

December 14, 2020

The Honorable Joseph R. Biden, Jr.
1401 Constitution Avenue, N.W.
Washington, D.C. 20230

Dear President-Elect Biden:

On behalf of the Get the Medications Right (GTMRx) Institute and its members, we congratulate you on your victory in the presidential election. The GTMRx is a multi-stakeholder coalition committed to advancing health care delivery models that ensure appropriate and personalized use of medication through an evidence-based, cost-effective and team-based approach to medication use. We write today to request a meeting with your transition team to discuss the provision of high quality, patient-centered medication management services and how they impact our nation's response to the COVID-19 pandemic.

The GTMRx Institute is made up of over [1,180 members](#), including physicians, pharmacists, caregivers, health IT innovators, drug and diagnostics companies, consumer groups, employers, payers and health systems—aligned to optimize patient outcomes and improve health care value by ensuring appropriate use of medications and gene therapies through comprehensive medication management (CMM). CMM is a standard of care that ensures each patient's medications are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken and able to be taken by the patient as intended. As outlined in the [10 Steps to Achieve CMM](#) graphic, this is a multi-step rigorous process that engages all members of the health care team, assuring more effective coordination of care.

CMM saves both lives and money

The COVID-19 pandemic has been ruthless in exposing some of the inefficiencies of our health care delivery systems. Failure to ensure appropriate use of medications comes with a tremendous human toll. Avoidable illness and death resulting from non-optimized medication therapy lead to an estimated 275,000 needless deaths annually and contribute to [\\$528.4 billion in health care costs](#), equivalent to 16% of the annual \$3.2 trillion in U.S. health care expenditures¹. Misuse, overuse or underuse of medication therapy can lead to treatment failure, new medical problems or both. In addition to the evidence on costs, data show that CMM benefits the health care system through lower hospital readmission rates and improved clinical outcomes.² A 2018 study, including more than 43,000 patients, found that patients who had received a CMM visit within 30 days post discharge had statistically a significantly lower rate of readmissions compared to the comparator cohort. The 60-day readmission rate was also lower.³ Patients receiving pharmacist-led CMM had improved outcomes in chronic disease management, including quality indicators for Type 2 diabetes, anticoagulation, hypertension, hyperlipidemia and pain.⁴

¹Watanabe, JH, McInnis, T, and Hirsch, JD. "Cost of Prescription Drug-Related Morbidity and Mortality." *Annals of Pharmacotherapy*, 2018; 52(9), 829–837. [.org/10.1177/1060028018765159](https://doi.org/10.1177/1060028018765159).

²Sapp E., Francis S., Hincapie, A. *The American Journal of Accountable Care*. 2020;8(1):8-11.

³Budlong, H., Brummel, A., Rhodes, A., Nici, H. *Impact of Comprehensive Medication Management on Hospital Readmission Rates*. *Population Health Management*. 2018.

⁴McFarland, MS, Nelson J, Ourth H, Groppi J and Morreale A. *Optimizing the primary care clinical pharmacy specialist: Increasing patient access and quality of care within the Veterans Health Administration*. *J Am Coll Clin Pharm*. 2019;1–7.

History of CMM

The ability to optimize medication use is within our reach, but we must first align systems of care to integrate CMM. We must engage and support patients to ensure they are willing and able to take those medications that are indicated, effective and safe. And we must support and pay for patient-centered, team-based CMM. The Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003, an early attempt to promote medication optimization, introduced the term medication therapy management (MTM), and the Part D Enhanced MTM Model was launched by the Center for Medicare and Medicaid Innovation in 2017. Although MTM made initial progress in medication management, CMM is more comprehensive, coordinated, continual and patient-centric than MTM. Unlike MTM, CMM is not linked to Medicare Part D and is akin to other health care services performed as part of Medicare Part B. The ACA made progress advancing new models of primary care, but access to medication management continues to be a barrier to patient-centered health care. Liz Fowler, executive vice president of programs for The Commonwealth Fund and former special assistant to President Barack Obama on Health Care and Economic Policy at the National Economic Council, highlighted the need for CMM as a missing link in advancing patient-centered care. A copy of her [Foreward](#) in the GTMRx Blueprint for Change highlights the need for CMM (also attached).

5 policy principles of CMM

We believe Americans should have access to CMM and that team-based medication management will improve outcomes and reduce cost. The [“The GTMRx Blueprint for Change,”](#) provides a roadmap for reform, based on the following five policy principles:

- Developing a personalized, patient-centered, systematic and coordinated approach to medication use that will vastly improve outcomes and reduce overall health care costs.
- Aligning systems of care to integrate CMM, engaging patients to ensure that they are willing and able to take those medications that are indicated, effective and safe to optimize their outcomes.
- Creating immediate delivery system, payment and policy transformation to streamline clinical trials and reduce costs of bringing drugs to market while enabling successful, broad-scale adoption of integrated, CMM services.
- Ensuring appropriate diagnosis and access to advanced diagnostics with companion/complementary and pharmacogenomics (PGx) testing to target correct therapy.
- Implementing and paying for team-based, patient-centered care models that recognize appropriately skilled clinical pharmacists as medication experts who work in collaborative practice with physicians and other providers.

PGx as a tool within the CMM process of care

Opportunities also abound for pharmacogenomics informed by CMM to be part of the COVID-19 response—given everything from the variability of patients’ responses to the virus and potential treatments to the pending emergence of new genetic variants of SARS-CoV-2 in the future. Integrating [pharmacogenomics](#), the study of how a patient’s genetic profile determines their body’s responses to specific medications, can provide targeted, individualized therapy to improve outcomes and accelerate recovery.

COVID-19 has both revealed the failings of our current approach to health care delivery and spotlighted the tremendous opportunities for improvement. The disease is forcing all stakeholders—including payers, health



systems, regulators, health IT vendors and others—to adopt innovative approaches to diagnosis, treatment and management of populations. The nation can't afford to waste this opportunity to make CMM a permanent cornerstone of our health care.

We would welcome the opportunity to meet with your team to discuss the need for team-based comprehensive medication management to improve patient-centered care. And we look forward to collaborating with the Biden Administration as we collectively work to advance health care delivery models that ensure value and high-quality patient outcomes.

Please do not hesitate to contact Katie Capps, executive director and co-founder of the GTMRx Institute, at kcapps@gtmr.org if you have any questions or if we can provide additional information.

Sincerely,

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