April 8, 2022

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Director
Agency for Healthcare Research and Quality
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Rockville, MD 20857

Dr. Valdez:

Thank you for the opportunity to provide input on the proposed strategic framework for the Agency of Healthcare Research and Quality (AHRQ). We appreciate AHRQ's goals of improving health outcomes through evidence-based, integrated, coordinated, team-based care focused on underserved populations. These goals align well with our organization, the American Association of Psychiatric Pharmacists (AAPP), and the work of our members.

AAPP (transitioning from the College of Psychiatric and Neurologic Pharmacists or CPNP) is a professional association of nearly 3,000 members who envision a world where all individuals living with mental illness, including those with substance use disorders, receive safe, appropriate, and effective treatment. Members are specialty pharmacists, and most are Board Certified Psychiatric Pharmacists (BCPPs) who specialize in psychiatry, substance use disorder, psychopharmacology, and neurology. With a significant mental health care professional shortage, psychiatric pharmacists offer another resource to improve outcomes for patients with psychiatric and substance use disorders.

Psychiatric pharmacists are an important member of the health care team working in collaboration with the patient, caregivers, and other health care providers including psychiatrists, other physicians, therapists, social workers, and nurses. Psychiatric pharmacists provide expert, evidence based Comprehensive Medication Management (CMM) services for the most complex patients with mental health and substance use disorders.

CMM is an evidence-based process of care provided by psychiatric pharmacists that includes:

- Assessing all a patient's medications– prescription, nonprescription, vitamins, and supplements;
- Assessing each medication to ensure that it is appropriate, effective, safe, and can be taken as intended; identifying and addressing medication-related problems;
- Developing individualized care plans with therapy goals and personalized interventions;
- Prescribing medications and ordering laboratory or other diagnostic tests when permitted by state regulations;
- Following up with appointments at regular intervals to evaluate response, adverse effects, progress toward treatment goals, and to adjust medications as needed;
- Educating patient and family about medications and lifestyle modifications; and
- Referring to other providers and specialists for services such as diagnostic clarification, psychotherapy, and dietary counseling.

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CMM services benefit patients:

- Needing complex care coordination among multiple providers;
- With multiple chronic conditions; on complex medication regimens;
- Who are not meeting treatment goals; who have serious medication adverse effects;
- Transitioning between health care settings;
- Taking specialty medications like clozapine or long-acting injectable antipsychotic medications;
- Who would benefit from genetic testing to optimize their medication regimen;
- With tobacco, alcohol, opioid, or other substance use disorders (SUDs) who may benefit from medication treatment; and
- Who have conditions that complicate psychiatric medication treatment such as pregnancy, advanced age, concomitant medical illness; and those receiving antipsychotic medications as children.

CMM provided by psychiatric pharmacists for people with psychiatric disorders is evidence-based, focuses on individualized treatment goals, and is integrated into a team approach to care. Although this model is well accepted in some government funded health systems such as Veteran's Affairs and federally qualified health centers, it has not gained widespread acceptance. The primary cause for this lag is lack of recognition of psychiatric pharmacists as qualified healthcare providers by CMS and failure of Medicare to reimburse practices for CMM as a covered service.

AAPP provides the following recommendations:

Question 1 and 2: Overall Reaction to Strategic Framework and Non-Ranked Priority Areas

One of the major challenges faced by the U.S. health care system that is not addressed in AHRQs five priorities is non-optimized medication use. A 2018 paper[1] found that the estimated annual cost of medication-related morbidity and mortality caused by non-optimized medications was $528.4 billion. The U.S. lacks a coordinated, evidence-based, patient-centered process focused on optimizing medication use. In people with chronic medical conditions, including those with psychiatric disorders, this is a public health crisis that has not been adequately addressed. People living with psychiatric disorders experience higher rates of morbidity and earlier mortality than those without psychiatric disorders, often due to multiple chronic medical conditions. Much of the care for people with psychiatric disorders is provided in primary care settings where embedded clinical pharmacists, including psychiatric pharmacists, can be vital to ensuring that patients with complex conditions are treated to individualized goals.

We urge AHRQ to consider non-optimized medication use as a cross-cutting strategy for achieving desired health outcomes. Leveraging clinical pharmacists on the team increases access to high quality care for underserved patients but more research is needed to evaluate the impact on individuals and populations. It is also important to evaluate how to attribute the impact of different members of the health care team. Evidence gathered must be disseminated to health systems and taught to future care teams. Policy changes are needed to incentivize the incorporation of team members with the greatest impact onto health care teams. We believe that medication optimization should be a critical priority for AHRQ.

[1] Watanabe J, McInnis T, Hirsch J. Cost of prescription drug-related morbidity and mortality. Annals of Pharmacotherapy 2018;52:829-837. Accessed at https://pubmed.ncbi.nlm.nih.gov/29577766/

Question 3: Targeting Investments in High-priority Areas

AAPP agrees that transitions in care should be a high priority for AHRQ. Medication reconciliation is frequently inadequate when patients transition between outpatient, inpatient, long-term, and other care settings. Medication-related problems are common including therapeutic duplications, omission of treatments started in the hospital, and lack of access to medications after a transition, leading to frequent treatment failures, readmissions, and increasing costs of care. This is a specific stage where additional attention is desperately needed to improve outcomes, especially for those with multiple conditions, psychiatric disorders, and frequently impacted by social determinants of health inequities. ***We urge AHRQ to include medication reconciliation as a high-priority area within transitions in care.***

Question 5: Greatest Impact and Success in Achieving Vision and Mission of Strategic Framework

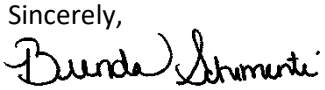
AAPP believes that the greatest impact of AHRQ's strategic framework can come from the assessment of new models of care, dissemination of new models, and supporting policy changes that will ensure that these successful new models are sustainable. People living with psychiatric disorders often suffer from health inequities that can only be addressed by ensuring access to high-quality, evidence based care. Models of care that include the integration of clinical pharmacist-provided CMM to ensure medication optimization must be studied to identify which individuals and populations would benefit the most and then disseminate these findings. ***We also urge AHRQ to support policy changes that incentivize teams to integrate these findings to ensure sustainability. We encourage AHRQ to partner with CMMI to evaluate new team-based models of care and CMS to ensure dissemination and sustainability of new practice models.***

Question 6: Additional Recommendation on Strategic Framework

Psychiatric pharmacists are an important component of primary care transformation for improving access to care for people with mental health and substance use disorders. Psychiatric pharmacists can be integrated into primary care teams to provide additional support and expertise to primary care and behavioral health providers. Psychiatric pharmacists are trained to optimize medications for patients with psychiatric disorders, including mental health conditions, substance use disorders, and medical conditions, all common in the primary care setting. In addition, psychiatric pharmacists could be a valuable member of the team in collaborative care models (CoCM) however current payment does not allow psychiatric pharmacists to serve as the psychiatric consultant in the model. ***We urge AHRQ to support policy changes that allow psychiatric pharmacists to serve as the psychiatric consultant in the CoCM to help increase access to this successful model of care.***

AAPP appreciates the opportunity to comment on AHRQ's priorities for improving health care delivery. We support the continued focus on coordinated, team-based, whole person care as a priority for improving health care outcomes, satisfaction, and cost. If you have any questions or require any additional information, please do not hesitate to contact me or our Health Policy Consultant, Laura Hanen at lahanen@venable.com.

Sincerely,



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