

November 4, 2009

Members of the United States Senate  
Members of the United States House of Representatives

Dear Senator or Representative:

A historic moment is placed before the 111<sup>th</sup> Congress. After decades of discussion, analysis and incremental attempts, your actions over the next few weeks can change the course of the American healthcare delivery system. As you begin to collect your thoughts and establish your talking points in regard to the healthcare legislation coming to the floor of your respective chamber, the 116 member institutions of the American Association of Colleges of Pharmacy (AACP) provide some final input for your consideration.

- First and foremost, we request that you vote in favor of the legislation as it comes to the House and Senate floor. All legislation is the result of a consensus process, and the healthcare reform bill before you is certainly a reflection of a long and hard consensus development process. We request that you focus on the opportunities that are created in this legislation and not focus on what was left out. The need to reorganize our healthcare delivery system is long-recognized and this legislation broadly provides an appropriate context for that reorganization. There will be future opportunities to adjust and tweak since many of the provisions will lead to an improved evidence-base, through demonstration projects, pilot projects and grant-supported research, upon which to make necessary changes to keep us from going down the path of healthcare bankruptcy.
- Second, we request that you refrain from pitting one provision against the other in an attempt to offset costs of a provision with which you have a particular resonance. The provisions of the legislation create an intertwined policy approach to reforming our healthcare system. Changing the focus or impact of one provision can lead to unintended consequences in another provision. For example, creating a health professions workforce that is competent to deliver patient-centered, team-based care that is focused on prevention and wellness requires changes in the way we educate our health professionals. Reducing support for the health professions education provisions will certainly have an impact on the quality provisions, and the prevention and wellness provisions respectively.
- As a last point for your consideration, we request that you keep the Institute of Medicine's (IOM) definition of primary care<sup>1</sup> in the back of your mind. The IOM definition establishes primary care as a concept of care that is not provider-specific. To improve the quality of care to which patients have access requires attention to better coordinating care and providing patients with the care that meets their needs and leads to improved outcomes. Think of this legislation as reorganizing the significant resources, both human and financial, already deployed in our healthcare delivery system in a more rational manner so that we begin to create a true "health" care system and not just a "sick" care system.

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<sup>1</sup>Primary Care: America's Health in a New Era. Institute of Medicine (1996). This report cites the definition of primary care as, "...the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."

Below we have placed into a bulleted format the thought process our organization has utilized for advocacy and educational efforts. This is just one way of approaching the reorganization of our healthcare system and the rationale for doing so.

The primary drivers for healthcare reform are:

- cost;
- access; and
- quality.

These drivers are supported by provisions in both House and Senate legislation that “bend the cost curve” by:

- establishing health promotion and disease prevention as a focus of national health policy;
- improving the coordination of care throughout an individual’s life by engendering a patient-centered, team-based approach to care;
- making healthcare insurance more broadly accessible; and
- paying for services that are evidence-based and of high quality.

These big-picture concepts are further supported by provisions that develop:

- a national quality agenda;
- a national health professions workforce agenda; and
- a national prevention and wellness strategy, each of which is essential for the establishment of an evidence-base that can move models and pilots to the standard of care.

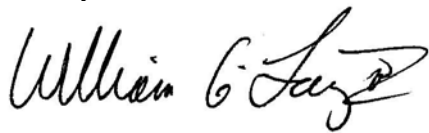
Colleges and schools of pharmacy and other health professions education institutions play an integral role in the development of this evidence-base. Therefore, AACP and the 116 U.S. colleges and schools of pharmacy urge you to support maintaining provisions in the House and Senate bills that enable the activities listed above, as well as:

- research to improve effectiveness and increase access to both clinical and community-based preventive services;
  - Academic pharmacy is responsible for meeting the access needs of clinical preventive services such as immunizations and tobacco cessation services through the education of pharmacists.
  - The community-based nature of pharmacists creates a natural research network to detect drug-related problems as well as non-drug-related problems that can signal public health threats.
- support for health professions education innovations around interprofessional learning and team-based care competencies;
  - Meeting the demand for providers competent to meet the recommendations of the Institute of Medicine’s April 2003 report will require rapid development and assessment of interprofessional education.
- the inclusion of expanded patient information to improve the analysis of health services in an effort to reduce disparities;
  - Efforts to close disparities gaps are complicated by the lack of sufficient data on which to base conclusions. Research quality can be enhanced by requiring the collection of additional and consistent demographic information of participants in federally-supported research programs.
- support for health professions education innovations around the delivery of medication therapy management; and
  - Care for the chronically ill accounts for nearly 75 percent of our nation’s total healthcare costs. A majority of chronic illness is treated by prescribing drugs. The appropriate management of this medication to reduce adverse events, unnecessary physician office visits emergency room visits, and hospital admissions requires attention to how pharmacists and other health professionals are educated to support patients in the management of their medications so established outcomes are reached in the most efficient and effective manner.

- research to improve the effectiveness of practice patterns that can lead to improved patient outcomes and reduce possibly preventable hospital readmissions.
  - Pharmacy faculty are already involved with the development of pharmacy-related quality measures through consensus-based organizations such as the Pharmacy Quality Alliance. The application and effectiveness of these quality measures will require comparing practice patterns and determining the impact of patient outcomes. Comparing the effectiveness of practice approaches may lend itself to a greater likelihood that care delivery will be evidence-based.

AACP is confident that you and the other members of the United States Congress will recognize the importance of passing a comprehensive healthcare reform bill this year. Should you desire to discuss our interests and rationale, please do not hesitate to contact Will Lang, AACP vice president of policy and advocacy, at [wlang@aacp.org](mailto:wlang@aacp.org) or (703) 739-2330 x1038. We thank you for your consideration of our requests.

Sincerely,

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

William G. Lang, MPH  
American Association of Colleges of Pharmacy  
Vice President of Policy and Advocacy

Founded in 1900, the American Association of Colleges of Pharmacy (AACCP) is a national organization representing the interests of pharmacy education and educators. Comprising 116 accredited colleges and schools of pharmacy including more than 5,500 faculty, 52,000 students enrolled in professional programs and 5,400 individuals pursuing graduate study, AACCP is committed to excellence in pharmacy education. To learn more about AACCP, visit its Web site at [www.aacp.org](http://www.aacp.org).