VIEWPOINTS

Focusing the Academy's Strengths to Reorganize Healthcare

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With the current focus on healthcare reform in the United States Congress, it is important to celebrate the impact that colleges and schools of pharmacy are making on public policy. Many of the provisions included in both the House and Senate proposals reflect a desire for a reorganized healthcare system based on the teaching, research, and service of pharmacy faculty members. AACP has contributed dozens of examples of how community-campus partnerships are creating greater value across the healthcare continuum, improving the quality of care patients receive, and increasing or at least maintaining access to critical community-based services, including service delivery utilizing telemedicine technology.

At this writing, the Senate Finance Committee continues to work towards a bipartisan proposal. The Senate Committee on Health, Education, Labor and Pensions has filed and passed out of their committee the "Affordable Health Choices Act." The House of Representatives is working toward combining the proposals developed by the Committees on Education and Workforce, Energy and Commerce and Ways and Means into HR 3200. It remains to be seen whether a final healthcare reform bill will eventually be signed by President Barack Obama. Yet, the health and education issues reflected in these legislative proposals will remain important with or without legislative resolution.

At this juncture, the call for comprehensive reform has slowly been eroded to universal insurance coverage and insurance reform. Take a close look at the remainder of these proposals and it is clear that there is no certainty as to how we should reform healthcare. Once again we are left with policy concepts that will be evaluated through pilot projects and supported by grant programs of uncertain duration. Improving care coordination through accountable care organizations and medical homes and establishing quality measures and indicators are largely untested concepts and must accommodate the fact that primary care is still a cottage industry with wide variation of practitioner numbers and information technology in-

frastructure. Team-based, patient-centered care requires culturally competent health professionals able to care for patients and populations with varied levels of health literacy. Even with years of support for increasing the diversity and improving the cultural competence of the health professions workforce through programs such as the Centers of Excellence and Health Careers Opportunity Programs, there are no definitive best-practices that create the health professional we depict in legislation. Add to this the focus on prevention and wellness and legislative support for the establishment of a national prevention strategy. Since we know that preventive care and promoting wellness also have a price tag associated with their delivery, what should be given first priority?

Taken all together, these policy issues, while important, will continue to evolve and develop over time. These legislative provisions are the options that people think will work. The proof that they do work will come through program development, implementation, and evaluation. This reiterative process will take years to prove or disprove the utility of any program. So now is the time for academic pharmacy to partner with those who can and will:

- create the care coordination models that improve quality, reduce hospital readmissions, and decrease adverse events associated with poor medication therapy management;
- develop interprofessional models of health professions education so our graduates are prepared and anticipate caring for patients collaboratively with others;
- evaluate models of care that have the greatest benefit to the patient populations being served;
- participate in the development of quality measures that require improved management of medication use; and
- determine what aspects of disease prevention and wellness can be competently provided by pharmacists in the community.

The academy, through its research, needs to be much more attentive to the clinical, economic, and educational implications of controlling healthcare costs, improving healthcare quality, and increasing access to care based on

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the needs of the patient. The evidence base established through pharmacy faculty research will also need to be disseminated much more broadly beyond the profession of pharmacy for the conclusions and implications of research to be recognized and integrated into future policy decisions.

Maybe it is time for the academy to work toward consensus on how new knowledge will be developed, shared and translated within the academy and with other health professions education and professional organizations, payers, and public policymakers. The concept of an academic-based research network has been discussed in the hallways at meetings as a systematic way of approaching some very important questions. This might be one way of establishing the infrastructure to keep academic pharmacy a significant contributor to the healthcare debate. By starting now to determine how to capitalize on current reform concepts and maximize your participation in the pilots, strategy development, and grants, academic

pharmacy will be able to steer policy discussions toward conclusions that are in the best interest of the students you educate, the patients you care for, and the institutions in which you serve.

Academic pharmacy has done its part to create a reform agenda that reflects the knowledge and skills of its members. It is important to recognize that neither healthcare nor health professions education include this knowledge as the standard of education or care. Therefore the academy must continue to influence policy development away from its dependence on educational and care models. Only when the evidence readily supports a model as the standard of care will our relevance as generators of new knowledge be able to turn to the next opportunity to improve our place in the world. The best way to remain relevant is to be prepared, because the only certainty is that it will be a long time before we get another try at comprehensive healthcare reform.