



FOR IMMEDIATE RELEASE
July 16, 2008

CONTACTS: See Below

MEDIA ADVISORY

Value of Pharmacists Will Be on Display at Annual NCSL Summit

“Pharmacist Central” will offer policy information, health screenings for legislators

Alexandria, Va. – The Alliance for Pharmaceutical Care will offer health screenings and present information on vital healthcare issues at “Pharmacist Central”, the Alliance’s exhibition at the National Conference of State Legislatures (NCSL) 2008 Legislative Summit, July 22-26 in New Orleans, Louisiana.

Of the many exhibitors at the NCSL Summit, Pharmacist Central is a “must-do.” The sixteen hundred square foot exhibition presents an opportunity for legislators and other attendees to witness first-hand the wide range of patient care that pharmacists provide on a daily basis.

Continuing a long tradition, pharmacists will perform health screenings and patient counseling, focusing on blood pressure, cholesterol, diabetes, bone density, body fat analysis, respiratory screening, and heartburn awareness. Pharmacists will also be available to provide medication reviews for state legislators.

Prescription medications play an increasingly vital role in modern healthcare, and new medications continue to improve health outcomes and quality of life in patients with both acute and chronic diseases. Pharmacists, our nation’s medication experts, are on the frontlines advancing patient care, improving patient safety, and utilizing technology to improve patient outcomes.

As lawmakers face the challenges of healthcare policy in their states, the Alliance will provide insight on valuable initiatives and programs that can increase access, reduce costs, and improve overall patient care and health care outcomes.

In addition, several pharmacists who serve in state legislatures will visit the booth to provide their unique perspectives on the intersection of pharmacy policy and patient care.

WHO: Pharmacists, legislators, and representatives of the Alliance for Pharmaceutical Care

WHAT: Alliance for Pharmaceutical Care exhibit at the
NCSL 2008 Legislative Summit

WHEN: Wednesday, July 23 - Friday, July 25, 2008

For more information, daily schedules and media registration, visit:
<http://www.ncsl.org/summit> or www.pharmacist.com/allianceforpc

WHERE: Booth #528
Ernest N. Morial Convention Center, New Orleans, Louisiana

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The Alliance for Pharmaceutical Care is a consortium of nine national organizations working together to educate the public, policy makers and other key decision makers about the important role that pharmacists play in the ever-evolving healthcare system. The members of the Alliance are:

- *American Association of Colleges of Pharmacy (AACP)*

- *American College of Clinical Pharmacy (ACCP)*
- *Academy of Managed Care Pharmacy (AMCP)*
- *American Pharmacists Association (APhA)*
- *American Society of Consultant Pharmacists (ASCP)*
- *American Society of Health-System Pharmacists (ASHP)*
- *National Alliance of State Pharmacy Associations (NASPA)*
- *National Association of Chain Drug Stores (NACDS)*
- *National Community Pharmacists Association (NCPA)*



Pharmacists: The Medication-Use Experts Serving You and the Community

Pharmacists are medication-use experts who play a critical role in patient safety.

- Every week, four out of every five U.S. adults will use prescription medicines, over-the-counter drugs, or dietary or herbal supplements. Nearly one-third of adults will take five or more different medications.
- Each year, 44,000 - 98,000 Americans die as a result of medical errors,¹ The most common of which are preventable.

Pharmacists keep their patients healthy and safe by informing them, and their prescribers, of possible adverse effects or drug interactions.

Pharmacists Enhance Patient Safety

In July 2006, the Institute of Medicine (IOM) issued its report *Preventing Medication Errors*, highlighting ways in which pharmacists' expertise and participation on the healthcare team can help prevent errors, including:

- Utilizing pharmacists as integral members of the patient care team as experts in medication-use safety and quality;
- Encouraging patients to keep an up-to-date list of all their medications;
- Consulting with patients about their medications at key points, including during clinical decision making and at hospital discharge;
- Developing reliable drug information for health professionals and consumers;
- Managing continuity in medication use across care settings; and
- Recommending prescribing decisions based on scientific evidence.

Pharmacists are Trusted Healthcare Professionals

Patients value access to the services of these well-trained pharmacists who are consistently acknowledged as one of America's most trusted healthcare professionals.

- Pharmacists complete a minimum of 2 years of pre-pharmacy coursework before entering the 4 year professional program leading to the Doctor of Pharmacy degree.
- Pharmacists are required to pass national and state-based examinations to receive their licenses to practice.
- Pharmacists participate in continuing professional development throughout their careers through continuing education and other programs.

Pharmacists provide critical emergency services such as those offered during Hurricanes Katrina and Rita: establishing temporary and mobile pharmacies in the wake of disaster.

¹ The National Academies Press: *To Err Is Human: Building a Safer Health System* (2000) Available from http://books.nap.edu/openbook.php?record_id=9728&page=1. Accessed January 17, 2007.



Many state Medicaid programs already pay pharmacists for services provided to enrollees, including Iowa, Maryland, Minnesota, Mississippi, Missouri and Virginia.

Missouri Medicaid Pharmacy-Assisted Collaborative Disease Management Program.

In Missouri, pharmacists and primary care providers work collaboratively to improve health outcomes and reduce healthcare utilization for certain Medicaid beneficiaries. It is estimated that the program has helped reduce per capita annual program expenditures by \$6,804 and has generated annualized program savings of \$2.4 million.²

Iowa Medicaid Pharmaceutical Case Management (PCM)

The Iowa PCM program provides an opportunity for physicians and pharmacists to closely manage the total medication regimens of their most complex patients. Importantly, Iowa Medicaid compensates pharmacists and physicians for the additional care associated with drug therapy management services.

The PCM program significantly improved medication safety and did not measurably affect Medicaid expenditures. Data suggested that **emergency room and outpatient facility utilization may have decreased for patients of pharmacies who adopted PCM most intensely.**³

Minnesota Medication Therapy Management Care Program

A year-long evaluation the state MTM program found that pharmacists identified and resolved 789 drug therapy problems in 259 recipients (3.1 drug therapy problems per recipient). Inadequate therapy (e.g. dose too low for effectiveness, needs additional preventive therapy, and noncompliance) represented 73% of resolved drug therapy problems.⁴

Importantly, the most productive pharmacists in the first year of the MTMS program were those with established collaborative practice relationships with physicians and other primary care providers and were also part of an integrated health delivery system. This finding is consistent with health care delivery improvements advanced in the chronic care model and the medical home model concepts.⁵

Contact members of the Alliance for Pharmaceutical Care to learn more about how your state can take improve outcomes and lower costs by utilizing the patient care services of pharmacists.

² 2006 Disease Management Directory & Guidebook, "Pharmacist-Led DM Delivers Clinical, Financial Dividends, pp. 7-10, and Missouri Medicaid DM Program Shows Positive First-Year Outcomes, pp. 583-84.

³ Iowa Medicaid Pharmaceutical Case Management (PCM), Report of the Program evaluation, December 2002. Available at:

<http://www.iarx.org/Documents/PCM%20Final%20Report%20Executive%20Summary.pdf>

⁴ Evaluating Effectiveness of the Minnesota Medication Therapy Management Care Program. Final Report. Submitted December 14, 2007. (Available at: http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs16_140283.pdf (Page 4)

⁵ Ibid



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The Pharmacist's Role in Medicare Medication Therapy Management Services

Medication Therapy Management (MTM) can be defined as a range of services provided to individual patients to optimize therapeutic outcomes (helping patients get the most benefit from their medications) and detect and prevent costly medication problems.¹

MTM programs include the following pharmacist-provided services according to a patient's individual needs:

- Performing or obtaining necessary assessments of the patient's health status;
- Formulating a medication treatment plan: selecting, initiating, modifying or administering medication therapy;
- Monitoring and evaluating the patient's response to therapy, including safety and effectiveness;
- Performing a comprehensive medication review to identify, resolve and prevent medication-related problems, including adverse drug events;
- Documenting the care delivered and communicating essential information to the patient's other healthcare providers;
- Providing verbal education and training designed to enhance patient understanding and appropriate use of his or her medications;
- Providing information, support services, and resources designed to enhance patient adherence with his or her therapy; and
- Coordinating and integrating medication therapy management services within the broader healthcare-management services being provided to the patient.

The following states have already implemented MTM programs and pharmacy-assisted disease management programs for Medicaid beneficiaries.

- Iowa (*Medicaid Pharmaceutical Case Management Program*)
- Maryland (*P3 Diabetes Disease Management Program*)
- Minnesota (*Medicaid Medication Therapy Management Program*)
- Missouri (*Medicaid Pharmacy-Assisted Collaborative Disease Management Program*)
- Mississippi (*Medicaid MTM*)
- Virginia (*Virginia Healthy Returns*)

States that encourage pharmacist-provided MTM services see improvements in their citizens' health, and savings on overall healthcare costs. By informing patients and their prescribers of possible adverse effects and/or drug interactions, pharmacists keep their patients healthy and safe – as well as avoid unnecessary costs from complications or hospitalizations. Pharmacists are ready to help your state pharmaceutical assistance program improve medication use for all your citizens.

The Medicare Part D prescription drug benefit gave the nation's older adults improved access to medications. The program also requires participating plans to develop medication therapy management services (MTMS) for certain beneficiaries. Centers for Medicare & Medicaid Services stated that it expects MTMS to "evolve and become a cornerstone of the Medicare Prescription Drug Benefit."

¹http://www.pharmacist.com/AM/Template.cfm?Section=Patient_Care_Projects1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=15805



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Collaborative Drug Therapy Management: A Coordinated Approach to Patient Care

Collaborative drug therapy management (CDTM) is a team approach to healthcare delivery whereby a pharmacist and prescriber establish written guidelines or protocols authorizing the pharmacist to initiate, modify or continue drug therapy for a specific patient.

Currently, 45 states include CDTM, in some form, in their state pharmacy practice act – only **Alabama, Maine, Massachusetts, New York and Oklahoma** do not recognize collaborative agreements. However, the scope of CDTM varies greatly from state to state and many states are missing the opportunity to maximize the expertise of pharmacists and physicians or other prescribers to achieve optimal patient care outcomes through appropriate medication use and enhanced patient care services.

Some key limitations on CDTM include:

- **Who is eligible to participate in collaborative practice agreement.** Some states limit authority to pharmacists with specified training or education.
- **Scope of practice authorized.** Some states specify the types of medications or specific disease states which may be authorized in a collaborative practice agreement, such as immunizations. Some states require that protocols be “patient-specific”, limiting the utility of these agreements in expanding direct patient access to pharmacists.
- **Practice environments.** Some states limit collaborative practice agreement authority to specific pharmacist practice settings or to patients in certain settings, such as hospitals or long-term care facilities.
- **Level of review or approval.** Some states require registration of participating pharmacists and prescribers, protocols, and other information with the state boards of pharmacy or medicine.

What You Can Do

Private health plans and self-insured employers recognize the value of CDTM in improving health outcomes and reducing health care costs. States facing the ongoing struggle to reduce health care costs while improving clinical outcomes should expand collaborative practice protocols to improve patient care.

To ensure your state maximizes the benefits of CDTM, your state pharmacy practice act should define CDTM as:

“A collaborative practice agreement between one or more physicians and pharmacists wherein qualified pharmacists working within the context of a defined protocol are permitted to assume professional responsibility for performing patient assessments; ordering drug therapy-related laboratory tests; administering drugs; and selecting, initiating, monitoring, continuing, and adjusting drug regimens.”

The National Association of Boards of Pharmacy (NABP) has developed a model pharmacy practice act available online from www.nabp.net.



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Pharmacists Administer Immunizations and Provide Patient Education

Each year, more than 50,000 adults and 300 children in the United States die from vaccine-preventable diseases or their complications.¹ Meanwhile, immunizations, including those administered by pharmacists, help prevent 14 million cases of disease and 33,000 deaths every year.²

Thousands of patients are hospitalized annually due to influenza or complications arising from influenza infection. States could save hundreds of thousands of dollars by increasing their influenza (flu) and pneumococcal immunization rates.

Pharmacists can help. Pharmacists serve communities through the provision of immunization education, facilitation of vaccine delivery by other healthcare providers, and/or administration of vaccines. In a study of patients aged 65 years and older influenza vaccination rates were significantly increased in states allowing pharmacist vaccination (10.7%, compared with 3.5% in other states.)³

Immunizations are Key to Improving Public Health: In January 2000, the Department of Health and Human Services launched *Healthy People 2010*, a comprehensive, nationwide health promotion and disease prevention agenda, which included the goal of preventing, "disease, disability, and death from infectious diseases, including vaccine-preventable diseases."⁴

From a global perspective, increases in international travel, importation of foods, inappropriate use of antibiotics on humans and animals, and environmental changes multiply the potential for worldwide epidemics of all types of infectious diseases.

Pharmacies provide patients with convenient access to immunizations. In addition, pharmacists can help identify patients who would most benefit from receiving specific vaccines and can immunize them onsite.

Expanding opportunities for pharmacists to provide immunizations allows other healthcare providers to spend more time focusing on other areas of their practice such as patient care.⁵

Pharmacists' involvement in improving public health and emergency preparedness, through the provision of immunization services and other patient care activities, is an excellent way for communities to prepare for public health crises and emergencies, such as influenza pandemics. Pharmacy practice locations provide access to knowledgeable healthcare professionals and an extension for public health service delivery in nearly every community.

48 states now authorize pharmacists to immunize⁶. The only states that still do not permit pharmacists to deliver immunizations are Maine and New York. The Governor of New York is expected to sign the immunization bill shortly.

¹ Institute of Medicine Report. Shaping the Future For Health – Calling the Shots – Immunization Finance Policies and Practice. http://books.nap.edu/html/calling_the_shots/reportbrief.pdf

² Department of Health and Human Services, Fiscal Year 2008. Centers for Disease Control and Prevention. *Justification of Estimates for Appropriation Committees*.

Available: http://www.317coalition.org/documents/cdc_fy2008budget_immunization.pdf.

³ J Am Pharm Assoc. 2006;46(2):168-182. http://www.medscape.com/viewarticle/533427_10

⁴ http://www.healthypeople.gov/Document/HTML/Volume1/14Immunization.htm#_Toc494510230

⁵ http://www.pharmacytimes.com/issues/articles/2003-11_757.asp

⁶ APhA – Pharmacists as Immunization Providers. Available:

http://www.preventinfluenza.org/summits/2008/Session_Three/Rothholz_2008.pdf



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What YOU Can Do to Increase Patient Access to Pharmacist Services and Medication Management

Optimize collaborative drug therapy management (CDTM) statutes and regulations in order to enable pharmacists to better serve patients.

- Collaborative partnerships enhance medication use and patient outcomes.
- Work with your state Board of Pharmacy and State Pharmacy Association to ensure that your state pharmacy practice act promotes an optimal environment for physicians and pharmacists to collaborate to improve health outcomes and reduce costs.

Encourage greater utilization of Medication Therapy Management (MTM) services in your State Medicaid or State Employees Health Insurance Program.

- The small initial investment required to pay pharmacists for their patient-care services can yield significant program-wide savings – hospitals could save \$3.5 billion every year by utilizing the services of pharmacists to coordinate medications from multiple prescribers.¹

Support efforts to ensure sufficient infrastructure for pharmacist education.

- There is an acute pharmacist shortage in many states and cities. U.S. spending for prescription drugs is projected to increase by 10.7 percent annually between 2004 and 2013,² a trend that will only exacerbate the existing pharmacist workforce shortage.
- Support or initiate legislative efforts to increase student access to pharmacy schools:
 - Increase access by the creation of new scholarship programs for pharmacy students.
 - Create or increase loan repayment programs: in Minnesota, the Rural Pharmacist Loan Forgiveness Program provides up to four years of loan forgiveness for pharmacists who serve in a designated rural area for a minimum of 30 hours per week.³

Ensure that pharmacists have access to new technologies that improve pharmacy efficiency, patient safety, and patient care.

From 1994 to 2005, the number of prescriptions purchased increased 71% (from 2.1 billion to 3.6 billion), compared to a US population growth of 9%.⁴ Modern technologies, such as dispensing machines, central fill operations, and electronic prescription transmission, can help pharmacists to spend more time counseling patients to improve medication use and reduce costs.

Encourage the use of well-trained pharmacy technicians.

Well-trained pharmacy technicians allow pharmacists to spend more time helping patients. States that establish appropriate training and utilization of technicians help decrease the workload of pharmacists, freeing up more time to focus on patient care.

¹ Persell SD, Osborn CY, Richard R, et al. Limited health literacy is a barrier to medication reconciliation in ambulatory care. *J Gen Intern Med.* 2007; 22:1523–6.

² Health Affairs, “Health Spending Projections Through 2013,” Feb. 11, 2004, at www.healthaffairs.org. Note that this projection does not take into account the impact of the Medicare Modernization Act of 2003. (<http://www.kff.org/rxdrugs/upload/Prescription-Drug-Trends-October-2004-UPDATE.pdf>)

³ Guidelines for the Minnesota Rural Pharmacist Loan Forgiveness Program: <http://www.health.state.mn.us/divs/orhpc/funding/loans/pharm.html>

⁴ Kaiser Family Foundation – Prescription Drug Trends, May 2007: http://www.kff.org/rxdrugs/upload/3057_06.pdf



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