

June 7, 2010

File code HRSA-1

Designation of Medically Underserved Populations and Health Professions Shortage Areas; Intent to Form Negotiated Rulemaking Committee

The American Association of Colleges of Pharmacy (AACP) commends the Health Resources and Services Administration's (HRSA) plan to "establish a comprehensive methodology and criteria for designation of medically underserved populations (MUP) and primary care health professions shortage area (HPSA) using a negotiated rulemaking process." This notice was published in the May 11, 2010 edition of the Federal Register. With the passage of the Patient Protection and Affordable Care Act (PL 111-148) the above referenced plan can significantly strengthen the legislative intent of moving toward a more patient-centered, team-based healthcare system. The plan should seek to maximize the utilization of current healthcare personnel in light of estimated shortages for the foreseeable future especially those healthcare professionals competent to delivery any level of primary care.

AACP implores HRSA to situate the negotiated rulemaking process in such a manner that utilizes to their full extent the educational competencies of pharmacists in regard to:

1. team-based care with physicians that is supported through collaborative drug therapy management contracts;
2. patient-centered care that provides access to clinical prevention screens ; and
3. team-based care with physicians that is facilitated through telehealth.

Consideration of the above will require consideration of methodologies that build on existing state-based authorities for increased access to medically necessary care for individuals requiring regular monitoring of disease, particularly chronic illness. Collaborative practice is an element of pharmacy practice acts in nearly every state. HPSA methodologies should be developed that take into account the ability of physicians and pharmacists to enter into contractual agreements that improve patient outcomes and most importantly increase access to care. Collaborative practice can increase access to primary care services for any medically underserved area or for any underserved population, through pharmacists provided care that is physicians directed. Collaborative practice coupled with implementation of telehealth equipment can further the benefit of collaborative practice agreements by allowing face-to-face interaction among practitioners and patients through remote access technologies.

Similarly, increasing access to community-based and clinical prevention programs can be strengthened through patient-centered approaches to care. Increasing immunization rates or assuring access to immunizations is a role that is legally indicated for pharmacists in all 50 states. Access to clinical prevention such as immunizations is an essential element of primary care for everyone from newborns

to older adults. Including health promotion and community-based strategies as essential elements of primary care allows all populations to benefit from access to a pharmacist's care. These public health strategies are included in the education of the Doctor of Pharmacy as stated in the accreditation standards of the Accreditation Council for Pharmacy Education (ACPE), the educational outcomes established by the AACP Center for the Advancement of Pharmacy Education (CAPE) and envisioned by the Joint Commission of Pharmacy Practitioners Vision 2015. The benefit of a pharmacist's wellness and health promotion interventions is recognized by the Centers of Disease Control and Prevention in its FY2011 budget justification.

Consideration of a comprehensive methodology that reflects a reorganized healthcare system that maximizes limited human and fiscal resources makes sense. A comprehensive methodology that takes into consideration all the resources available to increase access and improve outcomes will provide opportunities for reconsideration of programs that utilize this methodology such as the National Health Service Corps and even the health care professionals recognized as primary care providers within the Public Health Service Act. There are federally supported programs such as those of the Indian Health Service and the Veterans Administration that have a long history of increasing access to care through collaboration, maximizing health professional competence, and use of technology.

### **RECOMMENDATION**

Therefore, AACP recommends that HRSA consider including a faculty member from a college or school of pharmacy on the negotiated rulemaking committee so that a comprehensive methodology might be developed that is truly comprehensive and can effectively meet the needs of the public and the intent of the United States Congress. Pharmacy faculty are actively engaged in efforts to increase access to care for rural populations, ensure access to clinical and community-based prevention programs, and assessing technology-supported patient outcomes and are prepared to assist HRSA in its methodology plan. AACP staff is prepared to provide contact information for pharmacy faculty that would be appropriated participants.

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