



January 17, 2019

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Deputy Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
Department of Health and Human Services
Tower Building 1101 Wootton Parkway, Suite LL100
Rockville, MD 20852

VIA EMAIL - HP2030@hhs.gov

Re: Secretary’s Advisory Committee on National Health Promotion and Disease Prevention for Healthy People 2030

Dear Dr. Wright,

The National Association of Chain Drug Stores (NACDS) appreciates the opportunity to submit comments to the Secretary’s Advisory Committee on National Health and Disease Prevention (the “Advisory Committee”) on the proposed objectives for Healthy People 2030 (HP2030).

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate 40,000 pharmacies, and NACDS’ over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ more than 3 million individuals, including 157,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

Community pharmacies are accessible, patient-centered healthcare destinations available in most neighborhoods across the United States. Nine out of 10 Americans live within 5 miles of a community pharmacy and Americans have expressed a high-level of trust in the advice and care they receive at pharmacies.^{1,2} Community pharmacists provide a critical role in the continuum of care for patients. One study of a high-risk Medicaid population found that patients visited their pharmacies 35 times per year, compared to seeing their primary care doctors 4 times per year, and specialists 9 times per year.³ Importantly, not only do

¹ NACDS Economics Department. (2017).

² NACDS. (2018). Tracking Survey.

³ Moose J, Branham A. Pharmacists as Influencers of Patient Adherence. Pharmacy Times. 2014. <https://www.pharmacytimes.com/publications/directions-in-pharmacy/2014/august2014/pharmacists-as-influencers-of-patient-adherence->

pharmacist interventions improve patient health and outcomes, but also pharmacy care has been shown to save downstream healthcare dollars.⁴

Community pharmacists are among the advanced healthcare professionals with doctorate-level education and years of clinical training. As a result of their education, training and accessibility, community pharmacists play an increasingly important role in the delivery of healthcare services. In fact, community pharmacists are front line providers of preventive care and chronic care services, such as immunizations and screenings, medication optimization, chronic disease management programs, behavioral health and substance use disorder programs.^{5,6}

As a committed partner to public health agencies in advancing population health, NACDS applauds the Committee's work developing the HP2030 framework and proposed objectives to set the national public health agenda for the coming decade. We appreciate the opportunity to provide comments to the Department of Health and Human Services (HHS) to improve the health of the communities we serve – and to help achieve the goals of HP2030. Our recommendations focus on the areas outlined below.

A. Aligning HP2030 Objectives with Existing HHS Initiatives and Goals.

NACDS believes there is greater opportunity to align HP2030 objectives with priorities and initiatives across and within HHS. Specifically, we highlight the following areas for alignment:

- **Preventive Care and Chronic Disease Management:** NACDS recommends that the HP2030 framework and proposed objectives include additional

⁴ JL, et al. The Pennsylvania Project: Pharmacist Intervention Improved Medication Adherence and Reduced Health Care Costs. *Health Affairs*. 2014. <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2013.1398>.
Brennan TA, et al. An Integrated Pharmacy-Based Program Improved Medication Prescription and Adherence Rates in Diabetes Patients. *Health Affairs*.

https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2011.0931?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Aacrossref.org&rft_dat=cr_pub%3Dpubmed

Vegter S, et al. Improving Adherence to Lipid-Lowering Therapy in a Community Pharmacy Intervention Program: A Cost-Effectiveness Analysis. *Journal of Managed Care & Specialty Pharmacy*.

<https://www.jmcp.org/doi/10.18553/jmcp.2014.20.7.722>.

Spence MM, et al. Evaluation of an Outpatient Pharmacy Clinical Services Program on Adherence and Clinical Outcomes Among Patients with Diabetes and/or Coronary Artery Disease. *Journal of Managed Care & Specialty Pharmacy*. <https://www.jmcp.org/doi/10.18553/jmcp.2014.20.10.1036>.

Lee JK, et al. Effect of a Pharmacy Care Program on Medication Adherence And Persistence, Blood Pressure, and Low-Density Lipoprotein Cholesterol: A Randomized Controlled Trial. *Journal of the American Medical Association*. <https://jamanetwork.com/journals/jama/fullarticle/204402>.

Van Boven JF, et al. Medication monitoring and optimization: a targeted pharmacist program for effective and cost-effective improvement of chronic therapy adherence. *Journal of Managed Care & Specialty Pharmacy*. <https://www.jmcp.org/doi/10.18553/jmcp.2014.20.8.786>.

⁵ San-Juan-Rodriguez, A., Newman, T. V., Hernandez, I., Swart, E. C. S., Klein-Fedyshin, M., Shrank, W. H., & Parekh, N. (2018). Impact of community pharmacist-provided preventive services on clinical, utilization, and economic outcomes: An umbrella review. *Preventive Medicine*, 115, 145–155.

<https://doi.org/10.1016/j.ypmed.2018.08.029>

⁶ Fathima, M et al. (2013). The role of community pharmacists in screening and subsequent management of chronic respiratory diseases: a systematic review. *Pharmacy Practice*, 11(4), 228-245.

preventive care and chronic disease management measures, which are key areas of focus across and within HHS.

- **Supporting Accessible, Patient-Centered Care Across Settings:** To achieve meaningful advances in population health and clinical outcomes in the coming decade, reinforces the need for innovative delivery models and improved care coordination and approaches that meet the needs of patients in accessible, community-based settings. HP2030 can promote high-quality, effective and accessible care in a number of ways, including assessing how well the healthcare system is promoting providers, such as pharmacists, practicing at the top of their profession and fostering cross-sector collaboration to improve health outcomes and reduce total medical costs.

B. Strengthening Objectives to Improve Population Health and Patient Outcomes. NACDS recommends additional objectives in the following areas to support alignment of HP2030 with existing HHS and Administration priorities and to promote accessible, integrated and community-based care:

- Access to Preventive Services,
- Adult Immunizations Rates,
- Chronic Disease Screenings and Management,
- Medication Optimization,
- Access to Behavioral Health Screenings and Treatment, and
- Care Coordination Across Providers and Settings.

NACDS Detailed Comments

A. Aligning HP2030 Objectives with Existing HHS Initiatives and Goals

Overall, NACDS supports the framework and objectives for HP2030. However, we believe there are opportunities to better align HP2030 objectives with HHS' current initiatives, as well as priorities within the Department, including at the Centers for Medicare & Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation (Innovation Center).

Preventive Care and Chronic Disease Management

NACDS recommends that the HP2030 framework and proposed objectives include additional preventive care and chronic disease management measures, which are key areas of focus across and within HHS. For instance, the HHS Strategic Plan for Fiscal Years (FY) 2018-2022 prioritizes prevention, early intervention, and management of communicable diseases, chronic conditions, and behavioral health disorders, including substance use disorders.⁷ Additionally, the HHS National Vaccine Prevention Office (NVPO) has identified adult immunizations as a high priority area and developed a National Adult

⁷ Department of Health and Human Services. (2018). Strategic Plan FY 2018-2022.

Immunization Plan (NAIP) for improving adult immunization rates.⁸ While the proposed objectives include some measures of preventive care, NACDS recommends the inclusion of additional objectives across these areas to better align HP2030 with these HHS priorities.

Supporting Accessible, Patient-Centered Care Across Settings

Secretary Azar recently noted the Department’s Value Based Transformation (VBT) vision to advance value-based payment and care. HHS has articulated four areas of focus as part of this effort: (1) patients as consumers; (2) providers as accountable patient navigators; (3) payment for outcomes; and (4) prevention of disease.⁹ To accomplish these objectives, new partnerships among providers and models of care delivery will be required. HP2030 can support the VBT vision – and related improvements in population health by measuring how well the healthcare system is promoting the ability of all health professionals to practice at their top of their profession, including community pharmacists. Recent work by the Robert Wood Johnson Foundation (RWJF) underscores the links between health and systems that balance and coordinate care among providers. For instance, RWJF’s Culture of Health projects are tracking scope of practice laws by state for nurse practitioners – and whether they have full, reduced, or restricted practice laws.¹⁰ Similar objectives could be tracked for other providers, including pharmacists.

CMS and the Innovation Center are exploring ways to improve the quality and delivery of care. We support this effort to transform healthcare delivery into a system that emphasizes value over volume, promotes patient-centered care, and incents greater coordination of care. For instance, in late 2018, HHS and the Departments of Treasury and Labor released a joint report, “Reforming America’s Healthcare System through Choice and Competition.”¹¹ The report recommends that states amend scope of practice laws to permit all providers to practice at the top of their license (i.e., profession). The joint report also recommends that the federal government and states consider changes to allow non-physician providers to be directly paid where there is evidence they can safely and effectively provide care – and specifically mentions pharmacists and the care they deliver.¹² Recognizing community pharmacists as providers under Medicare consistent with state scope of practice laws would likely support these goals and community-based health and well-being. The report also places an emphasis on holding healthcare providers accountable for a set of population-health metrics and total spending while also fostering collaboration across the care continuum.¹³ In addition, HHS’ Reinvest the Agency to Put “Patients First” Policy aims to

⁸ Department of Health and Human Services. (2016). National Adult Immunization Plan

⁹ Center for Medicare and Medicaid Innovation. (2018). Physician-Focused Payment Model Technical Advisory Committee Value Considerations for Model Development and Testing Fact Sheet.

¹⁰ Robert Wood Johnson Foundation. (2019). Building a Balance of Health. *Balance and Integration*. Retrieved from <https://www.rwjf.org/en/cultureofhealth/taking-action/strengthening-services-and-systems/balance-and-integration.html>

¹¹ Department of Health and Human Services. (2018). Reforming America’s Healthcare System Through Choice and Competition.

¹² Ibid

¹³ Ibid

prioritize and address the needs of those on the front-line serving patients, such as community pharmacies.¹⁴

Thus, NACDS believes HP2030 should include objectives that align with existing HHS priorities and ensure that patients have access to affordable and essential preventive and chronic care and the ability to engage with trusted community pharmacists. Such additional objectives are outlined in the section below (B).

B. Strengthening Objectives to Improve Population Health and Patient Outcomes

NACDS supports the Committee's inclusion of objectives that promote improving population health. Below we highlight areas of particular importance to this goal and offer our recommendations on proposed objectives as well as additional objectives that could be included in HP2030.

Increasing Access to Preventive Services: NACDS strongly supports HHS' inclusion of the topic area and objectives related to Access to Health Services (AHS). Currently, use of preventive services, especially among adults, is very low. Only 8 percent of adults ages 35 and older receive all recommended high-priority, clinically appropriate preventive services – a significant lack of uptake.¹⁵ However, research demonstrates the beneficial impact of community pharmacies on utilization of key preventive services.¹⁶ Below, we offer support for already proposed objectives and recommendations for additional objectives.

NACDS supports the inclusion of the following core and research objectives in the Access to Health Services Topic Area:

- AHS-2030-08: Increase the proportion of adults who receive appropriate evidence-based clinical preventive services;
- AHS-2030-07: Reducing the proportion of persons who are unable to obtain or delay in obtaining necessary prescription medicines;
- AHS-2030-R01: Increasing the capacity of the primary care and behavioral health workforce to deliver high quality, timely, and accessible patient-centered care; and
- Access to community-based healthcare providers, including pharmacists.

Advancing Adult Immunization Rates: A recent Centers for Disease Control and Prevention (CDC) Health Survey showed that adult immunization rates for many

¹⁴ Department of Health and Human Services (2018). American Patients First. The Trump Administration Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs.

¹⁵ Borsky, A., Zhan, C., Miller, T., Ngo-Metzger, Q., Bierman, A. S., & Meyers, D. (2018). Few Americans Receive All High-Priority, Appropriate Clinical Preventive Services. *Health Affairs*, 37(6), 925–928. <https://doi.org/10.1377/hlthaff.2017.1248>

¹⁶ San-Juan-Rodriguez, A., Newman, T. V., Hernandez, I., Swart, E. C. S., Klein-Fedyshin, M., Shrank, W. H., & Parekh, N. (2018). Impact of community pharmacist-provided preventive services on clinical, utilization, and economic outcomes: An umbrella review. *Preventive Medicine*, 115, 145–155. <https://doi.org/10.1016/j.ypmed.2018.08.029>

recommended vaccines remain low.^{17,18} However, pharmacies have become a major access point for immunizations for many Americans and have been shown to be a cost-effective healthcare setting for providing immunization services because of their proximity and available hours for services offered.^{19,20} For instance, community pharmacies were estimated to deliver the influenza vaccination to 28% of adults in 2017.²¹ Further, a recent review found that pharmacist involvement in education, facilitation, or administration of vaccines was associated with higher rates of immunizations.²²

However, the HP2030 proposed objectives only include one core objective that addresses adult immunizations as part of a lifespan influenza vaccination objective (IID-2030-13) and one research objective focused on increasing the number of pregnant women that receive the Tdap vaccination (IID-2030-D01). While we understand that the Committee wants to reduce the number of total objectives for HP2030, we are concerned that this reduction not only in number but in the number of vaccine preventable conditions covered, severely de-emphasizes this important public health goal.

To underscore the importance of immunizations for adults and across the lifespan, NACDS strongly recommends that HHS include the proposed objectives for adult immunizations and the additional objectives listed below. Further, NACDS encourages the Committee to include a lifespan immunization objective as a Leading Health Indicator (LHI).

NACDS supports the inclusion of the following core and research objectives in the Immunization and Infectious Diseases Topic Area:

- IID-2030-13: Increase the percentage of noninstitutionalized persons aged 6 months and older who are vaccinated annually against seasonal influenza; and
- IID-2030-D01: Increase the percentage of pregnant women who receive one dose of Tdap during pregnancy.

NACDS also recommends that the following core objectives on adult immunizations be added to the Immunization and Infectious Diseases Topic Area:

- Individual adult immunization objectives included in HP2020 for pneumococcal, shingles, and hepatitis B for health professionals updated to reflect current recommendations by the Advisory Committee on Immunization Practices (ACIP);

¹⁷ Williams WW, Lu P, O'Halloran A, et al. Surveillance of Vaccination Coverage among Adult Populations — United States, 2015. (2017). *MMWR Surveillance Summaries* 2017;66(No. SS-11):1–28.

DOI: <http://dx.doi.org/10.15585/mmwr.ss6611a1>

¹⁸ Department of Health and Human Services. (2016, May 10). HHS Releases Plan to Improve US Adult Immunization Rates. 1

¹⁹ Burson, R., Bottenheim, A., Armstrong, A. et al. (2016). Community Pharmacies as Sites of Adult Vaccination: A systematic review. *Human Vaccines & Immunotherapeutics*, 12:12, 3146-3159.

²⁰ Goad, J., Taitel, M., Fensterheim, L. et al. (2013). Vaccinations Administered During Off-Clinic Hours at a National Community Pharmacy: Implications for Increasing Patient Access and Convenience. *Annals of Family Medicine*, 11(5), 429-436.

²¹ Centers for Disease Control and Prevention. (2017). National Early-Season Flu Vaccination Coverage, United States.

²² Isenor, J., Edwards, N., Alia, T. (2016). Impact of pharmacists as immunizers on vaccination rates: A systematic review and meta-analysis. *Vaccine*, 34(47) 5708–5723.

- An adult Immunization Composite Measure to assess overall completion of recommended vaccines for adults; and
- A Hepatitis B vaccine objective for full population (not only health professionals).

Supporting Screenings and Chronic Disease Management, Including Focus on Medication Adherence and Medication Optimization: Experts project that 171 million people will have multiple chronic conditions by 2030, up from 141 million in 2010.²³ Community pharmacies provide a growing number of screenings, including for infectious diseases and chronic conditions. They also provide chronic care management, including medication adherence initiatives, which can help improve health outcomes and reduce total costs of care.

Screenings and Chronic Disease Management: The potential to prevent the onset of chronic conditions through preventive screenings and early intervention services is clear. As noted above, fewer than 10 percent of adults in the U.S. receive all high-priority, clinically appropriate and recommended preventive services.²⁴ For instance, an estimated 84 million Americans have pre-diabetes- and 90 percent are unaware.²⁵ The opportunity to prevent the onset of chronic diseases, and associated health outcomes and costs, is significant.

Research has demonstrated the impact of community pharmacies on the provision of screenings, including increasing the identification of patients at risk of human immunodeficiency virus (HIV), chronic obstructive pulmonary disease (COPD), and behavioral health disorders, including depression and substance abuse.^{26,27,28} As committed partners in the effort to improve the health of Americans through early screening and identification of diseases, NACDS believes that including additional objectives targeting better screening and chronic disease management is essential.

NACDS supports the inclusion of the following core and developmental objectives in the HIV, Respiratory Diseases, and Tobacco Use Topic Areas:

- Objectives in the HIV Topic Area to encourage both screening and prevention;
- Objectives related to COPD to encourage both screening and disease management; and
- Core objectives in the Tobacco Use Topic Area.

²³ Mattke S, Mengistu T, Klautzer L. et al. (2015). Improving Care for Chronic Conditions Current Practices and Future Trends in Health Plan Programs. RAND Corporation.

²⁴ Borsky, A., Zhan, C., Miller, T. (2018). Few Americans Receive All High-Priority, Appropriate Clinical Preventative Services. *Health Affairs*, 37(6).

²⁵ Prevent Diabetes STAT. (2018). Prevent Diabetes STAT: Screen / Test / Act Today.

²⁶ Fathima, M et al. (2013). The role of community pharmacists in screening and subsequent management of chronic respiratory diseases: a systematic review. *Pharmacy Practice*, 11(4), 228-245.

²⁷ O'Reilly, C et al. (2015). A feasibility study of community pharmacists performing depression screening services. *Research in Social and Administrative Pharmacy*; 11(3), 364-381.

²⁸ Weidle, P, Lecher, S, Botts, L, et al. (2014). HIV testing in community pharmacies and retail clinics: A model to expand access to screening for HIV infection. *Journal of the American Pharmacist Association*, 54(5), 486-492.

NACDS urges the Committee to consider the addition of the core objectives in the following areas to encourage greater preventable and chronic condition screening and management:

- Improve screening rate for chronic diseases – blood pressure, diabetes, etc.;
- Annual Hepatitis C Virus (HCV) screening for active injection users;
- One-time HCV screenings for patients at-risk including adults born between 1945-1965; and
- Access to Pre-Exposure Prophylaxis (PrEP) therapy for prevention of HIV.

Medication Adherence and Optimization: Healthcare spending on non-optimal medication therapy (estimated at \$528.4 billion per year) and medication non-adherence (estimated at \$100-290 billion per year and attributed to 10% of hospitalizations) could be significantly decreased with the development of policies and programs that leverage patient touchpoints in the community setting and that fully utilize the skillset of community pharmacists.^{29,30}

NACDS is concerned that HP2030 proposed objectives do not include objectives targeting improvements in medication adherence or optimization, especially for chronic conditions. We encourage the Committee to consider adding objectives in these areas, especially given their important role in improving outcomes and potentially lowering overall healthcare costs.

NACDS recommends inclusion of core objectives for the following measures of medication adherence to chronic disease medications, and medication management/reconciliation, as they are used in other federal programs (e.g. Medicare STARS, MIPS, etc.):

- Statin therapy in patients with diabetes;
- Medication reconciliation post-discharge;
- ACE/ARB in patients with diabetes;
- Adherence for diabetes medications;
- Adherence for hypertension (ACE/ARB) medications; and
- Adherence for cholesterol (statins) medications.

Improving Access to Behavioral Health Screenings and Treatment: Behavioral health disorders – which include mental health and substance use disorders – affect an estimated one in five Americans.³¹ However, behavioral health needs often go unmet with only 43% of adults with mental health disorder and 11% of adults with a substance use disorder receiving

²⁹ Watanabe JH, McInnis T, Hirsch JD. (2018). Cost of Prescription- Drug Related Morbidity and Mortality. *Annals of Pharmacotherapy*, 52, 829-837.

³⁰ Rosenbaum L, Shrank W. (2013). Taking Our Medicine - Improving Adherence in the Accountability Era. *New England Journal of Medicine*, 369, 694-695.

³¹ Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (HHS Publication No. SMA 17-5044, NSDUH Series H-52).

treatment.³² Research demonstrates that community pharmacies can provide screening and treatment services for a range of behavioral health conditions.^{33, 34} NACDS believes that including objectives focused on screening and treatment of behavioral health disorders is critical to the Nation's public health.

NACDS supports the inclusion of the core, developmental and/or research objectives in the following Topic Areas:

- Mental Health and Mental Disorders;
- Opioids; and
- Substance Use.

NACDS recommends the following additional objectives to increase screenings for behavioral health conditions, which can promote linkage to treatment:

- Depression utilization of the PHQ-9 tool;
- Maternal depression screening;
- Adult major depressive disorder (MDD)- suicide risk assessment; and
- Unhealthy alcohol use: screening and brief counseling.

NACDS recommends the following additional objectives directed toward opioids to promote screening and linkage to treatment:

- Evaluation or interview for risk of opioid misuse;
- Use of opioids at high dosage in persons without cancer; and
- Use of opioids from multiple providers in persons without cancer.

NACDS recommends that HHS consider measuring access to Screening, Brief Interventions and Referrals to Treatment (SBIRT) to treat those with substance use disorders and those at-risk for developing them.

Care Coordination Across Providers and Settings: Care coordination and the sharing of actionable/meaningful health information are critical to improving population health. One supporting aspect of this is the development and adoption of interoperable health information technology (HIT) systems that facilitate communication across providers and care settings, including pharmacies. This would allow community pharmacies to collect health-related information and better identify patients for appropriate interventions (e.g. medication adherence programs, preventive screenings, chronic disease management, connection to state-based immunization information systems (IISs) and other registries). HP2030 should promote improvements in transitions of care, help reduce preventable

³² Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (HHS Publication No. SMA 17-5044, NSDUH Series H-52).

³³O'Reilly C. Wong, E., & Chen, T. (2015). A feasibility study of community pharmacists performing depression screening services. *Research in Social and Administrative Pharmacy*, 11(3) 364-381.

³⁴ Strand M., Eukel H., & Burck S. (2018). Moving opioid misuse prevention upstream: A pilot study of community pharmacists screening for opioid misuse risk. *Research in Social and Administrative Pharmacy*, <https://www.sciencedirect.com/science/article/pii/S1551741118302195?via%3Dihub>

hospital readmissions, and improve patient safety, and can also look to encourage care coordination across providers and settings by promoting the development of interoperable HIT.

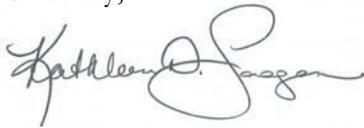
NACDS recommends that HHS add the following core objectives to promote and assess care coordination in the healthcare system:

- 30-day all cause readmission after discharge;
- Measures of care coordination;
- Use of Certified Electronic Health Record Technology (CEHRT);
- Use of interoperable HIT among a variety of providers; and
- Percentage of Physicians Sharing Data with Other Providers and Hospitals (National EHR Survey).³⁵

Conclusion

NACDS is a committed partner in the advancement of population health and appreciates the opportunity to provide input into the HP2030 development process. Community pharmacies play an important role in supporting the public health agenda and NACDS looks forward to helping implement and achieve HP2030's objectives and goals.

Sincerely,



Kathleen Jaeger
SVP, Pharmacy Care & Patient Advocacy
NACDS

³⁵ Furukawa, M. F., King, J., Patel, V., Hsiao, C., Adler-Milstein, J., & Jha, A. K. (2014). Despite Substantial Progress In EHR Adoption, Health Information Exchange And Patient Engagement Remain Low In Office Settings. *Health Affairs*, 33(9), 1672-1679. doi:10.1377/hlthaff.2014.0445.