PERSPECTIVES

▼ Proficiency (continuing education material)

A mission of the journal is to become an invaluable resource for pharmacy practitioners and students. *JMCP* promises to become “must reading” for our membership and the managed care community as a whole. You as a practicing pharmacy professional know what is important and what information is needed to advance pharma-

cy’s contribution to patient care in to day’s rapidly changing healthcare system. I encourage you to submit your material for publication in the *Journal of Managed Care Pharmacy*. *JMCP* is a new membership benefit created to retain current AMCP members, attract new ones, and reach a vast readership of decision-makers in the pharmacy and managed care communities.

AN OPEN FORUM FOR PHARMACY

In the short time I have been involved with AMCP, I have been extremely impressed with the dedication of its members in creating a home for pharmacy professionals and in incorporating the principles and ideals of pharmaceutical care for patients as the standard of pharmacy practice. *JMCP* will aid in both these efforts.

I wish to thank those who enabled me to serve AMCP and the pharmacy profession as the Editor-in-Chief of *JMCP*. Use the new journal to your benefit; your contributions and support will contribute to the development of an open forum for communication of ideas, concepts, and controversies within the community of pharmacy professionals.

Louise J. Sargent, R.Ph., M.S.
Editor-in Chief, *JMCP*

CONTEMPORARY REFLECTIONS

by Jay Messeroff, RPh

Twenty-five years ago, I had the honor and privilege to help launch the *Journal of Managed Care Pharmacy (JMCP)* during my tenure as president of the Academy of Managed Care Pharmacy (AMCP). At that time, AMCP was home to managed care pharmacists who were responsible for the pharmaceutical needs of 60 million lives. Emerging roles for managed care pharmacists included formulary development, disease management, education, outcomes research, and policy analysis.

Fast forward to today, and many things have changed. In 1983, Boots Pharmaceuticals aired the first broadcast television commercial for its pain reliever drug Rufen (ibuprofen). It would take the U.S. Food and Drug Administration 14 more years to permit prescription drug companies to formally publicize their products directly to consumers (direct-to-consumer television advertisements were legalized in 1997). Direct-to-consumer marketing budgets jumped from \$1.3 billion in 1997 to more than \$6 billion in 2016, an increase of 361%.

The Affordable Care Act was passed in 2010, superseding the Health Maintenance Organization (HMO) Act passed in 1973. While the HMO Act promoted the development of HMOs and required employers to offer HMO insurance options to employees, shifting away from the fee-for-service model, the Affordable Care Act went many steps further, reducing the percentage of uninsured people in America. One major change included health care coverage for adults with pre-existing conditions, which was previously unavailable.

The importance of managing pharmaceutical spend while providing quality outcomes is greater than ever, and AMCP has evolved over time to meet these needs. Today, AMCP members work to improve the lives of nearly 300 million Americans served by private and public health plans, pharmacy benefit management firms, and emerging health care delivery models.

AMCP is no longer just the home for managed care pharmacists. Membership has grown to over 8,000 health care professionals and now includes pharmacists, physicians, nurses, physician assistants, pharmacy technicians, and students.

To foster learning in managed care, AMCP has developed experiential training programs to address the many facets of managed care pharmacy from integrated health systems to pharmacy benefit management companies to health plans and managed care consulting. There are currently 23 professional sites in 15 states that offer Introductory Pharmacy Practice Experiences (IPPEs) or Advanced Practice Experiences (APPEs). AMCP has 84 student pharmacist chapters, providing opportunities for professional growth and promotion of managed care pharmacy within schools of pharmacy across the country. There are also 7 affiliate programs that are local, state, or regional organizations focusing on grassroots efforts in support of managed care pharmacy. They serve as a local educational resource for members, student pharmacists, and schools or colleges of pharmacy.

AMCP participates in a number of coalitions on behalf of managed care pharmacy. Coalitions allow AMCP’s voice to be heard on a broader range of issues. In addition, by joining

with others and using shared knowledge and expertise, AMCP is more efficient and effective at policy analysis and advocacy. These coalitions cover a broad range of issues that include credentialing, quality, and patient care and safety.

Since 1995, *JMCP*, under the auspices of AMCP, has been publishing peer-reviewed original research manuscripts, subject reviews, and other content intended to advance the use of the scientific method, including the interpretation of research findings, in managed care pharmacy. It, too, has evolved. *JMCP* strives to engage and serve professionals in pharmacy, medicine, nursing, and related fields to optimize the value

of pharmaceutical products and pharmacy services delivered to patients. In 2014, by changing its name to the *Journal of Managed Care & Specialty Pharmacy*, the publication recognized the growing importance of specialty pharmaceuticals to health care—and to managed care pharmacy.

I am pleased to have been part of AMCP's creation, its leadership, and its growth. AMCP is stronger than ever. Its importance, recognition, and reputation continue to grow, and it, along with *JMCP*, is ready to face and respond to all future challenges that present themselves over the next 25 years.

CONTEMPORARY REFLECTIONS

by Louise Sargent Heuer, MS, RPh

It has been more than a quarter century since I became involved in the development of the *Journal of Managed Care Pharmacy* (*JMCP*). My journey began as a member of AMCP's Communications Committee. As a member of the committee, I was asked to lead a task force to develop a peer-reviewed academic resource for pharmacy professionals. I was honored and agreed to the opportunity. I must admit, I was not exactly sure how to proceed but the challenge excited me, and the intricate process ensued for developing a peer-reviewed journal.

The initial focus of the journal was 2-fold: (1) the scientific advancement of pharmacy professionals working in the health care industry and (2) pharmaceutical care for patients. The task force began its work, and in a short time, through hard work and dedication, the first issue of *JMCP* was launched in the summer of 1995.

I remember the creation of the journal vividly, working with many talented individuals towards the task at hand. The initial task force considered several questions. First, what should the journal look like? This began with designing the cover, the title of the journal, colors, fonts, and cover art. Second, what should the content consist of and how should the content flow throughout the journal? Feature articles, Comparative Research, Spotlights, and various departments were placed throughout the pages.

Another very important question was how will the content of *JMCP* be developed and overseen? Identifying an editor-in-chief for *JMCP* was an important next step, and I had the honor of being the founding editor-in-chief from *JMCP*'s inception until June 1999. I am reminded of this privilege daily, as I sit in my office with a gold framed picture of the first and last editions of *JMCP* throughout my tenure as editor-in-chief, a gift from AMCP.

Very importantly, an editorial advisory board was created; policies and procedures were written; and a process for peer review was developed. Individuals from various health care sectors and roles were identified for the Editorial Advisory Board and to be peer reviewers. Funding, budget, advertising, and other key decisions were also made as the board worked toward the launch of *JMCP*. As work proceeded on the first issue, another challenge that needed to be addressed was who would write the articles for the first few issues. Because *JMCP* was new and not well-known, members of the Board of Directors, AMCP, and the Editorial Advisory Board all pitched in, using their writing talents to submit articles. *JMCP* was launched!

As I close, I would like to thank the many kind and talented individuals who helped create *JMCP* and the continued dedication to the success and value that *JMCP* provides to members of AMCP and the health care community. This is truly a success story and shining star in the history of AMCP.