Transform health care: A call to action for pharmacy

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The American Society of Health-System Pharmacists’ (ASHP) policy process—especially during its annual policy week—forms the basis of ASHP’s advocacy efforts and outreach throughout the year. This policy process is targeted to those in positions that can affect the health of the nation.1 As the Chief Professional Officer for the Pharmacy Category in the U.S. Public Health Service, I have a responsibility to help improve the health of the nation and, if possible, assist to make these changes professionwide. It was a privilege to deliver the 2012 William A. Zellmer Lecture during ASHP Policy Week. Zellmer2 once said, “The fundamental purpose of the policy process is to nurture the transformation of the profession of pharmacy.” The policy development process helps to nurture, support, and shape the advancement of pharmacy practice and the overall health care of the nation. The value of this discussion and its impact on policy is to engender transformative thinking. It takes no great skill for me to reproduce the consensus opinion in pharmacy, whether it is in practice or policy. However, innovation and change require transformative thinking, often reaching beyond consensus. Transformative thinking does not mean simply thinking of a way to add more detail to what we are already doing or adding more constructs to seemingly improve an established baseline. Transformative thinking means we must also try to advance our practice, not just improve it, for the benefit of the nation’s health.

Improving patient and health-system outcomes

In January 2012, “Improving Patient and Health System Outcomes through Advanced Pharmacy Practice” (referred to as “The Pharmacy Report to the Surgeon General”) was released.3 The goals are to improve patient and health care system outcomes and transform the pharmacy profession to better meet the nation’s health care needs. The approach is simply to utilize transformative thinking and the tools pharmacists already have in place to meet some of the most critical needs of the health care system.

In pharmacy, there is what I call “common practice,” somewhat analogous to common law, in which decisions are made based on previous court cases, and it is not always written in official texts, regulations, or laws. In our case, physicians in many practice settings continue to collaborate with pharmacists and utilize them to provide patient care—whether it is preventive, primary, or long-term care. However, according to many regulations, it could easily be misperceived that pharmacists are not involved in cognitive patient care, primary care, or anything other than providing information and education about medications. According to our common practice—which, at this point, is not truly reflected in regulation or policy—pharmacists have been providing multiple levels of cognitive patient care for decades.

The Pharmacy Report to the Surgeon General provides a thorough, evidence-based discussion of the comprehensive patient care...
services that pharmacists currently provide. It uses objective data to advance the discussion of how models of innovative care involving pharmacists can ultimately help alleviate demands on the health care system (e.g., access, safety, quality, cost, provider shortages) and improve outcomes. It also describes existing, accepted, and successful models of health care delivery and patient care using pharmacists as health care providers and essential members of the health care team.

The clinical and direct patient care services that pharmacists have been providing in some practice settings are more complex than the services reimbursed for and provided via medication therapy management (MTM). Despite the ever-increasing requirements on education and training of pharmacists, pharmacists' privileges have remained fairly static, without an increased return on investment (ROI). In current practice, pharmacists unquestionably deliver additional patient care services in a variety of practice settings through collaborative practice. Definitions of primary care enumerate and support these integrated roles of pharmacists as health care providers, and our long history of success demonstrates support. The health care system is burdened with the many issues of long-term care (e.g., access, cost, provider shortages), and once a diagnosis is made, pharmacists can help to reduce these long-term care burdens. Yet pharmacists are not yet recognized as health care providers nor are they able to generate revenue for all levels of patient care provided.

Health care professionals recognized as health care providers have multiple and varied areas of expertise and provide various facets of primary care, yet all deliver patient care services. Pharmacists provide expertise and health care delivery in a number of ways, from primary prevention, counseling and adherence programs, and comprehensive medication management to long-term care. As discussed in the Pharmacy Report to the Surgeon General, the exclusion of pharmacists as health care providers eliminates the ability to generate revenue and sustain these value-added patient care services.

Pharmacists are increasingly requested by many health care systems, providers, and health care teams to improve outcomes and delivery of care. However, as the complexity or level of clinical pharmacy service increases, the revenue generation potential is reduced. This is in stark contrast to the clinical services provided by other health care professionals. Part of the challenge includes a lack of a unified message from the pharmacy profession to policymakers and health care leadership.

Transformative thinking would proffer that pharmacists do not simply manage medications; rather, pharmacists manage patient care and chronic conditions with their expertise in medication use. Yes, pharmacists do this in coordination with other members of the health care team; that is the paradigm that many providers follow. Pharmacists manage diseases, not just medications, and in turn care for patients. It seems most apparent that pharmacists are supported in roles as medication experts. That said, our ROI in performing this long-standing role is an underutilized profession in a health care system that has additional burdens that pharmacists can help reduce. Long-term care, access to care, public health, and cost containment are roles that will better maximize the many years of education and training already embedded in the pharmacy profession.

Accompanied by high-level and multiple physician support, the Pharmacy Report to the Surgeon General presents a qualitative and quantitative data-driven case on pharmacist-delivered patient care. It has collated clinical outcomes as well as the success of physician–pharmacist partnerships. For example, the sustained collaboration between physician and pharmacist for 50 years in the federal sector is evidence that the model is successful. A survey was sent to over 110 U.S. Public Health Service physicians from 13 different states. The investigators intentionally selected physicians who had worked with pharmacists in expanded roles. According to the survey results, 96% of the respondents reported overall benefits associated with the integration and expansion of pharmacist-delivered patient care. Examples of positive outcomes included a reduction in treatment complications, a shift of workload from physicians to pharmacists (allowing physicians to spend more time with critically-ill patients), increased patient access to care, and improved long-term care. Results of this study help dispel some of the myths of “turf issues” and physician nonsupport for integration of pharmacist-delivered patient care. In addition to the discussion above, a substantial amount of evidence has demonstrated hundreds of positive outcomes of pharmacist-delivered patient care services without much (if any) evidence that expanded pharmacist roles are ineffective.

William A. Zellmer Lecture

The William A. Zellmer Lecture was established in 2010 by ASHP in collaboration with the ASHP Research and Education Foundation’s Center for Health-System Pharmacy Leadership to honor Zellmer’s numerous contributions to pharmacy practice in the United States and abroad. The lecture will be given annually during ASHP Policy Week by a distinguished individual who has demonstrated exceptional leadership in advancing health-care-related public policy that has improved the safety and effectiveness of medication use.
Meeting the nation’s health care needs

Pharmacists have the capacity to help reduce the nation’s health care burdens in long-term care, cost-effectiveness, and primary care accessibility. Chronic diseases account for about 78% of health care spending in the United States and 76% of physician visits.5,6 Medications are involved in an estimated 80% of all treatments.7 Given these statistics and pharmacists’ formal education and training in the treatment of chronic conditions, it is logical to match pharmacists’ capacity with a scope that includes long-term care.

As patients acquire eligibility for affordable health insurance, access to care will become even more critical. Currently, it is estimated that over 56 million Americans lack adequate access (not eligibility) to primary care and provide unparal-leled potential to greatly improve the nation’s health. Pharmacists can serve as key providers within communities to deliver services and serve as a point of entry for patient care.

In addition, nearly 20 years of evidence demonstrated the cost-effectiveness of pharmacist-delivered patient care, with an ROI as high as 12:1 (on average, 3:1–5:1).7 This means that for every dollar spent, pharmacists in expanded roles can demonstrate an ROI on an average of $3–$4, triple or more of the initial “investment.” As we think transformationally, pharmacist-delivered patient care demonstrates that pharmacists do indeed provide many facets of primary care, without assuming the function of diagnosis.

Within the pharmacy profession, many terms have been developed to describe the services pharmacists provide. Examples include MTM, collaborative drug therapy management, health promotion and disease prevention, acute patient care, and continuity of care. While helpful, these terms describe only a portion of pharmacist-delivered patient care. For instance, if pharmacists define their roles using terms with medication as their focal point, the perception will continue that working with the drug and drug product is the maximum extent of education and licensure of the profession. In some practice environments, this may suffice and may be what is needed. However, policymakers and health care leadership may never consider pharmacists as health care providers—unless—at the very least—they perceive pharmacists as providing patient care or primary care. This is why it remains critical that we do not pigeonhole the profession into a set of terms and services that, albeit inadvertently, continue to disconnect pharmacists from the perception of the provision of patient care.

This pigeonhole effect can also reduce the potential for revenue generation and service compensation. Defining our scope too narrowly can be perceived as a very prescriptive scope (pun intended). It lacks the tenor of cognitive thinking and the higher level of training and education that pharmacists do possess. If there is a desire to transform the profession, then advancement beyond the current paradigm should be considered.

Transformative thinking in the policy process

As discussed, it is imperative that we reframe and transform the way we look at and describe what we do as a profession. Pharmacists work to improve patient outcomes. We help manage the patient’s condition, in which medications are the primary form of treatment. The focus needs to be on patient care rather than just medications. To that end, there is a need to better prepare pharmacy students as health care providers—competent and assured that pharmacists do deliver patient care.

There are many situations where policy can be developed similar to the medical model—one that decision-makers and health care leadership understand. This model has many components that can be adopted by our profession.

Pharmacy Practice Model Initiative

Aiming to advance patient’s health, ASHP’s Pharmacy Practice Model Initiative and its participants have been taking the lead on addressing items related to pharmacy practice models in hospitals and health systems.12,13 To assist with the success and implementation of the initiative, consider doing the following:

1. Focus resources on critically important issues. A high level of success within those issues can have tremendous impact versus attempting to address all the issues with lower success rates.
2. Focus on what will have a known ROI. Do not create constructs that give the profession more to do without an ROI.
3. Emphasize policy that allows the profession to generate revenue and demonstrate cost-effectiveness.

Call to action

Momentum has recently been generated to advance the profession and improve patient care. A great number of movements have already been taking place throughout the profession: in academia, professional organizations, state pharmacy
associations, state Medicaid, and international partners. I have had the great privilege to work with many of these stakeholders across the nation and abroad to see the transformation taking place. To unify as a profession with consistent messages and to foster the transformation will ultimately better the nation’s health. Some of the critical actions that the profession can take include:

- Maximizing pharmacists’ already-extensive education and training (e.g., through expanding scope of practice, establishing collaborative practice agreements),
- Focusing on patient care and known health-system challenges (care access, long-term care, cost-effectiveness),
- Collecting data on the pharmacist’s impact on health-system and administrative outcomes, not just clinical outcomes,
- Developing innovation within the existing medical model; nonpharmacy decision-makers and health leadership are familiar with the medical model and will better understand the profession’s impact through it, and
- Committing to (and implementing) one policy change or one partnership with a physician that moves the profession forward with a tangible ROI for pharmacy.

Pharmacists are arguably the most underutilized health care professionals in the United States given their level of training, education, and accessibility. In practice, pharmacists are health care providers and public health professionals. Highly integrated within the community, pharmacists have the capacity to address many health care burdens. Through transformative thinking, policy development, and success in demonstrating the profession’s capacity, pharmacists can become a partial solution to the many challenges of the health care system. It is the responsibility of each of us to transform and advance the profession to improve the nation’s health.

References