December 14, 2023

[submitted electronically via: MCP@cms.hhs.gov]

Elizabeth Fowler, Ph.D., J.D.
Deputy Administrator and Director
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
Center for Medicare & Medicaid Innovation
Patient Care Models Group
7500 Security Boulevard
Baltimore, MD 21244

Re: Making Care Primary Request for Applications Version: 1

Dear Director Fowler,

The undersigned organizations applaud the Center for Medicare & Medicaid Innovation's (CMMI) efforts to improve patient outcomes through the Making Care Primary (MCP) advanced primary care model. Our organizations represent the profession of pharmacy across the U.S. and within the eight MCP states of Colorado, Massachusetts, Minnesota, New Mexico, New Jersey, New York, North Carolina, and Washington. Pharmacists contribute to primary health care by providing a variety of health and wellness, medication management, and acute and chronic care management services. Pharmacists also increase access to care, especially in underserved areas. There is a significant opportunity for enhanced utilization of pharmacists in primary health care to address unmet care needs and improve patient health outcomes and experiences.

Accordingly, we are writing to urge CMMI to include pharmacists in the MCP program and subsequent primary care models. Within Medicaid, APhA has identified over 40 state plan amendments (SPAs) that expand coverage of pharmacists' services and in 28 states pharmacists' services are covered by Medicaid fee-for-service. As essential team members providing primary care services across the country, we urge CMMI to include pharmacists in primary care initiatives. This request is aligned with comments previously shared with HHS regarding their Initiative to Strengthen Primary Health Care.[1]

Like other health care professionals, pharmacists have a standard process of care, the Pharmacists' Patient Care Process (PPCP)[2], which is approved by the Joint Committee of Pharmacy Practitioners and supported by thirteen national pharmacy organizations. This team-based, patient-centered care approach has the foundational elements of collaboration, coordination, and documentation, and is required training for all student pharmacists and pharmacy residents, and an expectation of practicing pharmacists. This approach to collaborative whole-person care is aligned with the goals of MCP.

There is a plethora of examples of pharmacists practicing in primary care settings. The Department of Veterans Affairs (VA) has integrated more than 1,850 Clinical Pharmacy Specialists (CPS) providers into their patient-centered medical home (PCMH) model for comprehensive medication management (CMM). VA has demonstrated that 27% of primary care return appointments could be averted by integrating a CPS, thus increasing access to care. Multiple VA studies show improvement in quality of care: significant

[1] https://www.pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=VMpoQcGSMUA%3d
[2] https://jcpp.net/patient-care-process/

reduction in median A1c values to 7.7% from an A1c baseline of 10%, significant reductions in median systolic blood pressure and diastolic blood pressure from a baseline of 142/83 to 134/79.[3]

Pharmacists across the country practice within PCMH and accountable care organizations (ACOs). Within these settings, pharmacists often work in population health management, direct patient care services, or both. The peer-reviewed APhA resource, *Successful Integration of Pharmacists in Accountable Care Organizations and Medical Home Models: Case Studies*,[4] contains ten in-depth examples of pharmacist integration into team-based models in a variety of settings, including pharmacists' roles, types of services delivered, metrics pharmacists are impacting, and information on the financial models for supporting their work on the team.

The impact of pharmacists on outcomes for patients with chronic conditions is demonstrated in numerous studies.[5,6,7,8,9,10,11,12,13] Pharmacists are increasingly reaching out into their communities to provide services in locations such as churches, community centers, salons and barbershops to meet patients where they live, work, and play. Pharmacists, especially in community pharmacy settings have an active role in providing prevention and wellness services, including assessment and administration of vaccines, conducting point-of-care testing, including CLIA-waived tests for screening and test to treat services, and prescribing medications to meet public health needs under expanded scopes of practice such as naloxone for opioid overdose reversal, hormonal contraceptives, and human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) / post-exposure prophylaxis (PEP). Pharmacists also triage and refer patients to primary care providers based on screening and assessment services, when needed.

Currently, pharmacists' services are not covered under Medicare Part B, however, many pharmacists practicing in primary care settings bill incident to physicians and other non-physician practitioners (NPP). Additionally, in seven of eight MCP-eligible states, pharmacists have some ability to bill for their services to Medicaid or commercial health plans.

As providers of collaborative primary care to patients across the country, we urge CMMI to include pharmacists in the MCP program and subsequent primary care models. Our organizations would welcome the opportunity to meet with you to further discuss the pharmacist's role in primary care. Please contact Michael Baxter, APhA Vice President of Federal Government Affairs at mbaxter@aphanet.org to schedule a meeting with us.

Sincerely,
American Pharmacists Association
Colorado Pharmacists Society
Massachusetts Pharmacists Association
Minnesota Pharmacists Association
New Jersey Pharmacists Association
New Mexico Pharmacists Association
North Carolina Association of Pharmacists
Pharmacists Society of the State of New York
Washington State Pharmacy Association

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[3] https://accpjournals.onlinelibrary.wiley.com/doi/abs/10.1002/jac5.1177
[4] https://www.pharmacist.com/Portals/0/PDFS/Practice/APhA_Medical_Home_ACO_Report_Final.pdf
[5] https://www.nejm.org/doi/full/10.1056/NEJMoa1717250
[6] https://www.ahajournals.org/doi/full/10.1161/CIRCOUTCOMES.114.001283
[7] https://www.cdc.gov/dhdsp/pubs/docs/PPCP_Guide_June2021-508.pdf
[8] https://www.cdc.gov/dhdsp/evaluation_resources/guides/pharmacists_patient_care.htm
[9] https://psycnet.apa.org/doiLanding?doi=10.1037%2Ffsh0000185
[10] https://onlinelibrary.wiley.com/doi/10.1111/jep.13314
[11] https://www.tandfonline.com/doi/abs/10.1080/13561820.2019.1633289
[12] https://www.cdc.gov/dhdsp/pubs/docs/Best-Practices-Guide-508.pdf
[13] https://www.mcpiqojournal.org/article/S2542-4548(17