VIEWPOINTS

Election 2008: Projecting the Winners

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It's December and virtually all the votes have been counted (in some cases, recounted) to determine the outcome of this excruciatingly long election cycle. Barack Obama will be sworn in as the 44th President of the United States on January 20, 2009. Given the state of the world economy, he faces challenges of unprecedented size and shape. So what is the point about projecting the winners?

Despite – or perhaps more accurately because of – the collapse of the financial system, 2 wars, and rising unemployment, leaders in the Obama administration and in Congress have signaled their intent to tackle the \$2 trillion dollar health care system as a leading priority for reform. The facts that over 50 million people are uninsured or underinsured and that much care is rendered in an uncoordinated and sometimes harmful manner are key drivers for change. The real driver, however, is the reality that in 2011 the first Baby Boomers turn 65 and become Medicare eligible. Projections are that without reform the system collapses or becomes totally unaffordable in just a few years.

So who will win in this reformation that touches the lives of every single citizen of our country? I say it is those that come to the table with real solutions to a more efficient and rational health delivery and financing model. The vested interests are many and they are big and powerful. Hospitals, insurers, pharmaceutical companies, and physicians are those with the largest financial interest in our current delivery system. They have formidable lobbying power that quite frankly overshadows just about any lobbying resources the entire enterprise of pharmacy can muster.

The current fiscal crisis has the potential to challenge the traditional imbalance of special interest power. A new set of arguments need to be made for health system reform that aligns incentives for the design and delivery of health care services that make more sense than those currently in play. We must begin with a fundamental shift in our thinking and design a model of care that is truly patient-centered (not hospital or physician centric). There must be a focus on prevention with serious incentives for patients

to take action to prevent disease or modify the progression of illness. There must be more effective coordination of care delivered by teams of clinicians who share information, attend to evidence-based guidelines, and measure their performance against meaningful standards. There must be better decision making around rational care at the end of life.

Academic pharmacy has much to bring to the table in these discussions. We have created and contribute daily to models of care for prevention and indigent, acute, and intensive care. We have evidence through our scholarship that when a pharmacist's services are part of a functional team, better patient outcomes are achieved. We have convinced our collaborating physicians that their practice is higher quality and safer for patients when they join forces with us to provide health services. We have economic analyses to demonstrate real savings in overall health care spending when pharmacists contribute their clinical savvy to the needs of patients.

There will be pressures throughout the health reform discussions to seek the lowest prices for prescription drugs. Candidate Obama espoused support early in his election efforts for reimportation of drugs from outside the United States. His advisors have helped him realize that the risks for this may outweigh the benefits, but it signals his attention to the cost of drugs.

We must help the Administration, including presumed Secretary of the Department of Health and Human Services Tom Daschle, and leaders in the House and Senate, see beyond getting drugs cheaper. The solutions we can bring to the table are much more powerful. So gather your evidence that the care we provide in our clinics, hospital units, and community pharmacies makes a difference. Commit to sharing that information with your members of Congress and their health policy advisory staff at home and, yes, even in DC. If we don't do so now, while the microscope is focused once more on the need for change in our broken health care system, someone else will bring solutions and pharmacists might not be in their picture of better health care.