

The Affordable Care Act and Pharmacists: A Qualitative Survey on the Perceptions of Healthcare Reform

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Poster #269

Introduction

In March of 2010 the Patient Protection and Affordable Care Act (PPACA)¹ and the accompanying Health Care and Education Reconciliation Act² were signed into law by President Obama. Together, these laws have been coined "health care reform." Several provisions within each law pertain to the field of pharmacy;³⁻⁵ however, the impact of these provisions is still uncertain. There have been publications describing pharmacists' role in shaping the implementation of the PPACA,^{3,4} but these changes can only occur once pharmacists understand the various provisions that can affect or improve patients' healthcare needs. There is a need to qualitatively assess the current level of understanding among practicing US pharmacists regarding the implementation of the PPACA provisions.

Objectives

To assess the level of understanding pharmacists in various practice settings have about health care reform provisions, in order to identify gaps in knowledge.

Methods

- A literature search of existing publications was conducted via Medline and Google Scholar using key words relating to both the profession of pharmacy and health care reform.
- The PPACA and Health Care and Education Reconciliation Act were accessed using the Library of Congress website.
- Affordable Care Act (ACA)¹ and related publications²⁻⁷ were analyzed for information regarding the impact of health care reform on the practice of pharmacy.
- Qualitative surveys were designed based on the literature search to capture demographic information, as well as to assess knowledge regarding specific sections of the ACA relating to pharmacists. The survey consisted of 14 questions.
- Surveys were distributed electronically to pharmacists currently practicing within hospital, community, pharmaceutical industry, clinical/academia, managed care, and long-term care. Individuals were excluded if they were not licensed pharmacists.
- Pharmacists' names and respective organizations were not included in the aggregation and analysis of collected data.

References

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3. Matzke GR, Ross LA. Health-care reform 2010: how will it impact you and your practice? *Ann Pharmacother* 2010;44:1485-91.
4. Thompson CA. New health care laws will bring changes for pharmacists. *Am J Health-Syst Pharm* 2010;67:690-695.
5. APhA and Health Care Reform. Available at: <http://www.pharmacist.com/AM/Template.cfm?Section=Home2&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=20321>.
6. Final Report of the 2009 National Pharmacist Workforce Survey. Pharmacy Manpower Project, Inc. Kaiser Health News Daily Report. February 11, 2011. High Risk Insurance Pools: Enrollment Is Up But Still Short Of Projections
- 7.

Results

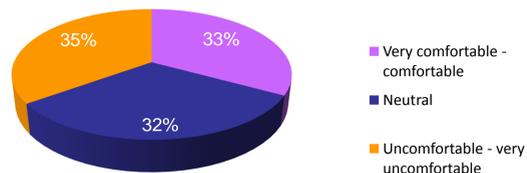
Demographic Information (N=221)		
How long have you practiced as a pharmacist?		
0-5 years	58	26%
6-10 years	36	16%
11-15 years	28	13%
16-20 years	17	8%
20+ years	82	37%
What is your gender?		
Male	104	47%
Female	117	53%
In which pharmacy practice setting do you currently work?*		
Retail / Community	67	30%
Hospital (staff)	46	21%
Clinical / Academia	59	27%
Managed Care	6	3%
Long-term Care	6	3%
Pharmaceutical Industry	14	6%
Other, please specify†	47	22%

* Respondents were able to choose more than one practice setting as individually appropriate
† Of those who chose "other" the most common practice settings included: compounding pharmacies infusion centers, and government agencies

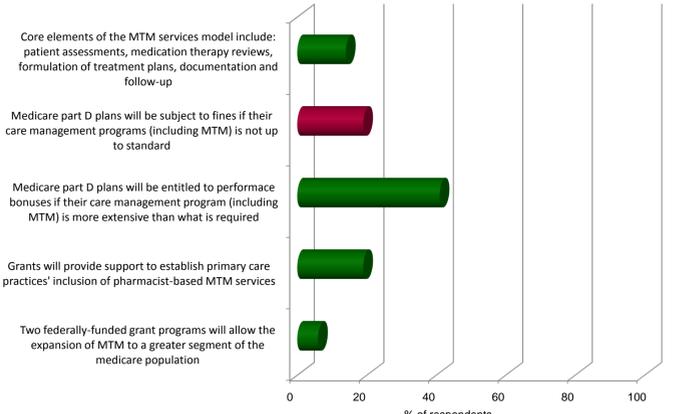
Total surveys completed = 221

- 64% of respondents correctly identified the *Patient Protection and Affordable Care Act* as the specific act commonly referred to as "health care reform"
- ≥50% of all respondents could correctly identify 5 of the 6 sources of funding for health care reform
- 74% of respondents could correctly identify the definition of a Patient-Centered Medical Home (PCMH); 24% respondents were not familiar with the term
- When asked what types of future education around health care reform would be preferred, respondents favored each option equally. Options included: live lecture/CE [49%], webinar(s) [48%], printed materials [49%], and e-mail updates [52%].

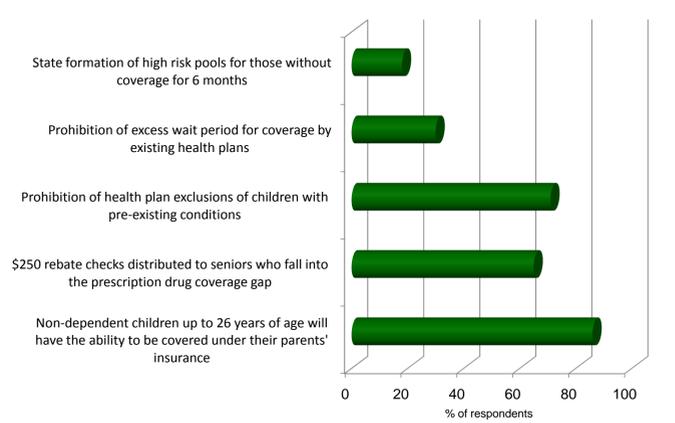
How comfortable would you be holding a 10-15 minute conversation with someone else about health care reform policies?



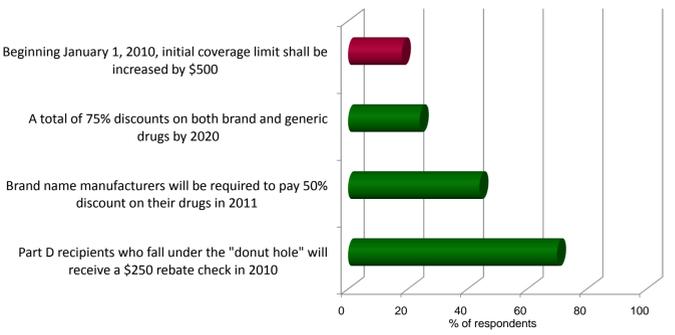
Which statement about Medication Therapy Management (MTM) is NOT true with regards to PPACA?



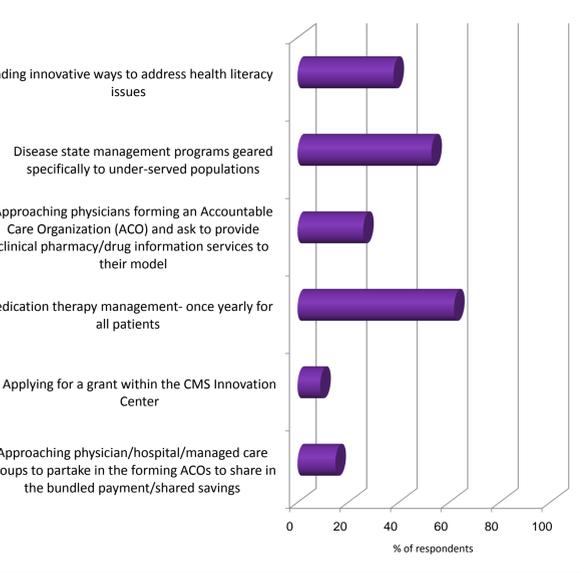
In 2010 several of the provisions outlined in the PPACA have already been implemented; (check all that apply)



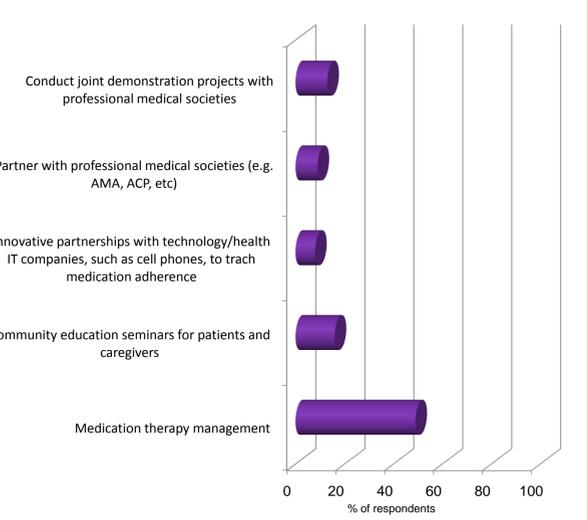
How has the PPACA recommended for the donut hole to be closed? (check all that apply)



Which of the following would you feel comfortable or very comfortable doing at your practice now? (check all that apply)



What is the most important step pharmacy can take in context of the ACA to improve medication compliance and adherence?



Red indicates an incorrect response choice
Green indicates a correct response choice
Purple indicates an opinion-based response choice

Discussion

- The majority of respondents were either in the first five years of their careers, or had been practicing for greater than 20 years.
- Demographic findings in the survey were fairly consistent with a 2009 pharmacy workforce survey,⁶ which found that the majority of pharmacists practice within the community setting (53.8%). Respondents were able to indicate more than one area of current practice as individually applicable. The survey was designed as such since many pharmacists work in more than one setting, either full -or part-time; this is also consistent with the 2009 pharmacy workforce survey.

KEY RESULTS	KEY RECOMMENDATIONS/ OPPORTUNITIES FOR PHARMACISTS
Only 33% felt "comfortable" or "very comfortable" with their knowledge regarding healthcare reform.	More education geared towards pharmacists is needed to elucidate their role in delivery systems post-healthcare reform
Nearly 75% were familiar with the Patient-Centered Medical Home (PCMH) concept; however only 25% were comfortable participating in one.	Further research into the reason behind pharmacists' discomfort in participating in a PCMH should be done. It is assumed this is due to confusion regarding their role.
54% were "comfortable" executing disease-state management and 61% "comfortable" incorporating MTM into current practice. However, few pharmacists were familiar with grants available by the CMS Innovation Center around expanding use of MTM relating to medication adherence.	Expanded education regarding new opportunities to expand MTM services should be made by CMS, universities, and associations of pharmacy practice.
17% were familiar with high-risk insurance pools.	Pharmacists could educate uninsured patients regarding the availability of these temporary insurance options. Participation in these pools has increased recently but still not to estimated amounts, according to Kaiser report. ⁷

Limitations

- Survey was not set up to collect information regarding regional location of respondents.
- All questions may not directly pertain to all practice settings (i.e., MTM services in the industry setting).
- "Check all that apply" and open-ended question types made data analysis more difficult for drawing generalizable conclusions.

Conclusions

Pharmacists are aware of the common provisions of the Affordable Care Act but not as familiar with the specific provisions affecting them, such as the opportunity to apply for grants within the CMS Innovation Center and provisions affecting medication therapy management and chronic disease state management. In addition, there are opportunities for pharmacists to participate in shaping the changing healthcare delivery environment with the advent of Accountable Care Organizations and the Patient Centered Medical Home. Further education is needed to increase pharmacists' awareness of the potential for new roles, and this can be done with multiple education methods.

Disclosure & Acknowledgements

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