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John K. McGlew
Director, Government Affairs

July 22, 2014

The Honorable Ron Wyden Chairman
The Honorable Chuck Grassley, Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Wyden and Senator Grassley,

On behalf of the American College of Clinical Pharmacy (ACCP), I am writing in response to your request for input from health care stakeholders on ideas that will enhance the availability and utility of health care data, while maintaining and strictly protecting patient privacy.

The American College of Clinical Pharmacy (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 over 15,000 practitioners, scientists, educators, administrators, students, residents, fellows, and others committed to excellence in clinical pharmacy and patient pharmacotherapy.

ACCP's members are dedicated to advancing a quality-focused, patient-centered, team-based approach to health care delivery that enhances the safety of medication use by patients and ensures that medication-related outcomes are aligned with patients' overall care plans and goals of therapy. Clinical pharmacists, working collaboratively with physicians and other members of the patient's health care team, utilize a consistent process of direct patient care that enhances quality of care, improves clinical outcomes and lowers overall health care costs.

As our health care payment system and delivery systems continue to evolve into models that measure and pay for quality and value, not simply volume, and that fully incentivize care that is patient-centered and team based, it is vital that we fully utilize health information technology (HIT) systems that support and facilitate these delivery models and allow for the complete integration of all members of the health care team.

Clinical pharmacists use a collaborative, team-based process of care known as comprehensive medication management (CMM) that improves the safety of medication use by patients and ensures that medication-related outcomes are aligned with patients' overall care plans and goals of therapy. Clinical pharmacists, working collaboratively with physicians and other members of the patient's

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health care team, utilize a consistent process of direct patient care that enhances quality of care, improves clinical outcomes and lowers overall health care costs.

In the emerging environment of patient-centered medical homes (PCMH), the practice of CMM is now recognized as a core strategy to achieve better clinical outcomes and quality. The Patient-Centered Primary Care Collaborative (PCPCC) supports the practice of team-based CMM and has published a resource guide to assist with the integration of this service into clinical practice in the PCMH.[1] Medicaid programs in North Carolina and Minnesota now support CMM within the practice and service components of their primary care delivery systems.[2]

To facilitate the delivery of CMM, health information technology (HIT) systems must provide the functionality and connectivity to support the provision, documentation, and billing of CMM services delivered under formal protocols authorized through state-authorized collaborative practice agreements.

CMM leads to optimal outcomes from drug therapy through the provision of patient care services including:
- Performing or obtaining necessary assessments of the patient's health status
- Formulating a medication treatment plan
- Selecting, initiating, modifying, or administering medication therapy
- Monitoring and evaluating the patient's response to therapy, including safety and effectiveness
- Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events (ADEs)
- Documenting the care delivered and communicating essential information to the patient's other primary care providers
- Providing education and services to enhance patient understanding of, appropriate use of, and adherence to medication regimens
- Coordinating and integrating MTM services within the broader health care management services being provided to the patient

The delivery of CMM by clinical pharmacists working with physicians and other members of the health care team under formal collaborative practice agreements depends on HIT requirements that include:
- Secure pharmacist involvement in health care delivery bidirectional exchange of health information, including that generated by pharmacists, which is essential for all patients
- Opportunities for strengthening the pharmacist's role in existing programs and policies and ensuring that the pharmacist's role is identified in state and national health information exchanges (HIEs), regional extension centers, and beacon communities
- Expanding the pharmacist's role in the adoption and use of the meaningful use of Electronic Health Records (EHRs) through the use of the pharmacist/pharmacy provider electronic health record (PP-EHR)
- Ensuring that pharmacists are involved in bidirectional exchange of clinical information

The clinical pharmacy profession is committed to improving patient care though advancements in HIT and better utilization of technological developments. ACCP was a founding member of the Pharmacy Health Information Technology Collaborate – launched in 2010 to assure the meaningful use of standardized electronic health records (EHR) that supports safe, efficient, and effective medication use, continuity of care, and provide access to the patient-care services of pharmacists with other members of the interdisciplinary patient care team.

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[1] Integrating comprehensive medication management to optimize patient outcomes. PCPCC Resource Guide, Second Edition June 2012. Available at http://www.pcpcc.org/guide/patient-health-through-medication-management. Accessed July 9, 2014
[2] Minnesota statute 256B.0625 Subd. 13h, 2005. Available at www.revisor.mn.gov/statutes/?id=256B.0625. Accessed July 9, 2014

The HIT Collaborative calls for the inclusion of qualified clinical pharmacists in the definition of meaningful users of the EHR and recognized under the meaningful use quality measures of other eligible professionals and hospitals that receive CMS incentives for the meaningful use of EHRs, particularly in the following quality measure domains:

- Patient and family engagement
- Clinical appropriateness, including appropriate and efficient use of medications
- Care coordination, including care transition
- Patient safety, including medication safety
- Population and public health
- Medication errors and near misses

We thank the Committee for recognizing the potential health information technology offers for accelerating improvements in health care quality and value offered and the challenges we face in realizing this largely untapped resource. As health care delivery and payment systems evolve towards a more collaborative, team-based approach to care that rewards quality and outcomes over volume we believe that pharmacists must be fully integrated as members of interconnected health care teams through advances in our HIT capabilities. Please feel free to follow up with us at any time if the College and its members can provide additional information.

Sincerely,

John McGhee

Director, Government Affairs

Cc: Michael S. Maddux, Pharm.D. FCCP,
ACCP Executive Director