



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) for the Development of a CMS
Action Plan to Prevent Opioid Addiction and Enhance
Access to Medication-Assisted Treatment**

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**Submitted electronically to
PainandSUDTreatment@cms.hhs.gov**



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The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide information to Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment.

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 more than 17,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy. The College's 26 Practice and Research Networks comprise clinical pharmacists who practice and pursue research in specialized fields of interest, including Pain/Palliative Care, Psychiatry/Neurology, Pediatrics, Geriatrics, Emergency Medicine, Critical Care, Adult Medicine, Ambulatory Care, Perioperative Care, Clinical Administration, and Education and Training. 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 the vital model of individualized, patient-centered care for addressing the public health crisis.

ACCP believes that in order to achieve a health care system that delivers better care, smarter spending, and healthier people and communities, an individualized, patient-centered approach is necessary. This approach takes into account patient variability in physiology, drug metabolism and other underlying medical conditions. Given the role that opioid medications play in pain management and opioid use disorder, clinical pharmacists have both an opportunity and an obligation to participate in the care of patients by promoting rational pharmacotherapy of opioids and multimodal analgesia and enhancing access to mOUD or MAT.

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

As communities across the country struggle to bring this public-health crisis under control, a comprehensive strategy must be prioritized, including a team-based approach to care that uses clinical pharmacists, the health professionals best suited to optimize medication use. Misuse of pain medication can be avoided by medication optimization to ensure rational use of opioids, with optimal pain-management outcomes achieved through comprehensive medication management. 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 a modern, interprofessional approach to acute and chronic pain.^{1,2}

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 the Veterans Administration (VA) as the largest integrated health care system in the US, caring for over 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 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 opioid addiction is a chronic condition and treatment should be covered accordingly.

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, such as comprehensive medication management (CMM), for patients with chronic conditions, including chronic pain and OUD.⁵

We would welcome the opportunity to provide further information on patient-centered team-based care to achieve medication optimization and mitigate medication misuse.

¹ Jones LK, et al. *Am J Health Syst Pharm* 2019;76(11):829-834.

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

³ Koch J, et al. *Ment Health Clin* 2018;7(6):282-286.

⁴ Giannitrapani KF, et al. *BMC Family Pract* 2018;10:107.

⁵ Alliance for Addiction Payment Reform. Addiction recovery medical home alternative payment model: incentivizing recovery, not relapse. September 17, 2019. Available at: https://docs.wixstatic.com/ugd/4b8a91_6170bf6cc8304c348fc8ec67cc33b133.pdf (accessed 10/11/2019).