We live in an era in which so much potential synergy exists (with other health professions schools, government agencies, public health entities, and the private sector) in the midst of unprecedented changes in pharmacy practice, reimbursement for services, and expanded future opportunities. Our graduates need to have a suitable skill set necessary to work with opportunities that will be presented in the future through collaboration with other providers and payers.

The relevance of curricular components is often viewed in a very discipline-specific light. Reserving a certain percentage of the curriculum for a particular discipline or a set number of courses is not optimal for any of our curricula. A segmented approach to inclusion of course and course components will be devastating to our programs, our collective reputation, and our students and their eventual practice reality. Having said this, I am going to argue for proper attention and inclusion of business, outcomes assessment, and financial components to match the realities of current and future pharmacy practice. Certainly I realize there is a limited amount of “shelf space” for additions to already coursework-challenged curricula.

Consideration of innovative business practices, documentation of the economic value of pharmacist services, and preparation for future and differing practice options must be relevant to how pharmacy exists within the health care system we face now and in the future. Other health profession schools have dealt with the issue of inclusion of business concepts into their respective curricula. The nursing profession deals with the issue of business concepts in the context of practice plans and professional clinical practice by incorporating business model concepts when examining nursing practice plans, and nursing graduate professional practice opportunities.1 Medicine has dealt with similar issues of incorporating business concepts in training and focus.2,3 Nothing is universally accepted, and criticism of teaching to a market force mentality has been levied within medicine.2 While the reality of the necessity of such curricular inclusion has been highlighted elsewhere.3 In medical education, the issue of business relevance has also been discussed in the context of the hiring decisions of administrators (eg, department chairs).4

Pharmacy curricula must contain relevant current and future economic concepts and provide for skill acquisition by students and graduates. Analyzing individual and population indices of effectiveness (eg, hypertension control, management of dyslipidemia, and diabetes control across patient subgroups) will be required to achieve optimal reimbursement in future third-party and government programs. In the future, such business (and clinical) outcome components must be a significant part of pharmacy curricula and have “business relevancy” to a practice future that includes an increased use and assessment of technology (robotics, information systems, and electronic adaptation of medical records and histories, and the economic valuation of these segments) and a revolution in delivery and payment for services. The concept of a pay for performance (P4P) focus (showing the economic and therapeutic worth of services) has been incorporated into managed care programs and Medicare as well.5

Pharmacist reimbursement at present and in the future is directly tied to governmental social programs, namely Medicare at the federal level and Medicaid at the state level. The reality of Medicare payment for medication therapy management services (MTMS) as a widespread panacea for pharmacy practice and current pharmacy reimbursement dilemmas is tenuous at best. Consider the following. The Centers for Medicare and Medicaid Services (CMS) is prohibited from negotiating with pharmaceutical manufacturers as stipulation of the Medicare Modernization Act, which provides for the Medicare Part D drug benefit. As the price of prescription medications continues to escalate at unprecedented levels (25% of the increase in the expenditures for pre-
One of the many benefits of our profession is the option to practice in any number of settings. Ambulatory care pharmacy will see dramatic changes in scope, financing, and public expectations in the future. Our curricula must prepare our graduates for the realities they will face in the near and long term. There will be future needs for our curricula to contain more and more. The list for us to consider is endless. Several of our colleagues writing in the Journal have made the case for incorporating more topicually relevant coursework in our curricula. Newton writing of the dearth of compounding components in our curricula, and Mackowiak detailing the need for natural product coverage inclusion in our curricula speak to the need for increasing attention to be paid to curricula additions. A focus on the business and economic aspects of what our graduate will face immediately upon licensure needs to be enhanced in our course offerings. Many of our graduates will need to acquire additional expertise in these components as well. Changes in outpatient financing of drug therapy (Medicare Part D, Medicaid changes), a need to initiate, document, and bill for services (MTMS as a component of Medicare Part D) when and if they are billable items, and a focus on analyzing the outcomes of what pharmacists do on a continual basis should not be elective or optional course components in the future, they will be necessarily key factors in the ability of our graduates to succeed and thrive in the new worlds of pharmacy and health care delivery looming on the horizon.

REFERENCES