

**Policy and Advocacy Update #8**

June 10, 2011

**Department of Health and Human Services**

**Centers for Medicare and Medicaid Services/Health Resources and Services Administration**

**Applications now available for FQHC Medical Home Demo:** Integrating pharmacist services into the primary care medical home is recognized as important for improving care quality and reducing overall healthcare costs. Community health centers, such as those engaged in the HRSA Patient Safety and Clinical Pharmacy Collaborative, and other federally qualified health centers (FQHC) are already benefitting from this patient-centered, team-based approach to primary care delivery.

The Center for Medicare and Medicaid Innovation (CMI) has just published a request for applications from FQHCs to participate in the Medicare Federally Qualified Health Center (FQHC) Advanced Primary Care Practice demonstration project. This demonstration is being conducted by Centers for Medicare and Medicaid Services (CMS) in partnership with the Health Resources and Services Administration (HRSA). Pharmacy faculty should bring this RFA notice to the attention of their community health center partners or to the attention of community health centers with whom they would like to assist in developing a medical home model that integrates pharmacist services.

The application period is open from Monday, June 6, 2011 through 11:59PM (EST) on Friday, August 12, 2011.

"This 3-year demonstration project will test the effectiveness of doctors and other health professionals working in teams to coordinate and improve care for up to 195,000 Medicare patients. It will show how the patient-centered medical home model can improve quality of care, promote better health, and lower costs.

CMS and HRSA invite eligible FQHCs to submit an application to participate in this demonstration. Participating FQHCs are expected to achieve Level 3 patient-centered medical home recognition, help patients manage chronic conditions, as well as actively coordinate care for patients. To help participating FQHCs make these investments in patient care and infrastructure, they will be paid a monthly care management fee for each eligible Medicare beneficiary receiving primary care services. In return, FQHCs agree to adopt care coordination practices that are recognized by the National Committee for Quality Assurance (NCQA). CMS and HRSA will provide technical assistance to help FQHCs achieve these goals.

Information on the FQHC demonstration can be found at <http://innovations.cms.gov>

Complete details and instructions for applying and participating in the demonstration can be found at [www.fqhcmedicalhome.com](http://www.fqhcmedicalhome.com).

**NQF and CMS partner to present webinars:** The Center for Medicare and Medicaid Innovation (CMI) will partner with the National Quality Forum (NQF) to present a series of webinars about the Partnership for Patients (P4P). The CMI supported P4P program, authorized in Section 3026 of the Affordable Care Act, is focused on improving patient safety particularly in the inpatient setting and at care transitions. You can and are encouraged to register for the webinar series to understand how pharmacy faculty can participate with community-based organizations such as Area Agencies on Aging to improve care coordination at transition of care points and assist health systems improve medication use processes that can reduce preventable adverse drug events.

You can register for the webinar series by going to:  
<http://eo2.commpartners.com/users/pfp/>

You can learn more about AND SIGN UP TO BE A PARTICIPANT in the Partnership for Patients at their website:  
<http://www.healthcare.gov/center/programs/partnership/index.html>

### **Department of Education**

Gainful employment final rule: In the June 13<sup>th</sup> edition of the Federal Register the Department of Education is expected to publish the final rule regarding gainful employment. The rule is currently available on the Departments website:  
<http://www2.ed.gov/policy/highered/reg/hearulemaking/2009/ge-unofficial-06032011.pdf>

The Department published a news release describing major components of the final rule and how it compares to the proposed rule published earlier July of 2010. You can read the news release by going to: <http://www.ed.gov/news/press-releases/gainful-employment-regulations>

Compared to the interim rule the final rule has a deadline for compliance by institutions of higher education that is later (2015), gives colleges more chances to fix problems (Three-strikes...) and loosens several requirements on measuring debt and repayment. It is essential that your institution determine your compliance with this final rule. The deadline for compliance is July 1, 2011. Both the final rule (link above) and the April 20<sup>th</sup> Dear Colleague (link above) provide you with the information your need to assess whether your certificate programs will require compliance with the rule and if they do, what information must be available to students. Of particular concern are post-doctoral certificate programs that may be awarded during a residency. After the publication of the April 20<sup>th</sup> Dear Colleague letter, AACP asked the Department for clarification of certain aspects of the letter:

AACP question:

*I am seeking clarification of the highlighted sentence in this excerpt from the April 20 Dear Colleague letter regarding GE. <http://ifap.ed.gov/dpclatters/GEN1110.html>*

*If a college of pharmacy offers, for example, a certificate program for immunization delivery, during the course of the professional degree program is the certificate program a GE program? The way I interpret the underlined statement is that if the certificate is awarded during the professional degree program it is NOT a GE program. Am I correct in that interpretation?*

From the April 20th Dear Colleague:

*Domestic Public and Domestic Nonprofit Institutions*

*Gainful Employment Programs - The following educational programs offered by these institutions are GE Programs subject to the new regulations -*

*Nondegree programs, including all certificate programs. Certificate programs include undergraduate certificate programs, postbaccalaureate certificate programs, graduate certificate programs, and postgraduate certificate programs. Note that awarding students one or more certificates as part of a degree program does not create GE programs based upon the awarding of the certificate(s).*

Agency response:

*If the student is enrolled in a degree program, then the fact that the certificate is also awarded does not matter. However, if the student is simultaneously enrolled in both the certificate program and the degree program, that student would be reported and included in the disclosures for the GE Program (the certificate). Do you have students that are only enrolled in the certificate program? Or are they all enrolled in the degree program and earn one or more certificates along the way?*

*To answer the Departments questions we are asking members of the AACCP Student Affairs SIG for their input and will share that as soon as possible.*

**Dept Ed announces reporting deadlines:** *The June 7<sup>th</sup> edition of the Federal Register includes a notice from the Department of Education establishing reporting deadlines for many of the Title IV student financial aid programs. The notice can be read in its entirety by going to: <http://www.gpo.gov/fdsys/pkg/FR-2011-06-07/html/2011-14016.htm>*

### **US Congress/Administration**

**You can help us make the case for strong funding levels by sending to Will Lang at [wlang@aacp.org](mailto:wlang@aacp.org) the outcomes of our federally supported research and the impact those outcomes have on your community, state or our nation.**

**Money tight for the next fiscal year:** Federal agencies are already in the development process of their funding recommendations for FY13. This regular budget development cycle of the federal government, under the auspices of the Office of Management and Budget, leads to agency presentations and negotiations for final recommendations through the fall. While FY12 funding remains in flux, agencies are probably working from FY11 funding levels and making funding decisions (reductions...?) based on the enacted level of \$1.050 trillion. The House has established an FY12 funding level of \$1.020 trillion. This makes the President's FY12 budget request of \$1.150 trillion a non-starter...requiring agencies to prepare for expected reductions when a final FY12 funding level is delivered. Because of the \$130 billion difference between the President's request and the House the FY12 appropriations process will not likely be completed through regular order...bills reported from committees and voted on the floor of both chambers. What can be expected...? Possibly a series of short term continuing resolutions allowing the federal government to

continue operation while behind-closed-door negotiations (politics) accomplish what regular order (governing) cannot.

AACP continues to press for continued funding of federal public health agencies that provide the majority of research funding sources for our members. **You can help us make the case for strong funding levels by sending to Will Lang at [wlang@aacp.org](mailto:wlang@aacp.org) the outcomes of our federally supported research and the impact those outcomes have on your community, state or our nation.**

If you have any questions or comments, please contact:

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