

Health care reform legislation: Momentous implications for shaping pharmacy's future

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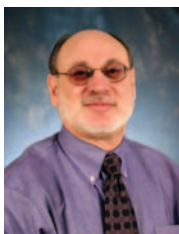
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Anyone who travels has heard or asked this question along the way. Are we there yet? The question implies that one is moving forward, is engaged in the process, and is a little impatient for the destination. Does this sound like our experiences with health care reform (HCR)?

Many milestones have occurred in the journey toward the landmark HCR legislation. Most notable for pharmacists was the Pharmacy Principles for Health Care Reform¹ document, which was supported by major pharmacy organizations and stakeholders. We reached a consensus among a large and diverse group of pharmacy stakeholders and rallied all pharmacists in support of a set of cardinal principles that included (1) quality and safety, (2) infrastructure to support access to medications and pharmacy services, and (3) interoperable health information technology accessible by pharmacists. We worked together to effectively interact with legislators through the many iterations of the bills in the House of Representatives and Senate. We collaborated, we focused our issues, and we were proactive.

Promising opportunities exist for pharmacy in the HCR legislation that was passed, including those af-

forded by the Patient Protection and Affordable Care Act (PPACA). Section 3024 of the act establishes an Independence at Home Demonstration Program, in which "independence at home" is defined as physician(s) or nurse practitioner(s) having team members (e.g., nurses, physician assistants, pharmacists, other health and social services staff) with home-based primary care experience. Section 3026 establishes a Community-Based Care Transitions Program, through which hospitals and community organizations may apply for funds to create care transition programs.

These may include pharmacy-related services such as "conducting comprehensive medication review and management including, if appropriate, counseling and self-management support." In Section 3201, medication therapy management (MTM), which is envisioned in terms more extensive than those required under Medicare Part D, will support care coordination and management performance bonuses for Medicare Advantage plans. Pharmacists are included explicitly in the health care workforce in Section 5101, which establishes a National Health Care Workforce Commission. These and other opportunities in PPACA will support quality improvement strategies, prevention and wellness initiatives, and workforce programs.

Are we there yet?

Not exactly. In the strange world of our nation's capital, a great idea in a law does not guarantee funding or the all-important regulations that govern implementation. Pharmacists must now gear



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 six APhA-APPM sections (Administrative Practice, Community and Ambulatory Practice, Clinical/Pharmacotherapeutic Practice, Hospital and Institutional Practice, Nuclear Pharmacy Practice, and Specialized Pharmacy Practice), Academy members practice in every pharmacy setting.

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, and to envision and actively promote 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* Senior Assistant Editor Joe Sheffer of the APhA staff. Suggestions for future content may be sent to jsheffer@aphanet.org.

Call for Papers on Pharmacists' Roles in Patient-Centered Health Care

The *Journal of the American Pharmacists Association (JAPhA)* is seeking manuscripts for a theme issue focusing on pharmacists' roles in patient-centered health care (PCHC). How does the pharmacy profession shape the future of PCHC and pharmacists' roles in that care model? Some might say that pharmacists have always provided PCHC. Even if one accepts this assertion, PCHC continues to evolve with advances in technology and with new and innovative practice models. The profession needs to develop a statement of joint principles similar to the American Academy of Family Physicians¹ and new and practical solutions to future issues, such as delivery and administration of the technologies and reimbursement for practitioners providing PCHC (e.g., within the medical home). Submissions are encouraged that address your experiences or research on topics including but not limited to the following:

- Effective incorporation of pharmacists and their skills into PCHC models and the development of effective and equitable reimbursement models
 - Bundling of payments (e.g., challenges if physician reimbursement models predominate) and pharmacists' roles in accountable care organizations
 - Pharmacists' roles in current and future patient PCHC models
 - Personalizing transitional care (e.g., hospital to home, home to nursing home) and medication reconciliation
 - Indigent and special populations
 - Program evaluation/demonstration of positive outcomes compared with usual care; gaps in knowledge about the effectiveness of PCHC models
 - Use of Web 2.0 and other social networks in PCHC models
 - Determining and testing medication therapy management elements that are core to PCHC/medical home models
- Pharmacogenomics, nanotechnology, and other technology advances
 - Personalized immunology
 - Experiences, clinical trials, or pilot projects testing the use of pharmacogenomic data in patient care or incorporation into practice
 - Types of personalized/individual information needed for therapeutic decisions (e.g., pharmacogenomic/biological data to make differential decisions on similar therapeutic categories, prediction of effectiveness/adverse effects)
- New or modified college of pharmacy and continuing professional development training models with a focus on PCHC
- Assessment of delivery models (e.g., enhancement of call centers, displacement of pharmacists, legal and regulatory trade and professional implications, expansion of mail order/robotics for delivering the product and freeing pharmacists to provide more personalized care) and consequences for the pharmacy workforce
- Evolution and adaptation of patient health records and electronic medical records incorporated into PCHC (e.g., free-standing pharmacies, practices with physician offices, ambulatory care clinics)
 - Use to provide better care
 - Partnerships, experiences, how they work/composition
 - Meaningful use provisions and their incorporation into pharmacy systems and interoperability

Important dates for this call for papers are as follows:

1. Submission of manuscripts must occur before October 31, 2010, 11:59 pm ET. Manuscripts should be submitted through *JAPhA*'s portal at <http://mc.manuscriptcentral.com/japha> and comply with *Journal* format. The latest instructions for authors are available in the Jan/Feb 2010 issue of *JAPhA* and can be found at www.pharmacist.com/AM/Template.cfm?Section=JAPhA2&Template=/CM/ContentDisplay.cfm&ContentID=14358.
2. Manuscripts submitted by October 31, 2010, will be reviewed in a timely fashion with the goal of having an editorial decision no later than December 1, 2010.
3. Final acceptance of manuscripts for publication must occur no later than January 15, 2011.
4. Publication will occur in the Mar/Apr 2011 issue of *JAPhA*, which will be released in conjunction with APhA2011 in Seattle, WA, March 25–28, 2011.

When submitting your manuscript for the special issue through the *JAPhA* portal, please make note that the manuscript is intended for the theme issue in the submission letter to the editor and choose L. Douglas Ried as your preferred editor. These two actions will expedite review and ensure that your manuscript is reviewed by colleagues with the appropriate expertise. Also, if you are willing to review papers for this special theme issue, please write, telephone, or e-mail Doug Ried.

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