

Underestimating the Impact of Community-based Pharmacists

Over the last several weeks, I have been involved in discussions with several organizations regarding the role of community-based pharmacists in health care. The individuals who were part of those discussions included physicians (both specialists and primary care) and pharmacists (in ambulatory care and health-systems based practices). The discussions were focused on the ability of community-based pharmacists to provide clinical services, their effectiveness in helping patients optimize their medications, and how they communicate and interact with the health-care team. I use my practice to describe how we have freed up the pharmacists by optimizing the use of technicians and technology (domains 3 and 4), maximizing the use of medication synchronization to not only improve practice efficiencies, but also clinically manage patients using the appointment-based model (domains 1 and 2), and how we collaborate with other providers through care coordination notes (domain 5). The discussion eventually gets to the need to receive reimbursement for the provision of enhanced services that improve patient care and reduce health care costs (domain 6). In other words, the discussion is about how we have transformed or flipped our pharmacy from a product dispensing focus to a patient-centered medication optimization focus. Next, they usually ask about proof that this patient care is actually happening, and I excitedly inform them that collectively our pharmacies make approximately 2,000 clinical interventions monthly and also review the studies that we have published that objectively detail the impact of our work.

To say that they are surprised that this is not only occurring in a single community pharmacy, but in hundreds of pharmacies nationwide is an understatement. I can talk about CPESN pharmacies, especially those that are part of Flip the Pharmacy, and the transformative processes their practices are undergoing so pharmacists have the time to provide care to their patients. The number of payer programs that continue to grow and the impact these pharmacists are having on their patients, their communities, and the overall healthcare system.

The challenge that I have telling this story is that these individuals may not have experienced the type of care that I am talking about or perhaps they had a much different experience when they were in a community-based pharmacy. Therefore, their perceptions and expectations are on the older product-dispensing model. Therefore, it is so important that, all of us who are part of CPESN and FtP, have transformed our practices to the point that it is noticeable and impactful to anyone walking in. I also call that “The Wow Factor” of our practice—we change the perceptions and expectations of patients, physicians, payers, and other stakeholders about what they can expect to experience in our practice.

It is time that we stop being underestimated and that we exceed the expectations of everyone who we impact through our practices. Year 2 is not done, and it is important we have a strong finish especially because of the challenges we have overcome this past pandemic year. We have momentum—let’s step up our pace!!