

HHS Draft Strategic Plan FY 2018 - 2022 Sections

APhA Comments:

“Strategic Goal 1: Reform, Strengthen, and Modernize the Nation’s Health Care”

“Objective 1.1: Promote affordable health care, while balancing spending on premiums, deductibles, and out-of-pocket costs”

“Promote preventive care to reduce future medical costs

- Reduce downstream costs by implementing high-value, evidence-based prevention interventions to achieve better health outcomes
- Lower long-term expenditures by promoting evidence-based disease prevention behaviors, activities, and services, particularly for individuals at high risk for development of chronic conditions
- Reduce avoidable costs by increasing use of primary and secondary preventive health services”
- “Support availability of preventive health services such as screenings, immunizations, and vaccinations by healthcare providers and community partners.

Note: additional strategies on immunizations, vaccinations, and screenings can be found in [Objectives 2.2](#), [2.3](#), and [3.3](#).”

APhA Comments on Objective 1.1:

- Prevention is key to reducing downstream costs. APhA recommends HHS include all members of patient care teams, including pharmacists, in existing and new health care delivery models (e.g., ACOs, PCMHs, Advanced APMs, etc.) to implement “evidence-based prevention interventions to achieve better health outcomes.”
- APhA supports evidence-based disease prevention and urges HHS to recognize the value pharmacists provide in preventative, chronic and other types of care.
- APhA supports increasing the availability and use of preventive health services to reduce avoidable costs and urges HHS to use maximum regulatory flexibility to recognize pharmacist-provided services including disease state and medication management, smoking cessation, health and wellness screenings, preventive services, and immunizations.
- APhA supports the compensation of pharmacists for the administration of immunizations.

“Objective 1.2: Expand safe, high-quality healthcare options, and encourage innovation and competition”

“Strategies

Improve patient safety and prevent adverse events such as healthcare-associated infections and medication harms across the healthcare system

- Improve use of public health and health care data to empower decision-making at national, state, and local levels

- Enhance the connections between public health and health care for early detection and efficient response to healthcare-associated disease outbreaks
- Align incentives and promote the use of evidence-based guidelines, strategies, innovation, and public–private partnerships to identify, target, and prevent healthcare-associated infections, antibiotic resistance, and other adverse events in all healthcare settings
- Support clinicians and other healthcare providers to deliver safer care to their patients through programs that engage public health, healthcare, and private partners (including faith-based and other community organizations) to advance patient safety efforts, prevent healthcare-associated infections, and improve medication prescribing and use
- Conduct applied research to identify and address quality gaps and patient safety risks for healthcare-associated conditions, and promote the wide-scale implementation and adoption of this evidence to accelerate improvements
- Support research and innovation to strengthen evidence-based recommendations, address quality gaps and safety risks for healthcare-associated conditions, develop improved methods and strategies to prevent healthcare-associated infections and combat antibiotic resistance, and translate this knowledge and evidence into practical tools, training, and other resources to accelerate progress to improve quality and patient safety”

APhA Comments on Objective 1.2

- APhA supports improving the use of public and health care data to empower decision making at the national and local levels. However, there are several reasons why pharmacists are unable to exchange relevant clinical information with other health care providers using health information technology. Such restrictions impede the ability of payers, the health care systems and patients to benefit from coordinated, team-based care. From a public health perspective, it impacts the ability to efficiently and effectively respond to public health emergencies. APhA recommends HHS work to:
 - Incorporate pharmacists into the national health IT infrastructure;
 - Adopt health IT standards;
 - Improve integrating electronic prescribing into the electronic health record (EHR) systems;
 - Improve the electronic exchange of clinical data and other essential patient health care information among pharmacists, prescribers, payers and other members of the health care team;
 - Assure medication indication is added to each prescription order to guide safe medication prescription choices; and
 - Eliminate and discourage information blocking so that pharmacists may have access to needed patient health information.
- APhA appreciates CMS’s recent inclusion of pharmacists in the proposed Antibiotic Stewardship (AS) program and its continued emphasis of a team-based approach to care. As HHS is aware, antibiotics are among the most commonly prescribed drugs, yet approximately half are not needed or not optimally prescribed. APhA recommends HHS increase pharmacist involvement in antibiotic stewardship and patient care to decrease expenditures and streamline care. Accordingly, given the value pharmacists bring as medication experts and the importance of their role in AS Programs, pharmacists should be explicitly included as health care practitioners.

“Incentivize safe, high-quality care

- Develop new payment and service delivery models that speed the adoption of best practices
- Improve provision of, and access to, clinically appropriate preventive services to patients in the quality payment program and advanced payment models, through improved understanding of uptake of preventive benefits, particularly for those patients who are high risk
- Expand opportunities for Medicare and Medicaid alternative payment models to incentivize value-based care options
- Help beneficiaries access preventive care in community-based settings, while encouraging innovation and competition through use of performance-based payment
- Develop methods for value-based purchasing to encourage and incentivize improvement among all providers while promoting research on how to recognize variation in performance due to circumstances outside the control of the provider”

APhA Comments on Objective 1.2

- APhA supports CMS’s continuing efforts to promote the transition to value-based payment models for physicians and eligible clinicians by reducing the clinician burden and offering incentives for providing high quality, cost-effective care. As our nation continues to move towards more accountable care and outcome-based models, we applaud CMS’s continued recognition of the value of pharmacists and the implementation of policies that allow for pharmacists to increase health care access and contribute to efficiencies in care delivery, such as transitional care management (TCM) services, chronic care management (CCM), and the Part D Enhanced Medication Therapy Management (MTM) Model.
- We also applaud CMS’s inclusion of metrics in the 2016 final MACRA rule that specifically mention pharmacists—including the medication reconciliation post-discharge measure and the implementation of medication management practice improvements that recognizes physician practices for “integrating a pharmacist into the care team.” In addition to these specific measures, a significant number of measures are related to or impacted by medications, and would benefit from appropriate medication use and pharmacist-provided services. For example, pharmacists can also contribute to over 25% of the 271 current quality measures, including a number of the newly proposed measures in the proposed rule, as well as many of the improvement activity and advancing care information measures. APhA predicts as practices and medications become more specialized, the role and the value of pharmacists will be critical. Our members who practice in APMs and with specialized practices,
- While pharmacists are affecting quality and MIPS measures, because pharmacists are not MIPS “eligible clinicians,” their incorporation into team-based care is impeded, as is their impact on the effective and efficient delivery of quality care. With the increasing complexity of medications and the role that proper medication management will play under MIPS, APMs, and Advanced APMs, recognizing the unique and essential contributions that pharmacists make on patient care teams is fundamental to achieving successful APMs and will assist CMS to meet its triple aim

goals. Given pharmacists' unique access to, and relationship with, the patient community, and their ability to reduce the nearly \$300 billion in annual health care costs due to medication-related problems, pharmacists are critical to APMs "bending the Medicare cost curve by encouraging the delivery of high-quality, low-cost care." Ninety-one percent of Americans live within five miles of a community pharmacy. In addition, pharmacists are providing services in physician offices practices and hospital-based clinics. Better utilizing pharmacists in providing care and contributing to value could have a profound, and immediate impact on access, quality, health outcomes and costs for a large portion of the population, particularly in medically underserved communities.

- APhA recommends CMS incorporate and/or test an APM model focused on optimizing medication use and health outcomes as part of coordinated care delivery through the use of pharmacists.
- Absent a statutory change, APhA recommends that CMS take advantage of any regulatory discretion to remove regulatory barriers preventing physicians and eligible clinicians from utilizing pharmacists under team-based, patient-centered payment and delivery structures. Pharmacists are often an underutilized resource that cannot only help achieve the objectives of better outcomes through MIPS, but they can help ease the transition of physician and other eligible clinician practices to QPP participation.

"Leverage technology solutions to support safe, high-quality care

- Advance interoperable clinical information flows so providers can efficiently send, receive, and analyze data across primary care, acute care, specialty care including behavioral health care, and post-acute care settings
- Promote implementation of understandable, functional health information technology tools to support patients in their decision-making, and health care providers and their workflows"

APhA Comments on Objective 1.2

- APhA emphasizes the need for CMS policies to facilitate or remove barriers preventing the exchange of interoperable clinical information between pharmacists and physicians and other health care practitioners to maximize coordinated and team-based care. Pharmacists regularly provide a variety of services focused on safe and appropriate medication use; medication adherence for the elderly and other populations; medication reconciliation; wellness and prevention; chronic disease management services; and case management for beneficiaries with multiple medications that require complex medication dosing regimens. While patients will often see multiple physicians and specialists to receive primary and specialized care, they often may only see one pharmacist. The nature of this personal relationship between pharmacist and patient allows the pharmacist to provide accurate, timely, actionable, and coordinated feedback to all members of the health care team. However, for several reasons, pharmacists are unable to exchange relevant clinical information with other health care providers using health information technology. Such restrictions impede the ability of CMS and patients to benefit from coordinated, team-based care, and for practitioners to work with other providers and efficiently respond to public health emergencies, drug shortages etc. To maximize

coordinated care efforts which are necessary to achieve the goals of true interoperability between providers, APhA recommends HHS work to:

- Incorporate pharmacists into the national health IT infrastructure;
- Adopt health IT standards;
- Improve integrating electronic prescribing into the electronic health record (EHR) systems;
- Improve the electronic exchange of clinical data and other essential patient health care information among pharmacists, prescribers, payers and other members of the health care team;
- Assure medication indication is added to each prescription order to guide safe medication prescription choices; and
- Eliminate and discourage information blocking so that pharmacists may have access to needed patient health information.

“Implement coordinated, team-based approaches to care

- Collaborate with healthcare systems and community partners to facilitate the spread of evidence-based clinical practices and the appropriate incorporation of innovations, such as data analytic techniques and clinical decision-support
- Use learning and action networks and training delivery systems to build the capacity of providers to implement improvement activities that address emerging threats to health and safety
- Promote and implement models that connect primary care, acute care, behavioral health care, and long-term services and supports to facilitate transitions between care settings, especially for dual Medicare-Medicaid enrollees
- Implement a collaborative model for behavioral health integration with primary care that is team-driven, population-focused, measurement-guided, and evidence-based”

APhA Comments on Objective 1.2

- Multiple studies have confirmed coordinated care models utilizing other health care practitioners, such as pharmacists, are essential for realizing the maximum impact of team-based care. With nearly ninety-one of Americans living within five miles of a community pharmacy, the inclusion of pharmacists as part of patients’ health care teams can have a profound impact on access, quality, health outcomes and costs, particularly in medically underserved communities.
- APhA believes that the creation of opportunities for pharmacists to directly bill Medicare under MIPS and APMs, like other “eligible clinicians,” will facilitate the integration of pharmacists into team-based care models and increase patient access.
- APhA urges CMS to reach out to psychiatric and neurological pharmacists, as well as pharmacists with proper training, who maintain the medication expertise necessary to meet these patients’ needs under a collaborative model for behavioral health integration.
- Whether in the Psychiatric Collaborative Care Model (CoCM) or other coordinated care models, APhA recommends CMS utilize pharmacists, as it does in other multidisciplinary care team delivery models, to evaluate all beneficiaries’ medications, not just psychiatric prescriptions, to help seniors receive the correct

care and avoid any potential interactions with additional medications that are part of beneficiaries' care regimens.

“Empower patients, families, and other caregivers to facilitate the delivery and increase the use of safe, high-quality, person-centered care

- Expand the engagement of patients, families, and other caregivers in developing and implementing programs that improve the quality of care and increase access to services available to them
- Promote the development, implementation, and use of experience and outcome measures, including patient-reported data and price transparency data, as appropriate, for use in quality reporting”

APhA Comments on Objective 1.2

- APhA reiterates the need for Part D plans to be required to contract with any pharmacy willing to accept their contractual terms and conditions. Increasing patient choice will not only improve patients' access to benefits and services, but will likely positively impact patient satisfaction and outcomes, such as adherence. A related issue is limited distribution of some medications. As more costly and complex medications are being developed, some manufacturers, clinics, practitioners' offices and pharmacies have entered into contracts that effectively limit the distribution of certain medications. To address these issues, APhA encourages HHS to examine narrow networks and the limited distribution of certain medications and the impact these mechanisms have on patients and competition.
- APhA commends HHS/ FDA for its commitment to develop approaches and processes for incorporating patient-reported outcomes (PROs) in regulatory decision-making. APhA urges FDA to include pharmacists as a core member of the integrated review teams during drug development and application review where a sponsor intends to use PROs as part of the development program. In addition, APhA urges FDA to consider how PROs reported to pharmacists can be incorporated, as pharmacists are easily accessible to patients and collect PRO data through the provision of pharmacy services such as medication therapy management, disease management, and patient counseling.
- APhA supports pharmaceutical industry adoption of a "transparent pricing" system which would eliminate hidden discounts, free goods, and other subtle economic devices.
- APhA also supports prohibiting Medicare Part D plan sponsors/ PBMs from retroactively reducing payment on clean claims submitted by pharmacies under Medicare Part D, which would lower Medicare costs for taxpayers, fueled by pharmacy Direct and Indirect Remuneration (DIR) fees, which have more than tripled in recent years.

“Reduce disparities in quality and safety

- Enhance the use of health information technology among safety net providers and community-based organizations to inform decision-making, better engage patients in their care, improve public health outcomes, and increase public health reporting
- Encourage and support workforce solutions that deliver culturally appropriate care, including through extending needed flexibility to states and partners seeking to implement these solutions

- Increase capacity to provide patient-centered care by promoting geriatric-competent, disability-competent, and culturally-competent care”

APhA Comments on Objective 1.2

- APhA recommends HHS work to:
 - Incorporate pharmacists into the national health IT infrastructure;
 - Adopt health IT standards;
 - Improve integrating electronic prescribing into the electronic health record systems;
 - Improve the electronic exchange of clinical data and other essential patient health care information among pharmacists, prescribers, payers and other members of the health care team;
 - Assure medication indication is added to each prescription order to guide safe medication prescription choices; and
 - Eliminate and discourage information blocking so that pharmacists may have access to needed patient health information.
- APhA encourages the development and regular updating of comprehensive recruitment materials, directed toward diversity and inclusion, that address such issues as pharmacy career opportunities, financial aid, and educational prerequisites, and that highlight professional diverse role models.
- APhA supports the development of guidelines that assist schools of pharmacy in implementing diversity and inclusion initiatives into student pharmacist recruitment programs.
- APhA recommends HHS reach out to and partner with geriatric pharmacists, and pharmacists with geriatric training, to develop programs to enhance the promotion of disability-competent care.

“Collect, analyze, and apply data to improve access to safe, high-quality health care”

“Support rapid communication and coordination between public health practitioners and clinicians to increase use of evidence-based prevention strategies to address risk factors, and their underlying causes, for disease and health conditions.”

APhA Comments on Objective 1.2

- APhA recommends HHS work to:
 - Incorporate pharmacists into the national health IT infrastructure;
 - Adopt health IT standards;
 - Improve integrating electronic prescribing into the electronic health record systems;
 - Improve the electronic exchange of clinical data and other essential patient health care information among pharmacists, prescribers, payers and other members of the health care team;
 - Assure medication indication is added to each prescription order to guide safe medication prescription choices; and
 - Eliminate and discourage information blocking so that pharmacists may have access to needed patient health information.

“Objective 1.3: Improve Americans’ access to health care and expand choices of care and service options”

“Strategies

Expand coverage options

- Expand plan choice in the [Medicare Advantage](#) and Part D [Prescription Drug Program](#) by reducing administrative, regulatory, and operational burdens, while protecting the integrity and soundness of these programs”

APhA Comments on Objective 1.3

- Many patients encounter challenges in accessing the pharmacy and pharmacist of their choice based on their insurance coverage. If any pharmacy is willing to accept an insurer or prescription drug plan’s terms and conditions for network participation, patients would have far greater access to medications and pharmacists’ services which can improve medication adherence, outcomes, and patient satisfaction.

“Improve consumer understanding of healthcare options and consumer-directed healthcare decisions

- Promote information and assistance that is accessible, transparent, and provided in understandable formats to ensure care and insurance options meet patient needs”
- “Expand the use of innovative payment and service delivery models, including those to encourage patients to use high-value clinical services and optimize medication use based upon their specific healthcare needs”

APhA Comments on Objective 1.3

- APhA strongly supports CMS’s commitment to providing patients with access to both affordable medication and the clear, accurate information regarding plans’ benefits that beneficiaries need to make informed plan selections. APhA, like CMS, advocates for better transparency and supports the concept of plans offering patients access to preferred cost sharing pharmacies (PCSPs), which have the potential to increase patient access to affordable medications.
- While CMS’s recent reforms to offer beneficiaries more information will help them to make more informed choices, APhA believes that if additional pharmacies are offered the opportunity to participate in Part D plans, patients will have increased access to benefits and services, which may result in improved medication adherence and patient outcomes.
- APhA supports network adequacy standards that recognize and include pharmacists as essential providers.
- APhA strongly supports CMMI’s efforts to foster innovation in the program, as it did through the CMMI Part D Enhanced MTM Model Test. We believe such models demonstrate the impact pharmacists can have on patients and health care but will help identify new targeting methods and interventions that build on the successes of the current Part D MTM program, further amplifying care quality and beneficiary outcome improvements attributable to effective medication management.

“Objective 1.4: Strengthen and expand the healthcare workforce to meet America’s diverse needs”

“Strategies

Reduce provider shortages in underserved and rural communities

- Support the training, recruitment, placement, and retention of primary care providers in underserved and rural communities through grants, student loan repayment, local recruitment, and other educational incentives
- Incentivize healthcare providers to work in underserved and rural areas”

APhA Comments on Objective 1.4

- APhA continues support for pharmacists’ inclusion in the National Health Service Corps (NHSC) State Loan Repayment Program for providers working in Health Professional Shortage Areas (HPSAs) for a minimum of two years full- or four years half time. APhA recommends that HHS work with APhA to promote and expand opportunities for pharmacists’ participation in this and similar programs.
- A vast majority of Americans live near a pharmacy, but because Medicare provisions do not recognize pharmacists and their services, pharmacists, while available and accessible, are unable to meet the needs of Medicare’s medically underserved. This barrier has not gone unnoticed and legislation increasing access to health care for Medicare beneficiaries in medically underserved communities through pharmacists’ services has received strong support in the U.S. Congress. APhA strongly urges HHS/ CMS, through its policies and use of regulatory flexibility optimize the skills and expertise of the pharmacist, often an underutilized resource, in achieving its goals of better care for patients, better health for communities, and lower costs. Accordingly, APhA urges HHS to work with the U.S. Congress on Medicare improvements that require legislative changes, especially efforts to increase health care access for medically underserved beneficiaries.

“Support professional development of the healthcare workforce

- “Expand and transform the healthcare workforce through the training and engagement of emerging health occupations, such as community health workers and promotes de salud, and community partners to enhance the provision of culturally-, linguistically-, and disability-appropriate services, and increase workforce diversity
- Transform clinical training environments to develop a healthcare workforce that maximizes patient, family, and caregiver engagement and improves health outcomes for older adults by integrating geriatrics and primary care
- Increase access to quality trainings for public health workers that address cross-cutting competencies
- Remove any barriers to, and promote, full participation in the health care workforce by persons and/or organizations with religious beliefs or moral convictions”

APhA Comments on Objective 1.4

- APhA supports a vigorous long term program for the recruitment of a diverse population of student pharmacists into the pharmacy profession.

- APhA encourages HHS to develop and regularly update comprehensive recruitment materials, directed toward diversity and inclusion, that address such issues as pharmacy career opportunities, financial aid, and educational prerequisites, and that highlight professional diverse role models.
- APhA encourages HHS to work with national, state, and local association; schools; students; and industry to create a network of pharmacists who would serve as role models for a diverse population of student pharmacists.
- APhA supports the development of guidelines by HHS to assist schools of pharmacy in implementing diversity and inclusion initiatives into student pharmacist recruitment programs.
- APhA looks forward to partnering with HHS to lead and promote these diversity initiatives.
- APhA recommends HHS reach out to geriatric pharmacists, and pharmacists with geriatric training, to develop programs to enhance the promotion of disability-competent care.

“Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play”

“Objective 2.1: Empower people to make informed choices for healthier living”

“Promote better nutrition and physical activity”

- “Enhance understanding of how consumers notice, understand, and act on food labeling and nutrition information, including nutrition facts labels, nutrition product claims, and dietary recommendations”
- “Increase collaboration with stakeholders, including industry, consumer, and public health groups, to enhance consumer nutrition education directed towards age and demographic groups with specific needs”

APhA Comments on Objective 2.1

- APhA encourages HHS to work with schools and colleges of pharmacy as well as providers of continuing pharmacy education to offer funding and opportunities to partner on education and training on the subject of nutrition.

“Reduce tobacco-related death and disease

- Reduce the negative health effects of tobacco use, by implementing a comprehensive approach which includes discouraging people from starting to use tobacco products, encouraging tobacco users to quit, educating parents on the potential harm to their children if the parents smoke and on the availability of smoking cessation programs, and reducing the harm caused by tobacco use
- Reduce underage access to tobacco products by ensuring tobacco is not sold to individuals younger than age 18”

APhA Comments on Objective 2.1

- APhA urges the federal government (HHS, etc.) and state governments to limit participation in government-funded prescription programs to pharmacies that do not sell tobacco products.

- APhA encourages that federal government and state governments to increase patient access to and coverage of pharmacist-provided smoking cessation services.

“Expand access to healthier living supports

- Increase access to preventive services, social and supportive services, and care management in areas and populations with high chronic disease burden”

APhA Comments on Objective 2.1

- APhA urges CMS to support mechanisms to better utilize pharmacists, who are in communities and have existing relationships with patients, to help improve planning, coordination and management services to better meet the needs of people with complex health care needs and chronic health conditions.
- APhA agrees with the continued use of chronic care management (CCM) services to add value to the health care system through improved patient access and care coordination. APhA appreciates CMS’s past proposals to address barriers to participation in CCM programs.

“Objective 2.2: Prevent, treat, and control communicable diseases and chronic conditions”

“Strategies Prevent and control infectious diseases”

- “Mobilize resources to support the development, testing, and preparation of vaccines
- Develop a comprehensive portfolio of safe and effective vaccines, therapeutics including both pharmaceuticals and non-pharmaceuticals, diagnostics, and medical devices against a broad array of communicable diseases and chronic conditions
- Implement effective and coordinated public health and health care interventions to detect, prevent, and control environmental, person-to-person, and zoonotic transmission of infectious diseases in the U.S. and globally
- Respond to outbreaks of infectious diseases to identify their cause, limit their spread, and identify strategies for preventing future outbreaks”

APhA Comments on Objective 2.2

- APhA commends CMS for maintaining the modified Annual Influenza Vaccination (ACO #14) and the Pneumonia Vaccination Status for Older Adults measure (ACO #15) in the Medicare Shared Savings Program (MSSP).
- APhA encourages HHS to consider including a core set of adult immunization quality measures that reflect the full spectrum of recommendations of the Advisory Committee on Immunization Practices (ACIP) into the MSSP.
- APhA encourages CMS to closely monitor the potential impact of payment models such as the MSSP on access to critical preventive services, such as immunization.

“Reduce the emergence and spread of antibiotic-resistant infections

- Prevent the emergence and spread of antibiotic-resistant infections domestically and internationally by increasing surveillance, early detection methods, and response capacity”

- “Foster improvements in the appropriate use of antibiotics by improving prescribing practices and promoting antibiotic stewardship across all healthcare settings and in all veterinary settings”

APhA Comments on Objective 2.2

- APhA appreciates CMS’s recent inclusion of pharmacists in the proposed Antibiotic Stewardship (AS) program and its continued emphasis of a team-based approach to care. As CMS is aware, antibiotics are among the most commonly prescribed drugs, yet approximately half are not needed or not optimally prescribed. APhA recommends HHS increase pharmacist involvement in antibiotic stewardship and patient care to decrease expenditures and streamline care. Accordingly, given the value pharmacists bring as medication experts and the importance of their role in AS Programs, pharmacists should be recognized as health care practitioners who both participate and lead antibiotic stewardship programs.

“Support early detection and treatment of communicable and chronic diseases

- Increase access to a core set of clinical preventive services including immunizations and screenings, especially for underserved populations
- Expand screening for tobacco use, alcohol misuse, and obesity, and offer counseling and treatment as appropriate
- Improve HIV viral suppression and prevention by increasing engagement and re-engagement activities for screening, care, treatment and support services
- Increase access to hepatitis B and hepatitis C screening, care, and treatment for people with hepatitis B or hepatitis C infection
- Prevent the spread of infectious diseases among persons who inject opioids or other drugs by supporting implementation of effective, comprehensive community- and school-based interventions that reduce the infectious risks associated with injection of opioids and other drugs, increase screening and treatment for bloodborne pathogens, and provide access to effective treatment of substance use disorder
- Improve early detection and treatment of those with and at risk for a range of diseases and disorders, including heart attack, stroke, heart failure, asthma, COPD, diabetes, kidney disease, cancer, and chronic pain, through widespread implementation of evidence-based interventions
- Improve triage and screening for the prevention of communicable diseases and the future development of chronic diseases in children through annual health screenings and age-appropriate immunizations for children”

APhA Comments on Objective 2.2

- APhA supports increasing the availability and of use preventive health services to reduce avoidable costs and urges HHS to use maximum regulatory flexibility to recognize pharmacist-provided services including disease state and medication management, smoking cessation, health and wellness screenings, preventive services, and immunizations.
- A vast majority of Americans live near a pharmacy, but because Medicare provisions do not recognize pharmacists and their services, pharmacists, while available and accessible, are unable to meet the needs of Medicare’s medically underserved. This barrier has not

gone unnoticed and legislation increasing access to health care for Medicare beneficiaries in medically underserved communities through pharmacists' services has received strong support in the U.S. Congress. APhA strongly urges HHS/ CMS, through its policies and use of regulatory flexibility optimize the skills and expertise of the pharmacist, often an underutilized resource, in achieving its goals of better care for patients, better health for communities, and lower costs. Accordingly, APhA urges CMS to work with the U.S. Congress on Medicare improvements that require legislative changes, especially efforts to increase health care access for medically underserved beneficiaries.

“Support chronic disease management interventions

- Expand participation by older adults and adults with disabilities in self-management education interventions
- Improve planning, coordination, and management of services to better meet the needs of people with complex health care needs and chronic health conditions”

APhA Comments on Objective 2.2

- APhA urges CMS to support mechanisms to better utilize pharmacists, who are in communities and have existing relationships with patients, to help improve planning, coordination and management services to better meet the needs of people with complex health care needs and chronic health conditions.
- APhA appreciates CMS's recognition of self-management education interventions. APhA is pleased that CMS recognizes pharmacists as instructors “who actually furnish DSMT [diabetes self-management training] services...,” however, as CMS states, pharmacists “do not qualify to enroll in Medicare as certified providers.”
- APhA appreciates CMS's past proposals to address barriers to participation in CCM programs.
- APhA requests CMS implement codes allowing for the billing of services for regular CCM between 20 and 60 minutes to more accurately account for the time required to deliver the service.
- APhA suggests CMS encourage insurers and plans to establish better mechanisms to inform patients and providers of the cost and eligibility for CCM and other services.
- APhA encourages CMS to use maximum regulatory flexibility to explore alternative co-payment relief for beneficiaries by reclassifying CCM services as “preventive.” By addressing the cost barrier, APhA believes patients who can benefit most greatly from CCM services will participate in the program, thereby positively impacting beneficiary health outcomes and costs as well as the Medicare Program.

“Objective 2.3: Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support”

“Strategies

- “Apply a public health approach for preventing opioid misuse, opioid use disorder, and opioid overdose deaths including through promoting safer prescribing practices”

APhA Comments on Objective 2.3

- APhA recommends that CMS provide coverage of pharmacist-provided care services to help improve patient medication regimens, which may include opioids.
- APhA also recommends that HHS, through SAMHSA, modify DATA-waiver eligibility requirements so pharmacists may obtain a DATA-waiver like nurse practitioners and physician assistants.
- APhA supports policies that increase patient access to pharmacist-prescribed naloxone. Also, coverage of naloxone needs to be improved.
- APhA encourages the use of a national prescription drug monitoring program (PDMPs) and application of evidence-based practice guidelines.

“Improve access to high-quality care and treatment for mental and substance use disorders

- Support the integration of the full continuum of behavioral health care and primary care and medical systems, and increase the capacity of the specialty behavioral health systems to ensure that the physical health needs of the people they serve are met”
- “Improve access to medications that reverse opioid overdose and prevent death and support efforts to increase engagement in treatment following an opioid overdose”

APhA Comments on Objective 2.3

- APhA urges CMS to reach out to psychiatric and neurological pharmacists, as well as pharmacists with proper training, who maintain the medication expertise necessary to meet patients’ needs under a collaborative model for behavioral health integration.
- APhA urges HHS to modify DATA-waiver eligibility requirements so pharmacists may obtain a DATA-waiver for Medication- Assisted Treatment (MAT) that uses on schedule III medications.
- APhA urges HHS to acknowledge and expand pharmacists’ roles in screening patients and recommending treatments.
- APhA believes HHS needs to implement policies that foster a team-based approach to care.
- HHS should clarify the effect of 42 CFR part 2 regulations on e-prescribing and PDMPs.
- APhA recommend that HHS improve pharmacists’ access to data protected by 42 CFR part 2.

“Invest in evaluation and promote evidence-based interventions”

- “Strengthen clinician training on evidence-based practices related to the prevention and treatment of opioid use disorders to inform clinical management decisions for patients, including effects of opioid use in pregnancy
- Improve adoption and continued refinement of selected evidence-based practices for serious mental illness, medication assisted treatment for opioid use disorder, and effective use of psychotherapy and antidepressant medication for depression
- Improve access to a full evidence-based continuum of care for people with mental and substance use disorders, including medication-assisted treatment, follow-up from inpatient and residential care, and recovery supports, with a focus on opioid use disorders and serious mental illness
- Prevent suicides and suicide attempts by expanding evidence-based approaches for adults and youth”

APhA Comments on Objective 2.3

- APhA urges HHS to enable pharmacists to obtain a DATA-waiver for Medication-Assisted Treatment (MAT).
- APhA urges HHS to acknowledge and expand pharmacists' roles in screening patients and recommending treatments.
- APhA believes HHS needs to implement policies that foster a team-based approach to care.
- HHS should clarify the effect of 42 CFR part 2 regulations on e-prescribing and PDMPs.
- APhA recommends that HHS improve pharmacists' access to data protected by 42 CFR part 2.

“Leverage technology and innovative solutions

- Develop, test, and disseminate clinical decision supports through electronic health records to use evidence-based mental health and substance use disorder guidelines for preventing and treating mental health and substance use disorders to increase access to appropriate behavioral care services
- Increase the use of health information exchange to improve the coordination and integration of care, including by increasing the number of behavioral health providers using interoperable electronic health records and by addressing confidentiality policy barriers to health information exchange
- Address the barriers, real or perceived, under Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2, to the sharing of mental health and substance use disorder information, through health information exchange, or otherwise, with other health care providers and with family members and friends of persons suffering with such illnesses
- Improve access to mental health and substance use disorder care for rural and underserved populations by supporting care through telehealth services through regulation and policy clarification and refinement, technical assistance, training and funding opportunities”

APhA Comments on Objective 2.3

- APhA recommends HHS work to:
 - Incorporate pharmacists into the national health IT infrastructure;
 - Adopt health IT standards;
 - Improve integrating electronic prescribing into the electronic health record (EHR) systems;
 - Improve the electronic exchange of clinical data and other essential patient health care information among pharmacists, prescribers, payers and other members of the health care team;
 - Assure medication indication is added to each prescription order to guide safe medication prescription choices; and
 - Eliminate and discourage information blocking so that pharmacists may have access to needed patient health information.
- APhA supports a nationwide, interoperable PDMP:

- APhA supports PDMPs that incorporate as part of pharmacists' workflow federal, state, and territory databases for the purpose of providing health care professionals with accurate and real-time information to assist in clinical decision making when providing patient care services related to controlled substances.
- APhA supports pharmacist involvement in the development of uniform standards for an integrated nationwide PDMP that includes the definition of authorized registered users, documentation, reporting requirements, system response time, security of information, minimum reporting data sets, and standard transaction format.
- APhA supports mandatory PDMP enrollment by all health care providers, mandatory reporting by all those who dispense controlled substances, and appropriate system query by registrants during the patient care process related to controlled substances.
- APhA advocates for the development of seamless workflow integration systems that would enable consistent use of a nationwide PDMP by registrants to facilitate prospective drug review as part of the patient care process related to controlled substances.
- APhA advocates for continuous, sustainable federal funding sources for practitioners and system operators to utilize and maintain a standardized integrated and real-time nationwide prescription drug monitoring program PDMP.
- APhA supports the use of interprofessional advisory boards, that include pharmacists, to coordinate collaborative efforts for (a) compiling, analyzing, and using PDMP data trends related to controlled substance misuse, abuse, and/or fraud; (b) providing focused provider education and patient referral to treatment programs; and (c) supporting research activities on the impact of PDMPs.
- APhA encourages HHS to fund education and training programs for registrants about a nationwide PDMP to ensure proper data integrity, use, and confidentiality.

“Objective 2.4: Prepare for and respond to public health emergencies”

“Strategies

Promote emergency preparedness and improve response capacity”

- “Enhance and expand the use and availability of public health and healthcare emergency response situational awareness tools, including investments in new systems and technologies that support rapid risk assessment, decision-making, resource coordination across many levels, and monitoring of the effectiveness of interventions
- Assess preparedness to plan for and use medical countermeasures during a public health emergency, and establish requirements based on estimated response needs, capacity to use, and desired characteristics of medical countermeasures to protect the public”

APhA Comments on Objective 2.4

- APhA urges HHS to promote awareness of the emergency prescription assistance program, which provides an efficient way for pharmacies to process claims for prescription medications and limited durable medical equipment (DME) provided to individuals who are from a disaster area declared by the President and who do not have any form of health insurance coverage.

“Support timely, coordinated, and effective response and recovery activities

- Promote effective disaster risk reduction strategies to mitigate adverse physical and behavioral health impacts of disasters and public health emergencies”
- “Engage in planning and improvement activities with interagency, intergovernmental, and other domestic and international stakeholders, including faith-based and community organizations, to support the Nation’s timely response to public health emergencies and delivery of human services following a natural disaster or other public health threat”

APhA Comments on Objective 2.4

- APhA advocates for continued development and utilization of social media by pharmacists and other health care professionals during public health emergencies.
- APhA urges HHS to explore removing current reimbursement barriers to pharmacists to provide necessary pharmacist-provided services during public health emergencies.
- APhA urges HHS to waive the requirements for pharmaceutical benefit managers (PBMs) to allow patients to fill prescriptions early to prepare for a disaster without unworkable burdens on pharmacies.

“Improve collaboration and communication with federal and State, Local, Tribal, and Territorial (SLTT) partners”

- “Build resilient healthcare coalitions that integrate efforts of hospitals, emergency medical services, emergency management, and public health agencies”
- “Formalize strategic partnerships to better ensure that medical countermeasure products and policies can be implemented effectively during an incident”

APhA Comments on Objective 2.4

- APhA urges HHS to encourage and facilitate the use of collaborative practice agreements and state protocols in times of disaster and infectious disease outbreaks to provide pharmacists the appropriate authority to perform and increase patients’ access to their medications and needed services.
- APhA urges HHS to explore removing current reimbursement barriers to pharmacists to provide necessary pharmacist-provided services during public health emergencies.

“Strengthen and protect the emergency preparedness and response workforce”

- “Develop and implement a vision for the U.S. Public Health Service Commissioned Corps (USPHS) for the twenty-first century, including roles and functions during public health and other emergencies
- Coordinate with the Commissioned Corps and other HHS human resources to help fill hard-to-fill assignments, bridge critical workforce gaps, and respond to public health emergencies

- Support health emergency response teams to respond rapidly to international health emergencies
- Increase capacity of emergency responders, healthcare and human services providers, and public health professionals to address needs of at-risk individuals in disaster and public health emergency preparedness, response, mitigation, and recovery”

APhA Comments on Objective 2.4

- APhA urges HHS to clarify the role of pharmacists under the USPHS during national emergencies, maximizing their role to the full extent of their scope of practice.
- APhA urges HHS to examine rules, processes and reimbursement related to emergencies and seek congressional authority if needed to make certain health care providers, including pharmacists, have the ability to provide care and medication in emergency situations.

“Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans across the Lifespan”

“Objective 3.4: Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers”

“Support improved care transitions and care coordination”

- “Pursue initiatives and programs to provide support to older adults, people with disabilities, and their families and caregivers as individuals move between institutional settings and home”

APhA Comments on Objective 3.4

- APhA urges HHS to recognize the integral role of pharmacists during care transitions for improving quality of patient-centered care and reducing overall costs to the health care system.
- APhA requests HHS to better incorporate pharmacists during care transitions to help ensure safe and effective medication use and their leadership in medication management activities.
- APhA strongly urges HHS to encourage collaboration and shared accountability among patients, family members, caregivers, pharmacists, and other health care providers during care transitions.
- APhA supports efforts at HHS to develop and utilize standardized processes that facilitate real-time, multidirectional communication of protected health information during care transitions.
- APhA urges HHS to include in research and evaluations pharmacists’ contributions toward health outcomes, especially in care transition program.
- APhA strongly urges HHS to support financially viable payment models that recognize the value of pharmacists' services, including, but not limited to, those provided during care transitions.
- APhA strongly urges HHS to work with pharmacists on the development and implementation of multidisciplinary, interprofessional, and team-based training for health care professionals and students to improve the quality and consistency of care transition services.

- APhA urges HHS to foster the collaboration and partnership of community pharmacies with health care systems, institutions, and other entities involved in care transitions.
- APhA continues to hear concerns regarding how HHS interprets and enforces the prohibition on the overlap of CCM and transitional care management (TCM) services. APhA requests CMS identify and implement mechanisms to administratively prevent or minimize TCM and/ or CCM not being provided by practitioners to patients who need the service(s).