



Comments of the American College of Clinical Pharmacy

**Statement to the Center for Medicare and
Medicaid Services (CMS) in Response to the
Request for Information (RFI) Related to a New
Direction for the CMS Innovation Center**

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The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement to the Center for Medicare and Medicaid Services (CMS) as part of the Innovation Center's Request for Information (RFI) on a new direction to promote patient-centered care and test market-driven reforms that empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes.

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 almost 18,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

ACCP believes that in order to achieve a health care system that delivers better care, smarter spending, and healthier people and communities, it is vital to establish a truly team-based, patient-centered approach to health care consistent with evolving delivery and payment models currently delivered under private and commercial health plans.

The burden of chronic health conditions has far reaching implications for long-term sustainability of the Medicare program. Over 68% of Medicare beneficiaries have two or more chronic conditions and over 36% have four or more chronic conditions. In terms of Medicare spending, beneficiaries with two or more chronic conditions account for 93% of Medicare spending, and those with four or more chronic conditions account for almost 75% of Medicare spending.

Medications are the fundamental treatment intervention in each of the eight most prevalent chronic conditions in Medicare patients. In addition, a significant number of the Merit-based Incentive Payment System (MIPS) performance measures established under the Medicare Access and CHIP Reauthorization Act (MACRA) directly relate to medication use.

Given the central role that medications play in care and treatment of seniors, particularly those suffering from chronic conditions, combined with the continuing growth in the range, complexity and cost of medications -- and greater understanding of the genetic and physiologic differences in how people respond to their medications -- the current system consistently fails to deliver the full promise medications can offer.

Comprehensive medication management (CMM) is a direct patient care service, provided by clinical pharmacists working as formal members of the patient's health care team that has been demonstrated to significantly improve clinical outcomes and enhance the safety of medication use by patients.

Beneficiary access to CMM services is increasingly available in Medicare Advantage (MA) plans as part of their efforts to drive innovation, improve quality and outcomes, and lower costs. Yet Medicare's current benefit structure lacks a team-based and patient-

centered medication management service for the vast majority of beneficiaries. Although a very limited number of Medicare beneficiaries enrolled in Part D can access the “medication therapy management” (MTM) program, the services provided are delivered by Prescription Drug Plans (PDPs), not clinicians, and are entirely disconnected from patients’ care teams. While ACCP believes that Part D MTM represents an important first step in recognizing that medication management services are an essential component of any drug coverage benefit, by structuring this program as an administrative – rather than medical – benefit, Part D MTM falls significantly short of its intended goals.

The team-based service of CMM is supported 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 can “get the medications right” as part of an overall effort to improve the quality and affordability of the services provided to Medicare beneficiaries.

In “getting the medications right,” CMM also contributes to enhanced productivity for the entire health care team, allowing all team members to more fully focus on their own particular patient care responsibilities. By fully utilizing the qualified clinical pharmacist’s skills and training to coordinate the medication use process as an interdependent team member, physicians and other team members are essentially freed to maintain focus on respective patient care activities that align with professional responsibilities as defined by scope of practice that reflect their particular area of expertise.

As CMS continues to evaluate the future of the Innovation Center and its role in promoting patient-centered care and shifting Medicare payment policy for providers toward value of care and away from volume of services, ACCP urges you to assure inclusion of practices and programs that optimize the use of medications by America’s seniors via CMM services. Provided under collaborative, patient-centered payment and delivery structures, these important services align exceedingly well with the purposes of MIPS and APM programs and facilitate the full inclusion of clinical pharmacists in team-based care structures, even in the situation where these clinicians are not currently recognized as MIPS-eligible providers themselves in current statute.

ACCP would also like to bring to your attention an important study currently underway examining the feasibility and scalability of implementing CMM in contemporary primary care medical practices. The study is being conducted by the University of North Carolina’s Eshelman School of Pharmacy through a grant of more than \$2.4 million from ACCP and the ACCP Research Institute.

Areas of ongoing work within the CMM grant include:

- Measuring the impact of CMM on clinical quality measures, health care costs, and the return on investment that can be realized from CMM

- Evaluating the role of a defined process of improvement cycles for scaling up the delivery of CMM services
- Developing, implementing, and validating a measure of fidelity to CMM
- Assessing provider perception of the value and influence of CMM on medical provider well-being in primary care settings
- Developing strategies for deploying resources to accelerate CMM implementation and practice improvement
- Assessing patient engagement and satisfaction with CMM services.

We would welcome the opportunity to provide further information, data, and results from this important study, as well as connections with successful practices that provide CMM services. This would allow an enhanced and specific focus for Innovation Center efforts to integrate CMM services into Medicare payment and delivery system reform that will modernize and sustain the program for the future.

In summary, we thank you for the opportunity to provide feedback as part of the Innovation Center's mission to drive quality, reduce costs, and improve outcomes. ACCP is dedicated to advancing a quality-focused, patient-centered, team-based improvement in health care delivery that (1) helps assure medication optimization, (2) enhances patient safety (3) promotes value-based rather than volume-based care to patients and (4) contributes to greater affordability and sustainability for the Medicare program. CMM is the foundation of that better approach.