

Ensure an Adequate and Well-Trained Pharmacy Workforce

ASHP Urges Congress to:

- ▶ **Restore the \$10 million Medicare graduate medical education (GME) funding level** of second-year pharmacy residency programs, a key element to foster the multidisciplinary team based approach to care;
- ▶ Provide oversight to the **National Health Workforce Commission** created by the Patient Protection and Affordable Care Act (P.L. 111-148). The commission will examine and make recommendations to Congress on the supply of health professionals. This includes GME under Medicare, where funding for a portion of health care residency programs exists. Pharmacy residency programs are critical to achieving the integrated, multidisciplinary approach to patient care as envisioned by the Affordable Care Act;
- ▶ **Work with the Health Workforce Commission** as they examine GME funding to ensure that second-year pharmacy residency programs receive the funding they need to foster a coordinated approach to care that makes patient safety and quality of care job one;
- ▶ Make pharmacists eligible for the **National Health Service Corps**.

Why the Supply of Residency-Trained Pharmacists is Important:

- ▶ Second-year, specialized pharmacy residency programs are vital to our health care delivery system. The lack of federal funding for these programs has already brought about a reduction in the number of institutions providing specialized residency training. The long-term impact of CMS's decision to eliminate funding will be a significant reduction in the number of qualified clinical pharmacists and pharmacy practice leaders needed to ensure appropriate management of high-risk medication therapy in hospitals.
- ▶ The Medicare Payment and Advisory Commission (MedPAC) notes in its June 2010 report, "We cannot accomplish delivery system reform without simultaneously ensuring that the providers we need have the skills necessary to integrate care across settings, improve quality, and use resources efficiently."
- ▶ Specialty residencies provides pharmacists with training that enables them to take on direct patient care activities, including participating on patient rounds, monitoring patient responses to their medicines, improving medication therapy outcomes and preventing adverse drug events. Their involvement not only provides improved patient outcomes, it also can result in reduced costs for their institutions and the health care system.

(more)

Residency-Trained Pharmacist Saves Money, Improves Care

In a study published in the *American Journal of Health-System Pharmacy*, an intensive care unit clinical pharmacist saved a hospital as much as \$280,000 over a 4.5 month period by preventing potential adverse drug events (ADEs) and reducing costs.

During the study period the pharmacist, who completed a specialized residency in critical care pharmacy practice, initiated 110 interventions, including those recorded during patient care rounds and chart reviews. The study found that the total cost to the institution over a 4.5 month period without the ICU pharmacist would have been \$209,000-\$280,000.¹ Of this amount, \$205,919-\$280,421 was attributed to preventing potential costs by avoiding ADEs. Another 12 interventions individually reduced costs from a range of \$10 to more than \$1,000 per intervention.

The pharmacist's residency training focused on the range of diseases and disorders that occur in the critically ill and equipped the pharmacist to make complex medication and nutrition support recommendations in this fast-paced environment. As a result, the pharmacist is a fully integrated member of the interdisciplinary critical care team.

How Congress Can Help

- ▶ **Restore funding for second-year specialized pharmacy residency programs** aimed at providing vital post-graduate training for pharmacists serving our nations' most vulnerable patients.
- ▶ **Ensure that the newly-created health workforce commission adequately addresses the supply needs and education and training capacity of all health professions.** This includes:
 - Examining the health care needs of **special populations** such as senior citizens, minorities, and those living in rural and medically underserved areas;
 - Examining the implications of new and existing federal policies that affect the health care workforce, including **Medicare and Medicaid GME**; and
 - Offering recommendations that create or revise **national loan repayment programs** and scholarships. The Patient Protection and Affordable Care Act (P.L. 111-148) requires the health workforce commission to address workforce needs that are consistent with the goals of delivery system reform through more integrated care models that maximize the skill sets of health care professionals across disciplines. Enabling pharmacists to participate in the loan forgiveness program under the National Health Service Corps would help ensure an adequate supply of a key part of the health care team.

References

¹ Kopp BJ, Mrson M, Erstad BL, and Duby JJ Cost Implications of and potential adverse events prevented by interventions of a critical care pharmacist. *Am J Health-Syst Pharm.* 2007; 64:2483-2487.