

December 28, 1998

Office of Prevention and Health Promotion
Healthy People 2010 Objectives
Hubert H. Humphrey Building, Room 738g
200 Independence Avenue, SW
Washington, DC 20201

Dear Office of Prevention and Health Promotion:

The American Society of Consultant Pharmacists (ASCP) appreciates the opportunity to comment on "Healthy People 2010 Objectives: Draft for Public Comment." ASCP is the national professional association representing nearly 7,000 pharmacists who provide pharmaceutical care for America's senior population. Consultant pharmacists take responsibility for the medication-related needs of their patients in a variety of long-term care environments, including nursing facilities, subacute care and assisted living facilities, psychiatric hospitals, facilities for persons with mental retardation, correctional facilities, hospice, and home care. In their role as drug therapy experts, consultant pharmacists ensure that their patients' medications are the most appropriate, the most effective available, the safest possible, and are used correctly. Consultant pharmacists identify, resolve, and prevent medication-related problems that may interfere with the goals of therapy, which improve patients' quality of life and reduce health care costs.

ASCP's comments on the Healthy People 2010 Objectives focus on two specific areas:

- **MEDICATION-RELATED PROBLEMS**-The need to drive the development of systems for the identification, prevention, resolution, and documentation of medication-related problems; and
- **MEDICATIONS INAPPROPRIATE FOR USE IN OLDER PERSONS**-The need to drive the development of systems for screening, data collection, monitoring, and analysis of medications inappropriate for use in older persons.

The following supplemental materials are provided as Appendices to ASCP's comments:

- Appendix 1-Categories of Medication-Related Problems
- Appendix 2-Economic Impact of Diseases Affecting Americans Age 65 and Older
- Appendix 3-Bibliography: Inappropriate Drug Use in the Elderly
- Appendix 4-When Medicine Hurts Instead of Helps
- Appendix 5-ASCP's Prescription for Quality Care: Preventing Medication-Related Problems Among Older Americans

RECOMMENDATION 1

Section: "Prevent and Reduce Diseases and Disorders"

Add "Medication-related Problems" to the list of Diseases and Disorders.

Objective (Developmental): Increase to ____% the number of pharmacies documenting medication-related problems.

Objective (Developmental): Increase to ____ the number of state Medicaid programs providing reimbursement to pharmacists for the identification, resolution, and prevention of medication-related problems.

Medication-related problems are a serious public health concern affecting people of all ages. The economic costs attributable to medication-related problems in nursing homes, hospitals, and the community are enormous—more than \$88 billion annually (Bootman, 1995; Harrison, 1997; Bates, 1997). This economic cost rivals that of cancer, Alzheimer's disease, diabetes, and other major diseases and conditions commonly affecting the elderly population.

A recent study found that in a single year more than two million hospitalized patients had serious adverse drug reactions and 106,000 died as a result of medication-related problems. If medication-related problems were classified as a distinct disease, it would rank between the fourth and sixth leading cause of death in the United States (Classen, 1997).

Many medication-related problems are unpredictable, primarily due to individual patient characteristics, and therefore unavoidable. However, there is a substantial body of literature that indicates most medication-related problems are predictable and therefore preventable. As such, medication-related problems are appropriate for inclusion in the Healthy People 2010 Objectives.

Although medications are probably the single most important health care technology in preventing illness, disability, and death in the geriatric population (Avorn, 1995), older persons are especially susceptible to medication-related problems due to age-related physiological changes, higher incidence of multiple chronic diseases and conditions, and greater consumption of prescription and over-the-counter medications. The goals of drug therapy in the older patient are often undermined by the occurrence of preventable medication-related problems.

The high financial cost and human toll of medication-related problems, especially in older persons, makes it appropriate to include medication-related problems as a "disease" for which prevention and reduction measures should be implemented within the Healthy People 2010 Objectives.

DATA SOURCES

Programs exist that capture data on medication-related problems. Many third-party payers, including state Medicaid programs (e.g., Wisconsin), provide coverage for care provided to patients by pharmacists. Services are billed using a HCFA-1500 claim form or Pharmacist Care Claim Form, and the Professional Pharmacy Service (PPS) codes.

The PPS codes-created by the National Council for Prescription Drug Programs, Inc.-define and operationalize the pharmacists' professional services into a unique coding system, which serves as the standard to communicate to the payer exactly what cognitive services a pharmacist provided to the patient. PPS codes document the eight categories of medication-related problems.

In addition, the Minnesota Pharmaceutical Care Project implemented a computerized patient care documentation system, which captures data on medication-related problems (Cipolle, 1998).

RECOMMENDATION 2

Section: "Improve Systems for Personal and Public Health"Item 13: "Medical Product Safety"

Add Objective (Developmental): Reduce by ____% the use of potentially inappropriate medications by persons age 65 and older.

The occurrence of avoidable adverse drug reactions is the most serious consequence of inappropriate medication prescribing in the senior population. Inappropriate medication use has been associated with a number of disorders prevalent in the elderly population, including cognitive impairment, falls, hip fractures, depression, and incontinence.

Explicit criteria are now available to help identify inappropriate use of medications in elderly populations (Beers, 1991; Beers, 1997). These criteria define medications that should generally be avoided in elderly nursing facility residents and the ambulatory elderly population; doses or frequencies of administrations that should generally not be exceeded in persons over age 65; and medications that should be avoided in older persons known to have any of several common conditions.

Based on these criteria, a General Accounting Office report found that 17.5% of nearly 30 million Medicare recipients were prescribed medications generally unsuitable for their age group (General Accounting Office, 1996). A November 1997 report by the Department of Health and Human Services Office of Inspector General found that 20% of Texas nursing home residents received at least one of 20 medications considered inappropriate for use by older people (Office of Inspector General, 1997).

DATA SOURCES

The American Society of Consultant Pharmacists can provide baseline data for nursing facility residents prior to the year 2000 and regular updates (every two to three years). Baseline data should also be obtainable from pharmacy benefit managers, managed care organizations, hospitals, and state Medicaid programs.

Thank you again for this opportunity to comment on the Healthy People 2010 Objectives. We look forward to continuing to consult with the Office of Disease Promotion and Health Prevention as key aspects of this important document are refined.

Sincerely,

R. Timothy Webster, ScD
Executive Director

Enclosures:

Appendix 1-Categories of Medication-Related Problems
Appendix 2-Economic Impact of Diseases Affecting Americans Age 65 and Older
Appendix 3-Bibliography: Inappropriate Drug Use in the Elderly
Appendix 4-When Medicine Hurts Instead of Helps
Appendix 5-ASCP's Prescription for Quality Care

REFERENCES

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APPENDIX 1-CATEGORIES OF MEDICATION-RELATED PROBLEMS

- Untreated indication-Patient has medical problem that requires drug therapy but is not receiving medication for that indication.
- Improper drug selection-Patient has medical problem that requires drug therapy but is taking the wrong medication.
- Subtherapeutic dosage-Patient has medical problem that is being treated with an inadequate dose of the correct medication.

- Failure to receive drugs-Patient has a medical problem that is the result of not receiving a drug (e.g., for pharmaceutical, psychological, sociological, or economic reasons).
- Overdosage-Patient has medical problem that is being treated with too much of the correct drug.
- Adverse drug reaction-Patient has medical problem that is the result of an unintended and detrimental adverse drug effect.
- Drug interaction-Patient has medical problem that is the result of a drug-drug, drug-food, or drug-laboratory interaction.
- Drug use without indication-Patient is taking a drug without a valid medical reason.

Source: Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. Am J Hosp Pharm 1990;47:533-43.

APPENDIX 2- ECONOMIC IMPACT OF DISEASES AFFECTING AMERICANS AGE 65 AND OLDER

Annual Cost of Medication-Related Problems-\$88.2 Billion

Ambulatory Care	\$76.6 billion
Nursing Facilities	\$7.6 billion
Hospitals	\$4 billion

Sources: Bootman, 1995; Harrison, 1997; Bates, 1997

Economic Impact of Diseases Affecting Americans Age 65 and Older

Alzheimer's Disease	\$100 billion
Cancer (all types)	\$104 billion
Cardiovascular diseases (all types)	\$171.1 billion (1995 dollars)
Diabetes	\$92 billion
Medication-related problems	\$88.2 billion
Osteoarthritis (all musculoskeletal conditions)	\$64.8 billion
Osteoporosis	\$14 billion
Parkinson's Disease	\$5.6 billion
Stroke	\$30 billion

Sources: Alzheimer's Disease Foundation and Referral Center; National Cancer Institute; American Diabetes Association; Arthritis Foundation; National Center for Health Statistics, 1994; National Parkinson Foundation; National Stroke Foundation