VIEWPOINTS

Engaging in Rapid Cycle Innovation

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There has been considerable interest in opportunities posed by implementation of the Affordable Care Act (ACA). The pace and tempo of new program announcements and initiatives is impressive. The purpose of this viewpoint is to describe opportunities for aligning interests of the academy with aims of the National Quality Strategy,¹ and to recommend engagement in innovative sabbaticals, intergovernmental personnel agreements, and endowed fellowships.

The National Quality Strategy was developed in response to the ACA through broad stakeholder engagement. It provides a concise road map for achieving the 3-part aim of better care for individuals, better health for populations, and at lower per capita expenditures. The National Quality Strategy can be used by faculty members to focus scholarly priorities and to collaborate with healthcare stakeholder organizations seeking individuals for sabbatical and fellowship experiences.

Scholarship of the Affordable Care Act

There are several traditional and “nontraditional” ACA scholarship opportunities for faculty members. The usual menu of traditional research endures through the National Institutes of Health, the Agency for Healthcare Research and Quality, and various foundations. However, the ACA has spawned a new generation of inquiry related to improving quality while decreasing expenditures. Bold aims for decreasing hospital acquired conditions, reducing readmissions, and preventing the sequelae of cardiovascular disease are 3 pressing examples.

For instance, reducing readmissions through effective and efficient community-based care transitions (Section 3026 of the ACA) is an exciting opportunity that could benefit from faculty engagement in this area of scholarship.² The Partnership for Patients³ is one public-private initiative launched in response to National Quality Strategy recommendations for a safer and more effective health system. Partnership for Patients aims to decrease

preventable hospital-acquired conditions by 40% and readmissions by 20% opens a compelling scholarly portal. Over a third of hospital-acquired conditions consist of adverse drug events (ADEs) and harnessing results of ADE surveillance, prevention, and mitigation programs at institutions across the United States will go a long way toward achieving Partnership aims.

Another noteworthy scholarly opportunity exists in assisting the Patient Safety and Clinical Pharmacy Services Collaborative of the Health Resources and Services Administration (HRSA-PSPC).⁴ Using the Institute for Health Care Improvement methods for quality improvement, the HRSA-PSPC communities have tackled many daunting delivery system challenges.⁵ Quality improvement projects to help patients with the greatest cardiovascular risks and designing safer medication use systems in the ambulatory setting hold great promise for the future. The Centers for Medicare and Medicaid Services - Quality Improvement Organizations 10th Statement of Work calling on states to expand the number of PSPC communities has led to practice development and evaluation partnerships with college and school of pharmacy faculty members.

Intriguing Sabbatical and Intergovernmental Personnel Agreements

A sabbatical is a designated period of leave from duty granted to university teachers and other professions for the purposes of study, rest, and travel originally taken every 7 years. An academic sabbatical, or leave, offers the chance to take a step back from recurring duties and responsibilities to reflect on the meaning of one’s contributions, to develop new skills and partnerships, and to regenerate enthusiasm for the pursuit of scholarly inquiry. There are a number of benefits to both the individual and the institution when faculty members expand their horizons through academic enrichment.

If you have not been able to set aside your duties for substantive reflection, retooling, and rejuvenation, it is difficult to describe what you are missing. But you don’t have to abandon the family, turn your back on colleagues, jump through daunting administrative hoops, or raise a boatload of money to do it!

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My journey to the Center for Medicare and Medicaid Services is one example. I used relationships developed at inception of the Medicare Part D Drug Benefit to establish goals for helping to improve the Part D Medication Therapy Management Program. While I was completing work with the Drug Benefit Group, colleagues in the Innovation Center at the Centers for Medicare and Medicaid Services asked me to extend my leave for the purpose of contributing to the Partnership for Patients.

Faculty members need not travel long distances to take sabbatical leave. There are a plethora of state Medicaid initiatives related to the Affordable Care Act that would be amenable to faculty engagement. Another idea might be to take a “half sabbatical” contributing to a health industry business or nonprofit organization near your home institution. And there are numerous state and national health foundations and nonprofit organizations that could benefit from the contributions of faculty members. One logical federal partner that faculty members may want to consider approaching in this manner is the Agency for Healthcare Research and Quality (AHRQ).

Faculty members need not wait until they are promoted to take leave. In fact, waiting until the “time is right” may be one reason why many faculty members leave and sabbatical opportunities remain vacant. Faculty member leaves through fellowships such as the Institute of Medicine, Robert Wood Johnson Foundation, the Virginia Commonwealth University, American Society of Health-System Pharmacists, American College of Clinical

Pharmacy Congressional Fellowship, and American Association of Colleges of Pharmacy/American Association for the Advancement of Science Congressional Scholar-in-Residence can be ideal for mid-career faculty members.

A sabbatical leave represents time for quality reflection and reengagement. The sponsoring institution also benefits from the faculty member’s expanded scholarly pursuit. In this era of rapidly evolving health delivery system innovation, faculty members should seriously consider this marvelous opportunity. If you do not, you may never know what you are missing.

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