



Comments of the American College of Clinical Pharmacy

**Statement to US House of Representatives, Committee
on Energy & Commerce Related to Ongoing
Substance Abuse Disorder (SUD) and Overdose Crisis**

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The American College of Clinical Pharmacy (ACCP), thanks you for your leadership in your letter dated August 11th to Health and Human Services (HHS) Secretary Azar highlighting how the COVID pandemic is placing additional burdens on patients, health care providers and communities already struggling to contain the ongoing substance use disorder (SUD) and overdose crisis that our country has been battling for decades.

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 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 members typically practice in team-based acute care and ambulatory care settings. Our focus is the optimization of medication regimens to achieve patient-centered therapeutic goals, including the management of acute and chronic pain, as well as the use of medications for opioid use disorder (mOUD), previously referred to as medication-assisted treatment (MAT).

ACCP supports an interprofessional approach to the management of substance use disorder (SUD) by integrating clinical pharmacists on the care team.

Clinical pharmacists provide team-based care through established, formal collaborative practice agreements with physicians and other practitioners. This allows for delegating responsibilities aligned with pharmacists' education, training, and credentials that maximize team efficiency and expand patient access to better and timely care. With broader adoption of this team-based model, pharmacists can work collaboratively with coordinated care teams to expand services related to SUD and increase patient accessibility to medications for opioid use disorder.¹

ACCP supports an interprofessional approach to the management of acute and chronic pain and inclusion of clinical pharmacists on the care team.

The COVID-19 pandemic has placed unprecedented burdens on our nation's health delivery infrastructure. As communities across the country struggle to respond to the COVID pandemic, a comprehensive strategy must be prioritized that appropriately integrates clinical pharmacists – the health professionals best suited to optimize medication use – into patient care teams. Medication optimization is key to a comprehensive, patient-centered approach to management of pain and other chronic conditions. Clinical pharmacists are essential team members in the inter-professional management of acute and chronic pain.^{2,3}

Clinical pharmacists provide direct patient care as part of interprofessional teams across a variety of practice settings. Many examples exist in both primary care and acute care, including within the Veterans Administration (VA), the largest integrated health care system in the US, where clinical pharmacists contribute to the care of more than 9 million veterans in 170 medical centers and over 1000 outpatient clinics. The VA's patient-aligned care teams (PACTs) include primary care providers (PCPs), nurses, and administrative staff. They are supported by other clinicians, including clinical pharmacists and advanced practice nurses working collaboratively to implement individualized care plans for patients with complex, chronic conditions including chronic pain and mental health disorders.^{3,4} Pharmacists at the VA are also involved in innovative team-based approaches to mOUD or MAT. As a part of their work, VA clinical pharmacists are now incorporating pain management into their training programs for pharmacy students and residents, preparing the next generation of healthcare providers to better manage these conditions.

ACCP asserts that addiction is a chronic condition and treatment should be covered accordingly.

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. Payers should reimburse patient-centered team-based pain management and mOUD or MAT by using a chronic disease management model in the manner they currently reimburse cardiac rehabilitation and diabetes chronic care management programs.

As CMS continues to evaluate new models of care, including those currently underway through the Centers for Medicare and Medicaid Innovation (CMMI), and advance patient-centered care models that transition 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 through comprehensive medication management (CMM) for patients with chronic conditions, including chronic pain and OUD.⁵

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 improve clinical outcomes and enhance overall patient care by ensuring a safe, rational, optimized approach to medication use.

By "getting the medications right," CMM contributes to enhanced productivity and quality of life for the entire health care team, allowing all team members to more fully focus on their individual patient care responsibilities. The team-based process of CMM is supported by the Primary Care Collaborative, (PCC), in which ACCP, as well as the major primary care medical organizations, is actively involved. CMM has also been endorsed by the Get the Medications Right Institute (GTMRx), a multi-stakeholder coalition dedicated to advancing a personalized, patient-centered, systematic and coordinated approach to medication use that will vastly improve outcomes and reduce overall health care costs.

ACCP believes that as we evaluate our existing health care delivery structures in light of the ongoing pandemic, we should work to transform payment structures to improve quality and patient outcomes and advance a forward-looking, coordinated health delivery infrastructure. This goal can be achieved by adopting team-based patient-centered health care that delivers better clinical quality, smarter spending, and healthier people and communities.

As our nation struggles to manage a variety of today's health care challenges, including those related to SUDs, and simultaneously rise to the challenge of confronting this pandemic, we urge you to consider opportunities to expand and build on existing care delivery structures that integrate evolving team-based, quality-focused payment and care delivery models to improve access, patient outcomes, quality of care, and provider satisfaction. We would welcome the opportunity to provide further information on patient-centered team-based care to achieve medication optimization and mitigate medication misuse.

¹ Luli AJ, Bounthavong M, Watanabe JH. *J Am Pharm Assoc* 2020; 60(2): 297-303.

² Jones LK, et al. *Am J Health Syst Pharm* 2019;76(11):829-834.

³ DiPaula BA, et al. *J Am Pharm Assoc* 2015;55(2):187-92.

⁴ Koch J, et al. *Ment Health Clin* 2018;7(6):282-286.

⁵ Giannitrapani KF, et al. *BMC Family Pract* 2018;10:107.

⁶ Alliance for Addiction Payment Reform. *Addiction recovery medical home alternative payment model: incentivizing recovery, not relapse.* 9/17/19. [Available](#). Accessed 8/17/20.