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Department of Government & Professional Affairs

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[Submitted electronically via macra.rfi@mail.house.gov]

Dear Members of Congress,

The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement providing feedback on actions Congress could take to stabilize the Medicare payment system, without dramatic increases in Medicare spending, while ensuring successful value-based care incentives are in place.

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 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's members practice in a variety of team-based settings, including ambulatory care environments, hospitals, colleges of pharmacy and medicine, the pharmaceutical industry, government and long-term care facilities, and managed care organizations.

Clinical pharmacists are practitioners who provide medication management and related services that optimize medications for patients in all health care settings. They are licensed pharmacists with specialized, advanced education and training who possess the clinical competencies necessary to practice in team-based, direct patient care environments. Accredited residency training or equivalent post-licensure experience is necessary for entry into direct patient care practice. Board certification is also expected once the clinical pharmacist meets the eligibility criteria specified by the Board of Pharmacy Specialties (BPS). In providing direct patient care, clinical pharmacists typically establish a collaborative drug therapy management (CDTM) agreement with the patient's provider or are formally granted clinical privileges within a health care practice/institution.

In 2015, the bipartisan Medicare Access and CHIP Reauthorization Act (MACRA) replaced the sustainable growth rate (SGR) formula and introduced the Quality Payment Program that included the Merit-Based Incentive Payment System (MIPS) and Medicare Advanced Alternative Payment Models (APMs). MACRA was intended to transition Medicare's approach to physician payment to a system that would pay providers based on quality, value, and the results of care delivered rather than the number of services provided.

ACCP applauds the work that has already gone into advancing these vital reforms, in particular the prioritization of medication reconciliation and coordination, and ensuring medication management across transitions of care settings through eligible clinicians or groups.

However, while the MACRA Final Rule specifically called for the integration of pharmacists into care teams to achieve these goals, CMS 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, clinical pharmacists cannot currently directly participate in the MIPS program.

To resolve this shortcoming, Congress should facilitate the full integration of pharmacists into patient-centered care teams by amending the Social Security Act (SSA) to authorize clinical pharmacists to serve as MIPS eligible clinicians, helping to optimize medications for complex, chronically ill patients.

It is estimated that $528 billion dollars a year[1], equivalent to 16 percent of total health care spending, is consumed due to inappropriate or otherwise ineffective medication use. Given the central role that medications play in care and treatment of 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 nation's health care system consistently fails to deliver on the full promise medications can offer.

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

The team-based CMM service is endorsed by the Primary Care Collaborative, (PCC), 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.

CMM also addresses health equity by improving access to a standardized process for optimizing medications that facilitates collaboration with other members of the interdisciplinary team to ensure that each medication has an appropriate indication, is effective for the condition, can help in achieving clinical goals, is safe, and the patient can adhere to the regimen.

ACCP is fully committed to integrating health information technology (HIT) systems 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 interprofessional care team members, and continuous learning and rapid-cycle improvement leveraging advanced quality measurement and safety initiatives.

ACCP is also focused on advancing new preventive, diagnostic, prognostic, and therapeutic interventions, e.g., genomic testing, as well as implementing research on precision and personalized medicine and whole-person health into practice. Pharmacogenomics (PGx) is the study of how a person's genetic makeup can affect their response to a drug. Appropriate diagnosis and access to advanced diagnostics like PGx testing is essential to correct therapy.

Currently, testing is routine only for certain conditions, such as HIV and some cancers, but integrating PGx results into other commonly prescribed therapies that include medications like opioids, anti-depressants and cardiac medications can reduce cost and improve patient outcomes through comprehensive medication management (CMM). Together, PGx applications, as a component of CMM, delivers the personalized medicine approach that helps patients and those who care for them make better-informed decisions about their treatments to achieve medication optimization.

In summary, 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 Congress 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 MACRA, and for your consideration of this statement. Please do not hesitate to contact us if we can be of further assistance.

Sincerely,

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

[1] *Watanabe, J., McInnis, T., & Hirsch, J. (2018). Cost of Prescription Drug-Related Morbidity and Mortality. The Annals of pharmacotherapy, 52(9), 829-837. http://dx.doi.org/10.1177/1060028018765159. Retrieved from https://escholarship.org/uc/item/3n76n4z6*