



Heavy Lifting Ahead

The passage of the Patient Protection and Affordable Care Act of 2010 (PPACA) [1] may have seemed like heavy work, but implementation of its hundreds of provisions will pale in comparison. Yet, the opportunity for advancing the vision of the pharmacist as an integral member of the healthcare team outweighs the challenges of implementation. The legislation reflects decades of patient, provider and policy expert interest in increasing access to care that is affordable and of high quality. Addressing the quality issue is where provisions that discuss coordination of care and determine the effectiveness of care intersect. While many of these quality provisions will be initially implemented as demonstrations and pilot projects, the opportunity for these models of care to become the standard of care are clearly delineated in the law. Pharmacy faculty can and should play an important role in collaborating in the development, implementation and evaluation of these demonstration and pilot projects.

As mentioned above, improving the quality of healthcare, especially by improving care coordination, is a primary implementation concern of healthcare reform. It is a disappointing and often life-threatening aspect of our current healthcare system that a patient's care is a scatter-shot attempt to improve health outcomes. Multiple providers attempting to provide care within multiple healthcare facilities without sufficient feedback places a patient in jeopardy of unsatisfactory care and our economy in jeopardy due to unnecessary care. Within the healthcare reform legislation are many provisions that will, over time, attempt to improve patient care and reduce costs. Of particular interest are the provisions that will help create a better-coordinated, patient-centered, team-based approach to care, which is supported by health information technology, and are the legislative expression of recommendations in reports and statements of a number of health policy, delivery and quality organizations [2], [3], [4], [5],[6].

The medical home, or more appropriately called the patient-centered medical home (PCMH), is the model most frequently equated with improving the coordination of a patient's care. The PPACA includes provisions that authorize the development, implementation and evaluation of PCMH models. The Center for Medicare and Medicaid Innovation, authorized within Section 3021 of the law, will be responsible for selecting models that include "promoting broad payment and practice reform in primary care, including patient-centered medical home models for high-need individuals, medical homes that address women's unique healthcare needs, and

models that transition primary care services away from fee-for-service based reimbursement and toward comprehensive payment or salary-based payment."

Improving the quality of care through improved coordination models such as the medical home is already an area of research and service for some pharmacy faculty. The implementation of healthcare reform legislation provides ample opportunity for academic pharmacy to advance improvements in patient care through the integration of clinical pharmacy services envisioned in the move to the Doctor of Pharmacy as the professional degree. It is essential for faculty members who are engaged in such endeavors to communicate this engagement with AACP staff and public policy experts to influence how models are developed and evaluated. Faculty members not engaged will be doing the public, students, the pharmacy profession and their institutions a disservice if they remain on the sidelines since models of care will ultimately lead to some models becoming the standard for future healthcare delivery. The community outreach will require substantial effort. Pharmacy faculty need to immediately engage with state Medicaid programs and medical societies to develop relationships and help overcome bias and preconceived ideas of what it takes to improve the quality of care. This edition of *Academic Pharmacy Now* includes articles that provide some framework for successful engagement that will help make the heavy lifting just a little easier.

Build and strengthen your academic pharmacy advocacy portfolio by visiting AACP's Web site at www.aacp.org/issuesandadvocacy/advocacy/AdvocacyInAction.

The following citations are sources of information regarding the patient-centered medical home:

[1] Patient Protection and Affordable Care Act of 2010, Public Law 111-148, http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=fh3590pp.txt.pdf

[2] Health Professions Education: A Bridge to Quality, April 8, 2003, Institute of Medicine <http://www.iom.edu/Reports/2003/Health-Professions-Education-A-Bridge-to-Quality.aspx>

[3] Patient-Centered Primary Care Collaborative www.pcpcc.net

[4] HRSA Patient Safety and Clinical Pharmacy Collaborative www.hrsa.gov/patientsafety

[5] Institute for Healthcare Improvement www.ihl.org

[6] National Committee for Quality Assurance www.ncqa.org