UNIVERSITY of MARYLAND
SCHOOL OF PHARMACY
CENTER FOR INNOVATIVE
PHARMACY SOLUTIONS

Summary Document and Framework
National Leadership Roundtable
The Prescription for Health Care Reform: Where are the Pharmacists?

Quality, cost savings, patient safety, and affordability are the key drivers in shaping new systems of care under the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148 (March 23, 2010). The patient centered medical home concept, Accountable Care Organizations, and Medicaid/Medicare have been shaped by state and national policy changes. Employers, health systems, and health plans have undertaken initiatives to respond (and to exceed) the expectations set by proposed government regulations.

Keynote speakers at the CIPS National Leadership Roundtable reviewed the complex policy framework and the current health care environment. State legislation has impacted emerging systems of care and the role of the pharmacist. Maryland Lt. Gov. Anthony Brown and Dr. Joshua Sharfstein, secretary of the Maryland Department of Health and Mental Hygiene, shared the Maryland case study with Roundtable participants.

Policy initiatives are converging around the four cornerstones of quality, cost savings, patient safety, and affordability. "The pharmacist's contribution," as articulated by Primary Care Collaborative leader, Dr. Terry McInnis, "must be clearly linked to one or more of these desired outcomes."

Anthony Rodgers, deputy director of the Centers for Medicare and Medicaid Services (CMS), shared data from that organization's strategic planning efforts. These targeted Medication Therapy Management Part D initiatives capture value in two ways—they improve patient safety while reducing costs.

One hundred and twenty-five speakers,

Insert 1. DIVERSITY OF PERSPECTIVES

One hundred and twenty-five leaders from many sectors were in attendance on June 9, 2011. Participants helped to shape a forward-thinking discussion:

- 19 individuals from 10 state and national pharmacy organizations such as co-hosts ACCP, ASCP, and APhA, were the cornerstone of the discussion. 11 individuals represented five federal agencies with four of those agencies presenting.
- Five national health initiatives contributed expertise including the PQA and the Patient-Centered Primary Care Collaborative.
- 21 leaders represented 14 health systems from across the US, including co-host the University of Maryland Medical Center (UMMS).
- Nine payers, insurers, and managed care individuals were present, as were nine employers and pharmaceutical companies.
- Ten individuals from IT and HIT firms participated.
- Eight state agency program directors and eight policy thought-leaders joined the discussion in addition to the national pharmacy organizations already noted.
- Finally, 22 faculty represented 11 schools of pharmacy.

panelists, and participants (see insert 1) discussed the health care reform changes now taking place. The provocative question for those in attendance was “Where are the pharmacists?” The dialogue focused on the deeper question: “What are the challenges to optimizing pharmacists’ expertise under emerging models of care?”

This challenge was addressed by three panels delving into dimensions of pharmacist-delivered care. The Innovations Panel was convened by the American Society of Consultant Pharmacists (ASCP). The purpose of the panel was to raise awareness of the initiatives involving pharmacists in their full scope of practice in the US Public Health Service/Health Resources and Services Administration pharmacy collaborative, and under credential care provided in the Veterans Affairs Health Care Delivery System. Maryland’s P^3 (Patients, Pharmacists, Partnerships) Program network of pharmacists demonstrated notable outcomes in patient-focused chronic disease management. North Carolina’s Medication Management LLC shared the challenges and experience of a state-wide model for pharmacist-provided care in a competitive environment.

Innovation alone is not sufficient to accelerate new models into practice. The value of the pharmacist in each model of care must be documented. The American College of Clinical Pharmacy (ACCP) convened a panel to examine the challenge of standardizing pharmacist-provided services. The services pharmacists provide vary widely depending on the payer, the relationship with the provider, access to electronic records, and the health system.

Figure 1 is a conceptual model representing the dialogue at the National Leadership Roundtable. The figure illustrates that the value pharmacist-provided services capture depends on the targeted outcome(s) of the model of care. Affordability, quality, cost savings, and patient safety have different pathways and final indicators. How pharmacists measure and communicate their value must be linked to the providers, payers, patients, or policy-maker perspectives. The care provided and the data-capture systems are consistent with the payer and the goals of the care. A fully optimized health care system would integrate all four targets (affordability, safety, quality, and patient-centered).

The Standardization Panel’s discussion suggested that organizations such as Kaiser Permanente and the US Public Health Service have strategically targeted outcomes to demonstrate value. A discussion of the Patient Centered Medical Home further suggested that the contribution of the pharmacist is context specific. Participants and speakers in the Roundtable perceived the need to clarify and differentiate the types of services provided by pharmacists. They suggest a clear of vocabulary may reduce confusion between pharmacist-providers and patients, payers, and other health care providers.

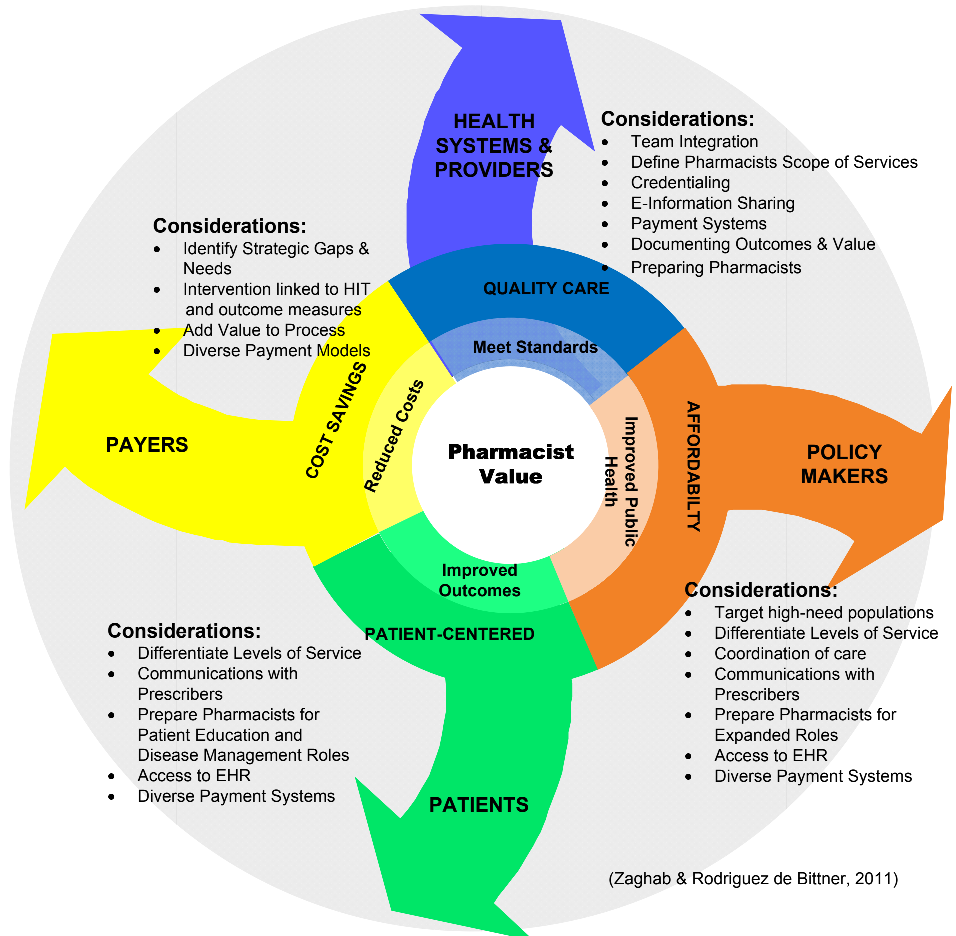
Behind most health care reform efforts is the desire to reduce unnecessary health care dollars and develop new models of reimbursement. The American Pharmacists Association (APhA) convened a panel to examine financial models for pharmacist-provided care.

UNIVERSITY of MARYLAND
SCHOOL OF PHARMACY
CENTER FOR INNOVATIVE
PHARMACY SOLUTIONS

Sustainability is a key element of successful models. To achieve sustainability, pharmacist-provided care must “step outside the medication silo” and advocate for documentation of total health care cost savings (not just prescription drug savings). Medication adherence, for example, can increase prescription drug costs. However, improved adherence for patients with chronic diseases, such as diabetes, can demonstrate better health and reduced overall health care costs. The Center for Health Transformation, CareFirst BlueCross BlueShield of Maryland, and The Brookings Institution shared their findings on business models for pharmacist-provided services.

The Center for Innovative Pharmacy Solutions (CIPS) convened a panel of dignitaries to synthesize the findings of the day. This panel suggested a program of action from the academic, employer, public policy, and patient perspectives. AARP, Discern Consulting, Virginia Commonwealth University, and the Center for Health Transformation contributed their insights. Pharmacists have a narrow window of opportunity to shape these new systems of care by integrating pharmacist services. The panelists recommended that pharmacists find the uniting factors and take the initiative. Pharmacist-value must be further demonstrated and knowledge must be shared across programs, sectors, and government entities. The pursuit of payment mechanisms must have a champion to demonstrate the value proposition of pharmacist-delivered services. The field of pharmacy should voice a single message. In summary, the panelists concluded, there is no substitute for action. Figure 1 conceptualizes the key challenges and next steps toward recognizing and compensating pharmacists in meeting the four goals of quality care, affordability, cost savings, and patient safety.

Figure 1. Optimizing Pharmacist Expertise in New Systems of Care under Health Care Reform



Acknowledgement

The Center for Innovative Pharmacy Solutions acknowledges the contributions of the following individuals for the identification of key issues for the dialogue at the National Leadership Roundtable dialogue. Their input guided the resulting event summary. In addition the speakers and panelists shaped the messages highlighted in this paper.

Albert Barber PharmD; Marialice Bennett, RPh; Nicki Brandt, PharmD; Bryan Bray, PharmD; Lt. Gov. Anthony G. Brown, JD; Anne Burns, RPh; Guy D'Andrea, MBA; Natalie D. Eddington, PhD; S.F. Giberson, RPh, PhC, MPH; Dennis Helling, PharmD, DSc; S. Lawrence Kocot, JD; Gary R. Matzke, PharmD, PhD; Terry A. McInnis, MD, MPH; Anthony P. Morreale, PharmD, MBA; Wayne Oliver, JD; Maria R. Prince, MD, MPH; Charmaine Rochester, PharmD; Anthony Rodgers, MBA; N. Lee Rucker, MSPH; Joshua M. Sharfstein, MD; Marc Summerfield, MS; Mona Tsoukleris, PharmD; C. Edwin Webb, PharmD, MPH; Winston Wong, PharmD; Ilene Zuckerman, PhD.

This document was prepared by Magaly Rodriguez de Bittner, PharmD, and Roxanne Ward Zaghab, MSW, DM.