



VISION TO ENHANCE PATIENT CARE

Developed by the Texas Pharmacy Congress

Adopted May 2014



Introduction

The **Texas Pharmacy Congress (TPC)** is a coordinating body designed to serve as a forum on pharmacy matters of common interest to its members. In 2011, the Congress began work on the attached **Vision** document in an attempt to provide guidance in developing the future of the profession of pharmacy.

Mission

The mission of the Texas Pharmacy Congress is to facilitate discussion on professional, technological, legislative and regulatory issues through exchange of views, interpretation and analysis of matters of common interest to Texas pharmacists, Texas pharmacy organizations and their constituencies.

Members

Two representatives from each of the following 12 organizations serve as members of the Congress:

- | | | |
|---|------|------------------------|
| • Texas A&M Irma Lerma Rangel College of Pharmacy | 2001 | |
| • Texas Federation of Drug Stores | 1988 | <i>Founding Member</i> |
| • Texas Pharmacy Association | 1988 | <i>Founding Member</i> |
| • Texas Society of Health-System Pharmacists | 1988 | <i>Founding Member</i> |
| • Texas Southern University College of Pharmacy and Health Sciences | 1988 | <i>Founding Member</i> |
| • Texas State Board of Pharmacy | 1988 | <i>Founding Member</i> |
| • Texas Tech Health Sciences Center School of Pharmacy | 1994 | |
| • The University of Texas at Austin College of Pharmacy | 1988 | <i>Founding Member</i> |
| • The University of Texas at Tyler College of Pharmacy | 2014 | <i>Pending</i> |
| • University of Houston College of Pharmacy | 1988 | <i>Founding Member</i> |
| • University of North Texas System College of Pharmacy | 2013 | |
| • University of the Incarnate Word Feik School of Pharmacy | 2006 | |

Background

In August 10, 1988, sixteen Texas pharmacy leaders met on the UT Austin campus and agreed to form the Texas Pharmacy Congress (TPC). Today, after a quarter century of history, the Congress is a model for pharmacy leaders throughout the country who are working to identify common ground through communication and cooperation in a profession that has successfully branched into many areas of specialization.

The first joint meeting of Texas pharmacy organizations included the Texas Federation of Drug Stores, the Texas Pharmacy Association, the Texas Society of Hospital Pharmacists (now the Texas Society of Health-System Pharmacists), the Texas State Board of Pharmacy, and the three existing colleges of pharmacy at the time – Texas Southern University, the University of Houston, and The University of Texas at Austin.

The Texas Pharmacy Congress, an organization born to encourage collaboration and sharing among its member institutions, celebrated 25 years of success in 2013.

During its 25-year history, the Congress has met quarterly every year. Member organizations rotate as hosts of the Congress. Membership has expanded to include five new pharmacy schools.



ENHANCING PATIENT CARE

The Pharmacy Perspective



VISION

Patients achieve optimal health and medication outcomes when pharmacists serve as essential and accountable providers within patient-centered health care teams to manage and improve both medication therapy and health outcomes.

GOALS

Principle I: Improve Patient Access to Pharmacists' Patient Care Services

- *Address Gaps in Patient Care:* Patients' health outcomes improve when pharmacists' services are available to coordinate and manage medications.
- *Remove Barriers to Collaboration:* Patient care is improved when health care teams have access to pharmacists' services.

Principle II: Improve Health Care Quality by Recognizing Pharmacists' Patient Care Services

- *Improve Patient Health Outcomes and Medication Safety:* Patients' health quality is enhanced from the contributions pharmacists make to improving health outcomes.
- *Improve Population Health:* Public health is improved through pharmacists' patient care services.
- *Recognize Value:* Health system quality is enhanced when pharmacists' patient care services are part of health benefits and part of the overall health payment model.

Principle III: Control Health Care Costs and Improve Efficiencies Using Pharmacists' Patient Care Services

- *Improve Efficiencies in Care:* Patients, health care providers and the overall health care system realize efficiencies when pharmacists' patient care services are integrated and coordinated with existing and evolving care delivery models.
- *Control Overall Costs:* Overall health care costs are improved when the pharmacist's medication knowledge and skills assist the health care team in meeting the patient's clinical and socioeconomic needs and health outcomes.

As acknowledged in *"Improving Patient and Health System Outcomes through Advanced Pharmacy Practice - A Report to the U.S. Surgeon General 2011,"* an important evidence-based measure to improve the health care system is to maximize the expertise and scope of practice of pharmacists. At the same time, barriers to practice expansion in the existing health care delivery system should be minimized.

This effort is even more important considering that the physician shortage is estimated to be 85,000-200,000 by 2020. Currently, 56 million Americans lack primary care access.

Many would agree that the 'burden' of health care in the U.S. statistically continues to be in the post-diagnosis period. More than 76 percent of physician visits are for chronic care. The primary treatment method undoubtedly is through the use of medications which incurs tremendous costs.

Pharmacists are part of the solution and should practice at the fullest extent of their education and licensure. The pharmacist has the education and skills necessary to serve as an integrated member of the health care team. To do so, three areas impacting pharmacists need transformation:

- *Designating pharmacists as providers in statutes*
- *Optimizing the Pharmacy Practice Act*
- *Creating payment mechanisms for pharmacists' services*

Designating Pharmacists as Providers in Statutes

Pharmacists deserve recognition as providers, not only for billing and reimbursement purposes, but also for contributions to patient care. These contributions have been outlined in *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice: A Report to the U. S. Surgeon General 2011*, a document which summarizes the impact pharmacists have on health care outcomes as well as costs. The report contains numerous examples of what pharmacists can do to affect care, including improving blood pressure readings, improving blood sugar readings for people with diabetes and reducing the number of unscheduled health care visits. The unscheduled visits would include certain primary care services currently delivered in the emergency room, which is very expensive and rarely effective for care of chronic conditions like diabetes.

Pharmacists have extensive knowledge and skills addressing the appropriate use of medications to treat disease and are essential contributors to patient care. Medications are involved in 80 percent of all disease treatments. Pharmacists are the only professionals whose training focuses on the safe and effective use of medications. All students currently graduating from pharmacy programs receive a doctoral degree, and many go on to complete post-graduate residency training. Many other health care professions are recognized as health care providers under the Social Security Act; many of those have less education and training than pharmacists, yet they are still recognized as providers. Pharmacists' education and impact on patient care are equally valuable.

Recognition as a health care professional is not simply about compensation. It is about professional recognition, quality of care and appropriate utilization of health care resources. Pharmacists are integral members of the patient care team and medical home, and deserve the same recognition as their colleagues.

Various factors should be considered when addressing health care needs in a cost-effective manner:

- Based on the years of formal education, physicians are the only health care professionals more highly trained than pharmacists.
- The educational curriculum in pharmacy primarily focuses on post-diagnosis, including treatment of multiple chronic conditions for which medications are the primary form of treatment.
- Pharmacists have decades of factual evidence demonstrating high performance when given the opportunity to expand their scope of practice.
- There is significant evidence supporting the value of a wide array of expanded scopes of practice in pharmacy.
- Pharmacists are a primary key to cost-containment and have demonstrated an average return-on-investment (ROI) in U.S. dollars of 4:1 over the last two decades.
- Pharmacists are accessible everywhere. More than 270 million people visit a pharmacy every week. Pharmacies are on every street corner in many towns, cities and states across the nation.

Optimizing the Pharmacy Practice Act

Pharmacists will continue to be the most readily available and accessible health care professional. Based on their training and accessibility, Texas pharmacists are poised to address important unmet health care needs among the citizens of Texas – especially in medically-underserved communities.

Already, a growing number of pharmacists are recognized as inter-professional patient care providers who enhance patient care through the provision of comprehensive medication management services. Many of these expanded patient-focused pharmacy services currently are provided in government and academic health care settings as well as in some integrated health systems today. In the future, pharmacists will provide these services in even the smallest Texas communities.

In the future, pharmacy practice will be built on the pharmacist's scope of practice with a focus on direct patient care services in collaboration with an inter-professional health care team, core competencies and evidence-based outcomes:

- Preventive, post-diagnostic treatment of chronic conditions where medications are the primary form of treatment;
- Continuity of care and follow-up care;
- Collection of patient care data, including physical assessment;
- Lab order and interpretation;
- Prescriptive authority;
- Medication treatment management;
- Medication delivery, administration and appropriate use of medical devices;
- Comprehensive medication and treatment review within an institutional or home environment;
- Development of therapeutic plans and selection of appropriate, cost effective therapies;
- Medication reconciliation and comprehensive chart reviews;
- Medication adherence and compliance;
- Healthy lifestyles, including wellness and prevention, and avoidance of acute-care services;
- Patient transitions of care;
- Public health including immunizations; and
- Medication and health-related counseling.

New practice models and the expansion of the pharmacist's scope of practice will be dependent on expanding the role of pharmacy technicians and other supportive personnel as well as enhanced utilization of technology, and will be linked intimately to practicing under protocols developed in cooperation with a team; and occur in a transparent environment in which each team member brings unique knowledge and skills to improve patient care.

Creating Payment Mechanisms for Pharmacists' Services

Sensible reimbursement models that support a pharmacist's current and future provision of patient-focused care are needed to support this transition.

- *(See Maine et al. "Pharmacists and technicians can enhance patient care even more once national policies, practices, and priorities are aligned." Health Affairs Nov. 2013)*

Pharmacists will continue to provide pharmaceuticals, the most common medical intervention, and prescriptions will continue to be a core revenue source for several years, but additional opportunities will be sought for reimbursement of pharmacist/pharmacy-billed services. Cost-reduction strategies also will be a predominant theme. Accountable Care Organizations and other models will transcend traditional methods of financing and providing care.

Health care delivery is focusing on creating positive health care outcomes, improving the quality of patient care, enhancing efficiency, reducing costs, and improving patient access, choice and involvement in their own care. Health care will consist of inter-professional teams and systems that provide comprehensive patient care with an increasing emphasis on bundled payments for outcome, and diminished opportunities for fee-for-service reimbursement.