

Statement from the Hematology/Oncology Pharmacy Association, the American Association of Psychiatric Pharmacists, and the American College of Clinical Pharmacy
in response to the
Energy and Commerce Health Subcommittee Hearing: “Checking-In on CMMI: Assessing the Transition to Value-Based Care”
June 13, 2024

On behalf of the Hematology/Oncology Pharmacy Association, the American Association of Psychiatric Pharmacists, and the American College of Clinical Pharmacy, we commend Chair Guthrie, Ranking Member Eshoo, and members of the Energy and Commerce Subcommittee on Health for holding a hearing examining how the CMS Center for Medicare and Medicaid Innovation (CMMI) serves beneficiaries. We are pleased to submit this statement on an Integrated Payment Model leveraging Clinical Pharmacists to enhance patient outcomes, reduce waste, and drive value.

It is estimated that \$528 billion dollars a year, equivalent to 16 percent of total health care spending, is consumed due to inappropriate or otherwise ineffective medication use.¹ Given the central role that medications play in care and treatment of chronic conditions, combined with the continuing growth in the range, complexity and cost of medications – and greater understanding of the genetic and physiologic differences in how people respond to their medications – the nation’s health care system consistently fails to deliver on the full promise medications can offer.

Clinical pharmacists are licensed pharmacists with specialized, advanced education and training who possess the clinical competencies necessary to deliver comprehensive medication management in team-based, direct patient care environments and achieve medication optimization.

We appreciate Director Fowler’s commitment to comprehensive medication management. As the committee considers the role and authority of CMMI, we propose an Integrated Payment Model using Clinical Pharmacists in coordinated healthcare teams to improve patient outcomes, save payers money, and decrease the strain on the healthcare system. We envision an integration model derived from a recent state-wide program in Michigan called the Michigan Pharmacists Transforming Care and Quality (MPTCQ) program. The MPTCQ, which grew from a partnership between Blue Cross Blue Shield of Michigan and Michigan Medicine, is a statewide provider-payer program which integrates pharmacists within physician practices throughout the state of Michigan. According to a Michigan-based study on the outcomes of clinical pharmacist integration in a community oncology practice, embedded clinical pharmacist care improved patient outcomes, including improved rates of patient education, medication adherence, and improved dose intensity.²

¹ Watanabe, J., McInnis, T., & Hirsch, J. (2018). Cost of Prescription Drug-Related Morbidity and Mortality. *The Annals of pharmacotherapy*, 52(9), 829-837. <http://dx.doi.org/10.1177/1060028018765159> Retrieved from <https://escholarship.org/uc/item/3n76n4z6>

² JCO Oncol Pract 19, 2023 (suppl 11; abstr 61); <https://meetings.asco.org/abstracts-presentations/227601>

This legislative initiative proposal would require CMMI to establish a demonstration project to codify the value of paying for comprehensive clinical pharmacy services provided by clinical pharmacists integrated into the patient care team. Due to unmet needs of the population, the location of the first phase of these demonstration projects and the providers participating in this evaluation program would be required to be in a medically underserved area as defined by the Health Resources and Services Administration.

Additionally, this legislative proposal would require CMS to promulgate a standard collaborative practice agreement which would define the scope of practice, rights, and responsibilities for clinical pharmacists in the larger care delivery setting. These would include but are not limited to:

- Perform patient assessment for medication-related factors;
- Order laboratory tests necessary for monitoring outcomes of medication therapy;
- Interpret data related to medication safety and effectiveness;
- Initiate or modify medication therapy care plans on the basis of patient responses;
- Provide information, education, and counseling to patients about medication related care;
- Document the care provided in patients' records;
- Identify any barriers to patient compliance;
- Participate in multidisciplinary reviews of patients' progress;
- Communicate with payers to resolve issues that may impede access to medication therapies; and
- Communicate relevant issues to physicians and other team members

Thank you again for the opportunity to provide these comments and for your commitment to overseeing the CMMI program. We look forward to working with the Health Subcommittee as you continue to work on this important issue. Should you have any questions or require further information, please contact Brooke Boring, HOPA's Senior Manager of Health Policy & Advocacy at bboring@hoparx.org.