August 12, 2016

(Submitted electronically at www.regulations.gov)

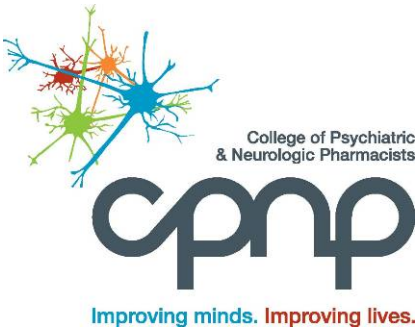
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS-1564-P
PO Box 8013
Baltimore, MD 21244-8013

Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Pricing Data Release; Medicare Advantage and part D Medical Low Ration Data Release; Medicare Advantage Provider Network Requirements: Expansion of Medicare Diabetes Prevention Program Model

The College of Psychiatric and Neurologic Pharmacists (CPNP) would like to thank the Centers for Medicare and Medicaid Services ("CMS") for the opportunity to comment on the Proposed Rule for the Medicare Program; Merit-Based Incentive Payment System and Alternative Payment Model Incentive under the Physician Fee Schedule ("PFS"), and Criteria for Physician-Focused Payment Models (the "Proposed Rule"). CPNP is a professional association representing over 2100 psychiatric and neurologic pharmacists across the country. Seventy percent of the CPNP members are Board Certified Psychiatric Pharmacists (BCPP) by the Board of Pharmacy Specialties (BPS). CPNP's membership consists of specialty pharmacists who are trained in pharmacology, pharmacokinetics, drug-drug and drug-disease state interactions and in optimizing medication adherence.

The proposed rule to the above referenced physician fee schedule and other Medicare Part B payment policies recognizing additional CPT codes within the Chronic Care management family, including *Psychiatric Collaborative Care Model (CoCM),* is of immediate relation to the profession of psychiatric and neurologic pharmacy. The proposal includes CoCM provided by a "primary care team" consisting of a primary care provider and a care manager who works collaboratively with a "psychiatric consultant". Care is directed by the "primary care team" and includes structured care management with regular assessments of clinical status using validated tools and modification of treatments as appropriate. Of particular interest to CPNP members is

8055 O Street, Ste S113 ■ Lincoln, NE 68510
www.cpnp.org ■ info@cpnp.org
402-476-1677 (phone)
888-551-7617 (fax)



the proposal of the "psychiatric consultant" providing regular consultations to the primary care team to review the clinical status and care of patients, and to make recommendations. Clinical psychiatric and neurologic pharmacists practicing at the top of their license already work with the primary care team daily to evaluate and manage these patients who suffer not only from psychiatric and mental health illness, but co-occurring chronic medical conditions.

Under the CoCM model, the "psychiatric consultant" involved in incident to care is a medical professional, trained in psychiatry and qualified to prescribe the full range of medications. Additionally, the "psychiatric consultant" advises and makes recommendations, as needed, for psychiatric and other medical care, including psychiatric and other medical diagnoses, treatment strategies including appropriate therapies and medication management, medical management of complications associated with treatment of psychiatric disorders, and referral for specialty services that are communicated to the treating physician or other qualified health care professional. Likewise, with the exception of diagnoses, psychiatric and neurologic pharmacists, working as team members, often under collaborative practice agreements, do all levels of care and are not only prescribing medications but are also managing all medications to prevent drug interactions and to promote adherence to therapies.

For purposes of the CoCM definition of "psychiatric consultant" with regard to appropriate CPT codes and billing under this section, CPNP respectfully requests that the services of qualified psychiatric and neurologic pharmacists, certified as Board Certified Psychiatric Pharmacists (BCPP) by BPS, become part of the payment reform. Today, the practice of clinical psychiatric and neurologic pharmacy has evolved, making the BCPP clinical pharmacist a valued member of the patient's team. These models are reflected in primary care practices, including federally qualified health centers such in Montana, Massachusetts, and Texas, within the North Carolina Community Cares program, and CareOregon. In addition, the Veteran's Administration of the United States employs numerous Behavioral Health Clinical Pharmacy Specialists on their Primary Care-Mental Health Integration (PCMHI) teams, co-located in a Primary Care clinics. BCPPs are highly trained specifically to consult, evaluate, recommend and manage depression and anxiety, as well as other mental health and medical disorders.

The "psychiatric consultant" may not have a personal interaction with the patient in the CoC model. Although BCPPs are well suited to serve as the "psychiatric consultant" in this model, CPNP also advocates for Comprehensive Medication Management (CMM), the gold standard of patient care as defined by the Patient Centered Primary Care Collaborative (PCPCC)[1]. CMM

[1] Patient Centered Primary Care Collaborative: Integrating Comprehensive Medication Management to Optimize Patient Outcomes – A Resource Guide www.pcpcc.net

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enables psychiatric and neurologic pharmacists to not only work with the primary care physician, psychiatrists, psychologists, nurse practitioners, physician's assistants and other healthcare providers, but to interact directly with the patient. This "next step" in direct patient care enables CMM to improve outcomes. We strongly recommend that CMS continue consideration of the incorporation of CMM to Medicare Part B.

As CMS considers proposed comments to these rules, we remind CMS that the national Association of State Mental Health Program Directors reported in 2006, that people with serious mental illness have, on average, a 25-year shorter lifespan that people without serious persistent mental illness. The CoCM, in addressing depression and anxiety, takes a first step to improving patient care. With the shortage of psychiatrists nationwide, we encourage CMS to include payment for psychiatric and neurologic pharmacists within the definition of "psychiatric consultant." This will allow increased access to an additional healthcare provider who is trained specifically to assess and consult on optimizing the use of medications for people with mental illnesses.

We thank you for the opportunity to provide comments and encourage you to consider the benefits of clinical psychiatric pharmacy services, as well as comprehensive medication management as we continue to improve the health and lives of persons living with mental illness.

Sincerely,

Christopher Thomas Pharm.D., BCPP, BCPS
President, College of Psychiatric and Neurologic Pharmacists

Director, PGY-1 and PGY-2 Residency Programs
Clinical Pharmacy Specialist in Psychiatry
Chillicothe VAMC

Clinical Associate Professor of Pharmacology
Ohio University College of Osteopathic Medicine

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