August 2, 2012

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Dear Director Mann,

We are writing in response to your July 10, 2012, letter to State Medicaid Directors (SMDL# 12-002, ICM# 2, RE: Policy Considerations for Integrated Care Models).

We would like to commend you on your efforts to provide states with guidance on designing and implementing care delivery and payment reforms that improve health, improve care, and reduce costs within Medicaid programs. We strongly support delivery system reforms that move from volume-based, fee-for-service (FFS) reimbursement to integrated care models with financial incentives to improve beneficiary health outcomes.

However, we respectfully recommend that you consider including comprehensive medication management as an activity under Hypothetical Integrated Care Models.

In order to truly coordinate care, it is necessary to optimize the use of medications that prevent and control disease by directly linking their use to clinical goals and outcomes in a patient-centered fashion using a team-based primary care approach. Only with appropriate and optimal medication use will we see real quality of care improve and health care costs decrease in integrated care models.

Comprehensive medication management is defined as: “the standard of care that ensures each patient’s medications are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended.” Comprehensive medication management is a key clinical strategy to optimizing medication use and is an integral component of current successful integrated care models in both the public and private sectors.

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The Patient Centered Primary Care Collaborative (www.pcpcc.net) urges the inclusion of comprehensive medication management services in integrated patient-centered care within the structure of the PCMH, stating: “the health care reform and delivery system changes now under discussion must include the comprehensive management of medications to identify, resolve, and, most important, prevent medication-related problems.”

In addition, Section 3021 of the Patient Protection and Affordable Care Act that established the Center for Medicare and Medicaid Innovation (CMMI) specifically calls for the utilization of medication therapy management services in models that promote broad payment and practice reform in primary care, including patient-centered medical homes.

ACCP is a national professional and scientific society representing more than 13,000 clinical pharmacist practitioners, researchers and educators. Our members have been among the profession’s leaders for more than three decades in developing and providing patient care services, consultation, cutting-edge clinical research, and education programs that improve the quality of medication use in the health care settings in which they practice.

CPNP is a national professional association representing more than 1,100 pharmacists, many of whom are Board Certified Psychiatric Pharmacists (BCPP). CPNP members have dedicated their professional careers to providing pharmaceutical care for psychiatric and neurologic patients, developing psychiatric pharmacy services, providing patients and families with education about their disease and treatment and promoting increased pharmacist roles in providing direct patient care.²

In summary, we congratulate you on your efforts to collaborate with states in developing integrated care models that will result in improved health, improved outcomes and lower costs. However, we urge you to recognize the importance of optimizing medication use as part of this reform process and to include comprehensive medication management as a listed activity in order to achieve this goal.

Sincerely,

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