



Comments of the American College of Clinical Pharmacy

**PCORI Proposed National Priorities for Health
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**Submitted electronically to
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The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to comment on PCORI's Proposed National Priorities for Health that will shape the Institute's future research agenda.

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 about 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. Our focus is the optimization of medication regimens to achieve patient-centered therapeutic goals,

The ACCP Foundation, a non-profit 501(c)(3) organization, is the charitable arm of the ACCP. The Foundation's mission is to improve human health by supporting research, scholarship, and practice. The Foundation provides grant funding opportunities and researcher training programs to its clinical pharmacist members to advance the quality of clinical research and patient-centered outcomes.

ACCP supports the full set of National Priorities for Health proposed by PCORI

We applaud PCORI's inclusion of health equity in these priorities as it aligns with the research interests and patient-centered clinical practice of our members to provide high-quality care to all patients. With the completion of the Comprehensive Medication Management in Primary Care study funded by a \$2.4 million ACCP grant, our organization recognizes and appreciates the science of implementation, dissemination, and health communication to accelerate the movement of comparative clinical effectiveness research results into practice.¹⁻⁶ ACCP is particularly interested in the mention of funding 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.

ACCP Supports Increasing Evidence for Existing Interventions and Emerging Innovations in Health

Opportunities: As PCORI evaluates existing and emerging innovations in clinical care interventions, systems changes, and healthcare delivery, ACCP suggests a focus on team-based care delivery, e.g., CMM, to advance innovative models leveraging expertise of all care team members working collaboratively in a coordinated, patient-centered approach.

Challenges: ACCP applauds PCORI's intent to expand CER prioritization to include targeted research funding of new diagnostic and therapeutic interventions, such as pharmacogenomic testing. We encourage PCORI to consider research for the clinical care interventions surrounding these diagnostics and therapeutic approaches. As PGx testing can better inform personalized treatment decisions, interpretation of testing results and subsequent interventions by qualified clinicians is key to effective application of this testing. The need for additional education and training may be a barrier for broader access to this clinical service, but leveraging the expertise of care team members, e.g., clinical pharmacists, can alleviate the workload of medication-focused interventions and improve the quality of care.

ACCP Supports Enhancing Infrastructure to Accelerate Patient-Centered Outcomes Research

Opportunities: ACCP appreciates the opportunity for PCORI to build a strong and sustainable PCOR workforce pipeline that represents the diverse backgrounds of individuals in the health research ecosystem, including patients, communities, clinicians, researchers, purchasers, payers, members of industry, hospitals and health systems, policy makers, and training institutions, that together represent the research workforce. ACCP encourages PCORI to consider clinicians and researchers from all health professional programs, including those professions that may have been previously underrepresented as investigators in outcomes research.

ACCP Supports Advancing the Science of Dissemination, Implementation, and Health Communication

Opportunities: ACCP agrees with PCORI's suggested strategies to address this priority including the intent to: 1) fund CER studies of delivery or implementation strategies, 2) communicate research findings effectively and in ways tailored to diverse audiences, 3) actively deliver information to targeted audiences that informs healthcare discussions and decisions, and 4) promote the uptake of research findings into practice to contribute to improved health care and health. A framework for communicating research findings and innovative care delivery for broader uptake could facilitate and expedite practice transformation efforts towards better care.

ACCP Supports Achieving Health Equity

Opportunities: Health equity is very important to ACCP and its members, as clinical pharmacists strive to deliver high quality care to those who need it. ACCP encourages PCORI to further identify approaches to improve healthcare access, particularly in supporting outcomes research focused on team-based care models. The opportunity exists to further support research in team-based telehealth, which allows patients to receive care without geographic limits. ACCP encourages PCORI to further identify approaches to improve healthcare access, particularly in supporting outcomes research focused on team-based care models that improve team efficiency, alleviate clinician burden, and enhance access to care.⁷ With this improved access, patients can be more engaged in their care and reach their therapeutic goals.

ACCP Supports Accelerating Progress Toward an Integrated Learning Health System

Opportunities: ACCP strongly encourages PCORI to pursue its suggested strategy to implement research on precision and personalized medicine and whole-person health into practice, which should include PGx testing and CMM services. When integrated within a CMM program, PGx testing allows for individually tailored and delivered medical care based on the unique characteristics of patients' unique genetic profiles together with their lifestyle and environment.⁸

As PCORI evaluates care delivery strategies and payment mechanisms that have a direct impact on improved patient-centered health outcomes, priority should be placed on team-based care models that improve team efficiency, enhance access to care, enhance health outcomes, and improve the patient experience.

¹ The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient- Centered, Team-Based Care Settings. CMM in Primary Care Research Team. July 2018. Available at: https://www.accp.com/docs/positions/misc/CMM_Care_Process.pdf. Accessed August 2021.

² Blanchard C, Livet M, Ward C, Sorge L, Sorensen T, Roth McClurg M. The active implementation frameworks: a conceptual model to advance comprehensive medication management in primary care. *Research in Social and Administrative Pharmacy*. 2017;13(5):922-929.

³ Pestka DL, Sorge LA, McClurg MR, Sorensen TD. The philosophy of practice for comprehensive medication management: Evaluating its meaning and application by practitioners. *Pharmacotherapy*. 2018;38(1):69-79.

⁴ Livet M, Blanchard C, Sorensen TD, Roth McClurg MT. An implementation system for medication optimization: operationalizing comprehensive medication management delivery in primary care. *Journal of the American College of Clinical Pharmacy*. 2018;1(1):14-20.

⁵ Livet M, Blanchard C, Frail C, Sorensen T, McClurg MR. Ensuring effective implementation: A fidelity assessment system for CMM. *Journal of the American College of Clinical Pharmacy*. 2020;3(1):57-67.

⁶ Pestka D, Frail, C, Sorge L, Funk K, Janke K, Roth McClurg M, Sorensen T. The practice management components needed to support comprehensive medication management in primary care clinics. *Journal of the American College of Clinical Pharmacy*. 2020;3(2):438-447.

⁷ McCarthy C, Bateman MT Jr, Henderson T, Jean R, Evans R. Adoption of telepharmacy within a community health center: A focus on clinical pharmacy services. *J Am Coll Clin Pharm*. 2021;1-10.

⁸ The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care: A Review of the Evidence on Quality, Access and Costs, October 2020. Get the Medications Right Institute. Available at <https://gtmr.org/resources/the-outcomes-of-implementing-and-integrating-cmm-in-team-based-care-a-review-of-the-evidence-on-quality-access-and-costs/>. Accessed August 2021.