

RECOMMENDATIONS	PROPOSED ADVOCACY NEXT STEPS
<p><b>Adopt GTMRx common definition of comprehensive medication management (CMM)</b></p>	<ul style="list-style-type: none"> <li>• Identify state and federal opportunities to incorporate definition e.g., Right Drug Dose Now Act, CMS Innovation Center (CMMI) models</li> <li>• Send letters signed by GTMRx membership to CMS and policymakers urging use of GTMRx definition</li> <li>• Create advocacy document that differentiates CMM from MTM and disease state management</li> <li>• Draft model letter that employers can use to encourage plan administrators to adopt CMM definition</li> </ul>
<p><b>Fee-for-service models:</b></p> <ul style="list-style-type: none"> <li>• <b>Allow physicians to bill for E/M services by clinical pharmacist</b></li> </ul>	<p>Payment for Evaluation &amp; Management (E/M) services (“Incident-to” billing)</p> <ul style="list-style-type: none"> <li>• Ensure proposed solutions via legislative fix that meets the needs of all stakeholders and GTMRx members</li> <li>• Develop advocacy document explaining need for fix</li> <li>• Sign-on letter for GTMRx members to express support</li> <li>• Joint participation in congressional meetings to encourage adoption of legislative and/or regulatory fix</li> </ul>
<p><b>Promote value-based models that encourage CMM &amp; use of PGx as part of the CMM process of care</b></p>	<ul style="list-style-type: none"> <li>• Meet with CMMI to integrate CMM services within existing pilot structure to deploy a CMMI demo:             <ul style="list-style-type: none"> <li>○ in multiple census or Medicare regions, which includes a requirement that patients receive CMM</li> <li>○ that focuses on a specific disease cohort</li> <li>○ that is limited and focuses on a specific population that already requires increased resources and interventions</li> </ul> </li> <li>• Develop evidence of CMM savings vs prior MTM models</li> <li>• Share CMMI plans with stakeholders</li> <li>• Pharmacogenomic (PGx) testing:             <ul style="list-style-type: none"> <li>○ Draft letter from CMS membership urging Medicare to establish a clear reimbursement structure for CMM as a process of care to include use of PGx (e.g., diagnostic, testing) and ensure MACs are consistent across country</li> <li>○ Draft legislation directing CMS to allow patients access to testing and CMM during diagnostic, screening &amp; preventative services</li> <li>○ Create GTMRx education team to speak to payers at national/state meetings and conferences</li> </ul> </li> </ul>
<p><b>Use attributable patient outcome measures for CMM</b></p>	<ul style="list-style-type: none"> <li>• Work with GTMRx members to identify, endorse and validate existing measures that evaluate CMM services</li> <li>• Develop partnerships with organizations like the National Council for Prescription Drug Programs (NCPDP) and National Quality Forum (NQF) to put together measures among various stakeholders</li> </ul>
<p><i>This work was developed from GTMRx’s Payment and Policy Workgroup</i></p>	