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**C. Edwin Webb, Pharm.D., M.P.H.**  
**Associate Executive Director**  
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June 10, 2013

The Honorable Joe Pitts, Chairman  
The Honorable Frank Pallone, Ranking Member  
The Honorable Michael Burgess, Vice Chairman

Committee on Energy and Commerce  
Subcommittee on Health  
United States House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Pitts, Ranking Member Pallone and Vice Chairman Burgess,

On behalf of the American College of Clinical Pharmacy (ACCP), I am writing in response to a request for comments on the draft legislation, "Reforming the Sustainable Growth Rate (SGR) and Medicare Payments for Physician Services," released on May 28, 2013.

The American College of Clinical Pharmacy (ACCP) is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of over 14,000 practitioners, scientists, educators, administrators, students, residents, fellows, and others committed to excellence in clinical pharmacy and patient pharmacotherapy.

We applaud the work of the Committee in addressing the flaws of the of the current volume- based physician/provider payment system and for acknowledging that new approaches are essential to achieving both better clinical outcomes and longer-term economic viability of the Medicare program. In order to enhance access to high-quality care for Medicare beneficiaries and to ensure the sustainability of the Medicare program as a whole, it is essential that progressive payment system and delivery system reforms now emerging are aggressively promoted -- especially those that measure and pay for quality and value, not simply volume, and that fully incentivize care that is patient-centered and team based. ACCP is dedicated to advancing a quality-focused, patient-centered, team-based approach to health care delivery that enhances the safety of medication use by patients and ensures that medication-related outcomes are aligned with patients' overall care plans and goals of therapy. Clinical pharmacists, working collaboratively with physicians and other members of the patient's health care team, utilize a consistent process of direct patient care that enhances quality of care, improves clinical outcomes and lowers overall health care costs.

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Michael S. Maddux, Pharm.D., FCCP, Executive Director

As the committee explores the process of developing payment approaches that link closely to current and evolving quality measures, ACCP urges you to include medication safety and quality measures that might address areas such as the detection and prevention of medication errors, adverse drug reactions, and other medication-related patient safety events.

Such measures would encourage broader adoption of the team-based process of comprehensive medication management (CMM) that is promoted by the Patient-Centered Primary Care Collaborative, (PCPCC), in which ACCP as well as the major primary care medical organizations are actively involved. CMM helps ensure that seniors' medication use is effectively coordinated, and in doing so enhances seniors' health care outcomes, contributing directly to Medicare's goals for quality and affordability. CMM helps to "get the medications right" as part of an overall effort to improve the quality and affordability of the services provided to Medicare beneficiaries.

This is particularly critical for seniors because the central role that medications play in their care and treatment is undeniable:

- The typical Medicare beneficiary sees two primary care providers and five medical specialists in any given year. Four of every five medical encounters result in a prescription order (new or refill);
- 66% of Medicare beneficiaries have two or more chronic diseases; 40% have four or more;
- 60% of seniors are taking 3 or more discrete prescription or non-prescription medications at any point in time.

In "getting the medications right," CMM also contributes to enhanced productivity for the entire health care team, allowing other team members to be more efficient in their own patient care responsibilities. Team members are freed up to practice at the highest level of their own scopes of practice by fully utilizing the qualified clinical pharmacist's skills and training to coordinate the medication use process as a full team member.

In short, as part of the process of reforming the Medicare payment system, Congress should enact reforms to the Medicare Part B program that provide for coverage of CMM services provided by qualified clinical pharmacists as members of the patient's health care team. We would welcome the opportunity to provide further information to the committee about this service in the context of Medicare payment and delivery system reforms.

We appreciate the opportunity to submit comments on the draft legislation, "Reforming the Sustainable Growth Rate (SGR) and Medicare Payments for Physician Services." Please feel free to follow up with us at any time if the College and its members can be of assistance in this effort.

Sincerely,



**Associate Executive Director  
Director, Government and Professional Affairs**

Cc: Michael S. Maddux, Pharm.D. FCCP