



Academy of
Managed Care
Pharmacy®

August 21, 2017

[Submitted electronically via www.regulations.gov]

**Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS-5522-P
P.O. Box 8013
Baltimore, MD 21244-8013**

Re: Medicare Program: CY 2018 Updates to the Quality Payment Program (CMS 5522-P)

Dear Sir or Madam,

The Academy of Managed Care Pharmacy thanks the Centers for Medicare and Medicaid Services (CMS) for the opportunity to comment on the Proposed Rule, Medicare Program; CY 2018 Updates to the Quality Payment Program (the Proposed Rule).

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes and ensuring the wise use of health care dollars. Through evidence- and value-based strategies and practices, the Academy's 8,000 pharmacists, physicians, nurses and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models and government. Although pharmacists are ineligible for incentive payments, pharmacists provide person-centered care and services to Medicaid and Medicare beneficiaries directly or as members of inter-professional care teams.

AMCP generally supports additional flexibility proposed for providers in the second and subsequent years of the Quality Payment Program (QPP), however notes several areas of specific concern detailed below. We also highlight several opportunities for pharmacists' inclusion in collaborative team-based care for non-eligible providers. Additionally, AMCP supports the comments submitted by the Pharmacy Health Information Technology (PHIT) Collaborative. As members of the PHIT Collaborative, AMCP acknowledges the important role of health IT to support delivery reform efforts across settings of care and for all providers.

AMCP Supports the Description of Medication Reconciliation (Federal Register 30073)

AMCP supports adding the description of the medication reconciliation objective that was inadvertently omitted in the CY 2017 QPP final rule.

AMCP Supports the Flexibility for "Prescribers Described in Proposed Exclusion for the e-Prescribing Objective and Measure" (Federal Register 30073)

AMCP supports additional flexibility for prescribers who do not meet the measure criteria for the number of prescriptions written within the measurement year. AMCP also acknowledges the limitations to e-prescribing that persist for certain prescribers, especially in rural communities and for prescribing of controlled substances. AMCP encourages CMS to work with stakeholders to develop long-term strategies to support robust use of certified health IT among all providers to ensure that patients have access to the benefits of health IT.

AMCP Supports “Proposed New Improvement Activities” and “Proposed Improvement Activities with Changes for the Quality Payment Program Year 2 and Future Years” (Federal Register 30479 - 30500)

AMCP is supportive of Improvement Activities that encourage eligible providers to coordinate care with non-eligible providers. As health care providers and health IT users, pharmacists bring value to the health care system by providing treatments, care, and services to patients. The services provided by pharmacists, such as Medication Therapy Management (MTM) and medication reconciliation have been documented to improve patient outcomes and reduce health care costs.^{1,2} To this end, AMCP applauds CMS for including the following updated and proposed Improvement Activities:

- **IA BMH 7:** Implementation of Integrated Patient Centered Behavioral Health Model (30488)
- **ID IA CC 1:** Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop (30489)
- **IA CC 13:** Practice Improvements for Bilateral Exchange of Patient Information (30490)
- **IA CC 14:** Practice Improvements that Engage Community Resources to Support Patient Health Goals (30491)
- Proposed (IA AHE XX): MIPS Eligible Clinician Leadership in Clinical Trials or CBPR (30479)
- Proposed (IA BMH XX): Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients (30479)
- Proposed (IA CC XX): PSH Care Coordination (30479)
- Proposed (IA CC XX): Primary Care Physician and Behavioral Health Bilateral Electronic Exchange of Information for Shared Patient (30480)
- Proposed (IA PM XX): Provide Clinical-Community Linkages (30480)
- Proposed (IA PM XX): Glycemic Referring Services (30481)

AMCP encourages CMS to align Improvement Activities, requirements, and components of medication management across all CMS programs. For example Medicare Part D targeted drug reviews and MTM requirements should be aligned with the QPP. Namely:

- **IA PM 11:** Regular Review Practices in Place on Targeted Patient Population Needs

AMCP is also working proactively to improve patient engagement in health care by working to improve MTM services and by proactively engaging stakeholders to provide recommendations to effectively capture and use patient reported outcomes (PROs). To this end, AMCP is supportive of Improvement Activities that promote use of PROs and patient engagement. Namely:

- **IA AHE 3:** Leveraging a QCDR to Promote Use of PRO Tools (30486)
- **IA BE 14:** Engage Patients and Families to Guide Improvement in the System of Care (30486)

- **IA BE 15: Engagement of Patients, Family, and Caregivers in Developing a Plan of Care (30487)**

CMS Should Not Remove the Summary Survey Measure (SSM) “Helping You Take Medications as Directed” and “Between Visit Communication” (Federal Register 30040)

AMCP believes the removal of these measures is premature and not sufficiently explained in the proposal. Medication non-adherence is a known problem across patient populations. The Proposed Rule sites “low reliability” as the reason to remove “Helping You Take Medications as Directed”. However, CMS does not propose any steps to improve the measure’s reliability. Person-centered care must consider a patient’s ability to take medications as directed. AMCP encourages CMS to improve this measure instead of removing it entirely. The Proposed Rule states two reasons for removing the “Between Visit Communication” measure. The first, is that the measure only includes one question. The second, is that the CAHPS ACO survey does not ask this question. Continuity of care and patient engagement are processes linked to better patient outcomes. CMS is encouraged to retain the measure and capture this information within both surveys if necessary.

CMS Should Not Delay Certification Requirements for “Use of Certified Health IT and Advancing Care Information” (Federal Register 30064)

CMS notes in the Proposed Rule that ONC estimates that uptake of the 2015 Edition is on track with previous transitions, therefore, CMS should facilitate further adoption in the market. Given the importance of the use of Certified Health IT systems in providing health care, AMCP cautions CMS not to intentionally or unintentionally delay market transition to the full 2015 Edition Certified Health IT. The 2015 Edition Certification Requirements include additional enhancements that will improve patient care and should not be delayed. The following critical components to improve patient care are only included in the 2015 Edition Certification Requirements and should not be delayed:

- The ability for e-prescribing systems to enable a clinician to cancel a prescription that should not be dispensed or administered to a patient.
- Prohibition on the use of household oral liquid measurements such as teaspoons or tablespoons that are unsafe in patient care. This is an important safety enhancement not required in the 2014 Edition but supported by the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Agency for Healthcare Research and Quality and several medical and professional associations.^{3,4}

These are a few examples of many other features patients will not benefit from if providers are not required to transition to the 2015 Edition on the current timeline.

CMS should be aware of the impact to interoperability that a delayed transition will make. For example, pharmacy health IT system vendors are adopting HL7 CCD standards to create and exchange electronic care plans with eligible and non-eligible providers.

AMCP Encourages CMS to Include Pharmacy Students, Interns and Residents in “Provide Education Opportunities for New Clinicians” (Federal Register 30479)

AMCP is supportive of inter-professional collaboration for education, teaching training and team-based care. Therefore, AMCP encourages CMS to acknowledge pharmacy students, interns, and residents as “clinicians-in-training”.

CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain (Federal Register 30482)

AMCP encourages CMS to coordinate education and training on appropriate pain management and opioid prescribing with all federal partners such as FDA, CDC, National Institute on Drug Abuse, and Office of National Drug Control Policy which are also engaged in or planning separate training and educational initiatives.

AMCP Supports Inclusion of “Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event” (Federal Register 30483)

AMCP applauds CMS on the inclusion of this as a proposed Improvement Activity. However, CMS is strongly encouraged to include communication to all providers who manage the patient’s medication therapy including pharmacists.

Thank you again for the opportunity to comment on the Proposed Rule, Medicare Program; CY 2018 Updates to the Quality Payment Program (CMS 5522-P). For more information, please contact me at 703-684-2645 or scantrell@amcp.org.

Sincerely,



Susan A. Cantrell, RPh, CAE
Chief Executive Officer

References:

1. Isetts BJ, Schondelmeyer SW, Artz MB, et al. Clinical and economic outcomes of medication therapy management services: the Minnesota experience. *J Am Pharm Assoc.* 2008;48(2):203–11.
2. American Pharmacists Association. Pharmacist-Delivered Patient Care Services. Available online: <https://pharmacist.com/sites/default/files/files/Pharmacist-ProvidedCareEvidence.pdf>
3. Centers for Disease Control. The PROTECT Initiative: Advancing Children’s Medication Safety. Available online: https://www.cdc.gov/medicationsafety/protect/protect_initiative.html
4. Centers for Disease Control. PROTECT Initiative Partners. Available online: https://www.cdc.gov/medicationsafety/protect/pi_partners.html