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Department of Government & Professional Affairs

December 16, 2016

[Submitted electronically via [www.regulations.gov](http://www.regulations.gov)]

Andrew Slavitt  
Administrator  
Center for Medicare and Medicaid Services (CMS)  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: CMS-5517-FC, Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models**

Dear Administrator Slavitt,

The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement to the Center for Medicare and Medicaid Services (CMS) on the Final Rule with comment period regarding implementation of the core Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APM) provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

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.

In keeping with the Administration's goals of moving more fee-for-service payments into APMs that focus on better care, smarter spending, and healthier people, the Final Rule establishes incentives for participation in certain advanced APMs and includes criteria for use by the Physician-Focused Payment Model Technical Advisory Committee (PTAC) in making comments and recommendations on physician-focused payment models (PFPMs).

The Final Rule also establishes MIPS, a new program for certain Medicare-enrolled practitioners. MIPS will consolidate components of three existing programs, the Physician Quality Reporting

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Michael S. Maddux, Pharm.D., FCCP, Executive Director

System (PQRS), the Physician Value-Based Modifier (VBM), and the Medicare Electronic Health Record (EHR) Incentive Program for Eligible Professionals (EPs), and will continue the focus on quality, cost, and use of certified EHR technology (CEHRT) in a cohesive program that avoids redundancies.

The Final Rule prioritizes interdisciplinary and team-based services necessary to address the full spectrum of patient and family needs and quality of life concerns across health system settings. In addition, the Final Rule emphasizes the importance of MIPS eligible clinicians using CEHRT and other tools to leverage interoperable standards for data capture, usage, and exchange in order to facilitate and enhance patient and family engagement, care coordination among interdisciplinary care team members, and continuous learning and rapid-cycle improvement leveraging advanced quality measurement and safety initiatives.

ACCP applauds the agency's recognition of these vital reforms, particularly the need to reconcile and coordinate medications and provide medication management across transitions of care settings through eligible clinicians or groups. However, while the Final Rule calls for the integration of pharmacists into care teams to achieve these goals, the Agency states that it does not have discretion under the statute to include clinicians who do not meet the definition of a MIPS eligible clinician. Thus, pharmacists would not be able to directly participate in MIPS.

ACCP believes that in order to achieve MACRA's overarching goal of achieving a patient-centered 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. 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.

This 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

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.

While we recognize the fact that the Agency is limited in its regulatory authority, ACCP urges you to address the growing medication-use crisis facing America's seniors by promoting and advancing

coverage for CMM services delivered under collaborative, patient-centered payment and delivery structures, and to explore opportunities to incorporate clinical pharmacists within MIPS and APMs through team-based payment models.

We would welcome the opportunity to provide further information, data, and connections with successful practices that provide CMM services to help further inform the Agency toward integrating 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 on the Final Rule and for your consideration of this statement. ACCP is dedicated to advancing a quality-focused, patient-centered, team-based approach to health care delivery that helps assure the safety of medication use by patients and that achieves medication-related outcomes that are aligned with patients' overall care plans and goals of therapy through the provision of CMM.

Please do not hesitate to contact us if we can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Edwin Webb". The signature is fluid and cursive, with a large loop at the end.

C. Edwin Webb, PharmD, MPH  
Associate Executive Director  
American College of Clinical Pharmacy  
1455 Pennsylvania Ave., NW, Suite 400  
Washington, DC 20004-1017

cc: Michael Maddux, Pharm.D., FCCP, Executive Director