



APhA

2215 Constitution Avenue, NW • Washington, DC 20037-2985

December 16, 2019

The Honorable Diana DeGette
2111 Rayburn House Office Building
Washington, DC 20515

The Honorable Fred Upton
2183 Rayburn House Office Building
Washington, DC 20515

Dear Representatives DeGette and Upton:

The American Pharmacists Association (APhA) writes to express our support of efforts to modernize coverage and the health care delivery systems through Cures 2.0. APhA, founded in 1852 as the American Pharmaceutical Association, represents 62,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, physicians' offices, hospitals, long-term care facilities, community health centers, managed care organizations, hospice settings and the uniformed services.

APhA and our members agree that more needs to be done, including better utilization of pharmacists, to help the individuals and communities in underserved areas. Topics noted in the Cures 2.0 request for feedback, such as digital health, coverage of new cures and medical products and improving the abilities of families and caregivers to support their loved ones are of particular interest to APhA. However, APhA urges you to specifically consider coverage of pharmacist-provided patient care services in Medicare Part B to both support access to digital health and to help bridge current and future gaps in care.

I. Medicare Coverage of Pharmacist-Provided Care Services

As noted above, APhA believes it is crucial services provided by pharmacists are covered by Medicare and requests including this policy in Cures 2.0 efforts. Although there has been rapid growth in digital health and new cures, health care providers continue to play an integral role in patient care. However, patient access to such providers, particularly primary care physicians, is a growing barrier that can be addressed by legislation. The Health Resources and Services Administration (HRSA) estimates that it would require an additional 13,800 primary care physicians needed today to provide a minimum level of care that would remove the HPSA designations.¹ Access to health care in rural areas has been a problem for more than 80 years.² While 20% of Americans live in rural areas, only 9% of physicians do.³ The rural maldistribution is expected to worsen without

¹ Association of American Medical Colleges, March 2018. The Complexities of Physician Supply and Demand: Projections from 2016 to 2030. Available at: https://aamc-black.global.ssl.fastly.net/production/media/filer_public/85/d7/85d7b689-f417-4ef0-97fb-ecc129836829/aamc_2018_workforce_projections_update_april_11_2018.pdf

² Goodell, Kristen. Testimony for Senate Committee on Health, Education, Labor and Pensions Hearing May 22, 2018. Health Care Workforce: Addressing Shortages and Improving Care. Available at: <https://www.help.senate.gov/imo/media/doc/Goodell1.pdf>

³ Howard K. Rabinowitz, MD, James J. Diamond, PhD, Fred W. Markham, MD, and Jeremy R. Wortman, Medical School Programs to Increase the Rural Physician Supply: A Systematic Review and Projected Impact of Widespread Replication. *Academic Medicine*, Vol. 83, No. 3 / March 2008. Available at: [http://krhis.kdhe.state.ks.us/olrh/Notices.nsf/bf25ab0f47ba5dd785256499006b15a4/79edbd02248881d486257402005295c7/\\$FILE/Medical%20Schools%20and%20Rural%20Physicians.pdf](http://krhis.kdhe.state.ks.us/olrh/Notices.nsf/bf25ab0f47ba5dd785256499006b15a4/79edbd02248881d486257402005295c7/$FILE/Medical%20Schools%20and%20Rural%20Physicians.pdf)



significant intervention, as growth in urban residencies has far outpaced growth in rural training programs;⁴ and the majority of physicians ultimately practice close to where they trained.⁵ With 89% of Americans living within five miles of a community pharmacy, pharmacists are the most accessible health care practitioner, and already located in medically underserved communities.

Pharmacists are trained to do far more than to simply fill prescriptions. Today's pharmacists receive clinically-based Doctor of Pharmacy degrees, and many also complete post-graduate residencies and become Board-certified in a variety of specialties. As medications and medication use becomes more complex, the role of the pharmacist become more important to optimize medications' value. In addition, pharmacists provide patients with chronic diseases with essential services, such as chronic care management. New technology presents opportunities to better connect patients with their health care providers, however, coverage of both technology and related services must be provided by Congress. Filling coverage gaps and system issues, such as modernized billing codes, are needed. Cures 2.0 presents as an important opportunity to modernize the delivery system by considering both provider roles (including pharmacists' roles) and the technologies used.

II. Digital Health

Digital health presents numerous opportunities to change how Americans access care. However, APhA emphasizes that technology is not a replacement of pharmacists / pharmacists' services but as a tool available to pharmacists, patients and other members of the healthcare team to optimize the care and management of patients.

Pharmacists are well-suited to help advance digital health, as noted below:

- *Pharmacists in practice settings can serve as translators to patients* to assist them in understanding the data they are receiving from their wearables/apps – and serve as coaches assisting patients in leveraging these tools in self-management of their medical conditions and in supporting health and wellness.
- *Pharmacists, as domain experts, can work in digital health companies (and pharmaceutical industry) in a range of departments from the product design teams to business development/strategic alliances teams to the medical affairs teams.*
 - Pharmacists inclusion will ensure that the products are designed considering pharmacists, the medication specialists (most accessible health care providers), as an access point for broader dissemination/utilization/patient support.
- *Pharmacists can gain expertise* in the range of digital health, digital medicine, and digital therapeutic products on the market to *triage and identify* when these products

⁴ Locations and Types of Graduate Training Were Largely Unchanged, and Federal Efforts May Not Be Sufficient to Meet Needs. GAO-17-411: Published: May 25, 2017. Publicly Released: Jun 26, 2017. Available at: <https://www.gao.gov/products/GAO-17-411>

⁵ Fagan EB, Gibbons C, Finnegan SC, Petterson S, Peterson KE, Phillips RL, Bazemore AW. Family Medicine Graduate Proximity to Their Site of Training: Policy Options for Improving the Distribution of Primary Care Access. Family Medicine (Fam Med 2015;47(2):124-30.). Available at: <https://www.stfm.org/FamilyMedicine/Vol47Issue2/Fagan124>



would add value in patient care/medication therapy optimization, then *recommend or prescribe* these solutions to optimize care ranging from prevention to treatment and management. The growing self-diagnostic aids can also be disseminated through pharmacy and engage pharmacists with access to the results.

- *Pharmacists can access and utilize data* from digital health platforms to monitor medication efficacy, identify and resolve medication-related problems, provide patient education/counseling, and overall augment their effectiveness in comprehensive medication management.
- *Pharmacists need to be included in emerging value-based payment models* to create viable practice/business models to support pharmacist-provided services. (Without payment to pharmacy, we won't be able to catalyze the most accessible access point in healthcare to support patients in self-management of their health. Digital health will *not eclipse* the human touch, it will *augment* the care we provide. Pharmacists are well-positioned to be the essential technology-*plus* element.)

III. Family and Caregiver Support

APhA appreciates the need to improve the ability of families and caregivers to support others. As a highly accessible health care provider that patients and their loved ones see frequently, pharmacists are uniquely positioned to help provide family and caregiver support in many contexts. In addition to educating patients and their caregivers about medication use, pharmacists also serve as an extension of the health care team by providing patient care services such as chronic care management and remote patient monitoring. APhA encourages Cures 2.0 to promote policies that utilize pharmacists, and pharmacists' services, as a mechanism to ease burdens placed on families and caregivers.

As you know, the impact of caring for a loved one can be tolling, especially as complications emerge. For years, community pharmacists have bridged gaps in care and helped patients navigate coverage issues and identify cost-effective alternatives. However, despite the important value community pharmacies, they operate on narrow margins and are closing at unprecedented rate. Recent research concluded that pharmacy closures are associated with clinically significant declines in adherence to cardiovascular medications.⁶ Further, the researchers recommended that efforts to reduce nonadherence to prescription medications should consider the role of pharmacy closures. Given that 85% of adults aged 60 and over use prescription drugs⁷ and about 1 in every 6 health care dollars is spent on cardiovascular disease⁸, APhA urges Cures 2.0 include policies to support

⁶ Qato, D.M., Alexander, C., Chakraborty, A. (2019). Association Between Pharmacy Closures and Adherence to Cardiovascular Medications Among Older US Adults, *JAMA Netw Open*. 2(4):e192606. doi:10.1001/jamanetworkopen.2019.2606

⁷ Centers for Disease Control and Prevention, (2019), NCHS Data Brief No. 334 – Prescription Drug Use in the United States, 2015-2016, available at: <https://www.cdc.gov/nchs/products/databriefs/db334.htm>

⁸ Centers for Disease Control and Prevention Foundation, (2015). Heart Disease And Disease And Stroke Cost America Nearly \$1 Billion A Day In Medical Costs, Lost Productivity, available at: <https://www.cdcfoundation.org/pr/2015/heart-disease-and-stroke-cost-america-nearly-1-billion-day-medical-costs-lost-productivity>



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community pharmacies. APhA is eager to work with Congress to better address this multifaceted issue.

Again, thank you for your continuing leadership to prioritize patients and communities in your policy making efforts. Pharmacists stand ready to help. Please contact Alicia Kerry J. Mica, Senior Lobbyist, at AMica@aphanet.org or by phone at (202) 429-7507 to arrange a meeting with APhA to discuss the many services pharmacists can and do provide, including lifesaving ways to combat our nation's opioid epidemic and improve patient care for these underserved populations lacking access to health care services in your states.

Sincerely,

A handwritten signature in black ink that reads "Thomas E. Menighan". The signature is written in a cursive, flowing style.

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