

Policy and Advocacy Update # 6

April 29, 2011

Partnerships to advance the academy and practice

Health Resources and Services Administration

Patient Safety and Clinical Pharmacy Services Collaborative

The next round of the Patient Safety and Clinical Pharmacy Services Collaborative is about to start. On May 10, 2011 the Collaborative will sponsor a webinar that will describe the activities in which it is engaged and how you can become a member. This is an excellent opportunity to provide your students with practice experience with culturally diverse patient populations, improve and strengthen public and provider perceptions of the role of the pharmacist on the primary care team and identify possible research projects.

Register for the May 10th webinar by going to the Collaborative web site:

<http://www.hrsa.gov/publichealth/clinical/patientsafety/index.html>

Centers for Medicare and Medicaid Services

Quality Improvement Organizations

The Centers for Medicare and Medicaid Services (CMS) annually publish a report that describes the scope of work for the Medicare Quality Improvement Organizations (QIOs). The 10th Scope of Work provides a series of activities in which QIOs may engage to improve the quality of care Medicare beneficiaries receive through hospitals, physicians, home health agencies and others. The 10th Scope of Work includes activities, specifically C.7.3, that acknowledge the health outcomes improvements associated with access to medication management services. This activity focuses particularly on the populations served in entities (mostly community health centers) participating in the Health Resources and Services Administration's (HRSA) Patient Safety and Clinical Pharmacy Collaborative (PSPC). Many of AACP member institutions are actively engaged in the PSPC.

QIOs have until May 16th to determine which activities they will engage in under the 10th Scope of Work. You are strongly encouraged to reach out to the QIO in your state to offer your assistance and expertise in addressing the activities related to the PSPC populations.

Information about the PSPC is available at:

<http://www.hrsa.gov/publichealth/clinical/patientsafety/index.html>

A list of Quality Improvement Organizations is available at:

http://www.ahqa.org/pub/connections/162_694_2450.cfm

The 10th Scope of Work is available in a zip file at (the last Word file in the list is the appropriate document to open):

<https://www.fbo.gov/?s=opportunity&mode=form&id=c9758e6861085718832064025f15d75f&ab=core&cvview=1>

Centers for Medicare and Medicaid Services

Partnership for Patients

The April 15th edition of the Policy and Advocacy Update included information about the establishment of the Partnership for Patients program within the Centers for Medicare and Medicaid Services (CMS). The focus of the partnership is to reduce the risks patients face during and after a hospital stay. The Partnership addresses these risks by supporting the development of partnerships between hospitals with high readmissions of Medicare patients with community-based organizations (CBO) with expertise in addressing these risks. While colleges and schools of pharmacy do not explicitly meet the Partnership's definition of a community-based organization area agencies of aging (AAA) and Quality Improvement Organizations (QIO) do meet that definition. Therefore, it is important that faculty at colleges and schools of pharmacy interested in strengthening the integration of pharmacists into patient-centered, team-based care teams supporting the efforts of hospitals to reduce readmissions actively seek partnerships with AAAs and QIOs so that these eligible CBOs leverage the knowledge and expertise of pharmacy faculty in their strategies to assist hospitals.

Additional information about the Partnership for Patients is available at:

<http://www.healthcare.gov/center/programs/partnership/index.html>

A list of QIOs is available at: http://www.ahqa.org/pub/connections/162_694_2450.cfm

A contact list of state offices that administer aging programs as well as area agencies on aging is available at:

http://www.aoa.gov/AoARoot/AoA_Programs/OAA/How_To_Find/Agencies/find_agencies.aspx

Federal Register Notices

Centers for Disease Control and Prevention

The CDC seeks comments and recommendations on a proposed new survey entitled "National Survey of Primary Care Policies for Managing Patients with High Blood Pressure, High Cholesterol, or Diabetes" This proposed survey would be administered through the newly established National Center for Chronic Disease Prevention and Health Promotion. "In 2011, CDC proposes to conduct the first cycle of data collection for the National Survey of Primary Care Policies for Managing Patients with High Blood Pressure, High Cholesterol, or Diabetes (NSPCP). The web-based survey will collect information on physician practices' use of evidence-based systems, including multidisciplinary team approaches for chronic disease treatment, electronic health records (EHR) with features appropriate for treating patients with chronic disease (e.g., clinical decision supports, patient registries), and patient follow-up

mechanisms.” In its FY 2011 budget justification the CDC recognized medication therapy management programs such as the Asheville Project as important public health strategies for addressing a multiplicity of chronic illnesses including hypertension, high cholesterol and diabetes.

Comments on the proposed data collection will be accepted until June 28, 2011. The proposed data collection notice, including comment submission instructions is available at <http://edocket.access.gpo.gov/2011/2011-10384.htm>

Food and Drug Administration

The FDA seeks comments on proposed data collection that would implement a research protocol to evaluate the direct-to-consumer advertising using web-based applications. Comments will be accepted until June 27, 2011. The proposed data collection notice, including comment submission instructions is available at <http://edocket.access.gpo.gov/2011/2011-10253.htm>

Department of Education

On October 29, 2010 the U.S. Department of Education published in the Federal Registers a final rule on program integrity issues. This final rule included action taken in regard to state authorization of distance education programs. The March 16th edition of the Policy and Advocacy Update included information about this final rule. Since the March 17th publication of a Dear Colleague letter providing additional guidance to the final rule concern has risen in regard to possible implication of the distance education rule on the clinical rotations of health professions students. The concern was that since clinical rotations are often provide at sites other than where a student receives his or her didactic education would these clinical rotations be considered distance education by the Department? Discussions with the Department make clear that clinical rotations are not considered distance education.

Clinical rotations are covered under Title 34 Section 668.5 of the Code of Federal Regulations (CFR) referenced as the “written arrangements to provide educational programs” regulation. Simply put, as long as the institution where the student is enrolled is eligible to participate in Title IV federal financial assistance programs has a written agreement with the other entity where the student receives some of his or her education (i.e. clinical rotation), regardless of whether that entity is eligible to participate in Title IV federal financial assistance programs, and that entity does not provide more than 25% of the students educational program, and the arrangement meets accreditation standards, state authorization is not necessary.

To read the above referenced citation of the Code of Federal Regulations (CFR) go to: <http://frwebgate.access.gpo.gov/cgi-bin/get-cfr.cgi>