

Message from the Chair



Dear Colleagues;

Hello and greetings from your new Chair. As this is my first attempt at this, I will try to keep everything as brief as possible.

It is an honor to have been elected as Chair for the Section of Home, Ambulatory, and Chronic Care Practitioners. I look forward to continuing the important work your peers have been providing in building tools, education, and advocacy for you working in our practice areas! I wanted to bring to your attention some of the activities that our section members have been successful in completing:

1. Through the comments from members and time from Section members, we have supported ASHP's Government Affairs division in their work with CMS and legislatures as they educate and formally comment on critical issues in the market. Such as legislation proposals to Part D changes, Federal Register notices on the 340b program, the tamper resistant prescription law, and ASP pricing.
2. Through the work of our advisory group on Reimbursement for Cognitive Services we have provided webinars on reimbursement, completed papers on aspects of reimbursement, and will be providing great sessions and a workshop at the 2008 MCM.
3. We will be sponsoring Pain and Palliative Care and Reimbursement Workshops at the year's Annual Midyear Clinical convention in Las Vegas.
4. By our member's focus of continuity of care, we have seen the ASHP Foundation and ASHP host a major summit addressing this area that included interdisciplinary team members and key quality organizations, with pharmacy demonstrating leadership.

As I hope you have noticed, your peers volunteering for the Section and those you have elected for the Executive Committee are focused on change and improving the opportunities for pharmacists.

Rosters of our Section's volunteer groups and committees:

- [Executive Committee](#)
- [Other Committees](#)
- [Section Advisory Groups](#)

I plan to continue this tradition with a keen interest in a topic important to all of us; provider status and payment for the clinical services we provide to patients. Provider status is top priority for ASHP, which is evident in its Leadership Agenda and ASHP's commitment to an energized advocacy focus on payment policy concerning pharmacists. We need you to be part of this journey!!

As I close my first Chair's message I have included an excerpt from thoughts that have been developed by my colleague, Matthew Murawski, and myself. I hope this stimulates thought and also shares with you perspectives of where we plan on continuing to work towards during my tenure. I look forward to serving the Section and working with some really great people!

Excerpt

Introduction

A rose is a rose by any other name- Shakespeare
Every rose has a thorn- Poison

We have argued previously that that pharmacy, especially clinical pharmacy, has not made significant progress in 20-25 years 1-3 However, our position regarding professional inertia would be sterile indeed if it were to remain only an observation. The purpose of this commentary is to suggest methods and mechanisms for effecting change.

To some extent, professional inertia is a misnomer. It suggests that, as a profession, pharmacy isn't going anywhere, and, realistically, that's not true. We are, at best, being left behind, and, more realistically, facing gradual deterioration in terms of our standing with other professional groups and the profession's covenant with society. We have therefore come to think of Pharmacy's circumstances in terms of entropy- the natural tendency of most systems to gradually loose energy.

However, in our opinion the single circumstance most central to this concept of professional entropy is the lack of recognition by Center for Medicare and Medicaid Services (CMS) to recognize pharmacists as midlevel providers.

When studying Table I that compares the definitions and regulations of other ancillary healthcare professionals that are able to bill CMS for their services, ***it is clear that the profession of pharmacy meets or exceeds the requirements set forth for other healthcare professions.***⁴ Interesting enough, when you examine the American Society of Health System Pharmacists defining of the role of the pharmacist in patient care you find that these position statements reflect the definitions of ancillary healthcare professional that can bill CMS for their services. ^{5,6} Similar descriptions of pharmacist responsibility in patient care are also promulgated by American Pharmaceutical Association (APhA), The American Public Health Association (APHA) and American College of Clinical Pharmacists (ACCP). ^{7,8} ***So, we see that the CMS definition of a midlevel provider is essentially the same as the position of ASHP, APhA, APHA and ACCP role of the pharmacist in patient care.*** For at least one federal agency, this has led to recognition of pharmacists as mid-level providers- the Drug Enforcement Agency currently recognizes pharmacists officially as midlevel providers More in my next message :).

Sincerely,

Ernest Dole, PharmD, PhC, FASHP, BCPS, CDE

Chair, Section of Home, Ambulatory, and Chronic Care Practitioners (2007-2008)

sections@ashp.org

Updated: October 2007