise.

For the reasons described above, AMCP seeks your support for House Bill No. 628 and the inclusion of our recommendations. We believe that the pilot program will provide patients in the TennCare program a higher quality of care through the delivery of MTM services. If you have any questions about our position, please contact AMCP’s Director of Legislative Affairs, Regina Benjamin, at (703) 683-8416 or rbenjamin@amcp.org.

Sincerely,



Susan A. Cantrell, RPh, CAE
Chief Executive Officer

³ De Oliveria, Djenane, PhD, Amanda Brummel, PharmD, and David Miller, RPh. "Medication Therapy Management: 10 Years of Experience in a Large Integrated Health Care System." *JOURNAL OF MANAGED CARE PHARMACY* (2010): 185-95. (A pharmacist-led MTM program in that health system saved \$2,913,850 (\$86 per encounter) over a 10-year period. The total cost of MTM was \$2,258,302 (\$67 per encounter), for an estimated return on investment of \$1.29 per \$1 in MTM costs).