FOREWORD | CMM: IT'S TIME TO PAY ATTENTION

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By ensuring appropriate use of medications, including gene therapies and personalized medicine, we have the potential to address many of the issues that policymakers have been grappling with for decades. And today, we have a Blueprint for realizing that potential.

Think about all the time we've spent on drug pricing and all the energy we've put into trying to control spending on medications in this country. Many of us have been looking for policies and approaches to deliver the *right* therapy to the right patient at the right time.

Comprehensive medication management is a solution that's been right under our noses. Speaking for myself, I thought that public policy had already weighed in on medication therapy management. As a congressional staffer, I worked on the Medicare Drug Bill in 2003, and medication therapy management was required for all Part D plans. And then the Affordable Care Act extended the requirement to all Part D beneficiaries.

That represented a tremendous advancement, but it was just a first step. As I started digging into the research and reading all the material and all the studies to prepare for this event, it became apparent there was a *lot* more work to do. And I became a believer.

Ten years later

It's not that policymakers hadn't been thinking about these issues all along. The ACA led to the creation of several new models of primary care. The Medicare Comprehensive Primary Care Initiative, for instance, improved care coordination and reduced emergency department visits. But it didn't have a significant impact on spending—or on the physician experience.

And CMMI—the Center for Medicare and Medicaid Innovation—has made great strides, testing more than 40 new payment models, but only two models have been expanded across Medicare.

Cost containment: A scalpel or a scythe?

There's a growing call for cost containment, and it's becoming more difficult to ignore. We're all paying attention now—and rightly so—to the coronavirus. But regardless of what the new normal looks like, Congress *will* be forced to step in to address Medicare spending. And we all know that when that happens, there will be across-the-board cuts that don't discriminate between high-quality and low-quality providers.

Those of us in Washington health policy circles are watching the horizon, and we know the debate over health costs is coming. We have a limited window to identify solutions that improve patient care, reduce costs and improve outcomes. Improving job satisfaction among physicians should also be a priority.

Enter comprehensive medication management.

So where do we begin?

Structural and attitudinal barriers inhibit the adoption of a systematic approach to appropriate medication use across the health care continuum. Yes, our payment systems are starting to evolve as we explore new innovations in value-based care, but the fundamentals of our system remain outdated—built on a fee-for-service chassis. As a result, it often discourages coordination across providers. It doesn't reimburse for certain services or certain providers. I don't need to enumerate the barriers to those of you who study these issues and know them better than I do.

So where do we begin? We need to demonstrate that the savings are achievable. That's what carries weight with policymakers.

Is comprehensive medication management the solution to our broken health care system? By itself, no. Practicing medicine is complex. Managing medications is complex. But I am convinced that comprehensive medication management should be an important part of the solution—and it's one that hasn't received enough attention.

It's time to pay attention. This Blueprint is an important start. ■