May 27, 2022

Dr. Mark McClellan
Dr. Marc Harrison
Chief Executive Officer Forum Chairs
Health Care Payment Learning & Action Network (HCPLAN)
Baltimore, MD

Re: Health Care Payment Learning & Action Network (HCPLAN) Public Feedback

Dear Dr. Mark McClellan and Dr. Marc Harrison,

I am writing on behalf of the members of the Get the Medications Right Institute (GTMRx), a catalyst for change that brings critical stakeholders together, bound by the urgent need to get the medications right. We are physicians, pharmacists, nurse practitioners, physician assistants, health IT innovators, drug and diagnostic companies, consumer groups, employers, payers and health systems—aligned to save lives and save money through comprehensive medication management (CMM) in practice. We showcase evidence and innovation to motivate practice transformation aligned with payment and policy reform. Together, with our 1650+ members and 1,000+ organizations, we champion appropriate, effective, safe and precise use of medication and gene therapies.

Recently, the GTMRx Institute became a LAN supporting sponsor to support LAN's Shared Commitment of the LAN Healthcare Resiliency Framework. We intend to collaborate and offer insight into the adoption of alternative payment models (APMS). We believe that APMs should support interprofessional teams, including a clinical pharmacist, to implement comprehensive medication management.

Below contains our feedback to the LAN's Accountable Care definition and the Accountable Care Commitment Curve:

I. Definition of Accountable Care

We generally agree with the definition but suggest language should be incorporated that allows for the inclusion of a variety of care team members. Eighty percent of treatment and prevention of illness is through medications;[1] therefore, the opportunity and need to create an accountable medication use process is imperative. Including the term "interprofessional" within the LAN's accountable care definition is one step toward emphasizing the value and importance of an interprofessional team working in collaborative practice alongside the patient and their clinician(s). Those included within the interprofessional team should be all of those involved in the patient's care, including but not limited to clinical pharmacists, nurses, psychologists, social workers, dieticians, speech-pathologists and more.

[1] McInnis T, Strand L, Webb E, et al. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. 2nd ed., Patient-Centered Primary Care Collaborative. PCPCC Medication Management Task Force collaborative document. June 2012. https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf.

With this recommended addition, the definition would read as follows:

- "Accountable care" aligns **interprofessional care teams** and **the people who entrust their care to them** to help realize the best achievable health outcomes for all through comprehensive, high-value, affordable, longitudinal, person-centered care.

II. The Accountable Care Commitment Curve

Payment Reform and Care Quality and Affordability Commitment Track:

- *Invested Stage*: We suggest emphasizing the value and importance of a person-centered, accountable medication use process designed to ensure that all medications used are appropriate, effective, safe and taken as intended and that the patient is willing and able to take those medications.
- *Transformed Stage*: We recommend including "well-coordinated specialty care and engage the patient" to read as follows:
    - "Population-based payment or shared savings options that support accountable care with downside risk arrangements (Category 3B or 4), to strengthen primary care and well-coordinated specialty care and engage the patient"

Health Equity Advancements Commitment Track:

- No further comments

Data and Infrastructure Commitment Track:

- *Aligned Stage*: We recommend including "to ensure all members of the interprofessional team have access to clinical information at the point of care" to read as follows:
    - "Invests in improved data/infrastructure (e.g., interoperability, advanced EMRs, modernized systems, participation in APM Measurement Effort) to ensure all members of the interprofessional team have access to clinical information at the point of care"
- *Transformed Stage*: We recommend including "and informs the team to ensure clinical goals have been met" to read as follows:
    - "Implements advanced data sharing infrastructure, activities (interoperable data collection, use and sharing) to measure progress on payment reform, quality, affordability, equity and informs the team to ensure clinical goals have been met"

Multi-stakeholder Alignment and Design Commitment Track:

- *Informed or Invested Stage:* We recommend adding "Identification and inclusion of all interprofessional stakeholder voices and participation". The appropriate multi-stakeholders must be identified before any 'alignment and design' can occur. This will ensure that (1) all who are involved in the patient's care are included and (2) leaders are aware of all the players and their needs and contributions as the payment structures are invested in and designed.
- *Aligned Stage*:
    - Original statement: "Participates in multi-stakeholder efforts to advance accountable care of multi-stakeholder models/arrangements for measurable progress in system-wide reginal, state, or national goals"

- Statement with our suggestive feedback: “Participates in multi-stakeholder efforts to assign accountabilities and the role and function of stakeholders in advancing person-centered, accountable, high-quality, comprehensive care, and arrangements for measurable progress in system-wide region, state, or national goals”

GTMRx’s Belief Statements

Our feedback and recommendations are guided by the belief statements of the GTMRx Institute. We believe that this will offer all Americans access to a person-centered medication use process to ensure that medications are safe, effective, appropriate for the condition and patients are able to take medications as intended. Our belief statements are as follows:

- A personalized, patient-centered, systematic and coordinated approach to medication use will vastly improve outcomes and reduce overall health care costs.
- We must align systems of care to integrate comprehensive medication management, engaging patients to ensure that they are willing and able to take those medications that are indicated, effective and safe to optimize their outcomes.
- We need immediate delivery system, payment and policy transformation to enable successful, broad-scale adoption of integrated, comprehensive medication management (CMM) services.
- Appropriate diagnosis and access to next-generation clinical testing is essential to target correct therapy.
- Success requires 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.

Background, research and policy guidance can be found in GTMRx’s 10 Payment and Policy Recommendations: Optimizing Medication Use Through Comprehensive Medication Management (CMM) in Practice: Strategic Recommendations for Implementing CMM into the Care Team with Sustainable Payment and Practice Structures.

Please feel free to reach out to the GTMRx Institute should you have any questions. I am happy to discuss our recommendations.

Sincerely,

Katherine Herring Capps
Co-Founder & Executive Director GTMRx Institute
(703) 394-5395
kcapps@gtmr.org