

## **LETTER TO THE EDITOR VERSION:**

The ears of Clayton Christensen, Jeffrey Flier and Vineeta Vijayaraghavan must be burning in the strangest way, as the healthcare community both praises and pillories their conclusions ([“The Coming Failure of ‘Accountable Care,’”](#) op-ed, Feb. 19).

Their recommendations for healthcare ring true, and should guide the implementation of reform. Yet it does not follow that these recommendations have not already taken root to some extent in the early stages of accountable care organizations and other efforts to advance healthcare. And NACDS members and pharmacy are leading the way.

The government’s own Centers for Medicare & Medicaid Services this month released results of a study that describes reduced prescription drug and hospitalization costs among patients with certain heart and lung conditions who were newly enrolled in a Medicare Part D medication therapy management (MTM) program in 2010. This reflects growing interest in leveraging the role of community pharmacists to improve patient health through methodical approaches to the safe and effective use of medications.

Other innovative services of pharmacies and co-located clinics do even more to improve patient health and quality of life. These services include vaccinations, health screenings and education. Particularly with vaccinations, states are modernizing their policies. It was not until June 2009 that all 50 states allowed pharmacists to administer influenza vaccinations. Today, we see new thinking about the need to expand pharmacists’ vaccination authority to include younger children and more vaccines. Additional steps are needed, such as classifying pharmacists as healthcare providers in the Social Security Act. Doing so for vaccinations and screenings would make a great start.

The authors stand correct in their recommendations, and in their caution that reform cannot succeed apart from core principles. We intend to work with all potential partners to ensure nobody will dare try.

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## **COMPLETE RESPONSE:**

Clayton Christensen, Jeffrey Flier and Vineeta Vijayaraghavan must sense a most confusing burning in their ears, as the healthcare community both praises and pillories their conclusions in “The Coming Failure of ‘Accountable Care’” (February 19, 2013).

On one hand, their recommendations for healthcare ring truer than true. They can and should guide the successful implementation of reform. Yet it does not follow, as they suggest, that these recommendations have not already taken root to some extent in the early stages of accountable care organizations (ACOs), and among other efforts to advance healthcare delivery.

Even as much more needs to be done, we have good reason to believe that progress is underway to pursue high-quality care through less-expensive venues; to empower healthcare professionals to practice to the maximum of their training; and to more successfully leverage technology – all for the good of patient health.

For example, medication management – particularly that delivered face-to-face between a community pharmacist and the patient – continues to generate increasing attention in all the right places. The interim report on a study by the government's own Centers for Medicare & Medicaid Services, released earlier this month, describes reduced prescription drug costs and hospitalization costs among patients with certain heart and lung conditions who were newly enrolled in a Medicare Part D medication therapy management (MTM) program in 2010. MTM is a methodical approach to improving medication use and reducing the risk of adverse events.

In addition, the Congressional Budget Office late last year officially recognized that as the number of prescriptions filled by Medicare beneficiaries increases, Medicare's spending on medical services decreases. This stands as a highly anticipated acknowledgement of what the private sector has shown in recent years, and as a catalyst for progress in advancing programs like pharmacist-provided MTM.

Yet while community pharmacies are best known for helping patients use medicines safely and stay healthy, innovative services of pharmacies and co-located clinics do even more to improve patient health and quality of life. These services include vaccinations, health screenings and education, and more.

Increased reliance on community pharmacies for vaccinations suggests that decision-makers may be further along in terms of maximizing less-expensive venues and maximizing professionals' licenses. This can be seen in states' efforts to modernize their policies.

In 1999, 22 states allowed pharmacists to administer influenza vaccinations to adults. As of June 2009, all 50 states allow pharmacists to administer influenza vaccinations. In addition, in 49 states today, pharmacists can provide at least one other vaccination beyond the flu vaccine.

New York provides an example of new thinking about the need to expand pharmacists' vaccination authority to include younger children. During the recent flu outbreak, the

state did just that on a temporary basis. There would be wisdom in extending this authority – by both patient age and by type of vaccine – on a permanent basis throughout the nation.

If there are areas in which the authors' recommendations related to modernizing regulations and licensing statutes merit particular attention, two come to mind quickly. There would be merit in classifying pharmacists as healthcare providers in the Social Security Act. Doing so for the services of vaccinations and screenings would be a great start.

At the state level, progress also could be re-ignited in the area of collaborative practice agreements between physicians and pharmacists that allow pharmacists to perform some services related to medication therapy, tests and screenings, and ordering lab work. Currently, 35 states allow such agreements in community pharmacy settings, and the most recent addition was Pennsylvania in 2010. All of this has to do with healthcare collaboration in action, for the benefit of the patient and the physician. A study by Duke University found that it would take 1,773 hours per year of the average doctor's time to provide every service on the U.S. Preventive Service Task Force recommendations. Pharmacists can help.

Advancement of pharmacy's role in healthcare delivery enjoys strong public support. Pharmacists rank consistently among the most trusted professionals, and among the most approachable and accessible in healthcare. People who take prescription medications regularly, manage chronic diseases, use emerging pharmacy services, and who are older have even stronger positive opinions about pharmacies. Particularly in rural and under-served areas, the appreciation for pharmacists proves especially strong.

Christensen, Flier and Vijayaraghavan stand correct in their recommendations, and in their caution that accountable care organizations and other aspects of reform cannot succeed if pursued apart from these principles. We intend to work with all potential partners to ensure that nobody will dare try.