South Carolina Pharmacy Association
Scope of Practice Case Study Presentation

"Several aspects of the Affordable Care Act are aimed at expanding coverage for currently uninsured patients. This expanded coverage is likely to result in an increased demand for healthcare services, with no direct corresponding increase in supply. [assuming this means primary care providers] It is likely that this increase in net demand will result in upward pressure on prices for primary care healthcare services, and may result in increased wait times to access primary care providers. To combat these problems, the South Carolina Medical Affairs Committee is evaluating the practice act several professions, including pharmacy, to determine if the scope of practice can be broadened to provide some of the services currently provided by primary care physicians. SCPhA has been asked to provide a brief overview of how the practice of pharmacy in South Carolina could be broadened to alleviate these problems.

What ideas would you present to the Committee?

Pharmacists Scope of Practice Expansion:

- ✓ **Redefine "Pharmacy Care" under §40-43-30, paragraph (38) to read as follows:**
- ✓ (38) "Pharmacy care" is the direct provision of drug therapy, chronic disease management and other pharmacy patient care services through which pharmacists, ~~in cooperation with the patient and other health care providers~~, as part of a patient's medical home and in coordination and cooperation with the patient's primary care provider under a written protocol, design, implement, monitor and manage chronic diseases requiring therapeutic plans through, but not limited to, adjusting drug dosages, ordering lab tests, performing physical assessments, administering drugs, initiate drug therapies for the purpose of improving a patient's quality of life. Objectives include cure of disease, elimination or reduction of a patient's symptomatology, arresting or slowing a disease process, or prevention of a disease or symptomatology. The process includes ~~three~~ several primary functions after a diagnosis of a chronic disease has been determined by the patient's primary care provider: (pharmacy care also found in (44) Practice of Pharmacy definition)

(a) identifying potential and actual drug-related problems;
(b) resolving actual drug-related problems;
(c) preventing potential drug-related problems;
(d) ordering lab tests for common chronic diseases to be managed;
(e) assessing lab reports;
(f) adjusting drug dosages in accordance with protocols;
(g) administering drugs and or devices;
(h) initiating drug therapy;
(i) initiating patient physical assessments (i.e. blood pressures, finger sticks, etc.) for possible referrals to the patient's medical home or if they do not have one, provide information on the importance of having a medical home;
(j) dispensing designated third class of drugs for acute illnesses

- ✓ **Redefine "Patient Counseling" under §40-43-30 (35) to read as follows:** (35) "Patient Counseling means the oral or written communications by the pharmacist to a patient or caregiver providing information on the proper use of drugs and devices, interpretation of lab results or other information related to pharmacy care of that patient.
- ✓ **Redefine "Pharmacist" under §40-43-30 (39) to read as follows:** (39) "Pharmacist" means an individual health care provider licensed by the State to engage in the practice of pharmacy. A pharmacist is a learned professional authorized to provide ~~patient~~ pharmacy care services to patients within the scope of his knowledge and skills.

Rationale:

1.) According to the Kaiser Family State Health Facts report, South Carolina has an uninsured population of 843,600 or 19% of its population or roughly 3% higher than the national average.
2.) South Carolina ranks 34th in the nation for the number of primary care physicians per 100,000 population. From 2005 through 2011, the number of primary care physicians dropped from a high of 106.6/100,000 in 2007 to a low of 104.6/100,000 in 2011.
3.) With the aging of the population and the retirement of 10,000 Baby Boomers each day, we can anticipate a further decrease in primary care physicians while experiencing an increasing need for chronic disease care. Add to that, the potential of another 843,600 newly insured individuals with varying levels of disease progression and you will have an already stressed health care delivery system under water.
4.) The Affordable Care Act calls for increases in preventative care services, including annual physicals, immunizations and higher payments to primary care physicians for managing a patient's chronic disease(s) to reduce admissions to hospitals, nursing homes or other Long Term Care facilities and keeping the patient at home for as long as possible. The ACA also calls for a minimal level of care (including preventative care) in State Insurance Exchanges which will most likely use 'capitated rates' per member, per month for primary care physicians.
5.) The treatment of chronic disease now costs the health care system $1.3 trillion annually or $0.75 of every health care dollar. (*Principles of Health Care Reform, 2009*)
6.) Who better to manage the chronic diseases of patients using drug therapies than pharmacists? Once diagnosed, primary care physicians can turn the management of the patient's disease(s) over to a pharmacist in either an institutional, out patient clinic, community-based pharmacy or office–based pharmacy practice setting. This can be accomplished through a patient-specific written protocol. This will allow primary care physicians to focus on what they do best – diagnosis. By moving patient's already diagnosed over to pharmacists to manage their disease(s), primary care physicians can take on more 'capitated" patients thereby expanding their own income base by utilizing pharmacists as 'physician-extenders.'
7.) Pharmacists would be accountable for a patient's drug therapy counseling, adherence with and monitoring of their drug regimen. One third of US adults take five or more medications. (*IOM, Jul. 2006*) Most patient's not in a pharmacist-based persistency program are less than 50% adherent within one year of diagnosis and the beginning of their drug treatment.

8.) Pharmacists should be able to routinely test patients for indications of diabetes, hyperlipidemia, hypertension or asthma or other diseases as indicated under a written protocol. OSHA blood borne pathogen requirements are already set forth for those pharmacists who immunize.
9.) Pharmacists could dispense a designated 'third class' of drugs used for acute illnesses following a written protocol and testing as provided by CLIA-waived tests. These would not include controlled substances.
10.) Pharmacies are in a strong position to maximize the utilization of pharmacy technicians in the intake, preparation and dispensing process to free up more time for pharmacists to managed their patient's chronic disease(s).
11.) Provide the South Carolina Senate Medical Affairs Committee with a copy of the Surgeon General's Report on the "Under Utilization of Pharmacists in the Health Care System."

Conclusion:

- ✓ **Expand and clarify the Scope of Pharmacy Care practice and amend pharmacy regulations to reflect that change;**

- ✓ **Require that pharmacists be an integral partner in the new Patient-centered Medical Home in the State Insurance Exchanges and the expanded role of Medicaid in covering more of the uninsured to contain added state costs for this care;**

- ✓ **Require reasonable and adequate payment for pharmacy care services by health care plans that cover these services for primary care providers in their network. This may require amendments to the South Carolina Insurance and Public Health Law.**