
# Statement on

# Interprofessional Practice Models

## Submitted to the

## Institute of Medicine Committee
## on
## Comparative Effectiveness Research Priorities

## March 20, 2009


**Office of Government and Professional Affairs**
**1101 Pennsylvania Ave., NW**
**Suite 600**
**Washington, DC 20004**
**(202) 756-2227**
**www.accp.com**

**Members of the Committee:**

**I am Edwin Webb, Associate Executive Director of the American College of Clinical Pharmacy (ACCP). ACCP is a national professional society that represents slightly more than 10,000 clinical pharmacist practitioners, researchers, and educators. Our members have been among the pharmacy profession's leaders for more than three decades in developing and providing clinical pharmacy services, patient and practitioner consultation, cutting-edge pharmacotherapy research, and educational programs that improve the quality and outcomes of medication use in the broad range of health care settings in which they practice.**

**We appreciate the opportunity to share ACCP's perspective on our major priority recommendation for comparative effectiveness research activities of the Department of Health and Human Services. That recommendation is not focused on any particular pharmacologic class of medications nor in comparing pharmacologic treatments to other treatment modalities for specific diseases. Rather, our priority recommendation relates to the urgent need to compare both existing and emerging models of interprofessional practice that actually deliver to patients safer, higher quality pharmacotherapeutic care that utilizes evidence-based data and information on effectiveness and safety WHICH HAS ALREADY BEEN WELL DEMONSTRATED BY EXISTING COMPARATIVE EFFECTIVENESS DATA.**

**Specifically, we urge the committee to recommend as a priority studies that examine the comparative effectiveness of the performance of interprofessional health care delivery models that include clinical pharmacists' services, versus those that do not, in their capability and success in providing evidence-based pharmacotherapy in patient care practice to achieve desired quality, safety, and outcomes goals.**

**While evidence of the effectiveness of clinical pharmacists in providing high quality pharmacotherapeutic care to patients with multiple chronic conditions as part of an interprofessional team has been demonstrated in certain integrated (and "incentive-aligned") practice models in both the private sector (Kaiser, Geisinger, the "Asheville Project") and the public sector (Veterans Administration, Indian Health Service, HRSA Patient Safety/Clinical Pharmacy Services Collaborative,) these models remain very much the exception to the traditional practices of ambulatory care and primary care providers. ACCP believes that comparative research of practice models' ability to provide evidence-based pharmacotherapy is needed to help augment the "change package" of regulatory adjustments and payment policy realignment that are also needed to enable truly interprofessional practice models to grow and thrive.**

**Medical and pharmacy practice regulations in 46 of 50 states now allow for the establishment of collaborative practice agreements between pharmacists and physicians (frequently referred to as "collaborative drug therapy management, or CDTM") that can serve as the foundation for an interprofessional approach to the provision of evidence-based pharmacotherapy that can achieve desired clinical outcomes with safety, efficiency, and cost-effectiveness. These collaborative practice models can provide a rich source of support and data to conduct the types of practice model comparisons that ACCP feels are essential to assure the DELIVERY of evidence-based pharmacotherapy to patients.**

**ACCP understands and indeed supports the natural clinical and scientific desire of clinicians and researchers, including many of our own members, to continue to seek out the answer to the question "what is the best available treatment (or medication, or procedural technique)" for a particular clinical problem. At the same time, we know that the effective and consistent application of the "best evidence" in the use of many of our current medications on which we already have substantial comparative effectiveness data simply does not happen frequently or consistently enough. It is at least as important to know, and support, the types of practice models and structures that can actually deliver evidence-based pharmacotherapy to patients as it is to know what specific pharmacotherapy is best suited for them.**

**ACCP appreciates the opportunity to share this perspective with you and looks forward to continuing to work with IOM, the Department of Health and Human Services, and other stakeholders in advancing both the science and clinical delivery of evidence-based pharmacotherapy for the benefit of the patients we serve.**

**I would be pleased to answer any questions you might have.**

**C. Edwin Webb, Pharm.D., M.P.H.**
**Associate Executive Director**
**Director, Government and Professional Affairs**
**American College of Clinical Pharmacy**
**1101 Pennsylvania Ave., NW, Suite 600**
**Washington, DC 20004-2514**
**ewebb@accp.com**
**202.756.2227**