

THE VALUE DRIVEN PHARMACIST

BASICS OF ACCESS, COST AND QUALITY

EDITED BY

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TABLE OF CONTENTS

Acknowledgements.....	iv
Introduction: Access, Cost, and Quality	1
Section 1: Access.....	3
Chapter 1: Who Provides the Care?	5
Chapter 2: Healthcare Settings.....	18
Chapter 3: Roles of Ambulatory Care Pharmacists.....	25
Section 2: Cost	39
Chapter 4: From Insurance Basics to Plan Selection	42
Chapter 5: Prescription Insurance	65
Chapter 6: Pharmacy and Therapeutics Committee.....	83
Chapter 7: Billing and Reimbursement for the Ambulatory Care Pharmacist.....	91
Section 3: Quality	107
Chapter 8: Quality Measures and Improvement	109
Chapter 9: Introduction to Statistics and Research Design.....	113
Chapter 10: Evidence Based Medicine	134
Chapter 11: Risk Evaluation and Mitigation Strategies	144
Chapter 12: Household Disposal of Prescription Drugs	154
Conclusion: Value.....	160

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INTRODUCTION TO ACCESS, COST, AND QUALITY

The United States healthcare system is complex and sometimes controversial. Despite attempts to improve quality of healthcare and access to it, costs in the United States (US) are high and continuing to rise. Projections suggest US health expenditures could exceed \$4 trillion by the year 2020, or approximately 20% of the US gross domestic product.¹ Conservative models have estimated that waste accounted for nearly 20% of total US expenditures in 2011, or approximately \$500 billion.² Despite spending more than other countries on healthcare, the US falls short on improving overall health and wellbeing as a nation.

A 2017 study by the Commonwealth Fund ranked the US last (11th out of 11) in overall health care among other industrialized countries. Despite spending the most per capita, the US ranked 5th in care process, 10th in administrative equity and last 11th in access, equity, and health care outcomes.³ A 2016 report by the Centers for Medicare and Medicaid Services (CMS) showed that the annual National Healthcare Expenditures (NHE) for the year reached \$3.3 trillion dollars, an average of over \$10,300 per person.⁴ The CMS report also shows that the US had spent 17.9% of its gross domestic product (GDP) on healthcare in 2016, which far exceeds the amount spent by any other country in the world.⁴ The following chapters will discuss how cost, access, and quality are impacted in interactions between patients, payers, and providers.

Access, cost, and quality are three major factors used to evaluate healthcare systems.⁵ Countries maintaining a good balance between these components have more effective healthcare systems. Optimizing the balance can be difficult because changes or improvements to one may come at the expense of the others.

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