

THE PROBLEM

In the United States, on average \$500 billion in spending — particularly for individuals living with disabilities and multiple chronic conditions — results from preventable hospitalizations associated with adverse drug interactions (IQVIA). Individuals deserve high-quality care and a trusted partner to meet their needs. Yet, for those living in their home or the community, it is difficult to access more sophisticated pharmacy care that is usually only available in a nursing home. While 98% of skilled nursing facilities work with long-term care pharmacies and consultant pharmacists to mitigate the challenges faced by individuals with higher acuity, under 5% of home health agencies have a pharmacy affiliation (Sengupta, 2022). Further, AARP recently found that 21% of individuals living in the community or at home often rely upon unpaid caregiving support, increasing the likelihood of pharmacological challenges. This gap in enhanced pharmacy services delivered in the home is not only a cause for concern, but also limits an individual's ability to live and receive care in the setting of their choice. In general, federal policies are structured in a way that has limited the opportunity to improve the delivery of a comprehensive long-term care pharmacy services in the community and home.

OUR SOLUTION

The Alliance for Long-Term Care Pharmacy at Home (Alliance) looks forward to working with Congress and the Administration to identify ways that improve the level of pharmacy care provided to high acuity beneficiaries and individuals living with disabilities in their homes or the community. We aim to:

- Level the playing field by incentivizing Medicare Part C and Part D plans to incorporate into their benefit packages at home pharmacy services comparable to what is delivered in skilled facilities for individuals with complex medical needs.
- Build off the CMS Guidance on Part D Dispensing Fees and Enrollees with Institutionalized Level of Care Needs from December 2021:
 - Identify the subset of the Medicare population that is in greatest need for these services;
 - Establish the pharmacy services that constitute an appropriate level of care for this important subset of the Medicare population; and
 - Provide pharmacies and pharmacists with adequate reimbursement for the level of care and engagement needed to care for this high acuity population.

WHO WE ARE

The Alliance is comprised of over 20 pharmacies, professional associations, and care management groups working together to improve the lives of people with disabilities and complex medical needs living in their communities. Our pharmacists' expertise goes far beyond the role of dispensing medications. Collectively, the Alliance improves the quality of life for our beneficiaries living with disabilities and chronic illnesses who have heightened pharmacological needs. Through the Alliance, we strive to improve the Part D drug program by delivering the highest level of care to our beneficiaries. We proudly provide 24/7 around-the-clock access to services, which include reconciling medications across multiple prescribers and pharmacies, providing special packaging, promoting adherence, engaging and educating family members and caregivers, and so much more.

BY THE NUMBERS

There are **12.2 million** dually-eligible beneficiaries in the U.S.

92% of duals in FFS Medicare use Part D drugs.

Medicare spent **\$287.2 billion** on duals in 2020.

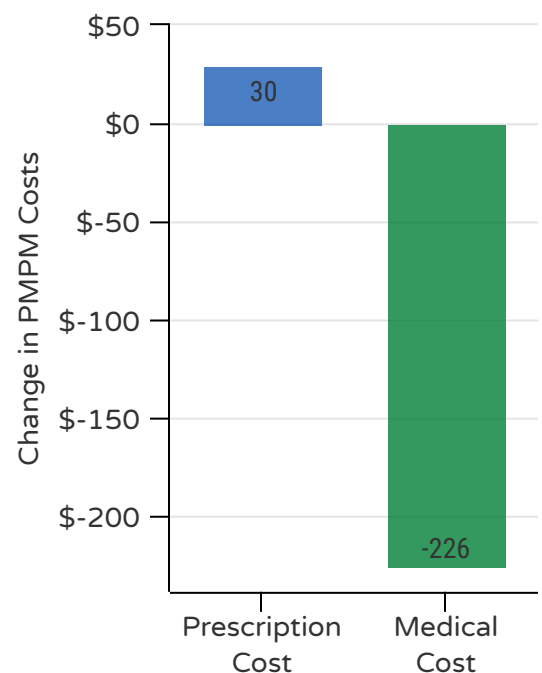
Part D spending is **2x** higher for beneficiaries with LTC needs.

Part A & B spending is **2-3x** higher for those with LTC needs.

68% of hospitalizations from adverse drug events are preventable.

via the MACPAC Duals Databook and ATI Advisory

Cost Savings from LTC @ Home Intervention



References

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