

Report of the 2007-08 Standing Committee on Advocacy

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*The members of the 2006-07 AACP ad hoc Committee on Advocacy and Outreach included Victoria Roche (Creighton University, COD, Chair), Cynthia Boyle (University of Maryland, COF), Brad Cannon (University of Illinois at Chicago, COF); Robert Cisneros (Campbell University, COF), Johnnie Early (University of Toledo, COD), Peter Hurd (St. Louis College of Pharmacy, COD), and Kenneth Roberts (University of Kentucky, COD)

INTRODUCTION

Political and inter-professional advocacy has been high on the Association's strategic agenda for over a decade. While AACP leadership has always worked diligently behind the scenes to advance the role of the academy and the profession in serving society and individual patients, the awareness of the critical importance of being a major player in discussions that are shaping U.S. healthcare systems and the environment in which our graduates will practice was significantly heightened by the 1998-99 AACP Presidential agenda of Dr. Jordan Cohen. Dr. Cohen's message of urgency related to advocacy was embraced with a collective excitement that underscored both its timeliness and significance. The academy took this imperative to heart and has never looked back.

The means through which the Association has advanced its advocacy agenda are many and tangible. The hiring of an executive administrator dedicated to legislative advocacy and public policy development at the Vice Presidential level in 2000 is perhaps the most explicit commitment to the strategic goal to facilitate national and state-focused advocacy initiatives designed to "yield recognition of the contributions of pharmacy educators, researchers, and graduates in the delivery of quality and cost-effective health care services." In this administrative position, Mr. William Lang, together with other members of the AACP leadership team, develops the Association's public policy agenda and disseminates it to members of Congress, state legislatures, and federal agencies. Over the years, the Association's federal policy agenda has focused on issues relevant to health professions education, recognition of pharmacists as an integral component of team-based, patient-focused health delivery, and improvement of health outcomes through research. Mr. Lang has effectively advocated for funding of Federal public health agencies, for expansion of the Indian Health Service pharmacy residency programs, and for improving the nation's infrastructure for the delivery of health promotion and disease prevention programs and initiatives.

In addition, an *Issues and Advocacy* section of the AACP web page was developed to allow the membership ready access to summaries of key issues being discussed, debated, and resolved by members of Congress and, most importantly, to provide a vehicle through which member voices can be heard. The AACP Interim Meetings are now held exclusively in the Washington D.C. area, where attendees can be educated on the most contemporary and pressing legislative issues related to pharmacy education and practice by those in the thick of the discussions, and primed to "hit the Hill" to advocate for pharmacy with their state's Senators and their district's Representatives. A feature entitled "Capitol Hill News" is now included in issues of the Association's *Academic Pharmacy Now* newsletter.

A joint Council of Deans-Council of Faculties ad-hoc Committee on Advocacy and Outreach was established in 2003-04 to provide insight and guidance on the Association's response to urgent or time-bound legislative issues. In July, 2006, the AACP House of Delegates acknowledged the ongoing importance of these efforts by recommending that a new standing Advocacy Committee be established. This report will chronicle the activity of these Presidentially-appointed advocacy workgroups during the year of transition from ad-hoc to standing committee (2006-07), and highlight key issues addressed and actions taken.

AD-HOC COMMITTEE ON ADVOCACY AND OUTREACH (2006-07)

The establishment of an ad-hoc Association Committee on Advocacy and Outreach sprung from a need identified by Vice President Lang as he attempted to gain member feedback on critical legislative issues facing Congress, as well as opportunities to proactively advocate for initiatives related to pharmacy education and practice. In 2006-07, the ad hoc committee constituted by the two Association Councils was charged to provide timely critiques of policy- and legislation-related documents arising from the Association or other health professions practice/education organizations.* The committee addressed several important issues in 2006-07, including:

- The American Public Health Association's "Role of the Pharmacist in Public Health", a document highly supportive of the profession
- Reauthorization of the Prescription Drug User Fee Act, the State Children's Health Insurance Program

- and health professions education programs under Title VII
- Cost and accountability in higher education
- Clarifying and strengthening the Medicare Part D benefit to address Medication Therapy Management provisions and federal drug price negotiation
- Strengthening FDA's ability to assure the safety of drugs and medical devices
- NIH-AHRQ Comparative Effectiveness programs
- Continued funding of agencies that fund research important to Schools and Colleges of Pharmacy (NIH, CDC, SAMHSA, etc.)
- Medicare price negotiation and controlling Medicare-related drug costs (specifically HR 4, which requires the HHS to negotiate for lower prescription drug prices)
- AACP's legislative agenda for the first session of the 110th Congress
- Medication safety education and research initiatives within Schools and Colleges of Pharmacy

In general, the committee members' comments on these issues underscored the importance of recognizing pharmacists as high level health care practitioners able and willing to advance care in collaboration with other providers on the health care team, supported AACP's legislative agenda related to working with practitioner organizations to advance legislation related to the above, provided concrete examples of ways in which their Schools or Colleges were advancing both medication safety education and research in the pharmaceutical, social/administrative, and clinical areas, and identified omissions in proposed legislation that needed to be addressed in order to optimally serve the needs of the academy.

STANDING ADVOCACY COMMITTEE

Structure and Function

As noted previously, the 2006 AACP House of Delegates, recognizing the centrality of advocacy to the advancement of both the academy and its Association, approved a resolution to establish an AACP standing Advocacy Committee. In March, 2007, the AACP Board of Directors invited the 2006-07 ad hoc Committee on Advocacy and Outreach to assist in defining the structure and function of this new standing committee. Through a series of conference calls, the ad hoc committee crafted a document for the Board that contained the following recommendations.

- The standing Advocacy Committee membership be representative of the organizational diversity of member Schools and Colleges.
- One year Presidential appointments be made in consultation with the Association's Vice President for Policy and Advocacy.
- The standing committee's charges include:
 - providing a rapid response to pressing legislative issues when requested by the AACP Vice President for Policy and Advocacy
 - recommending the development of policy and/or providing advocacy-related advice to the AACP Board of Directors, both proactively and upon request
 - identifying legislative/advocacy issues that warrant debate by a broader constituency, and
 - bringing at least one such item before the House of Delegates for discussion at the Annual Meeting. The discussion of such items would be captured and summarized to inform the AACP Board of Directors and the general membership.
- As the standing committee evolves and matures, add a charge for a scholarly review of an important legislative or advocacy issue that would shape the direction of AACP's legislative agenda and/or the environment in which the Association conducts its legislative/advocacy work. The product of these scholarly deliberations would be presented to the House of Delegates and the Board of Directors as reports, and would subsequently be published in the Journal.

The committee's recommendations were approved by the AACP Board of Directors in late April, 2007.

Related to the recommendation that urgent and/or timely legislative/advocacy issues be identified for discussion and debate at the House of Delegates, ad hoc committee members suggested the following:

- advance movement on health care reform, particularly extending practice models to honor the Institute of Medicine (IOM) mandate for team-based interprofessional patient care.
- advance medication therapy management through Medicare Part D, including partnering with practice colleagues to positively impact care.
- determine how the academy can best ‘pay forward’ the economics of optimizing health care, collaborate for quality, and respond to economic threats.
- take a stand on legislative issues such as the efforts to have FDA regulate compounding or stem cell research to advance the treatment of currently debilitating or fatal diseases.
- explore how the academy prepares graduates to engage in functions associated with prescribing, with the goal of establishing AACP policy
- identify if and how the academy should respond to the issues brought forward in the ABC New Network’s “20/20” investigative report on medication errors made by pharmacists (which aired on March 30, 2007).
- share ideas on enhancing faculty and student awareness of national and organizational issues affecting the practice of pharmacy

No discussion item was brought before the 2007 House of Delegates for dialog and debate, but all of these issues identified by the 2006-07 ad hoc committee are still timely. The current AACP standing Advocacy Committee urges the Board of Directors to identify the most pressing among them to put before the 2008 House.

2007-08 Agenda

The following provides a brief summary of five major legislative and/or advocacy-related issues considered by the standing Advocacy Committee in 2007-08, along with a summary of how the feedback was used by the Vice President.

1. Plans of the Leadership for Medication Management (formerly the Pharmacist Provider Coalition) to redesign its message related to assuring pharmacists are approved as Medicare Part B providers. The proposal advocates for an annual reimbursed medication regimen review and assessment by a qualified pharmacist with suggestions to optimize quality, safety, and cost-effectiveness, which would be shared with the patient, the patient’s providers, and payers.

Committee viewpoints: There was some sentiment voiced that the change in focus was detrimental to Medicare reimbursement of pharmacists taking part in collaborative medication therapy management. AACP was encouraged to address the impact of limiting reimbursement to medication therapy management on the provision of the collaborative care services in which many practitioners (including pharmacy practice faculty) engage.

Outcome: As of this writing, the Leadership for Medication Management continues to refine the legislative principles that will provide the framework for potential congressional action. The viewpoints of all stakeholders will be considered and a consensus reached. The ultimate goal is for any legislative language to provide Part B payment for definable, accessible pharmacist-provided services to Medicare beneficiaries. Stakeholder expectations must be effectively managed in light of legislative reality, including Medicare solvency and payment issues already on the agenda and in need of legislative remedy, the difficulties of getting on the legislative agenda in high-stake election years and years of Presidential transition, the fact that CMS has not evaluated current medication therapy management (MTM) programs, and the general state of the federal budget, its increasing deficit and concomitant national debt. The reality for congressional action is also tempered by the lack of understanding by congressional staff of the value of the pharmacist as a provider of health care services other than those associated with dispensing. The disconnect is real, and requires continued

and sustained action by those who would benefit most from a change in Medicare. A window of opportunity remains open as the private sector, particularly self-insured entities, recognizes the return on investment that pharmacist-provided clinical and health promotion, disease prevention services brings to their organizations. Academic pharmacy has helped create and sustain many of these service models, thus creating an expectation of heightened advocacy by members of the academy in light of continued challenges.

2. Recommend core concepts to the Federation of Associations of Schools of the Health Professions (FASHP) related to: 1) the reauthorization of the PHSA Title VII health professions education programs, and 2) the creation of a comprehensive federal health professions education strategy.

Committee viewpoints: A realization by federal decision-makers of the positive economic impact of optimally utilizing all health care providers (rather than simply focusing on student loan repayment and diversity issues) is needed. Some Title VII initiatives, while noble in theory, may not accomplish the intended long term goals of diversifying the health professions workforce and ensuring that the needs of underserved communities are met. Health professions education remains highly siloed, which can be counterproductive to the development of well-functioning, patient-centered healthcare teams. Substantial federal incentives are needed to stimulate the development of interprofessional teaching, learning, and practice models consistent with IOM mandates. These incentives should be incorporated into the reauthorization bill with the ultimate goal of increasing patient access to quality team-based care while decreasing costs associated with care provision.

This is also important to the academy given the revised ACPE standards that address the need for interprofessional education. Interprofessional practice sites willing to accept students in advanced or introductory practice experiences are not yet plentiful, which puts a significant strain on Schools and Colleges as they attempt to come into compliance with Standards 2007. In addition, ACPE has adopted a narrow interpretation of Standards 2007 as applied to introductory practice experiences, focused primarily on experience in traditional pharmacy practice settings. ACPE has recently been urged by both AACP Councils to reexamine this interpretation, as the current viewpoint may restrict schools and colleges from developing innovative interprofessional experiential education models.

The Committee believes that AACP should serve as a catalyst to meaningful movement to advance interprofessional education and team-based care, and should do more to collaborate with groups such as the AAMC Reauthorization Committee to bring a united and focused message on a comprehensive health professions education strategy before members of Congress. AACP should also be advocating for expanded roles for pharmacists in community, ambulatory, and other primary care settings

Outcome: The Committee members' comments were used in the development of legislative briefs for use by AACP Interim meeting attendees participating in Hill visits. The briefs addressed activities of the second session of the 110th Congress, were reviewed by standing committee members prior to dissemination, and contained the following recommendations:

- As a component of a comprehensive federal health professions workforce strategy, Congress should reauthorize the Title VII programs by making the majority of the programs, including those addressing residencies, faculty development, and curriculum development, interprofessional in nature.
- Congress should more readily seek the assistance of the academic community, including Colleges and Schools of pharmacy, in its efforts to improve health care access and decrease health disparities.
- Congress must ensure stable funding for federal public health agencies. These agencies provide essential support for the research and teaching undertaken by faculty at Colleges and Schools of pharmacy towards improving the health status of underserved populations.
- Congress should make pharmacists eligible for the loan repayment provision of the National Health Service Corps.

AACP has been successful in helping policy makers and other stakeholders understand and appreciate the potential positive impact on quality and resource consumption that team-based, patient-centered care can have. Interprofessional education is recognized as an important element of improved health care quality. Working with FASHP, AACP influenced the writing of the interprofessional aspects of a letter to Congress that is currently up for adoption by the FASHP leadership.

Interprofessional education and its enhancement through reauthorization of the PHSA Title VII programs is a key message shared regularly with both House and Senate personnel and committee staff. Success during the 110th Congress will certainly be incremental, if it occurs at all. Many current stakeholders, in light of past funding instability, focus on maintaining the status quo in lieu of supporting new educational program provisions that might not be adopted, throwing funding capabilities into doubt.

Academic pharmacy has willingly taken a leadership role in creating and supporting interprofessional health professions programs. AACP's commitment to this important health policy issue is based on AACP educational policy statements and standing committee reports which continue to drive further research and discussion within the Council of Deans and Council of Faculties. To support continued advocacy around the issue of interprofessional education, more research must be conducted to determine whether creating health professionals competent to deliver team-based care actually improves the quality of care patients receive and/or reduces cost.

3. Identifying the pros and cons of the bill HR 5780 introduced by Congresswoman Heather Wilson (R-NM) which would make qualified pharmacists engaged in collaborative drug therapy management (CDTM) services eligible for reimbursement under Medicare Part B.

Committee viewpoints: The legislation is written in such a way that not all pharmacists with collaborative drug therapy management contracts would be allowed to participate, and concern was expressed by some about the possible fragmentation of the profession if only a specific segment of the practitioner population was eligible for reimbursement. However, it was also recognized that certification to provide reimbursable services was important in an era of widely ranging practice competence among pharmacists. The Committee voiced support for the concept that those providing these reimbursable services must possess the skills needed to reliably and consistently deliver such services, and that there must be a sufficient number of providers offering "high end" cognitive services to make them an expected component of pharmacy practice. AACP was encouraged to facilitate academic pharmacy's ability to educate all students so that they are capable of providing these services and/or eager to gain whatever additional credentials are needed to do so.

Outcome: Vice President Lang crafted a rationale statement for AACP's support of the Wilson bill. Key elements of this statement included:

- the importance of robust collaborative practice relationships to the contemporary education of health practitioners, including pharmacy students,
- the need for a collaborative, team-based approach to the care of older adults,
- the health and economic-based importance of medication therapy management services to Medicare/Medicaid beneficiaries, and
- the need to reimburse for essential CDTM services in order to reliably ensure they are widely provided.

Similar legislation was introduced several years ago. That legislation was amended to include any pharmacists with a recognized CDTM agreement. There is the possibility for the current legislation to be similarly amended, and pharmacy organizations are actively working toward that end. This legislation serves as an excellent example of good intentions having unintended consequences...an unfortunate aspect to much of the legislation considered by any legislative body. In this case, it might be assumed that state practice acts authorizing CDTM could readily be changed to comply with federal legislation that puts forth a particular CDTM practice model not shared by all 44 states with CDTM

laws. This assumption is particularly difficult to envision and therefore creates a difficult start for an important piece of legislation with an intent supported by many. Nevertheless, it is important to begin a discussion of Part B payment for services at some level, and the legislation is successful towards that end.

At the same time advocacy around issues of payment such as that laid out in HR5780 are often stymied with the profession's inability to find consensus on which cognitive services should be reimbursed. Development of payment policies is difficult in light of the many service concepts around which payment could be defined, including MTM, CDMT, pharmaceutical care, and scope of practice as authorized by state practice acts. Without agreement about what would be reimbursed, it is difficult to advocate for how payment should be made, or to whom.

4. Provide feedback on legislation proposed by Senators Herb Kohl (D-WI) and Richard J. Durbin (D-IL) that would authorize the development and evaluation of educational materials to physicians regarding the safety and comparative-effectiveness of prescription drugs. The Agency for Health Care Research and Quality (AHRQ) would establish an academic detailing grant program that would support entities "that can demonstrate clinical expertise in pharmaceutical research" including schools of pharmacy. The Secretary would also be authorized to create a grant program that would support physician education utilizing the educational materials.

Committee viewpoints: The Committee identified common strategies involved in academic detailing, including providing evidence-based therapy management guidelines, practitioner benchmarking, motivational interviewing, interpersonal communication, and interprofessional relationship development. While the term 'academic detailing' was distasteful to some, it was well recognized that pharmacy practice faculty routinely provide pharmacotherapy consultation and educational outreach of the quality envisioned by the Kohl-Durbin legislation to physicians and other prescribers, particularly in inpatient facilities and ambulatory care clinics. There is a perceived need to increase pharmacists' ability to shape prescribing behavior by providing well-researched, carefully-analyzed, accurate drug information across the practice setting board, although some cautioned against a system that could foster "dueling detailers". It was pointed out that pharmacy faculty involved in formal service contracts with physician groups or state Medicaid offices provide a rich educational opportunity for professional students and residents, and for graduate students in the social/administrative and clinical sciences. The opportunity to secure funds to support the development of evidence-based interventions designed to prompt better prescribing practices, as well as engage in outcomes research to assess the impact of prescriber-focused educational outreach efforts, was also viewed as highly positive.

Outcome: The legislation continues to be developed. Members of the House of Representatives have joined their Senate colleagues in supporting development of similar legislation on the House side. Regardless of the outcome, academic pharmacy is identified as a significant resource to congressional staff in the development of health care quality legislation. This recognition is a direct result of continued relationship development through advocacy. The Senate members responsible for the legislation understand the role academic pharmacy can play in health policy development, and are further encouraged in their efforts to improve prescribing behavior through the many examples AACP members provide that demonstrate the capacity of academic pharmacy to improve health care quality through their teaching, research, and service. Federal policy makers are frequently impressed with the role that academic pharmacy plays with improving and supporting state Medicaid prescription drug programs. The cost-savings, improved patient outcomes, and increased provider adherence to program guidelines lend themselves to evidence-based policy making.

5. Provide feedback on legislation proposed by Senators Kent Conrad (D-ND) and Debbie Stabenow (D-MI) related to the role of telemedicine in health improvement. This legislation proposes expanding of the number of providers and sites eligible for Medicare reimbursement for the provision of telemedicine-based services to those most in need.

Committee viewpoints: Committee members recognized the value of telemedicine and telepharmacy in

providing needed services to those currently going without. Caution was urged that safeguards be in place so that critical interventions are not missed due to the lack of face-to-face interaction between patient and practitioner. AACP should advocate for federal funds to be made available for research on the impact of telepharmacy-facilitated care to the health outcomes of patients on the receiving end of these services, as well as to the cost of providing them.

Outcome: The legislation faces an uncertain future. Ongoing discussions with congressional staff will prove fruitful as schools and colleges of pharmacy are identified as creators of pharmacy practice models that help improve patient care. Because of the introduction of this legislation, congressional staff members have a greater understanding of the need to separate the dispensing and medication management aspects of care when discussing payment for pharmacist-delivered services. While Part D may pay for the actual prescription drug, there is an increasing need for Medicare to also pay for important medication management services that beneficiaries may or may not get through their Part D plan's MTM program. The awareness of Senate staff of the telepharmacy programs emanating from the college(s) of pharmacy in their state is another example of the impact advocacy and relationship development has on public policy development. The ability to link congressional staff with content experts is an important role of any membership organization. When that link between staff and expert is with a constituent, the relationship is even more beneficial.

As a post-script to the focused comments on the above practice and reimbursement related legislative issues, Committee members cautioned AACP to not lose sight of our primary educational mission when crafting our advocacy agenda. The Association was encouraged to emphasize legislative advocacy addressing the needs of the academy, the students we educate, the services we provide, and the research we conduct. This would involve both stimulating and helping shape legislation that specifically addresses our most pressing needs, as well as finding ways to explicitly reinforce the value of a strong academy (and the importance of supporting it) into all of our advocacy statements and/or positions, including those which may be focused on the practice environment. Advocacy issues of importance for AACP include the National Institutes of Health (NIH), The Health Resources and Services Administration (HRSA), ARHQ and the Department of Education (DOE) funding to support excellence in graduate/professional education, clinical practice, and research, and resources to meet increased program assessment requirements now mandated by the DOE and regional/specialized accrediting agencies.

CONTRIBUTIONS TO AACP AND THE ACADEMY AT LARGE

To the above stated concern with our advocacy agenda reflecting the teaching, research and service mission of higher education, the AACP Advocacy Committee can and already has contributed a great deal. To AACP and its staff, the Committee provides the evidence-base from which all public policy matters should be created. The Committee's input is timely and reflects contemporary knowledge tempered with the institutional knowledge of past action. It is essential that the Committee continue to be comprised of individuals actively engaged in their institutions as a way of ensuring that the Association's policy and advocacy efforts are based on current knowledge and transparent assumptions.

To the academy as a whole the Committee provides a sounding board for public policy creation that leads to a continual question: How do we best prepare our students to be a contributing part of a dynamic health care system that is in dire need of change in order to improve the quality of care patients receive and to impact significant public health issues? How this education takes place, the resources necessary to accomplish it, and how federal policy can support teaching, research, and service are essential elements of our advocacy. Few congressional staff or other federal policy makers appreciate the fact that pharmacy faculty are supported by NIH grants in an amount that exceeds the entirety of some institute's annual appropriation. Fewer yet appreciate the contribution faculty make on a daily basis in the work they do with community-partners. Our establishment of educational outcomes and our accreditation process are examples of accountability and transparency, exactly what higher education is currently being chastised for lacking. There is progress though, and the examples above provide ample evidence that academic pharmacy is and can be an even greater contributor to public policy development. The contributions the

academy makes to improve the health care of our nation as exemplified by the professional practitioners educated by faculty at schools and colleges of pharmacy are being recognized. Public policy development is an incremental endeavor with few large leaps. This proves disenchanting for some, but not for those who recognize the power of knowledge and of sharing that knowledge with others.

CONCLUSION

At the time of this writing, the 2007-08 standing Advocacy Committee was fully engaged in honoring the first of its charges, namely providing a rapid response to pressing legislative issues when requested by the AACP Vice President. Before the end of this Committee year, we expect to address the third charge of identifying legislative/advocacy issues that warrant debate by a broader constituency, and will request that the AACP Board of Directors place the most pressing issue before the 2008 House of Delegates for consideration, discussion, and debate.

As this standing Committee matures, we strongly urge that it become more proactive in guiding the Board of Directors on policy development and advising on advocacy initiatives and strategies. Eventually, the charge to make scholarly contributions that have the potential to shape AACP's advocacy agenda should be realized. Finally, while not an official charge, it is also hoped that the work of the standing Committee will stimulate others to become legislatively aware and active at the community, state, and national levels. By making public a summary of our discussions, we hope to motivate colleagues to take advantage of the myriad opportunities offered by the Association for legislative engagement, and to possibly consider serving AACP as a future Advocacy Committee member.