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Short Communication

An Over View of Pharmacy in Advancing Healthcare

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DESCRIPTION

In recent years, the US healthcare system has changed significantly. The general dissatisfaction with a variety of reasons, such as limited access, fragmented care, lack of coordination, incentives for quality over quantity and rising costs, has led to these changes. A common opinion has been that our healthcare system is far from perfect and that the present situation (such as spending excessive amounts of cash for poor health outcomes) is unacceptable. The issues of access, quality, and costs pose huge challenges, but as Albert Einstein once said, "In the heart of trouble comes opportunity."

The "Crossing the Quality Chasm" report from the Institute of Medicine in 2001 pointed out two goals for US healthcare: be safe, effective, physician, timely, efficient, and equitable. This report suggested the following guidance to achieve these goals: care cantered on ongoing therapeutic alliance; care tailored to the patient's needs and values; patient as the source of control; shared knowledge with free flow of information; evidence-based decision making; safety as a property of the care system; transparency; anticipating patient needs; continuously reduction of waste; cooperation among clinicians to ensure information exchange; and coordination of care [1].

What has happened in the field of laws and regulations since 2001? Since 2006, all Medicare beneficiaries have had the choice of having their prescription drugs paid by Medicare Part D. In 2010, the Patient Protection and Affordable Care Act (PPACA) went into effect with the goals of improving healthcare outcomes in the US even while increasing access to care. In order to improve the safety, effectiveness, and efficiency of US healthcare, the National Committee for Quality Assurance (NCQA) certified more than 7000 Patient-Centered Medical Homes (PCMH) in 2014 [2]. To provide coordinated care for Medicare beneficiaries and lower healthcare costs, and over 600 Accountable Care Organization (ACOs) has been formed [3]. The Centers for Medicare and Medicaid Services (CMS) implemented a star rating system to assess health plans and promote improvements in patient experience, quality, access, and safety. Pharmacists' engagement with patients can improve the star ratings of health plans, for example, by managing chronic conditions and improving medication adherence. Under the "National Voluntary Hospital Reporting Initiative," the predecessor of Hospital Compare, just over 400 hospitals voluntarily reported one or more quality measures publicly in 2003. Over 4800 hospitals voluntarily reported quality measures data to the Hospital Compare tool in 2015, indicating how well recommended care is provided at various hospitals [4]. Consumers now can obtain comparison data from CMS on hospital care quality and patient experiences, as well as information on nursing homes, home health, dialysis facilities, and Medicare prescription drug plans. The shift from volume to value-based payments has been a huge development with significant financial implications [5].

How can pharmacists participate in this changing healthcare environment and contribute to improved patient outcomes? Although many PCMH and ACO offices already have active pharmacists on the team, there are still many more patients who could benefit from our participation in the integrated care models [6]. For example, pharmacy contributions to medication management and patient self-management can assist a PCMH to obtain level 3 certification and get the highest payment from CMS while providing the best care to patients. Medication reviews, flu vaccines, monitoring of blood pressure diabetes management, rheumatoid arthritis management, high-risk medication management, medication adherence, and access to prescription drugs are some instances of a components of a star measures for Medicare Parts C and D.

Pharmacists can have a direct impact on care coordination and patient satisfaction. Higher bundled payments to the PCMH or ACO as a result of pharmacist contributions open the way for payment for their clinical service provision.

Hospital ratings provided by CMS to the public have a massive effect on both the funding hospitals receive from CMS and their overall reputation in the highly competitive healthcare market. Pharmacists' direct involvement can enhance these ratings, for example, by implementing medication reconciliation, transitional care programmes for heart attack or heart failure patients, and antibiotic stewardship programmes for patients with pneumonia. Across the US, many medical institutions have put in place processes for awarding rights and credentials to pharmacists.

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Credentialed pharmacists have the authority to order laboratory tests after a physician has prescribed a medication, modify a medication's route from intravenous to oral, and increase the dose based on the results of the tests. According to surveys conducted by the American Society of Health-System Pharmacists, the percentage of hospitals offering or using dose adjustment (98%), clinical guidelines (77%), performance metrics (69%), ambulatory or primary care (27%), and discharge counselling (25%), all require pharmacists [7,8]. Pharmacists can also bring anything special to the team that creates, utilizes, and examines technologies. Electronic medication administration records (94%), smart infusion pumps (80%), bar code drug administration (80%), computerized physician order entry (65%), and outpatient electronic health records (60%) are just a few of the emerging technologies that are now frequently used in many institutional settings [9].

A huge number of opportunities for pharmacy to improve healthcare have indeed been identified by longitudinal data. According to a recent National Pharmacist Workforce Survey, time spent providing MTM (60%), performing health screenings (57% in supermarket pharmacies and 48% in chain pharmacies), administrating vaccinations (53%), and adjusting medication therapy (52%) increased in 2014 compared to the reference year of 2000, while time spent dispensing medicines (49%) decreased. In several states, pharmacists are being given provider status, and there are still efforts being made to get this at the national level.

CONCLUSION

The need for patient-focused pharmacy services is expected to grow in part due to the rising burden of chronic diseases related to higher life expectancies, the intricacy of medications such as biologics and targeted personalized therapies, the extremely high cost of many medications, the growing shift from volume to value-based payments and from fee for service to bundled payments, and the extended healthcare coverage given by the Patient Protection and Affordable. In this context, the provision of fast, safe, and affordable medications presents opportunities for pharmacy, education, and research.

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