Pharmacist Roles In Improving Health Access In Rural Areas

"Pharmacists have long been identified as an underutilized public health resource. Pharmacists are well positioned to help fill the chronic disease management gap and can make a difference when they are actively engaged as part of a team-based care approach."

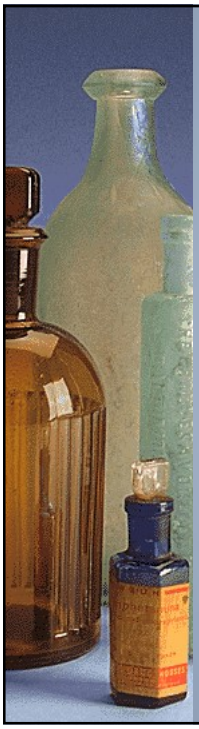
Centers for Disease Control, *Advancing Team-Based Care Through Collaborative Practice Agreements,* https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf

"Millions of Americans lack adequate access to primary health care. This problem is expected to get worse as the demand for health care increases because of the growing number of people enrolling in Medicare, the increasing prevalence of chronic diseases, and the anticipated shortage of primary care physicians.

Pharmacists are accessible to the public and highly trained in medication therapy management. In coordination with other health care professionals, pharmacists are playing a greater role in the delivery of health care services."

Centers for Disease Control, *Increasing the Use of Collaborative Practice Agreements Between Prescribers and Pharmacists A Brief for Decision Makers, Public Health Practitioners, and Prescribers,* https://www.cdc.gov/dhdsp/pubs/docs/CPA-Translation-Guide.pdf

Clinical Pharmacist Practitioners

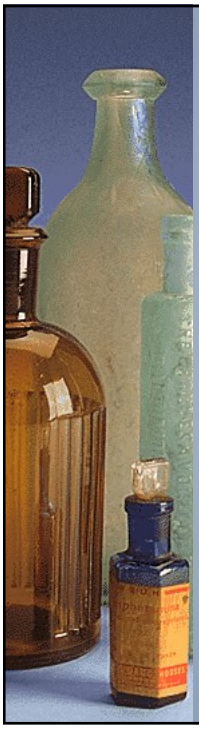


What Are Clinical Pharmacist Practitioners?

- A pharmacist approved to perform "medical acts, tasks, and functions" G.S. 90-18.4
  - Implement drug therapy
  - Modify drug therapy
  - Order laboratory drug tests
- Qualifications 21 NCAC 46.3101(b)(1)
  - Unrestricted, current license to practice pharmacy in North Carolina
  - One of the following:
    - Earned a BPS certification or completed an ASHP-accredited residency with two years of clinical experience
    - Holds Pharm.D.; three years of clinical experience; completed a NCCPC or ACPE certificate program in the area of practice covered by the CPP agreement
    - Holds B.S. Pharm.; five years of clinical experience; completed two NCCPC or ACPE certificate programs, at least one in the area of practice covered by the CPP Agreement
  - Application submitted and approved by the Pharmacy Board
  - Signed CPP Agreement

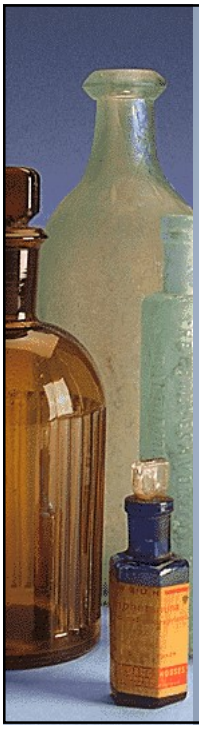
Demographics

- 193 active CPPs (over 12,000 pharmacists resident in the state)
- Practice setting:
  - 156 hospital/facility practice
  - 26 community practice
  - 13 "other"
- Geographical spread
  - Most CPPs in Buncombe (10), Cabarrus (22), Durham (22), Forsyth (27), Guilford (11) Mecklenburg (13), Orange (42), and Wake (11) counties (corresponding to large health system pharmacies in those counties)

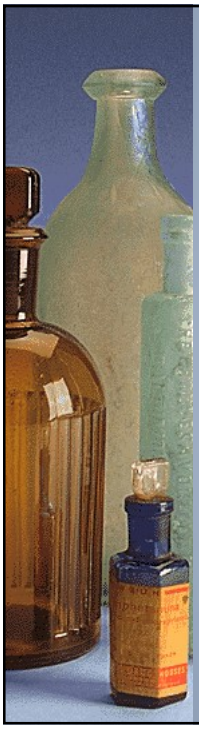


Challenge to CPP Practice In Rural Areas

- Fewer pharmacists in rural areas holding the advanced credentials needed to become a CPP
- Few physicians in a rural area make it correspondingly difficult to find a supervising physician
- CPP may only treat patients of the CPP's supervising physician
  - This makes CPP practice more challenging in community pharmacy settings generally
- The CPP statute is highly restrictive

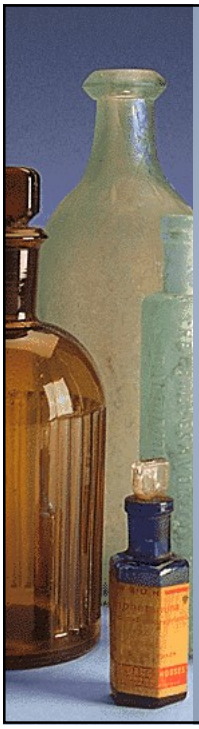


Broader Collaborative Practice Authority

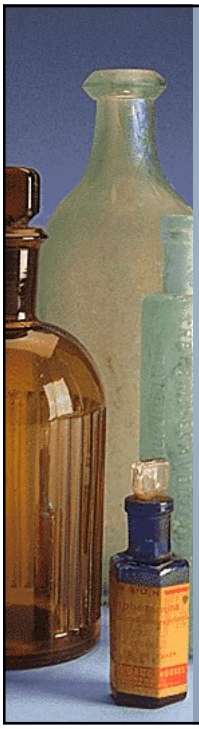


- 2018 NABP Survey of Pharmacy Law
  - 47 states/territories allow various forms of CPA
  - Many states allow collaborative practice among pharmacists and physicians that is less formal and restrictive than under North Carolina's CPP law.
- National Governor's Association Recommendation
  - In 2015, the NGA specifically recommended that collaborative practice authority for pharmacists be facilitated by:
    - Removing unnecessary barriers to implementing collaborative practice agreements;
    - Provider recognition in state laws and regulations that enable compensation for pharmacists' direct patient care services; and
    - Improving access to health IT systems.
  - "The critical role that medication management plays in treating chronic diseases suggests that the integration of pharmacists into chronic-care delivery teams has the potential to improve health outcomes."

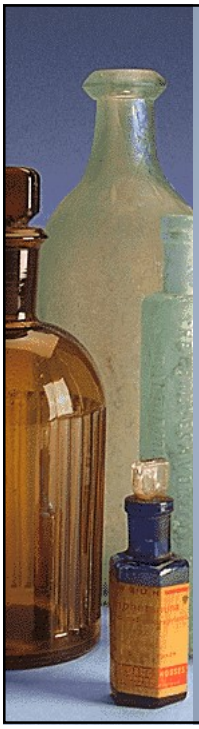
NGA, *The Expanding Role of Pharmacists in a Transformed Health Care System*, http://www.nga.org/files/live/sites/NGA/files/pdf/2015/1501TheExpandingRoleOfPharmacists.pdf



Direct Pharmacist Prescribing Authority



- States increasingly are granting pharmacists a direct prescribing authority
- The Idaho example:
  - Dietary fluoride supplements according to ADA recommendations for persons whose drinking water is below US DHHS recommended concentration
  - Immunizations for persons six years of age or older
  - Opioid antagonist (naloxone)
  - Epinephrine auto-injectors
  - Drugs for conditions that that:
    - do not require a new diagnosis are minor and self-limiting; or
    - have a test to guide diagnosis or clinical decision-making and the test is CLIA-waived; or
    - in the pharmacist's professional judgment should be immediately dispensed
  - Tobacco cessation products – must complete training, screen patient, document, develop follow-up plan, notify primary prescriber
  - Tuberculin purified protein derivative products



- Idaho's pharmacist prescriptive authority legislation:
  - Intended to facilitate access to health care in rural, underserved areas
  - Based on Canadian models that have long proved safe and effective
  - Conditions for which pharmacists may prescribe include: uncomplicated urinary tract infections, lice, cold sores, influenza, strep throat, certain complications of diabetes and asthma, lyme disease prophylaxis
  - Direct prescribing authority coupled to a broad collaborative practice authority to allow more comprehensive treatment of chronic conditions by pharmacists.
- Other states have implemented direct pharmacist prescribing authority for things like oral contraception, smoking cessation, and opioid antagonists.
- Idaho's approach is transformative, and more geared toward broad public health improvement in rural, underserved areas. rec

Questions/Comments?