Pharmacists' roles in patientcentered medical homes

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Optimizing medication use through team-based care

The Patient Protection and Affordable Care Act (ACA) identifies the need to improve the quality and ef-



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ficiency of health care in the United States.1 In transforming the delivery of health care, ACA promotes wellness and prevention within patient-centered medical homes (PCMHs), a teambased model of care. The legislation includes pharmacists part of the health care workforce as part of a change from a model of treating chronic disease to a model

that focuses on preventive medicine, health promotion, disease prevention, and patient self-management.1

New and emerging health care models including PCMHs, accountable care organizations (ACOs), medical neighborhoods, and community-based health centers are currently being created, tested, implemented, and disseminated in response to the pressing need to control health care costs and improve the quality of care patients receive in the United States.

Reports from the Institute of Medicine (IOM) over the past 15 years have detailed the prevalence and high cost of problems in the U.S. health care system, including those related to medication use.^{2,3} Recommendations from IOM to resolve the

identified problems and the passage of ACA are further accelerating the transformation of health care deliverv and the role that health professionals (including pharmacists) can play.^{1,4} Pharmacists can be critical players in PCMHs, helping patients make the best use of medications. Applying their knowledge and skills, pharmacists are drug-therapy experts on the health care team, promoting optimal medication therapy management as a key element of success in new models of care. Pharmacists are assisting integrated teams in ensuring optimal medication management and educating patients as active participants in their own health.

As a result of the work of early adopters in providing pharmacists' patient care services, the role of pharmacists within integrated teams is becoming better understood and defined. This role has recently been highlighted by a number of authors and organizations. A theme issue of this journal, published in March/April 2011, featured articles on pharmacists and PCMHs.⁵ Beginning in September 2013, the American Pharmacists Association released a series of eight ACOs briefs focused on emerging health care models.6

Key publications have also described the essential elements of care provided by pharmacists, the substantial contributions pharmacists can make to improving the quality and safety of patient care in PCMHs, and the need for integrating pharmacists into ACOs.7,8 In a 2013 position paper, the American College of Physicians stated that well-functioning teams will assign responsibilities of patient care to midlevel providers such as clinical pharmacists.9 Additionally, the Patient-Centered Primary Care Collaborative, which comprises more than 1,000 multidisciplinary stakeholder organizations, has advocated for new models of team care, including pharmacists

The **Association Report** column in *JAPhA* reports on activities of APhA's three academies and topics of interest to members of those groups.

The APhA Academy of Pharmacy Practice and Management (APhA-APPM) is dedicated to assisting members in enhancing the profession of pharmacy, improving medication use, and advancing patient care. Through the APhA-APPM Special Interest

Groups (SIGs), the Academy provides members a mechanism to network and support the profession by addressing emerging issues. To access a listing of APhA-APPM SIGs, visit www.pharmacist. com/apha-appm.

The mission of the APhA Academy of Pharmaceutical Research and Science (APhA-**APRS)** is to stimulate the discovery, dissemination, and application of research to improve patient health. Academy members are a source of authoritative information on key scientific issues and work to advance the pharmaceutical sciences and improve the quality of pharmacy practice. Through the three APhA-APRS sections (Clinical Sciences, Basic Pharmaceutical Sciences, and Economic, Social, and Administrative Sciences), the Academy provides a mechanism for experts in all areas of the pharmaceutical sciences to influence APhA's policymaking process.

The mission of the APhA Academy of Student Pharmacists (APhA-ASP) is to be the collective voice of student pharmacists, to provide opportunities for professional growth, to improve patient care, and to envision and advance the future of pharmacy. Since 1969, APhA-ASP and its predecessor organizations have played a key role in helping students navigate pharmacy school, explore careers in pharmacy, and connect with others in the profession.

The Association Report column is written by Academy and section officers and coordinated by JAPhA Executive Editor L. Michael Posey of the APhA staff. Suggestions for future content may be sent to mposev@aphanet.org.

ASSOCIATION REPORT

providing medication management.¹⁰ In a 2011 white paper, the Agency for Healthcare Research and Quality identifies pharmacists as a critical component of the medical neighborhood.¹¹ Although there has yet to be a simple or standard process for integrating pharmacists into these new models, there is clear evidence of need and support from a variety of stakeholders.

Pharmacists are contributing to patient care in PCMHs/ACOs by managing patients' acute medication needs and assisting in the management of medications used for chronic conditions. These services include optimizing complex medication regimens; performing comprehensive medication reviews to identify, prevent, and minimize drug-related problems; developing care coordination with the patient and other team members, including patient education and medicationadherence strategies; providing ongoing monitoring, transitions of care, and follow-up; assisting with quality measurement; and ensuring adherence to evidence-based medicine. Pharmacists may see patients in separate appointments, during group visits, or in conjunction with other team members. Innovation is at the core of developing the new models of care so that the desired outcomes of quality, efficiency, and reduced cost are achieved.

These new models of care enable pharmacists to practice at the "top of their license," and opportunities are available and growing in communities throughout the country. These opportunities are available to pharmacists practicing in a variety of settings, including community pharmacy, ambulatory care clinics, and hospital-based practices. As each of these models evolve, pharmacists need to reach out not only within their organizations but also to other providers and health care groups in their community to advocate for inclusion of pharmacy services.

To achieve the triple aim of better care for patients, better health

for populations, and reduced health care costs, patients and the health care industry need pharmacists to be fully integrated into PCMHs and ACOs.

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The need for research to advance the pharmacist's role in patientcentered medical homes

The aging population, rise in chronic disease burden, and increase in the number of insured individuals as a



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result of the Affordable Care Act have contributed to a need to transform primary care from a physiciancentric to a teambased delivery model.1-3 This transformation can be facilitated by health care professionals, such as pharmacists, practicing at the top of their license.

Given that pharmacists, as compared with physicians and nurses, are ex-

pected to be in adequate supply in the near future, there is an opportunity for pharmacists to expand their roles in team-based primary care. 4.5 The patient-centered medical home (PCMH) model aims to deliver comprehensive, patient-centered, teambased, coordinated, accessible care with a focus on quality and safety. 6 The PCMH has come to the spotlight for the potential to not only improve the quality of health care delivered to patients, but also to reduce health care costs.

The PCMH model was first introduced in 1967 by the American Academy of Pediatrics and

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