

# *Leaders See the Value of Pharmacist Clinical Services*

**Institute of Medicine (IOM):** “...because of the immense variety and complexity of medications now available...the pharmacist has become an essential resource...and thus access to his or her expertise must be possible at all times.”<sup>1</sup>

**Centers for Medicare and Medicaid Services (CMS):** “... we believe that MTMP [medication therapy management programs] must evolve and become a cornerstone of the Medicare Prescription Drug Benefit.”<sup>2</sup> More recently, CMS stated that in their ongoing attempt “to maximize access to MTM”, that the Agency wants to “raise the level of the MTM interventions offered to positively impact medication use.”<sup>3</sup>

**Agency for Healthcare Research and Quality (AHRQ):** “...Pharmacists were most likely to prevent the errors from reaching the patients (40 percent of intercepted medication errors), while physicians and patients were almost equally likely to intercept the medication error (19 percent and 17 percent of intercepted errors, respectively).”<sup>4</sup>

**Medicare Payment Advisory Commission (MedPAC):** “...a Medicare medical home would be responsible for monitoring its patients’ medications. Medical homes should conduct periodic reviews of a patient’s regular medications in addition to reviews immediately after an acute event, such as a hospitalization... Ideally, these medication reviews would be coordinated with a pharmacist.”<sup>5</sup>

**George Halverson, Chairman and CEO of Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals:** “We ... had teams of nurses, caregivers, and pharmacists actually, because pharmacists are the most underutilized resource in health care, use[d] pharmacists to help advise if patients were not taking the drug, what the right drug would be, and the result of that was 73% reduction in deaths for heart disease and coronary heart disease for the entire heart population that we have in Colorado.”<sup>6</sup>

**Kendall Powell, Chairman and CEO of General Mills:** “No one understands these medications. They are too complex. We have white collar, professional, highly educated people at General Mills who do not know how to follow their meds. And so what we’re doing now – again on this prevention tact – is we’re sitting them down with a pharmacist. For as long as they need to, to understand what they’re taking, why, the consequences of withdrawal, all the interactions. And again it makes a huge difference in the management of chronic disease.”<sup>7</sup>

**New York Times:** “At this point in the health reform process, it’s all about the numbers. While the Congressional Budget Office has begun to score health reform proposals to help calculate the price tag for reform, it hasn’t scored the potential savings to the federal government of chronic disease prevention and management programs. It’s admittedly difficult to quantify the long-term impact of prevention initiatives, but we are seeing more and more evidence from smaller-scale programs like the Ten City Challenge of the potential economic impact of such coordinated approaches. We believe such programs are critical long-term investments that will help bend the curve and also improve and save lives.”<sup>8</sup>

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