

THE ANNALS: 40-YEAR EVOLUTION

2006 marks the 40th year of publication for *The Annals*. Over that time, *The Annals* has been an important contributor to the development of clinical pharmacy. Throughout 2006, we are publishing articles reflecting on the history of clinical pharmacy through the eyes of practitioners, including those pioneering clinical pharmacy, as well as those who have more recently entered the profession and a well-established specialty. In addition, we are also presenting articles and editorials from the early history of *The Annals* that have given direction and shape to the practice of clinical pharmacy (see page 955).

Reflections on Geriatric Pharmacy Practice: The Times They Are a Changin’

Jeffrey C Delafuente

During the past 40 years, the geriatric population around the world has grown tremendously. In the US, there were approximately 18 million people 65 years of age and older in 1967; today, there are 38 million seniors. In 2011, just a few short years from now, the first of the “baby boomers” will turn 65 years old. By 2020, there will be 52 million seniors in the US, constituting almost 18% of the population. Perhaps the greatest challenge to health care is the growing number of people aged 85 years and older. These individuals use the most healthcare resources. Over the past 40 years, we have seen the 85+ population expand from less than 1 million to 5 million people, and this population will continue to grow over the next 40 years to 15 million people. Today, the senior population uses approximately 40% of all drugs: think about the impact of the aging population on pharmacy practice over the next few decades. All pharmacists, except pediatric pharmacy specialists, will need to be well versed in geriatric medication use issues.

In 1967, geriatric pharmacy practice was in its embryonic stages. President Lyndon Johnson’s “Great Society” vision led to the enactment of Medicare legislation in 1965. A part of this plan to provide America’s senior pop-

ulation with better health care was a congressional mandate that required pharmacists to supervise pharmacy services in nursing homes. The pharmacists’ supervisory role was poorly defined at that time and primarily constituted administrative and drug storage oversight. A small group of innovative pharmacists fostered the creation of the American Society of Consultant Pharmacists in 1969, an organization that devoted itself to better defining the role of the consultant pharmacist in nursing home practice and providing continuing education for pharmacists dealing with older people. A major historical federal legislative event in 1974 created new standards that delineated an expanded role for pharmacists in nursing homes requiring, for the first time, a mandate that pharmacists provide a monthly drug regimen review for all nursing home residents. This was the catalyst that moved geriatric pharmacy practice from its infancy to where it is today.

Four decades ago, there was a dearth of primary literature regarding geriatric pharmacology and pharmacotherapy. Today, the literature is replete with quality studies examining how the aging process requires that drugs be used differently in older patients, and there is still much more research to be completed. Several specialty journals in geriatric pharmacotherapy have been founded during the last 20 years to provide a forum for much of that research.

Author information provided at the end of the text.

Today, geriatric pharmacy practice has expanded well beyond mandated nursing home requirements. Pharmacists specializing in geriatrics not only practice in nursing facilities, but in all healthcare settings including assisted living facilities, community pharmacies, acute care settings, physicians' offices, and social service agencies. In addition, some senior care pharmacists provide cognitive services directly to patients and caregivers outside of formal healthcare settings. In 1997, the Commission for Certification in Geriatric Pharmacy was established to provide a mechanism for board certification in geriatric pharmacy practice, which is now regarded as a specialized practice.

Geriatric pharmacy practice has grown and expanded over the past 40 years, but its biggest advancement is yet to come. The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA 2003) will undoubtedly change pharmacy practice. Older patients who may not have been able to afford or access needed medication will now be able to receive their drugs, with Medicare paying much of the bill. It is anticipated that prescription volume for seniors will increase significantly as a result of Medicare Part D and the increasing number of older people. The MMA 2003 also created medication therapy management services (MTMS) for selected eligible recipients enrolled in Medicare Part D. MTMS has the potential to change pharmacy practice. The legislation recognizes pharmacists as qualified clinicians to provide comprehensive medication therapy management in an effort to prevent, detect, and resolve drug-related problems. Although only a small percentage of Part D enrollees will be eligible for MTMS initially, the fact that the US Congress has mandated that Medicare pay for cognitive services provided by pharma-

cists is monumental. The Centers for Medicare and Medicaid Services are required to collect data to measure the impact of MTMS in improving quality of life and reducing overall health costs. Once established, MTMS should become the standard for pharmacy care of all seniors, and the MMA 2003 will have a lasting impact on pharmacy practice. In the near future, it is expected that reimbursement for MTMS will become routine and will be paid for by many third-party payers or directly by the patient.

The cost of adverse drug events, both humanistic and clinical, is enormous in the geriatric population. As the baby boomers become tomorrow's seniors, these unfortunate events will continue unless pharmacists intervene more frequently than they do at this time. The future of geriatric pharmacy practice looks very bright and exciting. Along with the MMA 2003 and mandated MTMS, other health professions and the public are expecting pharmacists to help improve the medication use process in the geriatric population. I foresee a future in pharmacy practice, particularly community practice, in which all older people expect their pharmacist to provide quality MTMS and reimbursement for these services will be commonplace. Forty years ago, Bob Dylan's "The Times They Are a Changin'" was a popular song. Today, Dylan's hit could be the theme song for geriatric pharmacy practice as "the times they are a changin'," and changing for the better.

Jeffrey C Delafuente MS FCCP FASCP, Associate Dean for Professional Education and Professor and Director of Geriatric Programs, School of Pharmacy, Virginia Commonwealth University, PO Box 980533, 410 N. 12th St., Rm. 454, Richmond, VA 23298-0533, fax 804/828-8359, jeff.delafuente@vcu.edu

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