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January 31, 2025

The Honorable Paul Tonko United States House of Representatives Washington, D.C. 20515 The Honorable Mike Turner United States House of Representatives Washington, D.C. 20515

Dear Congressman Tonko and Congressman Turner,

On behalf of The American College of Clinical Pharmacy (ACCP), I am writing to thank you for your leadership in your October 30, 2024 letter seeking input related to existing actions and plans to eliminate barriers for accessing medications for opioid use disorder (mOUD).

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 16,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

ACCP believes that in order to achieve a 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 value-based delivery and payment models.

Clinical pharmacists practice in a variety of healthcare settings including medical clinics, integrated health systems, hospitals, community-based pharmacies and others. In these settings, they work collaboratively with physicians and other providers to ensure that patients receive the best care possible. 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 mOUD, also referred to as medication-assisted treatment (MAT).

What are you doing to reduce stigma around MOUD and increase access?

ACCP is committed to advancing individualized, patient-centered approach to patient care that 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.

As communities across the country struggle to respond to the opioid epidemic, a comprehensive strategy must be prioritized that appropriately integrates clinical pharmacists - the health professionals best suited to optimize medication use – into patient care teams. Medication

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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. A 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.

What would you like to see changed to better allow access to MOUD?

ACCP asserts that opioid addiction is a chronic condition, and treatment should be covered accordingly. ACCP supports an interprofessional approach to addiction management and the inclusion of clinical pharmacists on the care team.

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.

Are there actions you need Congress to take that would in turn allow you to expand access to MOUD?

ACCP is also working closely with its partners at the Alliance for Addiction Payment Reform. The Alliance is a national multisector alliance of health care industry leaders – including payers, health systems, and subject matter experts – dedicated to aligning incentives and establishing a structure that promotes the type of integration and patient care capable of producing improved outcomes for patients, payers, and health systems.

The Alliance has developed the Addiction Recovery Medical Home (ARMH) ⁵ model, an alternative payment model (APM) engineered to provide patients with a long-term, comprehensive, and integrated pathway to treatment and recovery. Of importance, the APM specifically includes clinical pharmacists in its model care recovery team.

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 here. (accessed 11/1/2024).

Thanks to this ongoing partnership, the Alliance has also published an <u>Issue Brief: Coordinated and Comprehensive Medication Management in Substance Use Disorder Treatment and Recovery</u>⁶. The publication states that clinical pharmacists are responsible for comprehensive medication management (CMM) in team-based patient care environments and that medication plans for CMM that are led by a clinical pharmacist as part of an interdisciplinary team must include clear and measurable goals of therapy with specific follow-up time intervals to ensure optimal medication use and outcomes.

The team-based approach to medication optimization is supported by the Primary Care Collaborative, (PCC), in which ACCP as well as the major primary care medical organizations are actively involved. 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.

As the disease of addiction continues to devastate our communities, we thank you for your leadership in helping to expand access to mOUD and for your efforts to increase education and public awareness that help to address stigma surrounding addiction. As Congress continues to evaluate long-term sustainable solutions to this crisis, ACCP urges you to assure inclusion of practices and programs that integrate the services of clinical pharmacists to help optimize the use of mOUD. Provided under collaborative, patient-centered payment and delivery structures, these clinical services align exceedingly well with evolving value-based and alternative payment model (APM) programs.

In summary, we thank you for your leadership on this important issue of treatment for addiction. ACCP is dedicated to advancing a quality-focused, patient-centered, team-based improvement in health care delivery that (1) helps assure medication optimization, (2) enhances patient safety (3) promotes value-based rather than volume-based care to patients and (4) contributes to greater affordability and sustainability for the entire health delivery system program.

We would welcome the opportunity to provide further information, data, and results from clinical pharmacy practices across the country, that provide team-based addiction treatment services.

Sincerely,

John MHew

Director, Government Affairs

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

⁶ Alliance for Addiction Payment Reform. Coordinated and Comprehensive Medication Management in Substance Use Disorder. April 2022. Available here. (Accessed 11/1/2024).