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WASHINGTON STATE PHARMACY ASSOCIATION

Surgeon General Report: Expand Pharmacist Role to Improve Patient and Health System Outcomes

BACKGROUND

After decades of interprofessional collaboration and years of preparation, pharmacist leaders within the US Public Health Service (PHS) completed an evidence-based report entitled "Improving Patient and Health System Outcomes through Advanced Pharmacy Practice" in 2011[1]. For the first time ever, a report on pharmacy practice was presented to a U.S. Surgeon General. Our 18th U.S. Surgeon General, Dr. Regina Benjamin, reviewed the report and issued a letter of support in January 2012. In conjunction with her support, six high-level physicians from across the country issued individual letters of support for expanded pharmacy practice.

Since their release to the public in January, the Report and Surgeon General's support have already served as a call to action for the profession to transform pharmacy practice to better meet the needs of patients and the health care system. The Report provides evidence-based support for the importance of the pharmacist-delivered patient care, calls for the recognition of pharmacists as health care providers, and moves the discussion towards implementation of systems that support expanded pharmacy practice. Utilizing pharmacists to the maximum extent of their licensure and education to deliver patient care services is one of the most logical, evidence-based, successful, and time-tested strategies to improve outcomes. The endorsements by Dr. Benjamin and other high-level physicians provide the profession with excellent tools for advocacy and facilitate interprofessional discussions regarding the future of health care.

The summary outline presented here provides a brief overview of the Report: objectives, what makes the Report unique, main focus points, and key messages.

REPORT OBJECTIVES

- Obtain advocacy from the U.S. Surgeon General to:
  - Acknowledge pharmacist-delivered patient/primary care services as an accepted and successful model of health care delivery in the US.
  - Recognize pharmacists as health care providers and practitioners.
  - Explore improved compensation models that match the multiple levels of care provided.
- Advance *beyond* discussion of the value of expanded roles of pharmacists and move towards health system support and implementation of these roles.

WHAT MAKES THE REPORT UNIQUE

- Provides critical conversation of specific topics (i.e. nomenclature, evidence-based data, compensation, MTM, credentials, training, health needs, etc.)
- Moves past proving the value of pharmacists
  - Provides a consolidated appendix of the peer-reviewed evidence.
  - Reviews qualitative and quantitative data-driven case to justify the model of pharmacist-provided patient care and its success.
  - Suggests continued focus on performance outcomes and implementation.

- Provides interprofessional support
  - Includes high-level and multiple physician support including first survey of *physicians* working with PHS pharmacists in expanded scopes.
- Utilizes the federal model to support expanded role of pharmacists
  - Outlines existing interprofessional models and longstanding success of expanded scopes.

FOCUS POINT 1 - Pharmacists Integrated as Health Care Providers

- Pharmacists already *practice* as health care providers and valued members of the health care team.
  - Pharmacist-delivered patient care services fit most definitions of 'primary care' services (with the exception of diagnosis) as defined by major medical and health organizations.
- A PHS Physician survey of physicians that work with pharmacists in expanded roles (as additional health care providers) clearly demonstrates outcome success and dispels the myth of the turf issue.
  - 96% of providers who responded reported overall benefit of this collaboration
  - 76% physicians agreed or strongly agreed these clinical services provided by pharmacists offer adequate evidence to recognize as billable non-physician practitioners.
- Collaborative Practice Agreements (CPAs) already exist and have interprofessional support. Using a CPA is within most state scopes of practice, but is often not fully utilized. Broad CPAs with more specific privileging locally are successful models.
- Demands on the health care system include: increased chronic care burden, limited access to care, cost-containment, and disease prevention.
  - Pharmacists provide many patient care services post-diagnosis (i.e. chronic care). However, prevention, health promotion, immunizations, and other pharmacist delivered services may be pre-diagnosis.
  - Improved chronic disease care (single or multiple conditions), increased access to care, and cost-effectiveness are three major areas that pharmacists have the capacity and demonstrate success to meet the need.

FOCUS POINT 2 – Recognition as Health Care Providers

- Pharmacists have delivered these patient care services for decades (many times upon request by the physician), yet are not recognized in national health policy as health care providers.
- Pharmacists have similar length and quality of education as most health care providers and have additional expertise to manage disease in patients whose main therapy is through medications.
- Much like other health care providers, pharmacists already are conferred a professional (Doctoral) degree after 6 years, pass a national certification exam and often complete residencies. This is substantial education. Each practice environment should then remain flexible and consider what combination of credentials and experience is most appropriate to demonstrate competence locally.
- Reframe curricula to ensure that students train to become health care providers with expertise in medication use that can deliver patient care on many levels and meet the health needs of the U.S.

FOCUS POINT 3 – Compensation Mechanisms

- Compensation mechanisms for pharmacists in expanded roles must expand and reflect the level of patient care services provided.
- Pharmacists are value-added to multiple payment models due to demonstrated cost-effectiveness.

- There have been multiple unsuccessful attempts to change national legislation with regards to compensation and scope of practice. Analysis of the bills demonstrated that the nomenclature and details of pharmacy practice were inconsistent.
- Many specific terminologies and nomenclature have been used to describe pharmacist-delivered patient care. Nomenclature should not limit the practice or become a barrier for policy-makers, administrators, other providers to understand the pharmacist's value and capacity. For example, MTM is one service delivered and does not encompass more comprehensive services that can be delivered by pharmacists to prevent or improve disease outcomes.

FOCUS POINT 4 – Evidence-Based Alignment with Health Reform

- The benefits of expanded roles of pharmacists are supported by a very large evidence base.
- Outcomes: Thousands of articles are enumerated in the Report and illustrate improved outcomes utilizing pharmacists in expanded scopes. One example is a systematic review of 298 research studies, integrating pharmacists into direct patient care, resulted in overall favorable outcomes.[2]
- ROI: Hundreds of peer-reviewed data across decades suggest the return-on-investment (the value to cost ratio) of clinical pharmacy services averaging about 4:1 and as high as 12:1.[3,4]
- Cost-effective: Thousands of articles support the role of pharmacists in cost-containment.
- Pharmacists can immediately help the U.S. to reduce the burden of chronic care, access to care, and workforce shortages:
    - 56 million Americans lack adequate access to primary care.
    - Chronic diseases currently affect 45% of the population (133 million Americans), account for 81% of all hospital admissions, 91% of all prescriptions filled, 76% of physician visits, and continues to grow at dramatic rates.[5] Additionally, of all Medicare spending, 99% goes to beneficiaries with chronic disease.[6]
    - 80% of all treatments involve medication use[7] and pharmacists can (and do) manage disease, in collaboration with other health care providers, through their expertise in medication use.
    - 275 million people visit a pharmacy each week - nearly equivalent to the entire U.S. population.[8] The biggest health impact may be realized through pharmacists as the most accessible entry point into the system.

Key Messages

- Utilize pharmacists to address the needs of the health system
    - Pharmacists are accessible, educated, trained, and produce evidence-based outcomes.
    - Pharmacists may be in the best position of any health professional to effectively address the changing needs of the health care system through pharmacist-delivered patient care services.
    - Existing pharmacy practice models have demonstrated success to relieve some of the projected burden of access to quality care, health disparities, and overall health care delivery.
- Expand the scope of pharmacy practice
    - Pharmacist-provided services are a logical, evidence-based, and time-tested strategy.
    - Expanded pharmacy practice is implemented as a pragmatic solution to meet some health care demands and improve outcomes; however it is not clearly discussed at the highest levels of health leadership or correctly articulated in current pharmacy legislation or compensation models.
- Recognize pharmacists as providers

    - A change in pharmacy practice has already occurred.
    - Compensation is needed to sustain services, but should reflect the level of care provided.
    - Substantial support exists from physicians and administrators that have worked within (or are familiar with) these practice models and expanded scopes of pharmacy.
- Create consistent and broad messaging
    - Extensive details about pharmacy practice and pharmacist-delivered patient care has created confusion and has limited expanded scopes. (I.e. nomenclature, acronyms, scope, CPAs, etc.).
    - Keep all doors open for pharmacy.
- Prepare student pharmacists for patient care
    - Mentor and educate students based on evidence that already exists.
    - Instead of reinventing the wheel, use the consolidated evidence to move forward.
    - Realize that the outcomes we seek are really patient care outcomes, not medication outcomes.

1. Giberson S, Yoder S, Lee MP. *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice*. *A Report to the U.S. Surgeon General*. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011.

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3. Isetts BJ, Brown LM, Schondelmeyer SW, Lenarz LA. Quality assessment of a collaborative approach for decreasing drug-related morbidity and achieving therapeutic goals. *Arch Intern Med.* Aug 11-25 2003;163(15):1813-1820.

4. Cipolle RJ, Strand LM, Morley PC. *Pharmaceutical care practice: the clinician's guide*: McGraw-Hill, Medical Pub. Division; 2004.

5. Anderson G, Horvath J. The Growing Burden of Chronic Disease in America. *Public Health Rep.* 2004;119(3):263-270. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497638/pdf/15158105.pdf. Accessed May 5, 2009.

6. Partnership to Fight Chronic Disease. Almanac of Chronic Disease Executive Summary. 2009; 8. Available at: http://www.fightchronicdisease.org/sites/default/files/docs/PFCDAlmanac_ExecSum_updated81009.pdf.

7. PCPCC Medication Management Task Force. *Integrating Comprehensive Medication Management to Optimize Patient Outcomes.* Washington, D.C.: Patient-Centered Primary Care Collaborative;2010.

8. Doucette W, McDonough R. Beyond the 4 P's: using relationship marketing to build value and demand for pharmacy services. *Journal of the American Pharmacists Association.* 2002;42:183-189.