



Healthcare Reform & Clinical Pharmacy – A Comparison of Legislative Proposals

Introduction

Five different Congressional committees share responsibility for the reform process. These are:

- Senate Health, Education, Labor and Pensions (HELP) Committee
- Senate Finance Committee
- House Energy and Commerce Committee *
- House Ways and Means Committee *
- House Education and Labor Committee. *

(* The legislative draft release by the House of Representatives is known as the “Tri-Committee Bill.”)

In addition the Obama Administration is deeply invested - politically speaking - in the process and has made healthcare reform a centerpiece of its agenda.

Status

All five Congressional Committees have now passed legislation. Leadership in each house will now work to merge the language produced by the committees to allow consideration on the floor of each, respective Chamber.

Finally, conference negotiators representing both Chambers will meet to reconcile the House and Senate language and produce a final bill that will be voted on an eventually sent to the White House for the President’s signature.

Senate HELP Committee Affordable Health Choices Act (Available at: http://help.senate.gov/BAI09A84_xml.pdf)

Provisions Affecting Clinical Pharmacists’ Services

(Section 212) Medical Home Model – initiates a grant program to establish community health teams. Teams must be provided the support necessary for local primary care providers to provide access to pharmacist-delivered medication therapy management services, including medication reconciliation.

Under the proposal, health teams must provide 24-hour care management and support during transitions in care settings including a transition care program that:

- provides in-site visits from the care coordinator

- assists with the development of discharge plans and medication reconciliation upon admission to and discharge from hospitals, nursing homes, or other institution settings.

The transition support must also assure that post-discharge plans include medication therapy management, as appropriate.

(Section 213) Medication Therapy Management (MTM) Grant Program – provides grants to eligible entities to implement medication management services (MTMS) provided by licensed pharmacists, as a collaborative, multidisciplinary, inter-professional approach to the treatment of chronic diseases for targeted individuals, to improve the quality of care and reduce overall cost in the treatment of such diseases.

Services are based upon the APhA/NACDS developed *Core Elements of an MTM Service Model 2.0* and include assessing a patient’s medication therapy, developing an action plan, working with the rest of the care team to implement the action plan, monitoring the patient, and providing education and training to enhance the understanding and appropriate use of the medications by the patient.

The services are provided to targeted individuals who: take 4 or more prescribed medications; take any ‘high risk’ medications; have 2 or more chronic diseases; or have undergone a transition of care, or other factors, as determined by the Secretary, that are likely to create a high risk of medication-related problems.

(Section 216) Hospital Readmission - creates a payment structure to prevent hospital readmissions by providing increased reimbursement or incentives for improving health outcomes, care coordination, chronic disease management, and medication and care compliance initiatives through comprehensive program for hospital discharge planning and post discharge by appropriate health care professionals.

(Section 220) Quality – establishes a demonstration program to integrate quality improvement and patient safety training into clinical education of health professionals. Entities eligible for the demonstration program include schools of pharmacy.

(Section 2707) Quality - directs Health insurers to develop and implement a reimbursement structure for making payments to health care providers that provides incentives for the provision of high quality health care in a manner that includes the implementation of case management, care coordination, chronic disease management, and medication and care compliance activities that includes the use of the medical home as defined in section 212 of the Act.

(Section 411) Workforce – establishes a Commission to look at various workforce issues, including current workforce supply and distribution, and health care workforce education and training. The section defines health care workforce as all health care providers with direct patient care and support responsibilities - including pharmacist. The section also includes “clinical pharmacist” in its definition of health professionals.

(Section 431) Workforce - authorizes the HHS Secretary to award grants or enter into contracts with entities that operate a geriatric education center. The center shall use the funds to offer courses that focus on geriatrics, chronic care management, and long-term care that provide supplemental training for faculty members in health profession schools including schools with programs in pharmacy.

Also directs the Secretary to provide grants or contract with individuals to foster greater interest among health care providers in entering the fields of geriatrics, long-term care, and chronic care management. Eligible individuals include pharmacists.

(Section 453) Workforce - Provides Area Health Education Centers grant monies to distribute to entities that initiate health care workforce educational programs. The grant money must be used for several things including conducting and participating in interdisciplinary training that involves various practitioners including pharmacists.

Senate Finance Committee America's Healthy Future Act of 2009 (Available at: [http://finance.senate.gov/sitepages/leg/LEG%202009/091609%20Americas Healthy Future Act.pdf](http://finance.senate.gov/sitepages/leg/LEG%202009/091609%20Americas%20Healthy%20Future%20Act.pdf))

Provisions Affecting Clinical Pharmacists' Services

(The proposal released by the committee is known as the "Mark" rather than the "bill" as the Chairman has not yet released legislative language).

Medication Therapy Management - HHS Secretary would be required to create an Innovation Center within CMS. The Innovation Center would be authorized to test, evaluate, and expand different payment structures and methodologies which aim to:

- foster patient-centered care
- improve quality
- slow the rate of Medicare cost growth.

The Center would be required to conduct an evaluation of each model tested, including an analysis of the extent to which the model results in, among others, coordination of health care services across treatment settings.

The Center would be required to consider testing, at a minimum, models that achieve at least one of 13 criteria. One of the criteria includes "the utilization of medication therapy management services."

Hospital Readmissions – the Mark includes "comprehensive medication review and management, including patient self-management, when appropriate" in the list of possible core intervention elements for care transition services. However, the Mark does not address realignment of payments to increase access to these services or confirmation that pharmacists may provide these services and that their services will be compensated through Medicare Part B.

Medicare Advantage MTM - the Mark includes medication therapy management in a new bonus payment for care coordination and management activities that are conducted by Medicare Advantage plans: “Medication therapy management programs that focus on poly-pharmacy and medication reconciliation, periodic review of drug regimens, and integration of medical and pharmacy care for chronically-ill, high cost beneficiaries.”

Workforce – the Mark would establish a Workforce Advisory Committee, comprised of external stakeholders and representatives of health professionals, schools of higher education for health care professionals, public health experts, health insurers, business, labor, state or local workforce investment boards, and any other health professional organization or practice the Secretary determines appropriate. These stakeholders would develop and present a national workforce strategy to the Secretary and the Congress that will set the nation on a path toward recruiting, training and retaining a health workforce that meets the nation’s current and future health care needs.

Medicaid - the Mark would make prescription drugs a mandatory benefit for the categorically and medically needy, effective January 1, 2014.

Prevention – the Mark would provide Medicare beneficiaries with access to a comprehensive health risk assessment (HRA) based on guidelines developed by the Secretary in consultation with relevant groups and entities. The assessment would identify chronic diseases, modifiable risk factors, and emergency or urgent health needs, including a list of all medications currently prescribed and all providers regularly involved in the patient’s care.

House Tri-Committee - America’s Affordable Health Choices Act of 2009 (H.R. 3200) (Available at: <http://docs.house.gov/edlabor/AAHCA-BillText-071409.pdf>)

Provisions Affecting Clinical Pharmacists’ Services

Medication Therapy Management (MTM) Grant Program – an amendment introduced by Congressman Butterfield (D-NC) is identical to the Senate HELP proposal.

(Section 1301) Medical Home Model –Establishes an Accountable Care Organization (ACO) Pilot Program to test different payment incentive models intended to promote accountability, encourage investment in processes that result in high quality and efficient care, and reward providers for high quality and efficient care.

The Community-based medical home model must employ community health workers that assist primary care providers in chronic care management activities such as medication therapy management services. ACO’s may involve services not currently compensated for by Medicare - such as pharmacist services.

(Section 1305) Preventive Services Cost Sharing - eliminates cost-sharing for Medicare preventive services, including: diabetes outpatient self-management training services, diabetes screening tests and certain vaccinations.

Workforce Strategies - Congressman Braley's (D-IA) Amendment to Section 2211 - establishes a new program, similar to the National Health Service Corps (which does not include pharmacists) to offer loan repayments to frontline health care providers including pharmacists who agree to serve 2 years in an underserved area.

(Section 1191) Quality - expands tele-health services that allow for access to care in underserved communities and may result in the ability of pharmacists and other health care professionals to provide remote "in person" care.

Conclusion

After a summer fraught with hysteria over healthcare reform, September saw the return of some stability to the process.

The passage of a bill through the Senate Finance committee was a vital step. Importantly, the non-partisan Congressional Budget Committee (CBO) determined that the bill would not add to the federal budget deficit but would dramatically reduce the number of uninsured Americans.¹ This favorable CBO "score" is vital to securing the support of Republicans and moderate Democrats.

Recent polls show support for the current proposals at 46% and opposition at 50%, yet these numbers need to be considered within a much broader context. Research shows that 54% of voters believe major changes are needed in the health care system and 61% say it's important for Congress to pass health care reform this year.²

Yet difficult negotiations lie ahead. House Democrats remain divided over the controversial "public option" and seniors across the country continue to voice their concerns over proposed Medicare cuts.

ACCP continues to work with our Pharmacy Stakeholder colleagues to ensure that the provisions affecting clinical pharmacists' services remain in the bill during the process of merging and reconciling the language. As the process moves onto the House and Senate floor a comprehensive grassroots response with likely be called for to protect these important provisions.

ACCP members are reminded to visit our Legislative Action Center (<http://capwiz.com/accp/home/>) to communicate directly with elected officials on the importance of protecting those provisions that allow access to vital clinical pharmacists' services.

¹ Washington Post Article. Available at: <http://www.washingtonpost.com/wp-dyn/content/article/2009/10/07/AR2009100704078.html>. Accessed 10/7/2009.

² Rasmussen Reports Opinion Poll. Available at: http://www.rasmussenreports.com/public_content/politics/current_events/healthcare/september_2009/health_care_reform. Accessed 10/5/2009.