

House Energy and Commerce Committee

Hearing on

Health Care Reform

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Statement for the Record  
Submitted by the



**American Society of Health-System Pharmacists**

7272 Wisconsin Avenue

Bethesda, MD 20814

Email: [gad@ashp.org](mailto: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 House Energy and Commerce Committee hearing on health care reform.

The American Society of Health-System Pharmacists (ASHP) represents pharmacists who practice in hospitals and health-systems. The Society's 35,000 members include pharmacists and pharmacy technicians who practice in a variety of health system settings, including inpatient, outpatient, home care, and long-term-care settings, as well as pharmacy students. ASHP is the only national organization of hospital and health-system pharmacists and has a long history of improving medication use and enhancing patient safety. 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, as well as the role pharmacists play in ensuring patients use their medications safely and effectively. 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 patient care, the medication management services of pharmacists must be included. ASHP is asking the Committee to include in its health care reform legislation provisions that would utilize pharmacist's services in medication management, restoration of Medicare Graduate Medical Education funding for postgraduate year-two pharmacy residency programs, and inclusion in the loan forgiveness programs under the National Health Service Corps.

### **Medication Therapy Management**

ASHP, along with 13 other national pharmacy organizations, are highly supportive of the MTM provision in the Senate Health, Education, Labor and Pensions Committee's Affordable Health Choices Act. Specifically, Section 213 of the Act would provide grants to implement pharmacist-delivered medication management (MTM) services for the treatment of chronic disease. Also, Section 212 of the Act would provide community health teams working within a medical home model the support necessary for local primary care providers to provide access to pharmacist-delivered medication therapy MTM services, including medication reconciliation to prevent unnecessary hospital re-admissions.

The U.S. health care system currently incurs more than \$177 billion annually<sup>1</sup> in mostly avoidable health costs to treat adverse drug events from the inappropriate use of

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<sup>1</sup> Accessed May 18, 2009 at [http://ncpie.net/pressrelease\\_aug012005.jsp](http://ncpie.net/pressrelease_aug012005.jsp)

medications. In addition, the treatment of chronic disease costs our health system \$1.3 trillion annually - about 75 cents of every healthcare dollar.

MTM services provided by pharmacists, working with physicians and other health care providers, help improve therapeutic outcomes, reduce medication errors and adverse drug events, enhance coordination of care and improve patients' overall quality of life, and reduce overall health care costs. ASHP urges the Committee to incorporate these provisions in the final version of the House health care reform legislation. Additionally, ASHP believes that pharmacists must be recognized among the non-physician providers under Medicare for their medication therapy expertise.

While ASHP supports the provisions in the Affordable Health Choices Act, we urge the tri-committees to consider fully utilizing the medication expertise of pharmacists by including them as providers within the Medicare program. Currently, eleven state Medicaid programs utilize the services of pharmacists, as well as the Veteran's Administration and the Health Resources and Services Administration. The only federally-run health program that does not utilize pharmacists is Medicare. Yet, these are arguably the patients who need it most. Medicare beneficiaries typically have more than one chronic disease, and are often taking numerous prescription medications. Medication misuse, adverse drug events, and lack of coordination, especially for those who are transitioning from the hospital setting, are costing our health care system too much money and our patients too much pain and suffering. By fully utilizing the medication management services of pharmacists, we can avoid unnecessary costs to the health care system and ultimately improve health outcomes.

### **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 the hands-on training that is 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 to CMS in July 2004 demonstrating that 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<sup>2</sup>. 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 for pharmacists, and urges the Committee to restore funding for PGY2 programs through the Medicare Graduate Medical Education (GME) pass-through payment system. As demands on our health care delivery system increase, the demand for residency-trained pharmacists practicing as an integral member of the multidisciplinary patient care team will increase as well. ASHP believes these programs are essential to providing safe and effective medication therapy.

## **Loan Forgiveness**

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<sup>2</sup> 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.

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 on health care reform issues. It is clearly time for Congress to address the contributions pharmacists make to ensuring safe and effective medication use; the critical training provided through postgraduate year-two pharmacy residency programs; and allow 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 has a unique opportunity to ensure that all patients receive safe, effective, and cost-conscious medication therapy by including these key provisions related to the pharmacist workforce in health care reform legislation.