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September 30, 2020

The Honorable Rosa DeLauro, Chair
House Committee on Appropriations,
Subcommittee on Labor, Health and Human
Services, Education
United States House of Representatives
Washington, D.C. 20515

The Honorable Tom Cole, Ranking Member
House Committee on Appropriations,
Subcommittee on Labor, Health and Human
Services, Education
United States House of Representatives
Washington, D.C. 20515

Dear Representatives DeLauro and Cole,

On behalf of The American College of Clinical Pharmacy (ACCP), I am writing to thank you for including report language in the 2020 Labor, Health and Human Services, Education Appropriations legislation that calls on the Centers for Medicare and Medicaid Services (CMS) to test a model that incentivizes pharmacist involvement across relevant Medicare service lines, including the Center for Medicare & Medicaid Innovation (CMMI) Comprehensive Primary Care Plus (CPC+) primary care model.

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 18,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

The COVID-19 pandemic has placed unprecedented burdens on our nation's health delivery infrastructure. As communities across the country struggle to respond to the COVID pandemic, a comprehensive strategy must be prioritized that appropriately integrates clinical pharmacists – the health professionals best suited to optimize medication use – into patient care teams.

As you may know, primary care practices participating in the CMMI CPC+ Track 2 initiative are currently required to provide comprehensive medication management (CMM) to patients discharged from the hospital and those receiving longitudinal care management, that would include the development of an individualized action plan addressing the patient's medication problem list, and a review of the plan with the primary care team.

Comprehensive medication management (CMM) is a direct patient care service, provided by clinical pharmacists working as formal members of the patient's health care team that has been demonstrated to significantly improve clinical outcomes and enhance the safety of medication use by patients.

The team-based service of CMM is supported by the Patient Centered Collaborative, (PCC), in which ACCP as well as the major primary care medical organizations are actively involved. CMM helps

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ensure that seniors' medication use is effectively coordinated, and in doing so enhances seniors' health care outcomes, contributing directly to Medicare's goals for quality and affordability. CMM can "get the medications right" as part of an overall effort to improve the quality and affordability of the services provided to Medicare beneficiaries.

Beneficiary access to CMM services is increasingly available in Medicare Advantage (MA) plans as part of their efforts to drive innovation, improve quality and outcomes, and lower costs. Yet Medicare's current benefit structure lacks a team-based and patient-centered medication management service for the vast majority of beneficiaries. Although a very limited number of Medicare beneficiaries enrolled in Part D can access the "medication therapy management" (MTM) program, the services provided are delivered by Prescription Drug Plans (PDPs), not clinicians, and are entirely disconnected from patients' care teams. While ACCP believes that Part D MTM represents an important first step in recognizing that medication management services are an essential component of any drug coverage benefit, by structuring this program as an administrative – rather than medical – benefit, Part D MTM falls significantly short of its intended goals.

Consistent with the Medicare Quadruple Aim to deliver better care, smarter spending, and healthier patients and practitioners, ACCP has been working closely with participating clinical pharmacists in the New York tristate area, and in the Kansas City area where ACCP is headquartered, to help support and advance implementation of CMM within the CPC+ initiative.

ACCP would also like to bring to your attention an important study examining the feasibility and scalability of implementing CMM in contemporary primary care medical practices. The study was conducted by the University of North Carolina's Eshelman School of Pharmacy (UNC) in conjunction with the Alliance for Integrated Medication Management, the American Academy of Family Physicians National Research Network, and the University of Minnesota College of Pharmacy through a grant of more than \$2.4 million from ACCP and the ACCP Foundation.

In summary, we thank you once again for your commitment to prioritizing medication optimization as a component of health delivery reform. As Congress continues to evaluate the long-term sustainability of the Medicare program and the effort to shift payment policy toward value of care and away from volume of services, ACCP urges you to continue to invest in the ongoing work to advance CMM within CPC+.

We would welcome the opportunity to meet with you to further discuss the integration of practices and programs that optimize the use of medications by America's seniors via CMM services.

Sincerely,



Director, Government Affairs

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