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## Expanding Our Horizon: Health Care Reform and Pharmacy Practice

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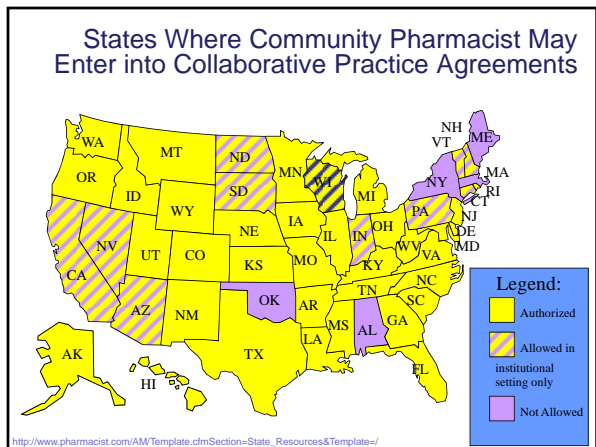
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## HCR Pharmacy Stakeholders

1. Academy of Managed Care Pharmacy
2. American Association of Colleges of Pharmacy
3. American College of Clinical Pharmacy
4. American Pharmacists Association
5. American Society of Consultant Pharmacists
6. American Society of Health-System Pharmacists
7. College of Psychiatric & Neurologic Pharmacists
8. Food Marketing Institute
9. International Academy of Compounding Pharmacists
10. National Association of Chain Drug Stores
11. National Alliance of State Pharmacy Associations
12. National Community Pharmacists Association
13. Rite Aid Corporation
14. Safety Net Hospitals for Pharmaceutical Access
15. Walgreen Co.

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**PHARMACY PRINCIPLES FOR HEALTH CARE REFORM**

Academy of Managed Care Pharmacy, American Association of Colleges of Pharmacy, American College of Clinical Pharmacy, American Pharmacists Association, American Society of Consultant Pharmacists, American Society of Health-System Pharmacists, College of Psychiatric & Neurologic Pharmacists, Food Marketing Institute, International Academy of Compounding Pharmacists, National Association of Chain Drug Stores, National Alliance of State Pharmacy Associations, National Community Pharmacists Association, Rite Aid Corporation, Safety Net Hospitals for Pharmaceutical Access, Walgreen Co.

**PHARMACISTS IMPROVE PATIENT CARE**

Pharmacists are discussing options to strengthen the national health care system, improve quality and safety, provide coverage and benefits for millions of uninsured and underinsured Americans, and respond to the challenge of meeting the health care needs of the American population, especially an aging America. Our nation's pharmacists play a critical role in providing affordable, accessible and quality health care. Decisions made to reform our health care system should enhance, fully recognize and utilize the professional skills and competencies of pharmacists.

Proper use of prescription medications helps improve quality of life and health outcomes. However, the health care system incurs more than \$177 billion<sup>1</sup> annually in avoidable health care costs to treat adverse events from inappropriate medication use. The proper use of medications increases even more important in treatment of chronic disease since the health care system \$1.3 trillion annually, or about 7% costs of every health care dollar.

Pharmacists have extensive chemical knowledge and expertise in the use of medications, and are one of the most accessible of all health care professionals. This makes them uniquely positioned in the health care system to help patients optimize appropriate medication use, reduce medication-related problems and improve health outcomes through the delivery of pharmacist-provided patient care services, including medication therapy management (MTM), health promotion and education, and disease prevention and mitigation. The approximately 227,000 pharmacists in the United States practice in sites including pharmacies, hospitals, long-term care facilities, medical clinics and home health agencies, academic health centers, managed care organizations, and other health care settings where medications are used.

As the Institute of Medicine<sup>2</sup> has noted:

*"...because of the increasing variety and complexity of medications now available...the pharmacist has become an essential resource...and their access to the care system is key to the system's success for health of all ages."*

**PHARMACY PRINCIPLES FOR HEALTH CARE REFORM**

The IOM report, *Covering the Quality Gap: A New Health System for the 21st Century* identifies six aims for health care system improvement: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. With these objectives in mind, we have developed these broad goals related to medication access and equity. These goals are intended to be aspirational and are subject to ongoing review and refinement. (See *Health Care Reform: A Call to Action*, Institute of Medicine, The Joint Commission, Building a Safer Health System, Walgreen, 10/17, National Institute Press 2008)

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## Pharmacy Principles for Health Care Reform

- **Principle I: Quality and Safety**
  - Provide access to & compensation for MTM services
- **Principle II: Infrastructure**
  - Include pharmacists in workforce strategies
  - Provide patient choice of MTM provider (within plan)
  - Provide appropriate reimbursement for dispensing-related services
  - Ensure no artificial barriers to generic substitution
- **Principle III: Health Information Technology**
  - Provide pharmacists access to patient information in an electronic, interoperable, multi-directional format
  - Establish and provide pharmacist access to grants
  - Ensure access to information, while protecting patient information

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### Legislation Timeline

Nov 2009	Dec 2009	March 2010
<ul style="list-style-type: none"><li>• House: 3 bills</li><li>• Senate: 2 bills</li><li>• House passes HR 3962</li></ul>	<ul style="list-style-type: none"><li>• Senate passes HR 3590</li></ul>	<ul style="list-style-type: none"><li>• March 21: House passes HR 3590 and HR 4872 (reconciliation bill amends HCR bill)</li><li>• March 23: President signs HR 3590 (PL 111-148)</li><li>• March 25: Senate and House pass 4872 as amended</li><li>• March 30: President signs HR 4872 (PL 111-153)</li></ul>

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### Health Care Reform Legislation

The Patient Protection and Affordable Care Act  
(H.R. 3590, Public Law 111-148)  
Signed into law on March 23, 2010

The Health Care and Education Reconciliation Act of 2010  
(H.R. 4872, Public Law 111-152)  
Signed into law on March 30, 2010

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### Structure of Legislation

- Title I: Quality, Affordable Health Care for all Americans
- Title II: Role of Public Programs
- Title III: Improving the Quality and Efficiency of Health Care
- Title IV: Prevention of Chronic Disease and Improving Public Health
- Title V: Health Care Workforce
- Title VI: Transparency and Program Integrity
- Title VII: Improving Access to Innovative Medical Therapies
- Title VIII: CLASS Act
- Title IX: Revenue Provisions
- Title X: Strengthening Quality, Affordable Health Care for All Americans

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### Provisions Impacting Pharmacy

- Improvements in Medicare and Medicaid
- Practice expansion
- Health professions education and workforce initiatives
- Prevention and wellness
- Enhanced access to affordable medications

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### Practice Expansion

- Community-based care transitions program
  - High-risk Medicare beneficiaries
  - Conduction of comprehensive medication review and management
- Community health teams to support the patient-centered medical home
  - Interprofessional teams to maintain medical homes
  - Medication reconciliation at transitions of care
- Medication management services in treatment of chronic disease
- Improvement in Part D medication therapy (MTM) programs for innovation

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### Health Care Reform

#### Medication Therapy Management

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**Medication Therapy Management  
Health Care Reform**

- Establishes a Center for Medicare and Medicaid Innovation within CMS
  - To test payment and service delivery models to reduce program expenditures while preserving or enhancing quality of care
  - Must begin no later than January 1, 2011
  - Phase I: Test payment and service delivery models
    - Models may include "utilizing **medication therapy management services.**"
  - Phase II: Through rulemaking, expand the duration and scope of a model that is expected to meet quality/cost goals

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**Medication Therapy Management  
Health Care Reform**

- Establishes care coordination and management performance bonuses for Medicare Advantage plans
  - Eligible programs include **medication therapy management** programs that are more extensive than is required under Medicare Part D MTM
- Establishes a **Medication Management** grant program
  - Administered through the Patient Safety Research Center at the Agency for Healthcare Research & Quality (AHRQ)

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**MTM Grant Program  
Health Care Reform**

- Provides grants or contracts to implement MTM provided by **pharmacists** as part of collaborative, multidisciplinary, interprofessional approach
- Grantees must submit a plan for long-term financial sustainability
- Services are similar to what are included in the profession's MTM consensus definition
- Eligible patient population is broad
- Secretary must consult with stakeholders, including pharmacy and pharmacist organizations, in designing and implementing the MTM services

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### MTM Grant Program Health Care Reform

- Secretary must submit a report to Congress assessing the program's impact on various markers
  - Must evaluate the extent to which pharmacists who maintain a dispensing role have a conflict of interest in providing MTM services
- NOT specific to Medicare Part D
- The grant program is NOT yet funded
- Focus of grants still to be determined

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### Improvement to Medicare Part D MTM Health Care Reform

- Starting in 2013, requires plans to offer MTM services to targeted beneficiaries that include, at a minimum, services to improve adherence:
  - An annual comprehensive medication review furnished person-to-person or using telehealth technologies by a licensed **pharmacist** or other qualified provider. The review:
  - May result in the creation of a recommended **medication action plan**; and
  - Must include providing the individual a written or printed summary of the review results
  - Follow-up interventions as warranted

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### Improvements to Medicare Part D MTM Health Care Reform

- PDP sponsor must have a process to:
  - Assess, at least quarterly, the medication use of individuals who are at risk but not enrolled in the MTM program, including individuals who have experienced a transition in care
  - Automatically enroll targeted beneficiaries, including those identified a chronic care improvement program; and provide for an opt out

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 **HRSA**  
U.S. Department of Health and Human Services  
Health Resources and Services Administration

Patient Safety & Clinical  
Pharmacy Services Collaborative

“Integrates evidence based clinical pharmacy  
services into the care and management of high  
risk, high cost, complex patients”

<http://www.hrsa.gov/patientsafety/>

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