



March 1, 2017

Cynthia G. Tudor, Ph.D.
Acting Director
Center for Medicare
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted via: AdvanceNotice2018@cms.hhs.gov

Re: 2018 Medicare Advantage and Part D Advance Notice and Draft Call Letter

Dear Acting Director Tudor:

On behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP), I want to thank you for providing the opportunity to offer written comments on the Centers for Medicare and Medicaid Services' (CMS or Agency) 2018 Medicare Advantage and Part D Advance Notice and Draft Call Letter (Draft Call Letter).

CPNP is a professional association of more than 2,100 members who envision a world where all individuals living with mental illness, including those with substance use and neurologic disorders, receive safe, appropriate and effective treatment. Most members are specialty pharmacists and Board Certified Psychiatric Pharmacists (BCPPs) who specialize in psychiatry, addiction, psychopharmacology, and neurology. CPNP's mission is to advance the reach and practice of psychiatric pharmacy and serve as the voice of the specialty.

CPNP appreciates the opportunity to provide comments on the Draft Call Letter and is supportive of CMS' efforts to update benefit parameters as Medicare Advantage and Medicare Part D plans prepare and finalize their bids for 2018. Outlined below are our suggestions and feedback related to several provisions within the Draft Call Letter.

CPNP Comments and Recommendations

2018 Display Measures

Antipsychotic use in persons with dementia (APD) (Part D): Psychiatric pharmacists are qualified pharmacists who have specialized training in the area of psychiatric and substance use disorders. Psychiatric pharmacists have the knowledge and expertise to

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provide treatment for every type of psychiatric disorder and are proficient in the use of all medications, including psychotherapeutic medications. They have a unique skill set that complements other members of the interprofessional team, including physicians, social workers, and nurses.

We are pleased that CMS actively is working to address the unnecessary use of antipsychotic drugs in long-term care settings. CPNP is supportive of the APD measure and its inclusion in the 2018 display page, for we believe that an evaluation of the percentage of Medicare Part D beneficiaries 65 years or older with dementia who receive prescription fills for antipsychotics without evidence of a psychotic disorder or related condition will draw attention to the inappropriate use of antipsychotics in persons with dementia without a mental health diagnosis. In turn, this likely will lead to a modification of undesirable prescribing trends.

Use of opioids from multiple providers and/or at high dosage in persons without cancer (Part D): Psychiatric pharmacists have the dual responsibility of providing safe and appropriate access to opioids, while also protecting the public from the hazards of misuse and abuse. Patients who take opioids at high doses are at higher risk of substance abuse and psychiatric disorders. CPNP is supportive of measures that evaluate the use of opioids from multiple providers and/or at high dosage in persons without cancer and agrees with CMS' non-substantive changes to the Pharmacy Quality Alliance's opioid measures.

Measures for 2019 and Beyond

Telehealth and remote access technologies (Part C): CPNP commends CMS for considering whether to expand the list of Medicare-covered telehealth services. We strongly recommend that CMS include behavioral health services as Medicare-covered telehealth services. Allowing behavioral health to be delivered remotely will enable health care professionals to improve access to care for patients suffering from psychiatric or substance use disorders while empowering patients to participate in their care decisions; it also will help to reduce overall health care expenses and increase communication between patients and their treatment team. CPNP believes that telehealth, a cost-effective alternative to the face-to-face delivery of medical care, is an extremely beneficial service that can result in improved health outcomes and lowered costs of care.

Additionally, behavioral health telehealth creates a convenient and accessible environment for patients, allowing them to interact in real-time with their physician, psychiatrist, psychiatric pharmacist, and/or other non-physician health care professionals. Telehealth also facilitates social connectedness between patients and their providers.



Recognizing behavioral health telehealth as a method to deliver certain aspects of care will improve the ability of the interdisciplinary team to furnish care as needs arise as well as enable providers to remotely monitor patients. The increased use of telehealth also will facilitate faster response times and result in fewer office and clinic visits. Allowing patients to manage their treatment around their own lifestyle needs also will help them maintain control of managing their condition(s).

We strongly encourage CMS to expand Medicare's telehealth services to include behavioral health services. This change will benefit patients and the health care providers who care for them by providing an alternative means of visiting with them.

Opioid overuse (Part C): CPNP is supportive of assessing the rate of the percentage of members receiving prescriptions for opioids from four or more prescribers during the measurement year as well as a separate rate for the percentage of members receiving prescriptions for opioids from four or more pharmacies during the measurement year. We believe these quality measures will assist efforts to reduce the prescribing of large quantities of opioids and will advance safer practices related to opioid prescribing and dispensing.

Conclusion

As an organization, CPNP emphasizes increased pharmacist interactions with patients and members of the care team to improve patient care and reduce overall medication/medical costs to providers, patients, and to the health care system as a whole. CPNP appreciates having the opportunity to comment on the Draft Call Letter and we look forward to continuing to work with CMS on improving outcomes and quality of care for patients with psychiatric and substance use disorders. Should you have any questions or require any additional information, please do not hesitate to contact me or our Health Policy Consultant, Kara Gainer (kara.gainer@dbr.com / 202-230-5649).

Sincerely,

Christopher Thomas, PharmD, BCPP
President