July 10, 2026

Vivek Garg, MD, MBA
President and Chief Executive Officer
National Committee for Quality Assurance
1100 13th St. NW, Third Floor
Washington, DC 20005

Re: Draft Advanced Primary Care Accreditation Standards

Dear Dr. Garg:

The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide comments on the NCQA's proposed standards and guidelines for the 2027 Advanced Primary Care (APC) Accreditation program. ACCP supports NCQA's efforts to advance high-quality, patient-centered, team-based primary care.

ACCP is a national professional and scientific society representing clinical pharmacists whose members are responsible for direct patient care across diverse practice settings, including primary care. As an executive member organization of the Primary Care Collaborative (PCC), ACCP strongly supports the advancement of comprehensive, coordinated, team-based primary care models that improve patient outcomes, enhance patient experiences, and decrease total cost of care.

Many ACCP members practice within integrated primary care environments including independent practices, health systems, accountable care organizations and federally qualified health centers. Accordingly, ACCP is pleased to provide recommendations intended to strengthen the proposed standards and ensure they fully reflect the capabilities and characteristics of advanced primary care practice.

General Comments

ACCP strongly supports NCQA's inclusion of medication management within the proposed APC standards. Identifying and resolving medication therapy problems are among the most common and impactful interventions in primary care.

However, ACCP believes the proposed standards do not sufficiently articulate the ultimate goal of medication management in advanced primary care: **medication optimization**. Advanced primary care should move beyond a narrow focus on medication reconciliation, prescribing oversight, and adherence monitoring toward a comprehensive approach that systematically ensures every medication is appropriate, effective, safe, and able to be taken by the patient as intended.

The most effective and evidence-based approach to achieving medication optimization is **comprehensive medication management (CMM)**. CMM is a patient-centered process in which each medication is assessed for indication, effectiveness, safety, and adherence, and medication therapy problems are identified and resolved in collaboration with the patient and healthcare team. CMM was a required element in CMMI's Comprehensive Primary Care Plus (CPC+) model for Track 2 practices and represents a distinguishing characteristic of advanced primary care delivery.

As NCQA seeks to define advanced primary care, ACCP encourages the organization to recognize that medication optimization is best achieved through the integration of clinical pharmacists as accountable members of interdisciplinary primary care teams. Clinical pharmacists bring specialized expertise in medication use and work collaboratively with physicians, advanced practice providers, nurses, behavioral health professionals, and other team members to identify and resolve medication therapy problems, improve chronic disease outcomes, reduce avoidable healthcare utilization, and enhance patient safety and experience. Recently the Harvard Center for Primary Care released a report recommending the integration of clinical pharmacists into advanced primary care teams as a top priority.[1]

Accordingly, ACCP recommends that NCQA strengthen the standards to explicitly recognize medication optimization as a core objective of advanced primary care and incorporate a comprehensive medication management framework throughout relevant domains.

Specific Comments on Domains and Standards

1. Keep Medication Management in the Standards and Move to Coordinated, Team-Based (CTC) domain

ACCP supports inclusion of the Medication Management standard (PSE 2) but recommends that NCQA consider repositioning medication management as a coordinated, team-based function. ACCP appreciates the recognition of medication management in patient safety and experience, as well as the reference to medication-related activities in care transitions, population health management, behavioral health, quality improvement, and care coordination. However, the current framework does not fully reflect the comprehensive, team-based nature of medication optimization within advanced primary care.

[1] Pollack, AA, Ricci, DA, Song, Z, Sullivan, EE, Grumbach, K, Cohen, DJ, and Phillips, RS (December 18, 2025). The Primary Care Investment Guide, Primary Care Collaborative.

ACCP recommends moving PSE 2 Medication Management to the **Coordinated Team-Based Care (CTC)** domain once the standard more fully reflects a coordinated, team-based comprehensive medication management approach.

2. Incorporate Comprehensive Medication Management as a Framework for Medication Optimization

ACCP strongly supports inclusion of a dedicated Medication Management standard. However, the current elements focus primarily on medication reconciliation, adherence, and prescribing patterns and do not provide a framework for achieving medication optimization.

ACCP recommends incorporating **comprehensive medication management services** that include systematic identification, assessment, and resolution of medication therapy problems. An existing, established framework from the Pharmacy Quality Alliance may be used as a resource for NCQA's consideration.[2]

Specifically, NCQA should consider recognizing the following four categories of medication therapy problems as factors in advanced primary care medication management: indication, effectiveness, safety, and adherence. This may be done by replacing Element A Medication Reconciliation and Element B Medication Response and Adherence with new Element A: Comprehensive Medication Management. ACCP suggests scoring to reflect that Not Met = 0-1 factors, Partially Met = 2-3 factors, and Met = 4 factors. ACCP can assist in providing additional examples of these factors if NCQA is willing to adopt them into the standard.

<u>Factor 1: Indication (Appropriateness)</u>

Each medication should have an appropriate indication, and every medical condition requiring medication therapy should be addressed.

Medication reconciliation can be used as an example of this, and current text in the standards explaining medication reconciliation can be retained.

<u>Factor 2: Effectiveness</u>

Medication regimens should achieve intended therapeutic goals.

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[2] Pharmacy Quality Alliance. *PQA Medication Therapy Problem Categories Framework*. Alexandria, VA: Pharmacy Quality Alliance; 2019. Accessed July 9, 2026. https://www.pqa.org/measures/measures-resources/

Comprehensive medication management delivered by integrated clinical pharmacists can help ensure therapies are effective and aligned with patient-specific goals.

Factor 3: Safety

Therapies should minimize the risk of adverse effects and medication-related harm.

Comprehensive medication management also applies to this factor, along with standard's existing examples of communicating with patients.

Factor 4: Adherence

Patients should be able and willing to take medications as intended.

Current examples listed in the standards may be sufficient.

By incorporating these core elements, NCQA would better align APC standards with evidence-based medication optimization practices and create a stronger framework for improving clinical outcomes, patient safety, and healthcare value.

Additionally, ACCP recommends that NCQA recognize the role of integrated clinical pharmacists in delivering these services. Although resources vary across primary care practices and settings, so too can the engagement or integration of clinical pharmacists in team-based care advance in the quality continuum. Clinical pharmacists are uniquely trained to conduct comprehensive medication assessments, identify medication therapy problems, collaborate with prescribers, and monitor therapeutic outcomes. Their integration within primary care teams represents an increasingly important capability of advanced primary care organizations. The Primary Care Investment Guide describes different ways clinical pharmacists can be integrated, ranging from embedded pharmacists on primary care teams to shared or centralized models, to consulting or 340B-supported models.[3] This provides advanced primary care with the flexibility to identify the option that best suits their medication management needs and resources.

3. Consider Comprehensive Medication Management in Population Health Management (PHM 1, Element B, Factor 2)

The proposed example under Chronic Condition Management Programs includes:

"Interventions include medication adherence support, remote monitoring, and coordination with primary care providers."

[3] Pollack, AA, Ricci, DA, Song, Z, Sullivan, EE, Grumbach, K, Cohen, DJ, and Phillips, RS (December 18, 2025). The Primary Care Investment Guide, Primary Care Collaborative.

ACCP recommends replacing "medication adherence support" with “**comprehensive medication management**”.

While adherence is an important component of medication use, it represents only one dimension of medication optimization. Patients may be fully adherent to therapies that are inappropriate, ineffective, or unsafe.

Recommended revision:

“Interventions include comprehensive medication management, remote monitoring, and coordination with primary care providers.”

This revision better aligns with the goals of advanced primary care and promotes a more comprehensive approach to chronic disease management.

4. Medication Reconciliation and Medication Management are not interchangeable

The proposed language in **Care Coordination (CTC 2, Element B, Factor 3)** states:

“The review process includes establishing a time frame for required face-to-face visits, medication reconciliation/management and required differences in planning based on the complexity of medical problems or risk of complications.”

ACCP recommends separating **medication reconciliation** and **medication management** as distinct concepts.

Medication reconciliation is an important safety activity that verifies the accuracy of medication lists during care transitions. However, medication reconciliation alone does not constitute medication management. Medication management encompasses broader clinical assessment activities intended to optimize medication use and improve health outcomes.

Conflating these services may unintentionally undervalue the comprehensive evaluation required to identify and address medication therapy problems following transitions of care.

Recommended revision:

“The review process includes establishing a time frame for required face-to-face visits, medication reconciliation, medication management, and required differences in planning based on the complexity of medical problems or risk of complications.”

This distinction would encourage organizations to compile accurate medication lists but also identify when medication-related services, such as comprehensive medication management, may be warranted in care transitions.

Conclusion

ACCP appreciates NCQA's commitment to advancing innovative, team-based primary care through the proposed APC Accreditation program. We strongly support the inclusion of medication management within the standards and commend NCQA for recognizing the importance of medication-related services in advanced primary care.

To strengthen the standards further, ACCP encourages NCQA to explicitly prioritize **medication optimization** as the overarching goal of medication management and to incorporate **comprehensive medication management** as the preferred framework for achieving that goal. Advanced primary care practices should be encouraged to assess medications for appropriateness, effectiveness, safety, and adherence. Integrating clinical pharmacists as core members of interdisciplinary care teams can efficiently and effectively manage medication-related issues.

These revisions would better align the APC standards with contemporary evidence-based care models and help ensure that advanced primary care organizations deliver the highest quality care to patients.

Thank you for the opportunity to comment on the proposed standards. ACCP welcomes continued engagement with NCQA as the APC Accreditation program evolves. For any questions or additional dialogue on these comments, please contact ACCP's Senior Director of Policy and Professional Affairs, Kathy Pham at kpham@accp.com.

Sincerely,

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