

Policy and Advocacy Update #6

August 20, 2010

This is the final of three updates related to provisions of interest to academic pharmacy within the Affordable Care Act. As stated in previous updates this legislation creates substantial opportunities for the academy to help eligible entities to increase access to high quality care that is team-based, patient-centered and focused on disease prevention and wellness. This update focuses on the provisions related to health workforce development and education.

Federal actions related to the creation of requests for proposals for the many grants that will support these provisions will be released over the next couple of years. Therefore it is imperative that your background work start now so you are ready to respond to any request for proposals. This will require significant strategic envisioning of what a reorganized system should be, how it meets the needs of patients, how responsibilities and accountabilities are described and apportioned within team-based care models, and what gaps in health professions education must be addressed to sustain the envisioned models. Almost all provisions require evaluation of the model or approach providing substantial research opportunities for faculty.

The Patient Protection and Affordable Care Act of 2010 (PL 111-148)

<http://thomas.loc.gov/cgi-bin/query/z?c111:H.R.1586>:

Title V Health Workforce

Section 5001- States the purpose of provisions related to health workforce is to increase access particularly for underserved populations (in all contexts) to healthcare professionals competent to deliver patient-centered care. The provisions lend themselves to this goal by: improving workforce data collection and analysis to determine adequate supply of qualified practitioners; and improving health professions education to ensure patient-centered competencies of graduates and practicing professionals.

Section 5002- Includes definitions which includes amendments to the Area Health Education Centers (AHEC) that defines an organization eligible to be an AHEC as including “universities or colleges not operating a school of medicine or osteopathic medicine.”

Section 5101- Authorizes the establishment of a National Health Care Workforce Commission that is: advisory to the President; coordinates with the activities of federal agencies involved with health workforce and workforce in general; supports evaluation of health workforce education and demand; identifies and addresses barriers to effective federal, state and local activity related to health workforce; advocates for innovative approaches to continuous improvement in health professions education focused on patient need, technology changes, and other factors.

Commission nominations have already been submitted and the vetting process for members is currently underway.

Section 5102- Establishes a competitive grant program to assist states in comprehensive health workforce planning.

Section 5103- Establishes a National Center for Workforce Analysis. The Center will work in coordination with the Commission established in Section 5101. The Center will be supported by state workforce centers which will be established through grants or contracts. Health professions schools are among the entities eligible to be a state or regional center.

This Center has already been created and Ed Salsberg, a well-known workforce researcher and formerly with the Association of American Medical Colleges, will head up the new Center housed in the Health Resources and Services Administration.

Section 5209- Eliminates the current cap of 2800 members of the commissioned corps.

Section 5210- Establishes a Ready Reserve Corps within the Public Health Services commissioned corps for deployment during national emergencies at the call of the Surgeon General.

Section 5303- The primary care training grants program is amended to include: a grant priority to applicants that: propose innovative approaches to education including “team management of chronic disease, interprofessional integrated models of care that incorporate transitions of care...; teaches skills related to interprofessional, integrated care through collaboration with other health professionals...”

15% of funding for the primary care training grants shall go to physician assistant programs.

Section 5305- Establishes new programs related to education of health professions faculty regarding geriatric care and reauthorizes the geriatric education centers program.

Section 5307- Establishes a grant program for the “development, implementation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities...”

Section 5315- Establishes the United States Public Health Services Track to be implemented at health professions institutions selected by the Secretary “with authority to grant appropriate advanced degrees in a manner that uniquely emphasizes team-based service, public health, epidemiology, and emergency preparedness and response.” Eligible institutions include schools of pharmacy located within an academic health center.

Section 5401- Reauthorizes the diversity Centers of Excellence program and amends the formula for allocation of grants based on annual appropriations.

Section 5402- Reauthorizes the Scholarship for Disadvantaged Students program and the faculty loan repayment and fellowship programs with increased appropriations through FY2015.

Section 5403- Reauthorizes the Area Health Education Centers program. The legislation amends the existing law to emphasize the interprofessional health professions education expectations of the AHEC program. AHEC programs are required to “conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals, as practicable.”

This section also establishes a new grant program to support the continuing education of health professionals serving underserved communities through innovative methods including distance learning, collaborative conferences, and telelearning activities.

Section 5405- Establishes the primary care extension program to support the development of patient-centered health homes through the work of community-based workers referred to as health extension agents.

Section 6301- Establishes a patient-centered outcomes research program. Regularly referred to as comparative research, this approach to improving care quality and effectiveness will have a national research agenda established through the Patient-centered Outcomes Research Institute. PCOR will address issues related to medical services delivery including protocols for treatment, care management, and integrative health practices. The Institute is funded through appropriations and by a trust fund to which insurance companies will pay an annual amount. The Agency for Healthcare Research and Quality and the National Institutes of Health will provide the management for the Institute.

Section 10607- Authorizes the creation of state-level alternative approaches to tort litigation. Grant preference will be given to applicants that have engaged relevant stakeholders including health care providers and patient safety experts.

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