February 28, 2011

Vice Admiral Regina M. Benjamin MD, MBA
U.S. Surgeon General
Office of the Surgeon General

Dear Dr Benjamin,

As National Faculty Co-Chairs of the HRSA Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) we strongly support the report, Improving Outcomes through Advanced Pharmacy Services, a Report to the Surgeon General. The recommendations and framework encompassed in this report closely align with the PSPC collaboratives’ aim: committed to saving and enhancing thousands of lives a year by achieving optimal health outcomes and eliminating adverse events through increased clinical pharmacy services for the patients we serve. PSPC is based on a rapid cycle improvement method and is a direct response to the health disparities and adverse outcomes that have been persistent and well documented among the patients and populations we serve. This collaborative encourages schools of pharmacy, local pharmacies, hospitals and other health care entities to engage in partnership with one or more of the growing network of community health centers to jointly build on the integrated health delivery systems and patient-centered medical homes that the health centers are actively developing.

Over 120 PSPC teams nationwide are now actively engaged in this performance improvement collaborative, each achieving significant success targeting uncontrolled chronic disease measures among their highest risk patients. Central to the PSPC team’s success story is the development and expansion of “clinical pharmacy services” which positions pharmacists in a much more active role in patient care coordination, medication management, support for self-management goals, therapeutic interchange, and implementation of guidelines and protocols. PSPC teams are seeing unprecedented success with hundreds of patients whose clinical measures for evidence-based targets such as glyco-hemoglobin, lipids, coagulation profiles and blood pressure had been chronically “out of control” due to “non-adherence” and related challenges that have not been amenable to standard medical care. We are particularly proud that these exceptional outcomes are occurring in America’s safety net, among the most disparate and typically hardest to reach patients, through innovative partnerships and alliances, with high performing integrated care teams providing expanded primary care in HRSA sponsored health centers across America. Many of the teams are aligned with schools of pharmacy where students, residents and faculty have implemented innovative clinical programs where the service-learning balance is both effective and sustainable.
The PSPC “performance story” exemplifies the significant role pharmacists can play in extending the reach of our primary care workforce – as proposed and described in the report, *Improving Outcomes through Advanced Pharmacy Services, a Report to the Surgeon General*. We also concur with the reports assertion that innovation and leadership is critically needed in terms of both the scope of practice for pharmacists and the reimbursement opportunities for the provision of clinical pharmacy services. Inherent in advancing the requisite policy and regulatory changes is the recognition that projected savings and improved outcomes in health reform can only be realized in the near term through significant innovation within the existing health care workforce.

Despite having the world’s most advanced technology, best trained staff and largest per capita resource allocation we know that the health outcomes we are getting are simply not good enough. Achieving better outcomes in more cost effective ways with the existing workforce will require significant change. Our PSPC teams are examples of such change as they are achieving significant savings for CMS funded clients through improved outcomes and reduced adverse events. However, the current reimbursement framework does not account for the increased investment expended by these entities which severely limits the spread and exportability of this model. Similarly, the employment arrangement and shared mission among the medical staff at the CHC’s has facilitated acceptance of an expanded scope of practice for pharmacists in ways that are less likely to occur in other medical staff settings in the current environment. Given the challenges associated with accomplishing changes in scope of practice for pharmacists and reimbursement for clinical pharmacy services such as those proposed in the report it is helpful to know that the “patient-centered high road” has already begun to be paved by the PSPC performance story.

We appreciate the experience you bring to the Office of Surgeon General as a primary care physician who has served, as we do, in America’s community health centers. It is our pleasure and privilege to join those who are encouraging innovation in primary care, particularly for those we serve who are most vulnerable, through the realizable goal of expanding access to an enhanced pharmacy workforce, actively engaged in leading clinical pharmacy services to help our system achieve the optimal health outcomes our patients desperately need.

Sincerely,
National Faculty Co-Chairs, HRSA Patient Safety and Clinical Pharmacy Services

Mark Loafman MD, MPH
Assistant Professor Family Medicine
Northwestern Feinberg School of Medicine

Kyle Peters Pharm.D., BC-ADM, CDE
Clinical Assistant Professor, UNMC College of Pharmacy
Siouxland Community Health Center
February 21, 2011

Regina Benjamin, MD, MBA
U.S. Surgeon General
Office of the Surgeon General
5600 Fishers Lane, Room 18-66
Rockville, MD  20857

Dear Dr. Benjamin:

I want to take this opportunity to express Carilion Clinic’s support of the concepts outlined in *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice Report to the U.S. Surgeon General.*

Carilion Clinic is a healthcare organization with more than 600 physicians in a multi-specialty group practice and eight not-for-profit hospitals. Carilion Clinic specializes in patient-centered care, medical education and clinical research, with a goal of providing the best possible health outcome and healthcare experience for each patient.

The need for improved patient outcomes, improved quality of healthcare services, and a reduction of healthcare costs is greater than ever. However, lack of access to primary care physicians, the number of Americans without a healthcare home, the shortage of healthcare providers, and lack of incentives to fully optimize the clinical expertise of all healthcare providers, including pharmacists, all present challenges in reforming the healthcare system. Pharmacists currently have the capacity, skills and formal clinical training to effectively manage the care of patients and enhance clinical outcomes while reducing patient burdens on the medical staff. In many cases, pharmacists provide these services today but are unable to bill for them. Thus, they are unable to maintain or expand their service offerings.

The clinical practice roles of pharmacists in the Public Health Service have long served as a model for the evolution of pharmacy practice today. Pharmacists currently serve in diverse roles, from ensuring safe distribution of medications to working in advanced patient care roles in collaboration with physicians and other members of the healthcare team. Pharmacists in all 50 states have the authority to administer immunizations and in over 41 states can enter into collaborative practice agreements with physicians and other prescribers in an expanded scope of practice under specific protocols.

Carilion Clinic recognizes the value of such services and, as the largest of the participants in the CMS ACO pilot, seeks inclusion of these professionals to support the overarching need for access, particularly with respect to Patient Centered Medical Homes and other critical access points.

The Report to the Surgeon General provides an excellent description of the innovative roles pharmacists serve in the Public Health Service. Due to their successes, these same activities are currently being replicated in private and public sector programs. However, challenges with viable compensation mechanisms that support the expansion of pharmacist-provided services still exist.
To address the current challenges of our healthcare system, Carilion Clinic supports the following concepts outlined in the report:

1. Expansion of the pharmacist’s role on the healthcare team is needed for quality healthcare reform.

2. Pharmacist inclusion in primary care services improves quality of care, contains costs, increases access to care, and improves time management for physicians and other providers to address more critical needs.

3. There is a need to maximize the skill sets, training, education, and utilization of pharmacists as healthcare providers to address the current chronic disease burden and medication use problems.

4. To sustain these value-added services, similar to other non-physician practitioners, pharmacists require commensurate recognition and compensation. In order to optimize the impact of pharmacists on the healthcare team, pharmacist-provided services must be recognized and valued. We encourage policymakers and payers to consider an appropriate compensation strategy, commensurate with similar levels of care provided by other primary care providers, which allows for the sustainability of these collaborative practice services by qualified pharmacists.

Carilion Clinic respectfully encourages you to support the concepts in this report. If you have any questions concerning our use of pharmacists or require any additional information, please contact myself or David Harlow, RPh at 540-230-7987 or ldharlow@carilionclinic.org.

Sincerely,

Verne F. Baker
Senior Vice President
Department of Medicine
April 8, 2011

Dr. Regina Benjamin, MD, MBA
U.S. Surgeon General
Office of the Surgeon General

Dear Dr. Benjamin,

Greetings from Seattle. I am a family practice physician who has practiced in several clinical settings. I am also President-elect of King County Academy of Family Physicians in Seattle (over 700 family physician members) and have witnessed and discussed with my colleagues the benefits of working with pharmacists in primary care. I would like to express my personal support for the concepts discussed in the document, Improving Patient and Health System Outcomes through Advanced Pharmacy Practice - Report to the U.S. Surgeon General.

Under Collaborative Practice Agreements (CPA), I have had several pharmacists deliver additional primary care services that provided increased benefits to the health system and our patients. Working within agreed upon privileges, these pharmacists improved my patient’s clinical outcomes, reduced health care costs and provided additional primary care services. Their expertise, clinical skills and formal training are highly valued and contribute greatly to my efforts as a physician. They have allowed me to extend my practice to include more patients and subsequently improve access to medical care. Although my practice resides in an urban setting, I also see this practice model as critically beneficial and scalable for rural and medically underserved areas.

The need for improved quality of health care and reduction of health care costs continues to grow. However, lack of access to primary care physicians, the number of Americans without a healthcare home, the shortage of healthcare providers, and the system’s challenges to fully optimize the clinical expertise of all healthcare providers, including pharmacists, all present barriers to reform the health care system. Pharmacists working as health care providers in collaboration with physicians, have the capacity to help us overcome some of these barriers.

Pharmacists’ delivery of primary care services should be recognized and valued. I firmly believe pharmacists should be considered as fellow healthcare providers and eligible for compensation mechanisms commensurate with similar levels of care delivered by other health care providers. This is undoubtedly an effective model of collaborative health care delivery.

Sincerely,

Charles J. Mayer, MD, MPH
Family Physician Seattle, Washington
U.S. Department of Justice
Federal Bureau of Prisons

Washington, DC 20534
March 3, 2011

VADM Regina M. Benjamin, MD, MBA
Surgeon General of the United States
Office of the Surgeon General
5600 Fishers Lane; Room 18-66
Rockville, MD 20857

Dear Dr. Benjamin:

As the Federal Bureau of Prisons’ (BOP) Assistant Director for Health Services and Medical Director, I want to communicate the BOPs support for the Improving Patient and Health System Outcomes through Advanced Pharmacy Practice, Report to the U.S. Surgeon General, 2011.

The BOP and the U.S. Public Health Service have a long and well established history which dates back to the 1930’s. The BOP is unique among correctional health systems in the fact that pharmacists are stationed at a majority of our institutions. BOP pharmacists have continued to provide an ever increasing and integral role within the multidisciplinary healthcare team.

Correctional health is an important and often overlooked component of public health. Nearly 14% of persons with HIV will pass through a correctional system each year and 29% of all hepatitis C cases pass through U.S. correctional facilities at some point in time. The increased utilization and enhancement of the BOP pharmacist’s role in clinical care has much improved clinical outcomes in our HIV population. The BOP continues to increase the collaboration between pharmacists and other health care providers to improve disease management, medication utilization, and public health outcomes both within and outside the confines of prison.

The literature is replete with examples of how effectively pharmacists increase the clinical outcomes of patients while maximizing cost efficiencies. The Office of the Surgeon’s General recognition of the collaborative care provided by pharmacists and the success of these services would help validate the important role of pharmacists as the U.S. moves through this era of health care reform.

Respectfully,

[Signature]

RADM Newton E. Kendig
Assistant Director
Health Services Divisions
Vice Admiral Regina Benjamin, M.D., M.B.A.
U.S. Surgeon General
5600 Fishers Lane
Room 18-66
Rockville, MD 20857

Dear Dr. Benjamin:

As the Chief Medical Officer for the Indian Health Service (IHS) and a practicing physician, I would like to extend my support for the concepts and focus points in the 2011 PHS Pharmacy Report to the Surgeon General. The IHS values the innovation needed to improve our health-care system. The tenets of this report resonate with us as we bring reform and quality-of-care improvements to the IHS.

Maximizing the roles and scope of IHS pharmacists has benefitted patients and physicians since the 1960s. For forty years, this health-care delivery model has assisted the IHS to reduce health disparities, increase access to care, and improve quality of care for underserved and rural populations of American Indians and Alaska Natives. This access is essential for thousands of our patients living in remote areas, where there simply are not enough providers to manage the health-care workload. Evidence-based outcomes as well as physicians who have worked with pharmacists within this model of collaborative primary care strongly support using pharmacists to:

- Prevent and manage disease
- Coordinate continuity of medical care
- Promote public health
- Add to our cost-effectiveness

Advanced-practice pharmacy has been sustained through collaboration with physicians and administrators to add value and quality to our patient-centered care. As revenue generation becomes even more critical to sustain all clinical services within the IHS, we must look to these additional health delivery models and health professionals to meet the needs of our people.

Pharmacist-delivered patient care continues to be successful in IHS, demonstrating that this paradigm of care is scalable and can work effectively when supported by health leadership, providers, and policy.

I believe that your support for the concepts set forth in this paper is needed to sustain these services and ultimately benefit the people we serve.

Respectfully submitted,

Susan Karol, M.D.
Chief Medical Officer
February 2, 2011

Dr. Regina Benjamin, M.D., M.B.A.
U.S. Surgeon General

Dr. Benjamin:

This letter serves as my professional opinion and support for advanced practice pharmacists, practicing under a Collaborative Practice Agreement (CPA) as non-physician practitioners (NPPs). In collaboration with physicians, these pharmacists serve to improve patient care, increase access to primary care (especially in underserved areas that lack access to care), and contain costs for our American Indian and Alaska Native health system. This letter further supports the following:

1. This type of collaborative primary care can have a critical and substantial positive impact on underserved and rural populations for the American Indian and Alaska Native patients.
2. The range of services provided includes both prevention and treatment. Privileges granted to these pharmacists via Medical Staff or physician-driven privileging to provide chronic and sometimes acute care include, but are not limited to: prescriptive authority; laboratory authority including ordering and interpretation; physical assessment; disease prevention and health promotion. Through these privileges, many of our pharmacists do provide primary care and public health services.

Our GIMC Family Medicine Clinic has utilized pharmacists in this capacity since 1996. We currently have one full-time Pharmacist Clinician. We have another who provides care here on an intermittent basis. The majority of my patients see one of these providers every other visit, thus allowing me to provide care for a greater number of patients and to focus my efforts on those patients who have more serious and complex health needs. Due to physician shortages, all our Family Medicine Providers have wait lists for our patient to be able to receive pharmacist-delivered primary care services. This model allows us to provide care to some of these patients who simply cannot wait for an opening.

This practice model has been ongoing within IHS since the 1960s without compensation or recognition outside IHS, and yet supported by many physicians and health personnel. Since 1996, the IHS has officially recognized these clinical specialists as Primary Care Providers for the purpose of workload reporting, program planning and reimbursement from all third party payers. More recently, in a published paper discussing non-physician practitioners, the National Congress of American Indians (NCAI) has also called for appropriate compensation of these pharmacy primary care services through Medicare Part B. However, no legislation or policy has yet supported such compensation. We may now have the opportunity needed to change the paradigm.

Due to customer benefits and positive impact this collaborative healthcare delivery has on patient access to quality care in underserved populations, I believe it is appropriate to recognize and value the pharmacist’s provision of primary care services and consider it an effective model of care that will improve healthcare access and delivery in the United States, especially for rural, underserved and vulnerable populations. Appropriate policy and compensation would also allow for sustainability of these services by qualified pharmacists.

Respectfully submitted,

Kevin Gaines, M.D.
CDR, U.S. Public Health Service
Chief of Family Medicine
Gallup Indian Medical Center