

PHARMACISTS KEY PRINCIPLES OF HEALTHCARE REFORM

ASSOCIATION OF BLACK HEALTH-SYSTEM PHARMACISTS NATIONAL PHARMACEUTICAL ASSOCIATION

We support in principle the conclusion of the Pharmacy Principles for Health Care Reform¹:

- All Americans need access to prescription medications and to pharmacist-provided patient care services to help them optimize therapeutic outcomes and reduce the risk of adverse events from medication therapy. Health care reform provides an opportunity to advance these goals.
- Pharmacists are a highly trained and valuable resource. Many are certified and have training in specialty areas such as cardiovascular care, diabetes, and asthma, yet they are currently underutilized. Health care reform discussions should focus, in part, on strategies to maximize efficiency and safety of drug distribution and collaborative disease management with physicians, while providing patients with access to the full benefit of pharmacist-provided patient care services to achieve better health care.

We recognize the complexity of the challenge to achieve optimum health care reform and the need to address cost drivers and quality. Health care reform will require full technology integration to support seamless collaboration between all points of care and the health professionals providing care.

According to the “Partnership to Fight Chronic Diseases”, chronic diseases, such as asthma, arthritis, cancer, diabetes and heart disease, are the single greatest threat to our nation's health and to our health care system. In the United States, chronic diseases are the #1 cause of death and disability. Treatment of chronic disease cost the health care system \$1.3 trillion annually, or about 75 cents of every health care dollar.²

The 2007 National Healthcare Disparities Report³ found that there is a larger gap in health care than previously reported. While many acknowledge that healthcare disparities exist, the failure to improve chronic disease diagnosis and treatment

¹Pharmacy Principles for Health Care Reform, December 2008
<http://www.accp.com/docs/govt/advocacy/121208%20HCR%20Principles.pdf>

² Department of Health and Human Services, Center for Disease Control and Prevention. Chronic Disease Prevention and Health Promotion. October 28, 2008. (<http://www.cdc.gov/nccdphp/>)

³ National Healthcare Disparities Report. Agency for Health Care Research and Quality. AHRQ Publication No. 08-0041

outcomes disproportionately affects populations at higher risk, even when they have insurance and access to care. Persistent disparities in care and chronic disease present a twin burden for individuals and communities of color. The disproportionately and unacceptable high prevalence, cost and burden of chronic disease, and the associated disparities in care, must be the primary objective for healthcare reform.

Access to prescription medications and to patient centered medical home is the cornerstones to reducing the cost and burden of chronic disease. In addition, the elimination of disparity in healthcare outcomes must begin at the first point of care. The integration of pharmacist services, through advance disease management applications, into the care coordination role of the Medical Home will optimize therapeutic outcomes and reduce the risk of adverse events from medication therapy. Health care reform provides an opportunity to advance these goals. The need for individual and community prevention education provides a key opportunity to maximize the long standing pharmacist-patient relationship. Community mobilization and engagement will be critical to optimizing any health care reform. Current pharmacy practice settings provide multiple opportunities to conduct on-going community health education through health screenings and educational events. However, we must recognize the limitations of such programs and seek to create more advanced alternatives to further optimize healthcare.

We Believe in these Key Principles of Health Care Reform:

1. That each patient has an ongoing relationship with their Medical Home primary care physician and pharmacist.
2. The pharmacist will insure that all medication interventions are guided and supported by evidence-based medicine.
 - a. Therapeutic interchange programs should be monitored to ensure that adherence, dosing and efficacy is unaffected by the change of medication. Physicians should never be offered financial incentives to switch patients' medications.
 - b. There is a process that ensure funding and oversight to conduct clinical comparative effectiveness research in chronic disease populations at risk for disparities in health care.
3. The integration of individual and community based health risk assessments in all practice settings.
 - a. Maximize health information technology applications and e-prescribing to improve adherence and compliance with medications.
 - b. Develop adherence and compliance standards to educate patients and providers.
 - c. Incorporate health literacy principles in all communications with patients to eliminate cultural, literacy, language and health digital applications barriers.
4. The implementation of targeted workforce development programs to increase diversification of the pharmacist health care workforce, including pharmacy residents, students, and technicians.

- a. Increase and promote enrollment of minorities in schools and colleges of pharmacy.
5. Improvement in access and in the delivery of care, such as through fostering collaboration with third party payers to ensure that there is consistency in a patient's ability to obtain prescribed medication therapy with minimal divergence in the healthcare system.