July 10, 2026

Vivek Garg, MD, MBA
President and Chief Executive Officer
National Committee for Quality Assurance
1100 13th St. NW, Third Floor
Washington, DC 20005

Re: Draft Advanced Primary Care Accreditation Standards

Dear Dr Garg:

The Get the Medications Right Institute (GTMRx www.gtmr.org) appreciates the opportunity to provide comments on NCQA's draft Advanced Primary Care (APC) standards because medications are the most common clinical intervention used to manage chronic disease and they significantly impact patient outcomes, healthcare utilization, and total cost of care. GTMRx is a multi-stakeholder coalition of health professionals, employers, patient advocates, health plans, researchers, and organizations dedicated to advancing medication optimization as a foundational component of value-based, person-centered care. GTMRx promotes the adoption of Comprehensive Medication Management (CMM), an evidence-based standard of care that ensures each medication is individually assessed for appropriateness, effectiveness, safety, and the patient's ability to take it as prescribed.[1]

As NCQA advances accreditation pathways for health plans and certification programs for physician organizations, the standards should more explicitly assess whether physician-led, team-based care includes structured chronic medication management for patients with multiple chronic conditions. Patients with overlapping conditions such as diabetes, hypertension, congestive heart failure, chronic renal insufficiency, depression, and degenerative joint disease often require complex medication regimens, frequent therapy adjustments, and coordinated follow-up across settings. These are precisely the circumstances in which team-based comprehensive medication management involving clinical pharmacists can improve safety, outcomes, patient experience, and total cost of care.

GTMRx applauds the inclusion of medication management as a component of patient safety and experience, although it is also essential to the other APC domains including population health, coordinated team-based care, behavioral health, and clinical quality.

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[1] **Get the Medications Right Institute.** *The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care: A Review of the Evidence on Quality, Access and Costs*. Published December 2025. Accessed July 2, 2026. https://gtmr.org/wp-content/uploads/2026/01/GTMR-evidence-doc-2025.pdf

The effectiveness of medication management services also relies on information technology interoperability through data management and exchange. As NCQA advances a model emphasizing these APC domains, medication optimization should be recognized as the goal of medication management. The PSE 2: Medication Management section represents an important opportunity to more explicitly incorporate collaborative team-based services such as CMM to achieve medication optimization in advanced primary care.

GTMRx also encourages NCQA to recognize ambulatory chronic medication management and post-discharge medication reconciliation as core functions of advanced primary care for patients at elevated medication-related risk. For patients with multimorbidity, polypharmacy, or recent hospitalization, these services should be connected as part of a longitudinal care process and should include a meaningful role for clinical pharmacists on the care team.

Comments on PSE 2: Medication Management (Pages 54–57)

1. Expand the focus from medication management to medication optimization

GTMRx supports the inclusion of medication reconciliation, adherence assessment, and prescribing pattern review. However, these activities by themselves do not ensure that medications are optimally contributing to patient health outcomes. The standards would be strengthened by emphasizing medication optimization as the overarching goal.

2. Incorporate CMM as a team-based care strategy

The draft standards appropriately emphasize coordinated, team-based care throughout the broader APC framework. Medication-related care should similarly reflect a multidisciplinary approach. GTMRx asserts that physician-led, team-based medication management is most effective when clinical pharmacists play a leading clinical role for patients with chronic, complex medication regimens. This is particularly important in the ambulatory setting for patients with more than one chronic condition, where medication-related problems are often longitudinal, multifactorial, and closely tied to care coordination, patient understanding, and follow-up over time.

CMM, first introduced by the Primary Care Collaborative, is a patient-centered process of care conducted collaboratively among clinical pharmacists, primary care clinicians, behavioral health professionals, nurses, care managers, and other team members. CMM

provides a structured framework to identify and resolve medication therapy problems while aligning treatment plans with patient goals and preferences.[2]

For patients with conditions such as diabetes and degenerative joint disease, cardiovascular and/or chronic renal disease, behavioral health conditions, or other long-term illnesses requiring ongoing medication use, physician-led CMM offers a structured process to identify and resolve underuse, overuse, misuse, therapeutic duplication, adverse effects, affordability barriers, and opportunities for deprescribing or regimen simplification. NCQA should consider whether the standards can more explicitly evaluate access to this type of physician-led chronic medication management within team-based ambulatory care.

The draft standards would be strengthened by more explicitly recognizing physician-led chronic medication management as a core team-based care function in the ambulatory setting, particularly for patients with multiple chronic conditions and complex medication needs. While the current draft references medication management generally, NCQA should consider adding elements that assess whether practices and affiliated care teams have the capability to provide longitudinal medication optimization for patients with multimorbidity, polypharmacy, and elevated risk of medication-related problems.

Such elements could assess whether organizations identify ambulatory patients with multiple chronic conditions and elevated medication-related risk; provide access to clinical pharmacists who provide comprehensive medication management as part of team-based care; document resolution of medication therapy problems and progress toward patient-centered therapeutic goals; and use these services to improve disease control, reduce avoidable adverse drug events, and lower unnecessary emergency department visits and hospitalizations.

3. Strengthen Element A (Medication Reconciliation) by moving beyond medication lists

GTMRx supports annual and transition-based medication reconciliation requirements. However, reconciliation should not be limited to creating an accurate medication list. Medication reconciliation is an important first step, but medication optimization requires clinical evaluation of whether the current regimen is achieving desired outcomes.

GTMRx recommends that NCQA place particular emphasis on medication reconciliation following hospital discharge for patients with multiple chronic conditions and complex medication regimens. In these cases, reconciliation should not be limited to confirming an accurate medication list. It should also include timely clinical review of medication

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[2] **CMM in Primary Care Research Team**. *The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings*. Published July 2018. Accessed July 2, 2026. http://www.accp.com/cmm_care_process

changes made during hospitalization; assessment of indication, effectiveness, and safety; identification of therapeutic duplication or discontinuation errors; evaluation of patient understanding and access; and coordination with the ambulatory care team to support safe continuation of care.

Because the post-discharge period is a time of heightened vulnerability to medication discrepancies, adverse drug events, and avoidable readmissions, NCQA should consider a stronger expectation that in high-risk transitions of care the medication reconciliation process be linked to longitudinal chronic medication management and carried out within a physician-led, team-based model.

NCQA's transitions of care framework presents an important opportunity to elevate medication optimization as a measurable component of post-discharge quality. For patients with multiple chronic conditions, the period following hospital discharge often requires rapid reassessment of the entire medication regimen, including medications started, stopped, held, or modified during the inpatient stay. Without structured follow-up, these patients are at increased risk for confusion, therapeutic gaps, duplicative therapy, adverse drug events, and avoidable readmission.

NCQA should consider adding or strengthening elements that assess whether health plans and physician organizations stratify recently discharged patients for medication-related risk; ensure timely post-discharge medication reconciliation by a qualified clinician, with priority for pharmacist-led review in high-risk cases; connect reconciliation findings to ongoing ambulatory chronic medication management; and address affordability, access, health literacy, and caregiver support needs after discharge.

Strengthening these standards would better reflect the role of the clinical pharmacist in comprehensive medication management to improve transitions of care and better align reconciliation requirements with the goals of safety, coordination, and whole-person care.

4. Broaden Element B (Medication Response and Adherence) to address the root causes of nonadherence

The proposed standards appropriately recognize barriers such as affordability, side effects, and patient difficulty taking medications. GTMRx recommends expanding the language to reflect that nonadherence is often the result of unresolved medication therapy problems rather than patient behavior alone.

Practices should be encouraged not only to identify adherence barriers but also to intervene by adjusting care plans, modifying medication regimens, simplifying therapy, engaging team-based resources, and addressing underlying social or behavioral factors.

5. Expand Element C (Prescribing Patterns) to include medication quality and outcomes

GTMRx supports tracking prescribing patterns and applying findings to improve prescribing practices. However, focusing primarily on medication utilization may overlook whether medications are producing desired health outcomes.

NCQA should consider encouraging assessment of:

- Resolution of medication therapy problems
- Achievement of patient-centered therapeutic goals
- Reduction in avoidable adverse drug events
- Deprescribing and reduction in polypharmacy
- Enhanced patient access to medication management
- Link transitions of care medication reconciliation to longitudinal chronic medication management

Evaluating medication quality and effectiveness would more closely align prescribing oversight with the goals of advanced primary care. For patients with multiple chronic conditions in ambulatory care, these outcome-oriented measures are especially important because prescribing quality cannot be fully evaluated by utilization patterns alone. Measures should reflect whether the care team is identifying and resolving medication therapy problems over time and whether patients have access to physician-led support when medication regimens are complex or clinically unstable.

Suggested Overall Recommendation

The draft APC standards consistently emphasize whole-person care, population health management, behavioral health integration, care coordination, and patient experience. Medications intersect with all these domains and are a cross-cutting component of whole-person care.

Medication optimization should therefore be viewed as a longitudinal care process that supports chronic disease management, population health outcomes, behavioral health, transitions of care, health equity and patient access, and meaningful patient and caregiver engagement.

GTMRx recommends that NCQA strengthen PSE 2 by recognizing comprehensive medication management as an essential component of advanced primary care and by expanding the standards from a focus on medication processes (reconciliation, adherence monitoring, and prescribing review) to a broader framework of medication optimization.

GTMRx further recommends that NCQA's evolving accreditation and certification programs for health plans and physician organizations include more explicit measures of

team-based chronic medication management in ambulatory care, with particular emphasis on physician-led team-based services for patients with more than one chronic condition and complex medication regimens. NCQA should also strengthen transitions of care expectations so that post-hospital discharge medication reconciliation is linked to longitudinal chronic medication management and, for high-risk patients, is carried out within a clinical pharmacist-assisted team-based model. Such an approach would better reflect the whole-person, coordinated, and comprehensive nature of advanced primary care and further support the achievement of improved patient outcomes, safety, experience, and value.

Resources: Patient Center Care guidance on Comprehensive Medication Management: medmanagement.pdf

Sincerely,

Paul Grundy, MD, MPH, FACOEM, FACPM
President and Board Member
Get the Medications Right Institute (GTMRx)