August 12, 2011

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8013  
Baltimore, MD 21244-8013

Re: 42 CFR Part 485; Medicare Program; Conditions of Participation (CoPs) for Community Mental Health Centers

Dear Sir/Madam:

The following undersigned pharmacy and patient organizations appreciate the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) proposed rule Conditions of Participation for Community Mental Health Centers as published in the Federal Register (FR) on June 17, 2011 (76 FR 35684).

College of Psychiatric and Neurologic Pharmacists  
Academy of Managed Care Pharmacy  
American Association of Colleges of Pharmacy  
American College of Clinical Pharmacy  
American Pharmacists Association  
American Society of Consultant Pharmacists  
American Society of Health-System Pharmacists  
International Academy of Compounding Pharmacists  
National Alliance of State Pharmacy Associations  
National Alliance on Mental Illness  
National Association of Chain Drug Stores

We appreciate the efforts of CMS to ensure the quality and safety of clients served by partial hospitalization services in community mental health centers (CMHCs). We agree that “client-centered, interdisciplinary, and systematic client assessment is essential to quality client care.” However, our organizations are concerned that pharmacists have not been included in any section of the proposed rule as part of the interdisciplinary team. Given the inclusion of comprehensive medication assessments as an integral part of the proposed rule, we feel that as medication experts, pharmacists serve as vital partners with physicians, other members of the healthcare team, and patients, to ensure the safe and appropriate use of medication. CMS is already familiar with the valuable role that pharmacists play in the provision of Medication Therapy Management (MTM) services and feel that many of the elements of MTM are similar to the medication assessments required in the proposed rule. As CMS knows, MTM is required for certain patients as part of Medicare Part D and is prominently referenced in several provisions of the Affordable Care Act passed last year.
**Background:**

As the medication expert on the health care team, pharmacists serve as vital partners to physicians and patients on safe and effective medication use. In 2006, 71 percent of physician visits resulted in at least one prescription medication. The proper use of medication is especially important considering the treatment of chronic disease costs the health care system over $1 trillion annually. Reportedly, 32 percent of adverse events leading to hospitalization are due to medication, and only 33 to 55 percent of patients with chronic conditions adhere to their prescribed medication therapies. This number is thought to be higher in patients with mental illnesses. Data suggests that Medicare beneficiaries with multiple chronic illnesses see on average 13 different physicians, fill 50 prescriptions each year, account for 76 percent of all hospitalizations and are 100 times more likely to have a preventable hospitalization than those with no chronic illnesses.

Studies have shown that integrating pharmacists into multidisciplinary care models has positively impacted patient outcomes and appropriate medication use. Pharmacists are well trained in pharmacology, pharmacokinetics, drug interactions, and the therapeutic use of medications. Pharmacists are uniquely positioned to help patients optimize medication use, identify and solve medication-related problems, improve health outcomes through direct patient-care and health promotion and education, and reduce overall costs of care.

Pharmacists are already actively involved in numerous settings, including CMHCs, where they provide services such as medication dispensing, comprehensive medication management, medication reconciliation, therapeutic drug monitoring, and patient and family medication education. Pharmacists also educate other healthcare professionals about the appropriate use of medications and often participate in quality assessment and performance improvement such as drug utilization review committees and formulary or preferred drug list preparation. Pharmacists can help patients better manage their medications and chronic conditions, thereby reducing hospitalizations and re-hospitalizations.

Two recent successful examples in the literature demonstrate the importance of pharmacists participating in interprofessional teams. Gable and Stunson describe an interdisciplinary team including a pharmacist along with a psychiatrist, social worker, nurse, substance abuse counselor, and vocational rehabilitation worker providing services to an Assertive Community Treatment (ACT) team. Over 5 months, the pharmacist provided comprehensive medication reviews and over 300 recommendations to 29 clients. The most frequent interventions included mental health assessments, medication management, and medication dose adjustment recommendations. These interventions were highly valued by the treatment team.

Another study was published in Pharmacotherapy in 2009 which described a pharmacist-initiated metabolic screening clinic embedded within a mental health clinic. The pharmacist and an advance practice nurse provided point-of-care glucose monitoring, blood pressure, and anthropometric monitoring every 2-3 months to 92 patients on antipsychotics over a 3 year period. The study demonstrated that metabolic screening done with a systematic interprofessional team approach can provide a beneficial service for patients that typically are not monitored for medical problems resulting from antipsychotic medications.
CMHC CoP: Personnel Qualifications (Proposed 485.904)

In developing a framework for the personnel involved in the interdisciplinary team, we feel that all healthcare providers who can impact safe and effective medication use should be included. We urge CMS to add a staff qualification for CMHCs. “Pharmacist” would mean a pharmacist who is licensed to practice pharmacy in the state in which he or she is practicing.

CMHC CoP: Admission, Initial Evaluation, Comprehensive Assessment and Discharge or Transfer of the Client (Proposed 485.914)

Current proposed rule 485.914 proposes that the interdisciplinary team would be composed of a doctor of medicine, osteopathy or psychiatry, a psychiatric registered nurse, clinical psychologist, a clinical social worker, an occupational therapist, and other licensed mental health counselors, as necessary, pursuant to § 485.916(a)(2). Each member of the team would provide input within the scope of that individual’s practice.

Our organizations propose that the rule read as follows:

The interdisciplinary team would be composed of a doctor of medicine, osteopathy or psychiatry, a psychiatric registered nurse, clinical psychologist, a clinical social worker, an occupational therapist, a pharmacist, and other licensed mental health counselors, as necessary, pursuant to § 485.916(a)(2). Each member of the team would provide input within the scope of that individual’s practice.

Rule § 485.914(c)(4)(x), proposes that the client’s comprehensive assessment will include a review of the client’s current medications, including prescription and over-the-counter medications, herbal remedies, and other alternative treatments or substances that could affect drug therapy. The review and accompanying documentation would include identification of the following items:

- Effectiveness of drug therapy.
- Drug side effects.
- Actual or potential drug interactions.
- Duplicate drug therapy.
- Drug therapy requiring laboratory monitoring.

CMHC CoP: Treatment Team, Client-Centered Active Treatment Plan, and Coordination of Services (Proposed 485.916)

This rule proposes to establish requirements for the treatment team which would include a doctor of medicine, osteopathy or psychiatry, a psychiatric registered nurse, clinical psychologist, a clinical social worker, an occupational therapist, and other licensed mental health professionals, as necessary.

Our organizations propose the rule read as follows:
The treatment team which would include a doctor of medicine, osteopathy or psychiatry, a psychiatric registered nurse, clinical psychologist, a clinical social worker, an occupational therapist, a pharmacist, and other licensed mental health professionals, as necessary.

In both proposed rule 485.914 and 485.916, we urge CMS to include a pharmacist as part of the team that works together to meet the needs of CMHC clients.

A pharmacist is the healthcare professional most suited to provide the patient’s comprehensive medication assessment as part of the treatment team. Pharmacists provide a unique perspective about the safe and appropriate use of medications and are an essential part of the interdisciplinary team. Pharmacists address all medication use, not only psychiatric medications, and provide a foundation to all of the healthcare professionals who prescribe or administer medications. Patients with mental illness often have co-occurring medical illnesses, which may be caused by psychiatric medications. The pharmacist’s unique knowledge of all medications and their appropriate use is fundamental in the treatment of people with mental illnesses.

We strongly recommend that CMS adds a pharmacist to the list of recommended interdisciplinary members of the CMHC treatment team, especially in light of CMS’ goal to provide clients with a comprehensive assessment that includes medication review.

We appreciate the opportunity to comment to the Agency as it these proposed rules. If you have any questions, please contact Carla Cobb, PharmD, BCPP, Legislative Committee Chair for the College of Psychiatric and Neurologic Pharmacists at Carla.cobb@riverstonehealth.org or by phone at 406-651-6428.

Sincerely,

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References:
