



New Mexico Society of Health-System Pharmacists

Health Care Reform and Practice An Update on ASHP Initiatives




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Today's Discussion


- Update on Health Care Reform:
ASHP's Initiatives
- Pharmacy Practice Model Initiative (PPMI)



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Objectives

- Describe the current status of health care reform proposals in Congress and list the provisions impacting hospital and health system pharmacy
- Describe the challenges and opportunities to implement these provisions
- Review the components of the PPMI and ASHP's agenda for impacting change in practice



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Status of Health Care Reform



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"I am not the first president to take up this cause, but I am determined to be the last..."

President Obama in his address to a joint session of Congress on healthcare reform, September 9, 2009

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"Don't walk away from [health care] reform."

President Obama during his State of the Union address January 27, 2010

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The Patient Protection and Affordable Care Act was signed into law on March 23, 2010

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What did Congress do?

- **Passed the most sweeping healthcare legislation since passage of Medicare in 1965**
 - H.R. 3590, signed into law by President Obama 3/23
 - H.R. 4872, "reconciliation bill," passed House, under consideration by Senate
- **Made changes to the insurance industry, health care delivery system, and pharmaceutical manufacturers**

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What's in it for Pharmacists?

- **Creates a medication therapy management grant program**
- **Creates a medical home demonstration program – includes pharmacist-delivered MTM**
- **Reducing hospital readmissions and providing medication reconciliation**
- **Grants to establish community health teams – including pharmacists**

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What's in it for Pharmacists?

- Establishes a National Healthcare Workforce Commission with pharmacist representation
- Strengthens funding for Comparative Clinical Effectiveness Research
- Expands 340B Drug Discount Program to other outpatient entities (CAH, pediatric and cancer hospitals), but not to inpatient side

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What's in it for Pharmacists?

- Increased number of patients with coverage
- Closes the coverage gap/donut hole
- Reduced disproportionate share (DSH) payments
- Establishes Centers for Medicare and Medicaid Innovation Center to develop and test care delivery models
- Allows for FDA approval of biosimilars

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ASHP and Health Care Reform

- Tailored its top advocacy agenda items to support the goals of improved quality and decreased costs
- Pressure around the issues of provider status for pharmacists
- Support for PGY2 pharmacy residency funding
- Federal loan-forgiveness program for pharmacists

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What Congress Wants to Hear from Pharmacy

- “Care”
 - Greater access to primary care
 - Improved quality
 - Better coordination
 - Reduced cost
- Focus on prevention and wellness
- Effective use of IT
- Comparative effectiveness (*incorporating safety, efficacy, and efficiency, such as ambulatory care clinics and interdisciplinary teams*)

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Key Messages from Pharmacists...

- Education is key!!!!
- Show policymakers and the ‘C Suite’ that:
 - Pharmacists are a critical part of interdisciplinary teams that improve patient safety in high-cost, high-risk environments
 - Drug therapies are increasingly high risk and complex; frequently involve multiple therapies
 - Pharmacists are THE medication experts!!!!

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Redefining the Practice Model: Where have we been, where do we go?

Building the Future for Health System Pharmacy Practice



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Preparing for the Future

- A strategic responsibility of ASHP and its leaders
- Strength of a diverse and well informed membership
- Identify and responding to key trends
- Positioned to act

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Historical Perspective

- Hilton Head – “Directions for Clinical Practice in Pharmacy”(1985)
- Pharmacy in the 21st Century Conference (1989)
- San Antonio Conference – “ASHP Conference on Implementing Pharmaceutical Care”(1993)

“We must become the change we want to see.”
Mahatma Gandhi

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Hilton Head 1985– ASHP

- 120 principal pharmacy practitioners and educators selected by independent panel as invitees (150 total participants)
 - Pharmacy as a clinical profession
 - Extent pharmacy profession had established goals for clinical practice
 - Assess current status of clinical practice of pharmacy
 - How clinical pharmacy faculty can help to improve quality of clinical pharmacy services
 - Identify practical ways to advance clinical practice
 - Barriers to clinical practice encountered by pharmacists
 - Use of pharmacy staff more effectively in clinical education.
 - Relationship that pharmacy should seek with medicine, nursing, hospital administration and the public

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Pharmacy in the 21st Century Conference (1989)

- 17 national pharmacy organizations and FDA, 108 participants
 - To continue to examine major issues that will confront the profession during the next 15-20 years
 - Opportunities and responsibilities in pharmaceutical care
 - Societal and public policy trends into the 21st century
 - Emerging trends in biotech on the practice of pharmacy in 2000
 - Technological challenges in information transfer
 - Shifting trends in health care economics
 - Trends in health care systems delivery

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San Antonio Conference – “ASHP Conference on Implementing Pharmaceutical Care”(1993)

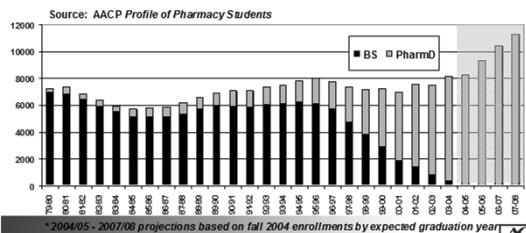
- 200 participants commemoration of ASHP's 50th anniversary
 - Critical skills needed to provide pharmaceutical care
 - Department strategic planning articulating plan for Rx care
 - Personal commitment on behalf of all pharmacy staff
 - Working with Boards of Rx to enable pharmacists and technicians to provide Rx care
 - Expand beyond pilot programs
 - Develop documentation methods for Rx Care that are practical and easy for pharmacists and other health care professionals
 - Acquire technology and human resources to stream line drug distribution systems to increase time available

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Wave of Change

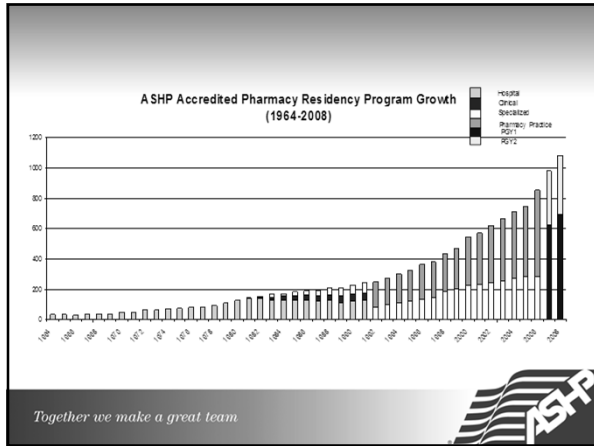
First Professional Degrees Conferred 1980 - 2008 (projected)



http://www.aacp.edu/Docs/MainNavigation/InstitutionalData/8921_DegreesConferred.pdf

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ASHP Leadership Agenda 2008-2009

Foster optimal models for the deployment of pharmacy resources in hospitals and health systems

- *Tactic 1: Encourage hospital and health-system pharmacy departments to evaluate and optimize their practice models (deployment of resources, including how pharmacists and technicians spend their time), and provide information and advice on how to conduct such assessments.*
- *Tactic 2: Encourage research on optimal pharmacy practice models in various types of hospital and health-system settings.*
- *Tactic 3: Improve public awareness of the patient-care capabilities of pharmacists among health professionals, health executives, public policy makers, and the general public.*
- *Tactic 4: Assertively advocate for equitable pharmacy reimbursement, a competitive marketplace for pharmaceuticals, and expansion of third-party payment for pharmacist drug therapy management services*

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PPMI

PHARMACY PRACTICE MODEL INITIATIVE
Redefining. Reconstructing. Reinventing.
A joint project of ASHP and the ASHP Foundation

Vision

- The initiative and summit will create passion, commitment, and action among hospital and health-system pharmacy practice leaders to significantly advance the health and well being of patients by optimizing the role of pharmacists in providing direct patient care. By describing patient care services and activities that support the safe and effective use of medications, corresponding models can be adopted that optimize the full potential of pharmacist, technician, and technology resources.

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PPMI Initiative & Summit

•**Raise awareness** on the imperative to address the future of the pharmacy practice model in hospitals and health systems.

•**Optimize the role** of the pharmacist.

•**Conduct a PPMI Summit** to fully develop the vision and address the five focus areas identified by the PPMI Advisory Committee.

•**Establish a social marketing campaign**

•**Provide grants**, through the ASHP Research and Education Foundation, for demonstration projects .

Supported by grants from

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Some of the Issues Identified

- Capabilities of pharmacists are not optimized in the management of patients medication therapies.
- Expectations of profession: demand by practitioners versus supply of opportunities.
- Does HS pharmacy have a consistent practice model?
- Information technology revolution and 'beyond the brick and mortar' patient care.
- Decreasing health care reimbursement, specifically on drugs.
- Clear vision of what the balance of drug management versus direct patient care should be.
- Pharmacists are among one of the most highly compensated health care professionals.
- Regulations and laws do not permit pharmacists to reach full potential.
- Science is transforming the way medicine will be practiced.

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Lessons Learned From Past

1. Philosophy and idealism hold appeal.
2. Begin with the end in mind – we must have a clear vision.
3. Change will require “diffusion of innovation” – today’s leaders will need to discover themselves the wisdom of change and instill the values in those they lead.
4. The profession needs to be ready for change – through ASHP leaders this urgency is being conveyed.

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Expectation for Leadership

- **Striving for the highest level of safety and well being of patients**
- **Role of ASHP, our Leaders, and our Members**
- **Legacy of stimulating change**
- **Creating opportunities for HS Pharmacy**

**“The price of greatness is responsibility.”
Winston Churchill**

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Thank you!!
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