As a result of the Patient Protection and Affordable Care Act of 2010 (ACA), approximately 30 million more Americans will be eligible for health insurance starting in 2014. And those 30 million will be seeking access to health care. It is unclear, however, how the health care delivery system will cope with the demands of the newly insured.

Research indicates that health care reform will place higher skill demands on all members of the health care workforce. The country’s current shortage of primary care physicians will be exacerbated, as the current population of elderly people is living longer. By 2030, almost half of all Americans will have one or more chronic conditions that require medication.

Fortunately, the ACA aims to change how care is delivered by providing incentives for expanded and improved primary care and by creating interprofessional team-based models of service delivery.

Pharmacists have demonstrated that they can play a major role in optimizing patient care and reducing health care dollars in these new models of care.
For example, in large health care organizations such as the Veterans Affairs (VA) Health System, evidence already exists to document the value of pharmacists’ medication therapy management expertise to optimize patient care and reduce health care costs. Within the VA model, the pharmacist is able to implement medication and dosage changes. This model has been shown to improve patient safety, quality of life, and economic outcomes. In fact, in one study, pharmacists’ recommendations across all VA settings reduced the cost of therapy by 20 percent. The overall mean cost avoidance was $700, with cost avoidance per recommendation in the outpatient setting at $425, and $1,057 cost avoidance observed for the inpatient population.

In community settings, the Asheville Project, an effort began in 1996 by a self-insured employer in North Carolina to provide education and personal oversight for employees with chronic health problems, demonstrated how pharmacists can contribute to improved patient outcomes, lower total health care costs, reduce the usage of sick days, and increase satisfaction with pharmacist services. While the results showed cardiovascular and cerebrovascular (CV collectively) medication use increased threefold, CV-related medical costs decreased by 46.5 percent, and there was a 53 percent decrease in the risk of a CV event. There was also a greater than 50 percent decrease in risk of a CV-related emergency department/hospital visit.

At the local level, students and faculty from our School of Pharmacy, the University of Maryland Eastern Shore School of Pharmacy, ALFA Specialty Pharmacy of Columbia, Md., the Primary Care Coalition of Montgomery County, and Mercy Health Clinic have been collaborating to provide medication therapy management (MTM) in an interprofessional model under a program from the Health Resources and Services Administration’s (HRSA) Patient Safety and Clinical Pharmacy Services Collaborative (PSPC).

Patients with or at risk for developing multiple chronic conditions and on multiple medications are referred to pharmacists for MTM services. The team includes three pharmacists, two physicians, two nurses, two pharmacy residents, and three pharmacy students, and when needed, language interpreters, nutritionists, and social workers. In the first nine months of the program, 78 percent of the diabetic patients saw a reduction in their A1c, or blood sugar control. During the course of the collaboration, they also identified and addressed 514 medication-related problems.

For its work, the team was presented with the American Diabetes Association’s Promising Practice Award of Excellence. The team also was awarded the PSPC Life Saving Patient Safety Award, given to teams that established systems and processes for detecting, identifying, and preventing adverse drug events and who have saved at least one patient’s life by detecting and preventing a life-threatening adverse drug event, and PSPC’s Performance Award, presented to teams that documented performance and results that demonstrated increased clinical pharmacy services, improved health outcomes, and systematic identification and prevention of adverse drug events. The team has been invited to speak at a national HRSA PSPC meeting about its success.

On the federal level, Congress has considered bills three times in the last nine years to recognize pharmacists as providers and allow them to bill Medicare Part B for clinical pharmacy services; thus far, all bills have died in committee.

In the absence of provider status at the federal level, pharmacists have and can make inroads on the state level. Florida, Iowa, Maryland, Minnesota, Missouri, Mississippi, Ohio, and Virginia have implemented MTM programs and pharmacy-assisted disease management programs for Medicaid beneficiaries, which may eventually lead to universal provider recognition.
In Missouri’s Pharmacy-Assisted Collaborative Disease Management Program, primary care providers have worked collaboratively with pharmacists to reduce unnecessary health care utilization for eligible Medicaid recipients. In this model, the state allows pharmacists to bill Medicaid for cognitive services. Results included:

- Annual savings of $6,804 per enrollee
- 12 percent fewer hospitalizations relative to the prior year
- 25 percent reduction in emergency department visits

Since its inception in 2006, the Maryland P3 Program (Patients, Pharmacists, Partnerships), a partnership of our School of Pharmacy, the Maryland Department of Health and Mental Hygiene (DHMH), and the Maryland Pharmacists Association, has reduced direct health care costs between $498 to $3,281 for each participant per year. Seeking to scale up the results and offer patients access to evidence-based programs, DHMH’s Office of Chronic Disease Prevention is funding a pilot for 5,000 state of Maryland employees to receive medication therapy management services through the Maryland P3 Program. The 14-month project is being conducted at the State Center Complex in Baltimore.

Research on the economic benefits of clinical pharmacy services has been positive, with findings of cost savings and better health outcomes. Results from the aforementioned Asheville Project with a diabetic patient population serve as an example of the economic benefits. Medical costs decreased by $1,200 per patient per year. Usage of sick time decreased every year, with an increase in productivity estimated at $18,000 annually.

So those are the facts.

And now here is what I think about the issue: Patients deserve access to high-quality primary care offered by a range of safe, efficient, and regulated providers. As dean of the School of Pharmacy, it should be no surprise that I support efforts to permit pharmacists and other providers to practice to the full extent of their education and training in order to expand access for the newly insured.

Until pharmacists are designated as providers and can be compensated for the services they provide, expansion of MTM services will be limited.

I hope you will join me and others in educating our executive and legislative officials on the importance of pharmacists as part of a patient-centered, team-based model of care.

To get involved, I encourage you, our alumni and friends, to:

- Meet face to face with personnel at federal agencies such as the Centers for Medicare and Medicaid Services and the Agency for Healthcare Research and Quality as they draft regulations and solicit public comment to implement health care reform
- Work with professional organizations, federal agencies, and insurers to position pharmacists as an essential component of health care reform
- Reach out to stakeholders and organizations interested in testing new delivery models to explain the pharmacist’s capabilities
- Conduct research on delivery system reforms
- Speak out about the value of MTM and other clinical pharmacist services and how such services improve quality and create cost savings

Clinical pharmacists can contribute meaningfully to “the triple aim” of health care reform: achieving better population health, improving individual health, and reducing health care costs. Activism and commitment of individual pharmacists will determine the outcome of success. I invite you to join me in advocating for our profession.