

Academic Pharmacy: Working Towards Health Equity

“We must help our students see the challenging issues confronting every aspect of society and draw out in them a sense of purpose that, as a learned professional, they have a moral responsibility to engage communities in meaningful ways to resolve community problems.”

From the report of the 2005 AACP Argus Committee

Recommendation:

- ◆ Congress should more readily seek the assistance of the academic community, including colleges and schools of pharmacy in its efforts to improve health care access and decrease health disparities.
- ◆ Congress must ensure stable funding for federal public health agencies. These agencies provide essential support for the research and teaching undertaken by faculty at colleges and schools of pharmacy towards improving the health status of underserved populations.
- ◆ Congress should make pharmacists eligible for the loan repayment provision of the National Health Service Corps (NHSC).

Background:

Improvements in access to care are challenged by increasing disparities among individuals and populations in our society. [2],[3] The main federal actions to increase access to care are focused on providing payment for services through entitlement programs and assisting communities to recruit primary care providers. These actions have not reduced health care disparities. As the 2006 AHRQ National Health Disparities Report indicates, “Opportunities for reducing disparities remain.” [4]

In the first session of the 110th Congress, legislation was introduced that attempts a comprehensive approach to reducing health care disparities. Senate Bill 1576 and its House companion HR 3333 include provisions that recognize the role that health professions education institutions play in educating health care professionals prepared to work toward reducing health disparities. [5]

Colleges and schools of pharmacy educate a health care professional who is competent to work effectively with individuals and communities to reduce health disparities. The accreditation standards of the Accreditation Council for Pharmacy Education state: “The college or school must ensure that the curriculum address...cultural competence, health literacy, health care disparities.... This educational expectation is accomplished through a variety of learning experiences. Many of these learning opportunities are the result of federal efforts to improve the quality of care underserved populations receive. One example is the Health Resources and Services Administrations (HRSA) Clinical Pharmacy Demonstration Project. The evaluation of this project found improved care for diabetes patients served in federally qualified health centers. [6] Colleges and schools of pharmacy involved with these projects continue to play an important role in care provision and the improvement of the quality of care delivered at many federally qualified health centers. [7]

Federal direction and support is essential for continued work by health professions education institutions to develop innovative programs that address underserved individuals and communities. Through their teaching, research and community-linkages, faculty at colleges and schools of pharmacy can assist policy makers in determining the next steps to take to reduce health care disparities. Congress can assure the continued work of faculty by continued appropriations for federal agencies such as the NIH, AHRQ and CDC that provide grants aimed at improving the quality of health care and reducing disparities.

Many communities are at risk of losing their pharmacist. [8] In many communities the pharmacist is the professional of first contact, one definition of a primary care provider. Every community deserves to have access to a pharmacist such as those in the HRSA demonstration project. Communities can be assured of access to this essential health care provider through congressional action that would make pharmacists eligible for the loan repayment provision of the NHSC. During the 107th Congress, the NHSC was authorized to conduct a demonstration project making pharmacists eligible for loan repayment. PL 107-251 required an evaluation of the demonstration. The demonstration project was completed in 2006 and the evaluation is still outstanding. AACP considers the evaluation of the HRSA clinical pharmacy demonstration mentioned above as a proxy for the NHSC demonstration.

For additional information:

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[3] "Key Facts: Race, Ethnicity, and Medical Care." Kaiser Family Foundation. 2007.
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[5] "Minority Health Improvement and Health Disparity Elimination Act." <http://thomas.loc.gov/cgi-bin/bdquery/z?d110:s.01576>.

[6] "Evaluation of HRSA's Clinical Pharmacy Demonstration Projects." Mathematica Policy Research. 2004.
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[7] "Program gives pharmacists more clout in patient care." *USA Today*. September 30, 2007.
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[8] "One year in: Sole Community Independent Rural Pharmacies and Medicare Part D." NC Rural Health Research and Policy Analysis. October 2007.
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