

December 13, 2011

Dear Member of the United States Congress:

The American Association of Colleges of Pharmacy (AACCP) supports your efforts to make sure those without jobs can find meaningful work and in the interim be able to meet their individual and family daily needs. We also support your efforts to ensure that Medicare beneficiaries have access to the care they need and can afford. However, we cannot support these efforts if it means the application of the funding offsets put forth in the “Middle Class Tax Relief and Job Creation Act of 2011.”

Regardless of where you stand on the implementation of the Patient Protection and Affordable Care Act, its intent was and remains valid. Our healthcare system is too costly for the benefits that accrue to you, your constituents and our nation. We all agree that we need a reorganized system that improves healthcare, improves individual and population health and reduces healthcare expenditures. We know there are varied approaches to how this can be accomplished. What we can agree on is that we have spent far too little on creating a healthcare system that has as its primary intent preventing disease and promoting health. Look at the statistics, our healthcare system, and therefore our nation, is failing because of the unsustainable burden placed upon it by chronic illness.

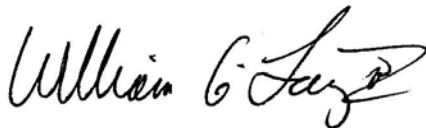
You are correct that we need a reorganized healthcare system to improve healthcare. The “quality series” of the Institute of Medicine, way back in 2003, recommended that we educate healthcare professionals competent to deliver patient-centered, team-based care, supported by informatics, in order to improve the quality of care patients receive. Academic pharmacy has been a leader in the development and implementation of interprofessional educational approaches that provide the foundation for patient-centered, team-based care. Along with several other health profession education organizations, our members have created the basic competencies for interprofessional education. This attention to interprofessional educational approaches will take time to improve the quality of care our patients receive. Academic pharmacy is also a leader in the integration of prevention and wellness into our professional curriculum. Our accreditation standards, educational outcomes and even the future vision of the profession support our efforts. Now is not the time to reduce federal support for health professions education programs or other programs that focus on healthcare professionals as the responsible party for improving healthcare delivery in the United States.

You are correct that we need a reorganized healthcare system that focuses on improving health. Again, regardless of your stance on the PPACA, we cannot wait to get your constituents and our nation on a path to improved health status. We spend more per capita than any country in the world and have health outcomes for some public health indicators that rival some of the world’s least developed nations. The cost of chronic illness is bankrupting Medicare, creating an overwhelming onus on primary care providers and negatively impacting families, communities and business in lost productivity, lost days in schools and poor care coordination. The Prevention and Public Health Fund authorized by Section 4002 of the PPACA was envisioned to finally show that health promotion and disease prevention are a high priority for our nation; that our economic vitality is sapped when people are sick with preventable illness; that our desire for improvements in educational attainment cannot be met because of poorly managed chronic illness; and that our healthcare system, left to its current devices, will soon bankrupt our nation if more people are sick than healthy.

You are correct that we need a reorganized healthcare system to get total-cost under control. We must not allow Medicare to pay physicians for poor quality care or care with little evidence of its benefit compared to cost. This approach is not in anyone's best interest. In a recently published article in *Health Affairs*, authors Laugesen and Giled assert that the "fees paid to U.S. physicians drive higher spending for physician services compared to other countries." Their research helps illuminate a rather complex problem that concludes that U.S. physicians, including primary care physicians, have much higher incomes than similar providers in other countries and that this higher income is a function of higher fees paid to physicians not a function of tuition costs, volume or costs. Therefore, addressing the compounding issue of the sustainable growth rate and fending off a nearly 25% payment reduction to physicians caring for Medicare beneficiaries might be better predicated by attention to the physicians that benefit most from the fees they receive, thus reducing the need for draconian cuts to other physicians or programs as offsets.

The American Association of Colleges of Pharmacy supports your efforts to improve healthcare, improve health and reduce costs as means to getting our deficit under control. We urge you to not address these issues by the use of the Prevention and Public Health Fund or any other discretionary program associated with health professions education or research supported by federal public health agencies as offsets for the issues addressed in the "Middle Class Tax Relief and Job Creation Act of 2011."

Sincerely,

A handwritten signature in black ink that reads "William G. Lang IV". The signature is written in a cursive, flowing style with a large, stylized initial 'W'.

William G. Lang IV, MPH
Vice President of Policy and Advocacy