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# Changing How We Pay: Ten Ways to Support Integration of CMM into Person-Centered, Team-Based Care Models

# Today's Presenters



**Tom Kraus, J.D., MHS**

Vice President, Government Relations Office, American Society of Health-System Pharmacists (ASHP)  
Co-Lead GTMRx Payment and Policy Solutions Workgroup



**Kathy Pham, Pharm.D., BCPPS**

Director of Policy and Professional Affairs, American College of Clinical Pharmacy (ACCP)  
Co-Lead GTMRx Payment and Policy Solutions Workgroup

# Payment for CMM in Practice

The GTMRx Blueprint for Change outlines steps the Institute is taking to advance payment for CMM in practice.

1. Identify foundational elements of policy solutions necessary to overcome barriers to the adoption of CMM and optimization of medication and gene therapies.
2. Identify successful use cases for utilization in advocacy and coalition building.
3. Identify payment and policy solutions and strategies that reward the value of CMM services in terms of cost, quality and patient outcomes.
4. Design an approach to educate and engage policymakers about CMM

**Note:**  
*The report we are sharing with you addresses step #3.*

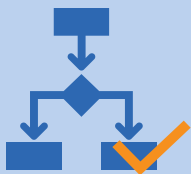
# CMM Payment Models and the Movement to Value-Based Health Care Systems



The limitations of FFS have produced an inadequate payment mechanism for CMM as a reimbursable service through CMS' established patient E/M codes when an integrated pharmacist provides CMM.



The codes are severely inadequate to fund proper CMM services resulting in suboptimal medication related care and patient outcomes as well as increased expenses to the health care system.



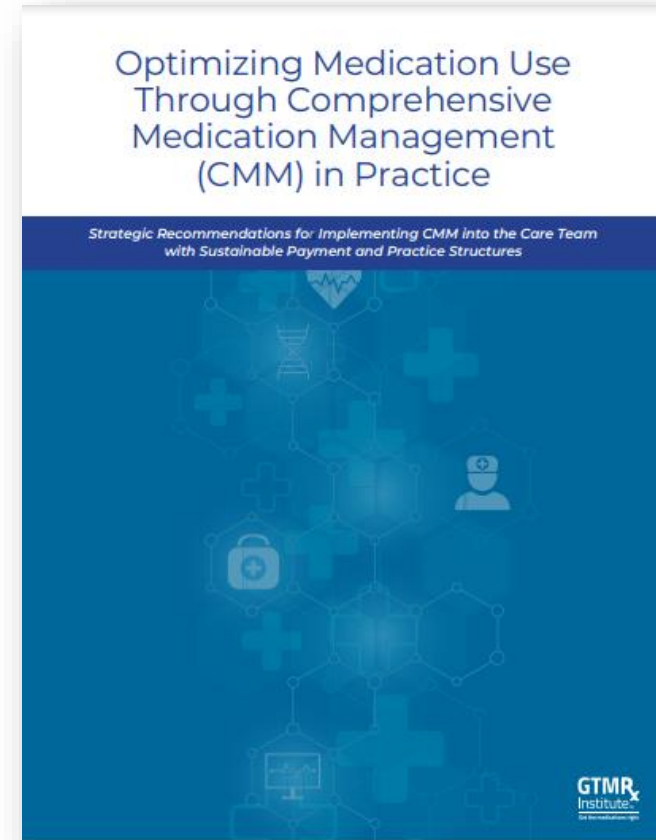
Health-systems and payors who have included CMM in their benefit model, utilize mixed or hybrid payment methods to address the compensation issue. FFS along with risk-sharing or cost-saving VB reimbursement appears to be the most common payment methodologies.

# Building the Case for CMM: GTMRx Payment & Policy Recommendations Discussion Document

## *Optimizing Medication Use through CMM in Practice – Strategic Recommendations for Implementing CMM into the Care Team with Sustainable Payment and Practice Structure*

### **This document (sent as read-ahead) discusses the following:**

- What is CMM: *its value, health and financial benefits to stakeholders and policy implications*
- Role of Care Team Members
- Ensuring Credentialed & Licensed Health Care Team Members
- Challenges to Implementing CMM
- Data to Support Quality of CMM for Policies & Payment Decisions
- Accountability Measures
- Fee for Service Limitations
- CMM Payment Models, Value-Based Health Care and opportunities



Developed by the Payment Methodologies Subgroup of the Payment and Policy Solutions Workgroup

# GTMRx Payment & Policy Recommendations Discussion Document

## - 10 Payment and Policy Recommendations



### RECOMMENDATIONS: LEVEL SETTING

- Adopt the common definition of comprehensive medication management (CMM)

A systematic approach to medications where physicians and pharmacists ensure that medications (e.g., prescription, nonprescription, alternative, traditional, vitamins, nutritional supplements) 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.<sup>1</sup>

1. McInnis, Terry, et al., editors. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. 2nd ed., Patient-Centered Primary Care Collaborative, The Patient-Centered Medical Home: Integrating Comprehensive Medication.

# GTMRx Payment & Policy Recommendations Discussion Document

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### RECOMMENDATIONS: GROWTH AND SUSTAINABILITY

- All private and public medical benefit plans (e.g., commercial, Medicare, Medicaid, VA, Marketplace) should compensate interprofessional care teams for delivering CMM services.
- High quality, comprehensive and advanced primary care payment models should include payment to teams to deliver a comprehensive set of services, to include CMM.
- Recognition that value-based payment models are optimal for the provision and sustainability of CMM.
- Under Medicare and other fee-for-service models, allow physicians to bill for complex evaluation and management services provided by an appropriately trained clinical pharmacist, working in collaborative practice on the care team with the physician.

# GTMRx Payment & Policy Recommendations Discussion Document

## - 10 Payment and Policy Recommendations



### **RECOMMENDATIONS: SCALABILITY AND FIDELITY**

- A sufficient workforce of qualified clinicians trained, credentialed and privileged to provide CMM services should be available to meet patient and population needs.
- In order to identify, assess and evaluate those patients that would benefit from CMM services, the care team should have access to clinical information at the point of care.



# GTMRx Payment & Policy Recommendations Discussion Document

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### RECOMMENDATIONS: ACCOUNTABILITY

- CMM value should be measured on attributable patient outcome measures.
- Clinicians delivering CMM services should have access to clinical information at the point-of-care and be held accountable for related quality metrics
- Fully integrate companion and complementary diagnostic (e.g., pharmacogenomic) services into the CMM process to support useful clinical decision making and increased availability of data. For more details, see GTMRx's *Pharmacogenomics and CMM Policy Recommendations*.

# Next Steps to Advance CMM Advocacy



**The GTMRx Payment and Policy Solutions Workgroup will convene you and your government relations contacts to coordinate advocacy outreach around these recommendations.**

**Advocacy workshop planned for Summer 2022.**

*See survey in the chat. We would appreciate your responses.*

# Panel / Q&A



**John McGlew, MA**

Director of Government Relations, American College of Clinical Pharmacy (ACCP)

Co-Lead GTMRx Payment and Policy Solutions Workgroup



**Bayli Larson, Pharm.D., MS, BCPS**

Strategic Initiatives Associate, Office in the Chief Operating Officer and Senior Vice President, American Society of Health-System Pharmacists Subgroup Co-Lead GTMRx Payment and Policy Solutions Workgroup



**Lawrence (Larry) LaMotte, MPP**

Federal Policy and Advocacy Consulting, California Chronic Care Coalition Subgroup Co-Lead GTMRx Payment and Policy Solutions Workgroup