In March of 2010, history was made as President Obama signed universal health care reform into law. While voices across the political spectrum continue to debate the value of the reform effort, it is now a foregone conclusion that the changes will go into effect. It is worth taking a moment to examine what these changes will mean to the pharmacy trade.

The greatest innovation for pharmacists in the health care reform act is the inclusion of Medication Therapy Management (MTM). The American Pharmacists Association (APhA) defines MTM as a partnership of the pharmacist, the patient (or caregiver) and other health care professionals that promotes the safe and effective use of medications and helps patients achieve the targeted outcomes from medication therapy.

A pharmacist will review of a list of medications furnished by the patient. MTM examines drug interactions, potential duplication of drugs, proper dosages, and the formulation the patient is using. MTM also considers how the patients medicate themselves, in the hopes of optimizing effectiveness.

Many pharmacy-related provisions are included in the legislation, including a grants program for medication therapy management sought by APhA. An adjustment for pharmaceutical pricing based on average manufacturer price, or AMP, is also in the bill.

In some quarters, the Congressional Budget Office numbers for the reform program are considered unreliable, because innovations like MTM are scored as neutral or even negative. This is because the only certainty about MTM is that providers would have to be paid for services. Nonetheless, pharmacists are confident that MTM will prove to be a worthwhile addition to the reform package.

Pharmacists would also like to see progress made in the area of information technology, especially in regard to initiatives that will enable further innovation. It is important that pharmacists be able to electronically prescribe medications, and a properly functioning electronic pharmacy information system can greatly aid in this process. Advances in software must be incorporated into any modern pharmacy system, and the raw speed with which new software becomes available has to be taken into consideration. On the hardware front, up-to-date pill counters and prescription balances with upgradeable NDC databases should be included in the system.

Though the ultimate form of the health care reform package is uncertain, and will undoubtedly incorporate changes and amendments determined by the political process, the future of the modern American pharmacy will hopefully be made more effective as a result of it.