

Senate Finance Committee

Hearing on

Workforce Issues in Health Care Reform: Assessing
the Present and Preparing for the Future

March 12, 2009

Statement for the Record
Submitted by the



American Society of Health-System Pharmacists

7272 Wisconsin Avenue

Bethesda, MD 20814

Email: gad@ashp.org

Phone: 301-664-8710

The American Society of Health-System Pharmacists (ASHP) respectfully submits the following statement for the record to the Senate Finance Committee Hearing: Workforce Issues in Health Care Reform: Assessing the Present and Preparing for the Future.

As the national professional association representing over 35,000 pharmacists who practice in hospitals and health systems, ASHP can offer unique and vital feedback on this important health care issues. Pharmacists in hospitals and health systems are experts in medication use who serve on interdisciplinary patient-care teams. They work with physicians, nurses, and other health care professionals to ensure that medicines are used safely, effectively, and in a cost-conscious manner. For more than 60 years, ASHP has helped pharmacists who practice in hospitals and health systems improve medication use and enhance patient outcomes. This includes working with patients to help them access the medications they need and to use them safely and effectively.

As the health care reform debate moves forward and takes shape, attention must be given to the education and training pharmacists receive. Pharmacists are the third-largest health profession in the United States, and are typically the health care practitioner patients see the most. While Congress and the Administration consider innovative health reform concepts such as the patient-centered medical home model, promotion of wellness programs and services, and a more coordinated, team based approach to care, pharmacy workforce and training challenges must be addressed to ensure an adequate supply of well-trained pharmacists.

Specialized Pharmacy Residency Programs

Pharmacists practicing in hospitals and health-systems care for critically ill patients on highly complex medication regimens. Therefore, postgraduate training programs such as pharmacy residencies are essential to providing pharmacists with hands-on training needed given the complexity and risk of medications used in hospitals and health-systems. Completion of a residency upon graduation (postgraduate year one or PGY1) from pharmacy school is beginning to be the norm for pharmacists practicing in hospitals. Additionally, pharmacists who wish to pursue enhanced clinical roles can do so by completing a second-year residency program (postgraduate year two or PGY2) that specializes in a particular disease state or condition, or specializes in a particular patient population such as geriatrics. PGY2 pharmacy residency training is an organized, directed, accredited program that builds upon the competencies established in PGY1 residency training. These programs increase the resident's depth of knowledge, skills, attitudes, and abilities to raise the resident's level of expertise in medication therapy management and clinical leadership in the area of focus. In those practice areas where board certification exists, graduates are prepared to pursue such certification.

PGY2 specialized pharmacy residency programs are offered in the following areas: ambulatory care, cardiology, critical care, drug information, emergency medicine, geriatrics, infectious diseases, informatics, internal medicine, managed care pharmacy systems, medication safety, nuclear pharmacy, nutrition support, oncology, pediatrics,

pharmacotherapy, health-system pharmacy practice management, psychiatric pharmacy, and solid organ transplant.

The Centers for Medicare & Medicaid Services (CMS), in the fiscal year 2004 Hospital Inpatient Prospective Payment System (HIPPS) rate-setting rule, eliminated funding for second-year, specialized pharmacy residency programs. At the time, CMS left the door open for future funding of these programs if hospitals could demonstrate that completion of such residencies before beginning work in these specialties met the definition of “industry norm.” CMS defined “industry norm” to “mean that more than 50 percent of hospitals in a random, statistically valid sample require the completion of a particular training program before an individual may be employed in a specialty.” ASHP submitted survey data July 2004 that showed 82% of hospitals that employ clinical pharmacy specialists have a requirement that candidates complete a PGY2 residency program. In July 2008, ASHP conducted another survey of its membership and 80% of respondents stated that if there were an adequate supply of specialized residency trained pharmacists, they would require this training before filling clinical pharmacist positions.

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 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. Further, the Veterans Health Administration, Public Health Service, and the Department of Defense continue to see the value of these programs by providing the necessary funding for them. Only the Medicare program has cut its funding for these programs.

In a study published by 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. The pharmacist, who had completed both a general residency and a specialized residency in critical care pharmacy practice, conducted patient care rounds, chart reviews, and other interventions.

ASHP strongly supports residency training, both first and second year, and urges the Committee to restore funding for these programs with the Graduate Medical Education (GME) pass-through payment system within Medicare. As demands on our health care delivery system increase, the demand for residency-trained pharmacists practicing as an integral member of the multidisciplinary care team will increase as well. ASHP believes these programs are essential to providing the highest-quality care possible, while minimizing the risk of adverse drug events due to medication-related problems.

Loan Forgiveness

ASHP supports including pharmacists within the health care professions that participate in the National Health Service Corps (NHSC). This program allows participating health

care professionals to reduce their student loan balance, participate in scholarship programs, and experience student resident/rotations in community health settings in exchange for practicing in rural or underserved areas. Currently, pharmacists are not included among the health care professionals who are eligible to participate in the NHSC. Similar to other health professions, pharmacy is also experiencing a workforce shortage, which is particularly evident in rural areas. Congress can help alleviate this burden by allowing pharmacists to participate in the loan forgiveness program under the NHSC.

Given the additional funding made available to the Health Resources and Services Administration (HRSA) under the American Recovery and Reinvestment Act of 2009 specifically for loan forgiveness under the NHSC, ASHP believes that this is an appropriate time for pharmacists to be eligible for the program. Additionally, a recently published report by the Health Workforce Information Center titled “The Adequacy of Pharmacist Supply: 2004 to 2030,” shows that there is still a shortage of pharmacists nationwide, (<http://www.healthworkforceinfo.org/topics/resources.php?id=118>).

Conclusion

We appreciate the opportunity to share our views and provide input on health care workforce issues. It is clearly time for Congress to address health care workforce challenges by funding critical pharmacy training programs that have been shown to produce cost avoidance and improve patient care, and alleviating the burden on access to care in rural areas by allowing pharmacists to participate in the loan forgiveness programs under the NHSC. Funding for PGY2 pharmacy residency programs will entail a minimal cost to the Medicare program, but its benefits vastly outweigh the initial cost. Pharmacist participation in the NHSC will not require any additional funding for HRSA. In both of these cases, public health will be well served by addressing these critical programs. Further, neither of these issues involve the creation of a new entity within HHS to run or oversee residency programs or the NHSC. Congress now has an opportunity to invest in the health care workforce that is well trained and capable of providing the highest-quality care possible to an ever-increasing number of people who need it.