

MOHEG Student Essay Award

A Prescription for Improved Health Care
Expanding the Pharmacist's Role in Health Care Delivery

Missouri State University
Masters of Healthcare Administration
Anticipated graduation date: December 2017

Dr. Brigid Farrar
Email: bmfarrar11@gmail.com
Phone: 618-978-3323

09/30/2016

To say that health care has undergone tumultuous change just over the past several years would be quite an understatement. The problems to be addressed are many, and the purpose of this essay is to suggest some solutions. It will quickly address some of the issues patients go through within the healthcare delivery process, and then describe how pharmacists can improve that process. It will also discuss some of the differences between the role of the pharmacist within Missouri and other states. Today's pharmacist plays many roles in health care delivery. In hospital, pharmacists are responsible for dosing blood thinners, approving and processing drug orders, and in many facilities, patient discharge consultation. In community, they are responsible for reviewing and processing prescriptions, consulting with physician offices and hospitals, and educating patients on a wide variety of topics, including drug administration, interactions, and over-the-counter medication use. Pharmacists may have various levels of certifications, such as BLS, Immunization Delivery/Administration, and can even apply for a specialty certification, such as the Board Certified Pharmacotherapy Specialist. Although pharmacist educational requirements continue to expand, there are still organizations and communities which are yet to embrace the pharmacist as a vitally important player on the health care delivery team.

The process a patient encounters going through the health care system is daunting: obtaining insurance coverage, finding a primary care physician (PCP) within their given network, and being referred to specialists if needed. With the diminishing number of PCPs and the increase of PCP burnout, primary care is in a crisis, even with the addition of nurse practitioners and physician assistants.¹ With an aging population, and an increase in the number of chronic illnesses per patient, the complexity of treatment continues to intensify, and navigation of the medical system becomes even more difficult for the patient.² In many cases, retail pharmacy is the first point during the process where patients encounter the pharmacist. Since the shift has begun moving from fee-for-service payments for providers to value-based programs, the movement toward team-based care is gaining momentum. Especially for those patients seeing multiple physicians, pharmacists can strengthen the “continuity and coordination across providers” and improve the safety, effectiveness, and quality of chronic care. Including the pharmacist as a part of the team is already yielding promising outcomes for patient care and healthcare costs in many states across the country.³

In North Dakota, pharmacists can now perform about two dozen point-of-care tests and prescribe appropriate therapy in a single visit to the pharmacy. Wisconsin recently passed a law allowing pharmacists to administer injectable medications – other than vaccinations – such as insulin products, time-sensitive emergent care injections, and blood products like Epogen®. Pharmacists are also working closer with physicians to restructure drug therapies using evidence-based standards of care for chronic conditions such as diabetes, chronic heart failure, and asthma. In both Wisconsin and Ohio, studies have been performed to find links between pharmacist involvement with cardio-

pulmonary code resuscitation events and lowered mortality. Pharmacists trained in ACLS have been shown to not only reduce mortality but also increase correct drug treatment efficiency by nearly 35% during code events.⁴ Although some pharmacists have been quoted saying they do not wish to take on all of the responsibilities of primary care, there are seven states that currently give pharmacists mid-level practitioner status, allowing full prescribing authority in collaboration with a physician.

California has been the most progressive state and therefore has seen the biggest changes in outcomes and cost. In southern California, pharmacists lead a preventive clinical service that has shown to improve health outcomes for 'high-risk patients' while decreasing health care costs, called Comprehensive Medication Management.⁵ When directed at even the most complex, high-risk patients, CMM has been shown to improve quality of life, access to healthcare providers, patients' health literacy, provider satisfaction, and continuity of care. In the Greater Newport Physicians Ambulatory Care Clinics there are three specific clinics where pharmacists specifically work to improve patient outcomes and decrease costs. In the post-discharge clinic, pharmacists work with hospitalists, case managers, and social workers for patients who have recently been released from the hospital. Here, the 30-day readmission rate for seniors was 60% lower than the national average. Within the anticoagulation clinic, the patients are managed by a pharmacist that has been referred from both PCPs and specialists. This clinic saw a decrease in inpatient admissions by 53% and emergency visits were lowered by 41%. Finally, the clinic's ACTIVE diabetes program is led by a pharmacist that works with both social workers and dieticians to help patients achieve their HbA1c goals. Patients were able to achieve their goals within the first 180 days of enrollment.³

In Missouri, pharmacists must play a much more limited role in each healthcare location. In community, pharmacists are limited to administering vaccinations that strictly follow CDC guidelines and a protocol that is determined by the ordering physician. Although pharmacists still consult with patients and physician offices, they are not yet considered an integral part of team-based care. Even within ambulatory care settings, pharmacists must first acquire the physician's approval before adding, changing, or discontinuing any drug therapy, even if they are more aware of the patient's disease state and progress. A wide disparity exists within the scope of practice elements of hospital pharmacists as well. In larger teaching facilities, pharmacists and students round with physicians and residents, while in the majority of hospitals across the state, pharmacists are rarely seen on the floor. Although they are still responsible for approving and processing orders and checking for drug interactions, there is very little interaction with the rest of the healthcare team.

There are multiple opportunities available in Missouri to improve patient outcomes and decrease healthcare costs. If Missouri were to follow California's example and expand the pharmacist's role within the healthcare delivery team, emergency visits and readmission rates could be significantly reduced. By offering more point-of-care

testing in community, pharmacists could recommend changes to therapy that would aid patients in reaching their goals much more quickly. Based on the education pharmacists receive and their accessibility to patients, there are many aspects of healthcare to which pharmacists can greatly contribute. Although granting mid-level practitioner status to pharmacists may not be considered for many years to come, they could considerably reduce the complexity of treatment that primary care physicians are facing today.

References

1. Loeb, D. F., Binswanger, I. A., Candrian, C., & Bayliss, E. A. (2015). Primary Care Physician Insights Into a Typology of the Complex Patient in Primary Care. *The Annals of Family Medicine*, 13(5), 451-455. doi:10.1370/afm.1840
2. Porter, S. (n.d.). How Would You Describe a 'Complex' Patient? Retrieved September 23, 2016, from <http://www.aafp.org/news/practice-professional-issues/20150918patientcomplexity.html>
3. Sederstrom, J. (2016, April/May). Time to step up | Drug Topics. Retrieved September 28, 2016, from <http://drugtopics.modernmedicine.com/drug-topics/news/time-step>
4. Hesselgrave, B. (2016, March/April). When seconds count, pharmacists can make the difference. Retrieved September 28, 2016, from <http://drugtopics.modernmedicine.com/drug-topics/news/when-seconds-count-pharmacists-can-make-difference?cfccache=true>
5. Butler, A., Dehner, M., Gates, R., Shane, P., Chu, M., Chan, S., . . . Peck, C. (2015, December 23). Comprehensive Medication Management Programs: Description ... Retrieved September 28, 2016, from <https://www.cdph.ca.gov/programs/cdcb/Documents/CMMWhitePaperCDPH2015Dec23FINALrev.pdf>
6. Chronic Disease Overview. (2016). Retrieved September 23, 2016, from <http://www.cdc.gov/chronicdisease/overview/>
7. President, B. S. (n.d.). U.S. prescriptions per capita by patient age group 2013 | Statistic. Retrieved September 23, 2016, from <https://www.statista.com/statistics/315476/prescriptions-in-us-per-capita-by-age-group/>
8. Poquette, R. B. (2016, March/April). Pharmacy automation: Our silent partner in success. Retrieved September 23, 2016, from <http://drugtopics.modernmedicine.com/drug-topics/news/pharmacy-automation-our-silent-partner-success>
9. Hertz, Beth T. (2014, Nov 20). Referrals and liability: What primary care physicians need to know. Retrieved September 23, 2016, from <http://medicaleconomics.modernmedicine.com/medical-economics/news/referrals-and-liability-what-primary-care-physicians-need-know?page=full>
10. Maine, Lucinda L., RPh, PhD. (2016, June/July). Pharmacy education and provider status. Retrieved September 23, 2016, from <http://drugtopics.modernmedicine.com/drug-topics/news/pharmacy-education-and-provider-status-validating-60-year-debate>
11. Patton, M. (2015, June 29). U.S. Health Care Costs Rise Faster Than Inflation. Retrieved September 23, 2016, from <http://www.forbes.com/sites/mikepatton/2015/06/29/u-s-health-care-costs-rise-faster-than-inflation/#7a8670a46ad2>
12. Gebhart, F. (Ed.). (2015, April/May). ACA opens the door to value-based care | Drug Topics. Retrieved September 23, 2016, from <http://drugtopics.modernmedicine.com/drug-topics/news/aca-opens-doors-mtm-pharmacist-reimbursement?page=full>

13. Gebhart F. (Ed.). (2016, June/July). Provider status. Retrieved September 26, 2016, from <http://drugtopics.modernmedicine.com/drug-topics/news/provider-status>