VIEWPOINTS

New Questions for Pharmacists in the Health Care System

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The pharmacy profession is determining how it will become a vital part of new health care models such as accountable care organizations (ACOs) and patient-centered medical homes (PCMHs). Pharmacists must be prepared to demonstrate their value in these emerging health care models by improving the quality of care, reducing health care costs, and enhancing patient access and satisfaction. The health care decision makers will require demonstration of value, framed in business language, using new measures of outcomes quite different from what have been used in the past for pharmacy services. Colleges and schools of pharmacy should take on the task of developing these new measures demonstrating pharmacist value in collaborative care delivery, and instruct students in how they will need to demonstrate their value in new health care models.

The way that the value of a pharmacist is measured has changed, particularly for patient-focused services. First-generation “clinical pharmacists” back in the 1970s and 1980s typically focused their efforts on physicians (ie, pharmacists provided drug information or rounding with them on medical teams”) and were more often physician consultants than patient care providers. Some of the key questions to be answered included: were physicians satisfied with the information pharmacists provided and did the information change the physician’s treatment plan? In the last few decades, we have learned that keeping physician colleagues happy is important to pharmacy but not sufficient to create a financially viable pharmacist practice and not consistent with current thinking about collaborative team care.

As pharmacists’ responsibility to patients gained recognition, the key questions changed to whether

pharmacists could positively influence important disease outcome measures (such as blood pressure, blood glucose and hemoglobin A1c, INR, serum lipids). Over the past couple of decades, hundreds of reports have been published—some in the most respected medical journals—documenting the positive influence that pharmacists have on disease outcome measures. As important as this documentation is, it will not be sufficient alone to demonstrate the value of the pharmacist in the emerging era of health care.

The key questions continue to change in this emerging era. Yes, pharmacists can manage blood pressure, INR, blood glucose, etc, but can they do so better than other health professionals? Can pharmacists improve the quality and productivity of health care teams and systems? By their participation on teams can they improve the efficiency and productivity of other health care team members?

While the implications for the profession become more evident over time, there are also important implications for pharmacy education. The many pharmacy faculty members who are skilled in outcomes research can direct their efforts to addressing these new questions. Colleges and schools can instruct students about new expectations and how to demonstrate their value, and they can invest in studying the emerging health care models to determine how pharmacists can positively affect the health system. Patient care pharmacists must continue to generate the good will of other members of the health care team, demonstrate that they can positively influence health outcomes, and now, demonstrate value by improving the productivity and quality of the patient-centered care team and the health system in which they work.