



HCR checklist:

What you need to do NOW!

- ❑ **From last month:** You took advantage of the August recess to contact Members of Congress through pharmacy visits and meetings, as well as phone calls, e-mail messages, and letters. It was a long, hot August for many members, but they heard pharmacy's message loud and clear.
- ❑ **Searching the fine print:** Medication therapy management (MTM) is now included in health care reform (HCR) bills on both sides of the Capitol, and our next task is to keep it there. The Senate Finance Committee must complete its work and differences between the various versions of HCR legislation must be reconciled as bills move to floor votes. If legislation is approved by the House and Senate, a conference committee of members from each body will hammer out the differences. As the focus turns to the details of HCR where pharmacy's most important provisions reside, APhA will be conducting Hill visits, monitoring developments, and reporting these to the profession. Be ready to reinforce these actions when the signal comes!
- ❑ **Join!** There's strength in numbers. If your membership in your national professional society is not current, go to pharmacist.com and join APhA today. Your professional future will be all the better for it.
- ❑ **Next month:** If Congress moves quickly on HCR legislation and meets its self-imposed deadline of October 15 to send a bill to President Obama, the action will move to the regulatory front, as the Administration begins the long process of interpreting the law and writing regulations. APhA members should continue to be ready to react as the sprint on the legislative side transforms to a marathon on the regulatory side of government.

Success! MTM makes the cut

When Tiger Woods failed to make the cut after the first two rounds of July's British Open, many wondered about their own prospects for clearing various hurdles in their lives. Certainly, APhA and its partner organizations have known how difficult it would be to succeed in health care reform (HCR) in the heated Washington environment this year. But toil on they did, advocating on behalf of pharmacy and medication therapy management (MTM) in the debate, even as it became increasingly more difficult to make the profession's collective voice heard over the din that has engulfed this issue. The question remained: Would pharmacy make the HCR cut?

Late on the last Friday evening in July—in fact, in the last meeting on the last day of July before the House of Representatives began a month-long recess—that question was answered affirmatively. The House Energy and Commerce Committee unanimously adopted an MTM amendment to its HCR legislation. Because the language in the amendment is very similar to provisions passed by the Senate Health, Education, Labor, & Pensions Committee, the vote strongly places MTM provisions in bills before both chambers. This portends positively that such pharmacist services will fare well if HCR legislation reaches a conference committee later in the year. The bipartisan support of MTM in the House committee is a particularly positive sign that Congress recognizes the capabilities of pharmacists in improving medication use and advancing patient care.

As Senators and Representatives fanned out across the country, the debate over HCR legislation became heated and vitriolic in many quarters. But pharmacists could take the high road their efforts had earned them, reinforcing the need to keep MTM in the bills—a far easier chore than getting it added later.

Grants programs key in HCR

Without a doubt, the HCR proposals now under debate could result in sweeping changes to the insurance industry, and employers could face new mandates regarding provision of health benefits to employees. But what do the proposals actually say about health professionals and the way they provide care? On that score, the proposals are more incremental than sweeping, in many ways.

In the case of MTM, for instance, a grant program is established to assist policy makers in evaluating and determining best practices and in developing quality measures specific to MTM services. This information will be used when policy makers consider rolling out MTM models more broadly.

Other innovative programs are included in the HCR bills, and they too are generally targeted for evaluation through grants programs. The details on how these programs would be rolled out, evaluated, and later expanded will be determined more in the regulatory process than through congressional action.

APhA and pharmacy need to prepare for a long-term effort of influencing HCR and the impact of various programs affecting patients, their medications, and their pharmacists. Through the always active Government Affairs staff, APhA will represent the profession on all fronts in the nation's capital and will remain in touch with you and the state pharmacy associations about issues and activity across the country.

McBane: Pharmacist finds her medical home

Medical homes form the core of HCR proposals, and pharmacists have been mentioned by the *New York Times* and CNN as important members of the health care team working there. But



Congress meets pharmacy Illinois Rep. Judy Biggert (fourth from left), a member of the Republican-led Health Care Solutions Group, visited Dominick's Pharmacy and Adventist Hinsdale Hospital in Chicago on August 5. There she learned all about what pharmacists are doing in the areas of vaccinations, diabetes, hypertension, and bone density screening. Shown at Dominick's were (left to right) Olamide Davies, Clinical Pharmacist; Sonali Kshatriya, Community Residency Director; Elizabeth Seybold, Pharmacy Care Manager; Biggert; Michelle Andrews, Regional Pharmacy Manager; and Jennifer Chan and Jaini Shah, Pharmacy Residents.

hub on health care reform

exactly how will pharmacists fit into medical homes?

A good place to get that answer is from North Carolina's Sarah McBane, PharmD, BCPS, CDE, CPP, who splits her time between a patient-centered, level 3, certified medical home at Duke University Medical Center and teaching pharmacy practice to students at Campbell University School of Pharmacy. McBane describes her medical home site as "very collaborative": She spends 80% of her time in a Duke family medicine clinic with physicians, nurse practitioners, and physician assistants helping to improve medication use and advance patient care. "On Monday and Thursday mornings, I am in clinic, providing general pharmacotherapy services," McBane told the Hub. "I might be meeting with patients who have asthma or diabetes, counseling patients on smoking cessation, or reviewing complicated medication regimens. Even though I meet with patients

one on one, the care is coordinated with all my colleagues in the medical home." On Tuesday and Wednesday, McBane and a physician assistant provide anticoagulation services at Duke Family Medicine. McBane teaches collaborative care to student pharmacists, physicians, and physician assistants on rotation at Duke during clinic sessions. For the other 20% of her week, she is involved in clinical improvement committees, research, and didactic teaching, and she sometimes drives the 50 miles to Campbell University for lectures.

An excellent description of the medical home was in a June 22 *New York Times* article, which focused on the care of one of McBane's patients, a 57-year-old man with congestive heart failure, diabetes, kidney failure, high blood pressure, gout, high cholesterol, and blindness in one eye.

If rolled out nationally as part of health care reform, the medical home

will have to be "thought of not as a place like the clinic where I practice, but as a way that physically dispersed providers can work closely in caring for the patient," said McBane. "Through better electronic medical records and e-prescribing, and in places such as small towns where the physicians, pharmacists, and patients all know each other, the model could work really well," she added.

If McBane has a concern about the medical home model, it relates to reimbursement. "One of my hopes for health care reform," noted McBane, "is that pharmacists can get better reimbursement not just for products but for our cognitive services. If the physician is not required to spend as much time with patients because of the pharmacist's services, I hope that economy will be built into the reimbursement schedules for medication therapy management."

What are the HCR details?

The old adage says, "The devil is in the details," and certainly that is a truism when it comes to laws and regulations. Thus, while many Americans look to the media for a sound-bite summary of HCR legislation, the Government Affairs staff at APhA spends hours analyzing the details of provisions affecting pharmacy.

During August, the team took advantage of the congressional recess to analyze in detail the thousands of pages of proposals that are circulating on Capitol Hill (see full report at www.pharmacist.com/hcr/HCRMessaging). Here are some of the elements of various House and Senate proposals that APhA is monitoring as debate continues:

- Inclusion of medication adherence activities in efforts to reduce hospital readmissions
- Improvement of the Medicaid reimbursement formula for generic drug products
- Requirement for proposed care teams to provide primary care providers support to assist in chronic care management activities such as MTM services and medication reconciliation
- Requirement of transitional care programs to include medication reconciliation and to develop discharge plans that include MTM services as appropriate
- Exemption of certain pharmacy suppliers from Medicare durable medical equipment surety bond and accreditation requirements and the acknowledgment that certain accreditation applications meet accreditation requirements
- Phasing out of the Medicare Part D coverage gap (doughnut hole)
- Requirement that manufacturers provide a 50% discount for beneficiaries in the doughnut hole (100% of the cost of the drug will count toward the patient's true out-of-pocket costs)
- Repeal of the Medicare Part D requirement that pharmacies serving long-term care facilities submit claims within 90 days
- Establishment of an MTM grant program for services provided by pharmacists
- Establishment of transparency requirements for pharmacy benefits managers
- Establishment of prevention and wellness program grants
- Allowing the Secretary of Health and Human Services to establish reimbursement rates for prescription drugs in a public plan
- Inclusion of schools of pharmacy in quality improvement demonstration programs
- Inclusion of pharmacists and pharmacies in the manufacturer/distributor "gift" reporting requirements
- Inclusion of compounding pharmacies and pharmacists in the definition of "manufacturer" (relative to the gift reporting requirements mentioned above)
- Inclusion of pharmacists and schools of pharmacy in workforce strategies, including establishing a new loan repayment program that includes pharmacists.

HUB ON HEALTH CARE REFORM

provides readers with practical information on health care reform issues, what APhA is doing to keep pharmacists' important role front and center with decision makers, and simple ways for pharmacists to participate in the processes that will determine the structure, function, and processes of a reformed

American health care system. Send an e-mail message to APhA at gvtaff@aphanet.org to offer suggestions for future content, ask questions, make comments, or request permission to use or copy this issue. © 2009 by the American Pharmacists Association. All rights reserved. Printed in U.S.A.



American Pharmacists Association
Improving medication use. Advancing patient care.