

Improving Health Care with NM Advanced Practice Pharmacists

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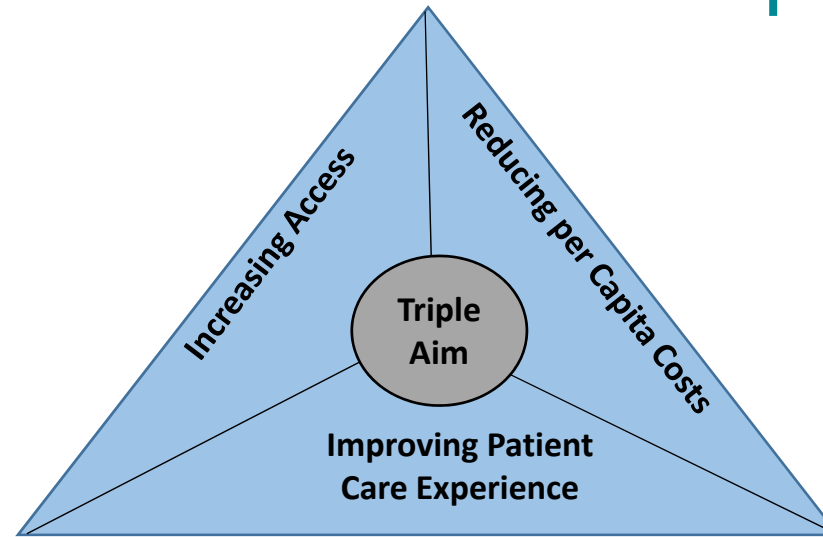
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Pharmacists & The Triple Aim



Institute for Healthcare Improvement
<http://www.ihl.org/engage/initiatives/tripleaim/pages/default.aspx>

Pharmacists have been demonstrated to help achieve the triple aim of healthcare through:

- Increasing access to care
- Improving the outcomes of care and thus decreasing the cost of care
- Improving patient satisfaction with care

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. 2011.



CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

CHRONIC DISEASES IN AMERICA

6 IN 10

Adults in the US have a **chronic disease**



4 IN 10

Adults in the US have **two or more**

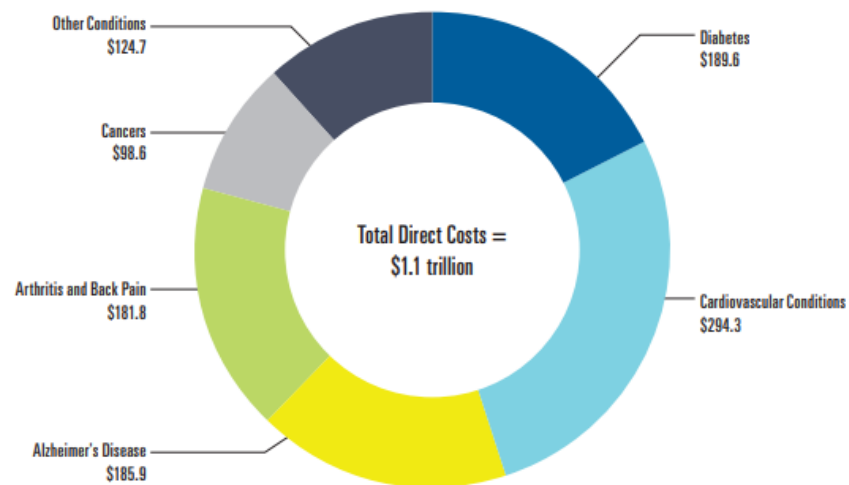
THE LEADING CAUSES OF DEATH AND DISABILITY
and Leading Drivers of the Nation's **\$3.8 Trillion** in Annual Health Care Costs



Impact of Chronic Disease: Milliken Institute 2018 report

- Total direct healthcare costs for chronic disease was \$1.1 trillion

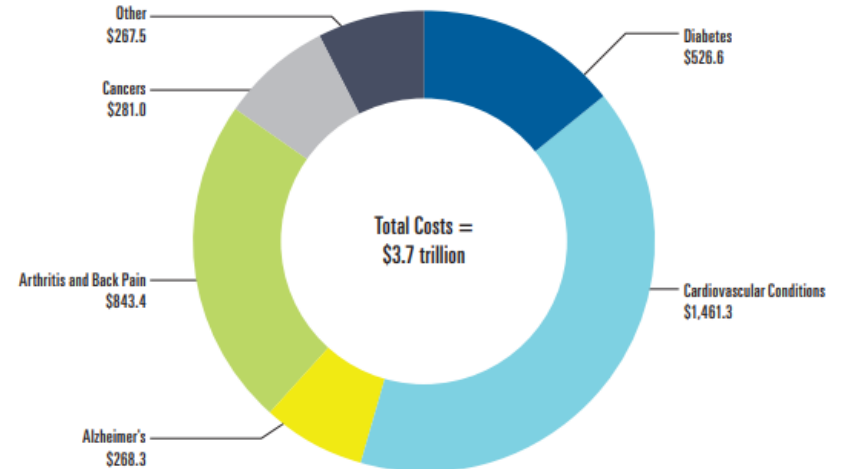
Total Direct Costs of Chronic Diseases in the U.S., 2016 (\$ billions)



Source: Milken Institute.

- Total direct & indirect costs for chronic disease was \$3.7 trillion (~ 20% of GDP)

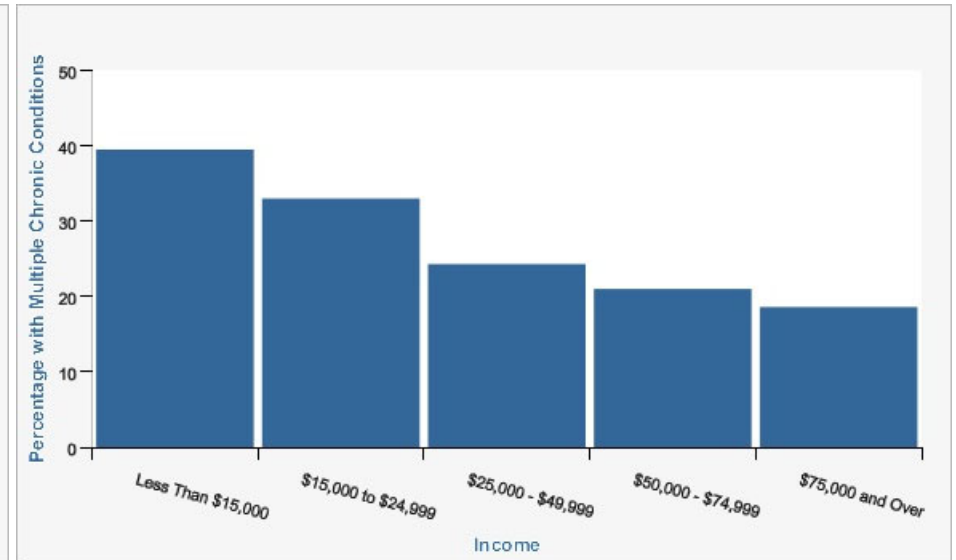
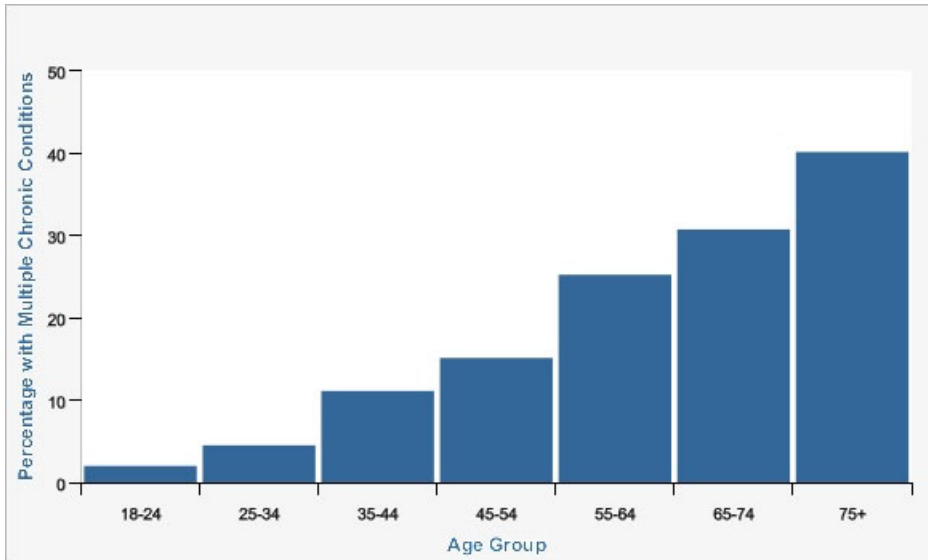
Total Costs of Chronic Diseases in the U.S., 2016



Source: Milken Institute.



Chronic disease in NM

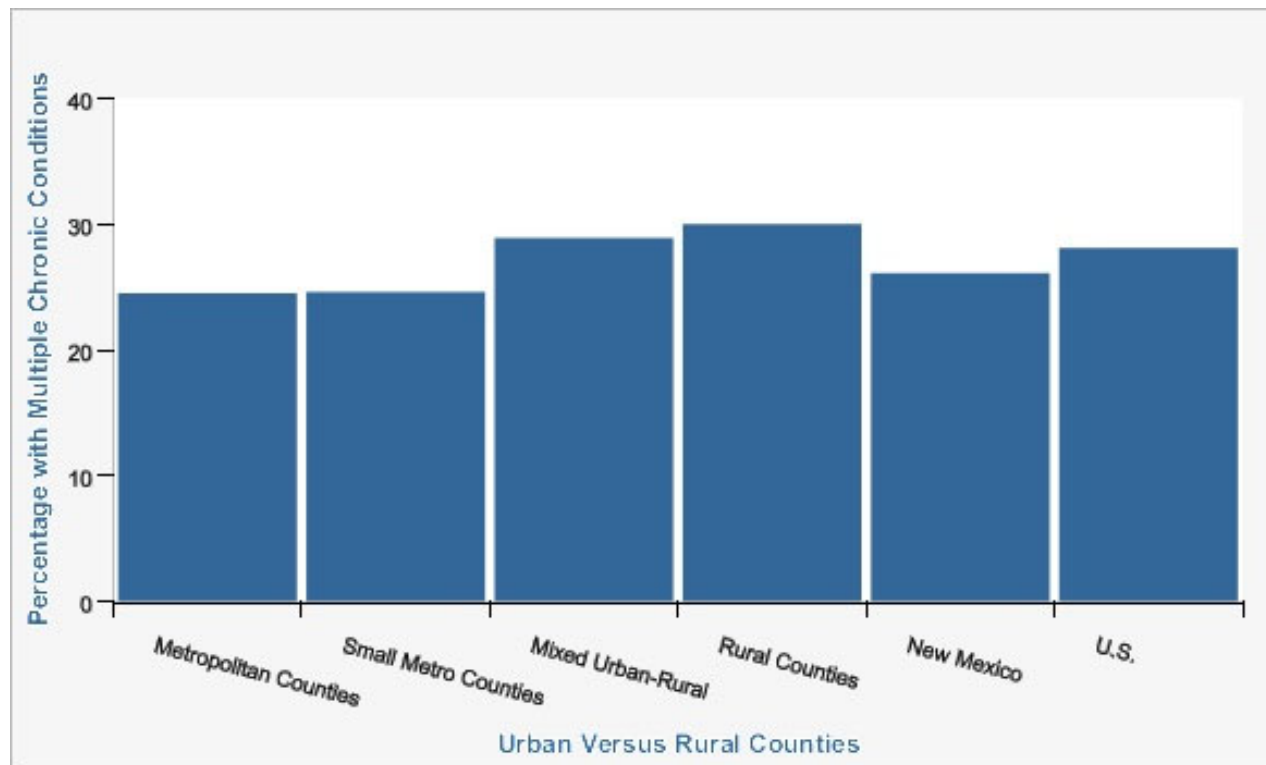


- As the population ages, the prevalence of chronic disease increases
- Low income NMs are more likely to have multiple chronic disease



Chronic disease in NM

- Impact greatest in rural NM



Cost of medication-related problems

- It's not just the cost of medications but cost of inappropriate use of medications and potential side effects!
- Estimated annual cost of nonoptimal medication therapy was \$528 billion in 2016¹
 - Approximately equivalent to 16% of total U.S. healthcare expenditures

1. Watanabe JH, McInnis T, Hirsch JD. Cost of Prescription Drug-Related Morbidity and Mortality. *Ann Pharmacother.* 2018;52(9):829-837.



Who better to address medication-related problems?

- **Doctor of Pharmacy Degree (PharmD)**
 - 3 years of pre-professional training followed by 4-year professional degree program
 - Years 1 – 3: Didactic training
 - Pharmaceutics, pharmacokinetics, medicinal chemistry, pharmacology, clinical reasoning, and clinical therapeutics
 - Year 4: Clinical rotations – 1800 hours
- **Residency Training**
 - Pharmacy practice
 - Specialty residency



Advanced Pharmacist Practice in NM

- Advanced practice pharmacists are licensed pharmacists who have prescriptive authority
- New Mexico:
 - The Pharmacist Clinician
 - Pharmacists with independent prescriptive authority



The Pharmacist Clinician (PhC) model

- The PhC was developed in NM in response to primary care provider shortage in a large, rural state
- 1993: Pharmacist Prescriptive Authority Act passed.
 - Provides the PhC with prescriptive authority under collaborative drug therapy management (CDTM) protocol
- 350 PhCs have been licensed since 1993



Collaborative Drug Therapy Management (CDTM)

- An agreement between physicians and pharmacists where qualified pharmacists are permitted to assume professional responsibility for:
 - Performing patient assessments
 - Collecting patient medical and medication histories
 - Performing physical assessment
 - Ordering and evaluating the results of laboratory tests
 - Administration of medications
 - Selecting, initiating, monitoring, continuing, and adjusting drug regimens



Pharmacist Clinician: Licensure Requirements

- Pharmacist Clinician
 1. NM Registered Pharmacist
 2. Successfully complete BOP-approved 60-hour physical assessment course
 3. Followed by completion of supervised direct patient care clerkship consisting of minimum 150 hours, and minimum of 300 patients
 - Supervised by physician, nurse practitioner, physician assistant, or pharmacist clinician



Pharmacist independent prescriptive authority

In 2001, NM Legislature approved Pharmacist independent prescriptive authority through protocols approved by:

- NM Medical Board, NM Board of Nursing & NM Board of Pharmacy

Current approved protocols:

- Immunizations & travel medications (childhood and adult)
- Hormonal contraception
- TB testing
- Tobacco cessation
- Naloxone
- HIV post-exposure prophylaxis (PEP)
- COVID-19 (due to Federal COVID-19 health emergency act)

Future protocols

- HIV pre-exposure prophylaxis (PREP)
- Streptococcal pharyngitis
- Influenza
- Urinary Tract Infection
- Statin therapy for high cholesterol
- OTC medication (Medicaid)



Pharmacists Improve Patient Outcomes

- The addition of a pharmacist for complex medication/disease-state management has demonstrated an improvement in clinical, economic, and humanistic outcomes for:
 - Asthma
 - Depression
 - Diabetes
 - Heart Failure
 - HIV
 - Hypertension
 - Hyperlipidemia
 - Pain management
 - Smoking cessation



Pharmacists improve existing level of care

- The average ROI for the addition of a pharmacist to the care of the patient with chronic disease is \$4 for each \$1 spent.
- How?
 - Decrease prescribing errors
 - Decrease medication-related problems
 - Ensure optimal medications prescribed
 - Deprescribing medications
 - Improve patient education and adherence
 - Improved care coordination

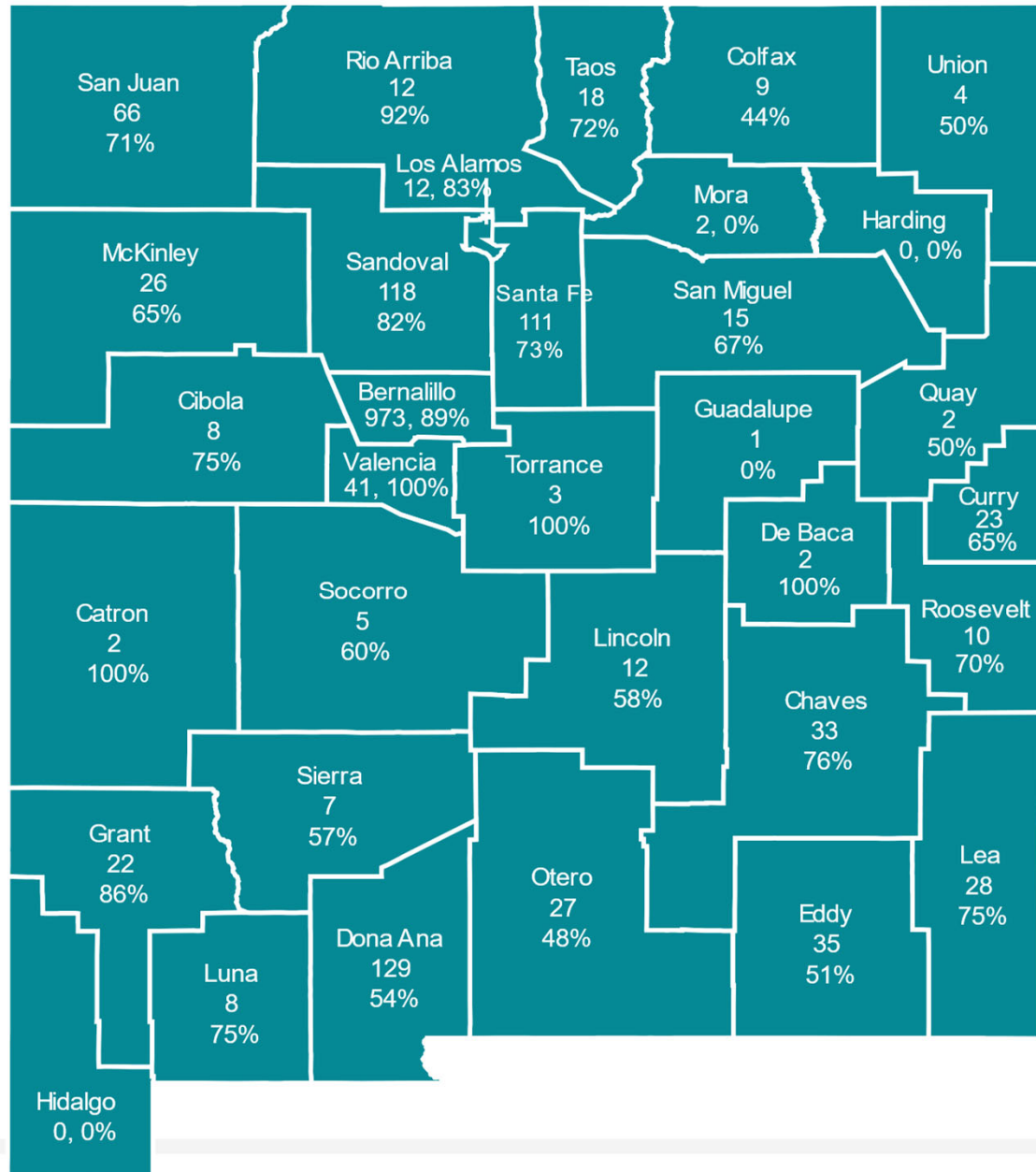


NM Pharmacists: A ready & willing work force

- Greatest barrier to pharmacist and pharmacist clinician utilization has been the lack of consistent reimbursement for clinical services.
- NM HB 42 (Pharmaceutical Services Payer Parity) signed into law in 2020
 - Mandates payment for Independent Prescriptive Authority and Pharmacist Clinician clinical services by commercial and NM Medicaid insurance with parity to physicians



Licensed Pharmacists



County
of pharmacists in county
% of UNM COP graduates



Every day, pharmacists improve the health of New Mexicans by:

- Optimizing medication therapy
- Improving adherence to medications
- Enhancing medication safety
- Providing health education
- Administering vaccinations
- Providing health screenings
- Serving as vital members of interprofessional health care teams



Thank you for your time

Questions?

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