



November 30, 2010

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1345-NC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted via: <http://www.regulations.gov>

Subject: Medicare Program: Request for Information Regarding Accountable Care Organizations and the Shared Savings Program

The Academy of Managed Care Pharmacy (AMCP) is pleased to respond to the Centers for Medicare & Medicaid Services on its request for comments regarding certain aspects of the policies and standards that will apply to accountable care organizations (ACOs) participating in the Medicare program under section 3021 or 3022 of the Affordable Care Act. This request for information (RFI) was published in the Federal Register on November 17, 2010.

AMCP is a national professional association of pharmacists and other health care practitioners who serve society by the application of sound medication management principles and strategies to achieve positive patient outcomes. The Academy's 6,000 members develop and provide a diversified range of clinical, educational and business management services and strategies on behalf of the more than 200 million Americans covered by managed care pharmacy benefits.

The Academy is addressing a specific question posed by CMS in the RFI:
In order for an ACO to share in savings under the Medicare Shared Savings Program, it must meet a quality performance standard determined by the Secretary. What quality measures should the Secretary use to determine performance in the Shared Savings Program?

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AMCP recommends that medication management be considered a core element of an ACO and a focus for quality measures. Medication management across the continuum of care and at transitions of care is an essential health care service that high performing ACOs will provide.

Because medications have emerged as the first line of prevention and treatment for a myriad of conditions, the need to provide safe, effective medication management that optimizes patient outcomes has never been greater. Yet research has shown that the quality of medication use is far from optimal. Each year, medication related problems result in untimely deaths and contribute to avoidable costs to the health care system. For example, a 2006 Institute of Medicine report estimated "that there are at least 1.5 million preventable ADEs [adverse drug events] that occur in the United States each year. The true number may be much higher."¹ Preventable "medication errors" (errors occurring in the medication-use process) are among the most common medical mistakes, incurring at least \$3.5 billion a year in extra hospital costs alone.² Poor medication adherence, drug to drug interactions, and drug and dosage levels that may not be suitable for certain patient populations are all examples of the need for better medication management.

AMCP believes it is essential that comprehensive medication management should link medications to goals of therapy by identifying and resolving drug therapy problems. It is both important that the patient is taking a medication as directed, and that each medication must be assessed to be sure that it is the appropriate treatment.

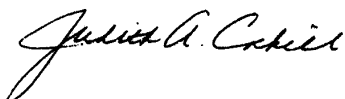
AMCP recommends the following draft language as a model for quality measures in the area of medication management:

The practice engages in comprehensive medication management:

1. Reviews and reconciles list of medications with patients/caregivers at every care transition and at each relevant visit.
2. Provides patients/caregivers with information about new prescriptions.
3. Assesses each medication for appropriateness, effectiveness, safety (including drug interactions), and adherence, focused on achievement of the clinical goals for each therapy and identifying all drug therapy problems (the gap between current therapy and that needed to achieve optimal clinical outcomes).
4. Assesses patient understanding and agreement to actively participate in the treatment regimen while providing patients with information about the reason for the medication they are taking, potential side effects and drug interactions, and consequences of not taking the medication.

AMCP appreciates the opportunity to comment on this important issue. If you have any questions, please contact me at (703) 683-8416 or jcahill@amcp.org.

Sincerely,



Judith A. Cahill, CEBS
Executive Director

¹ Preventing Medication Errors: July 2006, Institute of Medicine

² The National Academies Press: *To Err Is Human: Building a Safer Health System* (2000) Available from http://books.nap.edu/openbook.php?record_id=9728&page=1 Accessed November 23, 2010.