

Optimizing the Role of Community Pharmacists in Managing the Health of Populations: Barriers, Facilitators, and Policy Recommendations

The following is a synopsis of "Optimizing the Role of Community Pharmacists in Managing the Health of Populations: Barriers, Facilitators, and Policy Recommendations," published in the September 2019 issue of the *Journal of Managed Care & Specialty Pharmacy*.



shown to improve medication adherence.⁷ The Community Preventive Services Task Force (CPSTF) recently released a recommendation for tailored pharmacy-based adherence interventions to improve adherence to prescribed medications for CVD prevention.⁸ Additionally, there is evidence that pharmacist interventions help improve control of CVD risk factors, including high blood pressure and cholesterol levels. These pharmacy services do not focus only on heart disease and may also improve control of other chronic diseases, including chronic obstructive pulmonary disease (COPD), asthma, and diabetes.⁷

What is added by this article?

This article serves as a commentary on addressing challenges to the expansion of enhanced clinical services in community pharmacies, emerging models that can act as facilitators, and policy recommendations guided by these barriers and facilitators.

Barriers

One of the most significant barriers to the expansion of pharmacist-provided enhanced clinical services in the community is that the predominant payment model focuses on dispensing a product rather than providing health care services. Additionally, pharmacists are not currently recognized as providers by the Centers for Medicare & Medicaid Services (CMS). This means that they are typically not eligible to bill for services provided to Medicare and Medicaid patients.

Many community pharmacy information technology (IT) systems have limited capacity to document and share clinical information. This restricts a pharmacist's ability to participate in a patient's interdisciplinary team fully and efficiently. Though training in quality improvement and population health has increasingly been integrated into pharmacy school curricula, standardized training remains lacking.

Finally, compared with the number of studies looking at outcomes associated with enhanced services provided by community pharmacists, few studies have evaluated economic outcomes associated with these services, and even fewer have evaluated return on investment (ROI). Without data to support

What is already known on this topic?

Cardiovascular disease (CVD) is the leading cause of death in the United States, accounting for 23% of deaths in 2017.¹ Medications that reduce CVD risk are some of the most commonly used prescription medications for adults, especially for those over 60 years old.² Though treatment with these medications can lower CVD risk substantially, over 40% of patients are nonadherent to these medications, meaning that they take the medication as prescribed less than 75% of the time.³

Pharmacists are considered among the most accessible health care professionals, with 93% of Americans living within 5 miles of a community pharmacy.⁴ Patients visit their pharmacists more frequently than their primary care provider (PCP). Research suggests that patients, particularly those who are older and have more complex medical conditions, may see their pharmacist up to 10 times more often than their PCP.^{5,6} Interventions led by community pharmacists have been

the cost-effectiveness of enhanced services provided by community pharmacists, widespread adoption of such services will be slowed

Facilitators

The shift to value-based payment including new models of care and payment provides opportunities for community pharmacists to be reimbursed for services provided as they become more integrated into patients' interdisciplinary care teams. The patient-centered medical home (PCMH) model does not always include pharmacists, but those that offer pharmacist-led medication management services have seen improved clinical outcomes for patients, including reduction in A1c and blood pressure, improved medication adherence, and increased vaccination rates. Early evidence suggests that enhanced pharmacy services in collaboration with a PCMH can result in cost reduction and fewer hospitalizations.

Many Accountable Care Organizations (ACOs) use quality assessment measures related to medication. This approach has led a majority of ACOs to develop formal relationships with pharmacies and progressively increase their involvement with pharmacists, and the evidence shows pharmacists can help reduce costs and improve quality. Pharmacies, pharmacy networks, and insurers have developed programs and networks that reward participating pharmacies for improving patients' medication adherence. They have also developed small or pilot programs involving pharmacists in value-based models focusing on improving adherence and other outcomes. Such initiatives show promising results in both health outcomes and cost savings. One such program, insurer Wellmark's Value-Based Pharmacy Pilot, found that members who filled a majority of their prescriptions at a participating pharmacy had fewer hospital admissions and emergency department visits than those who did not fill at a participating pharmacy.

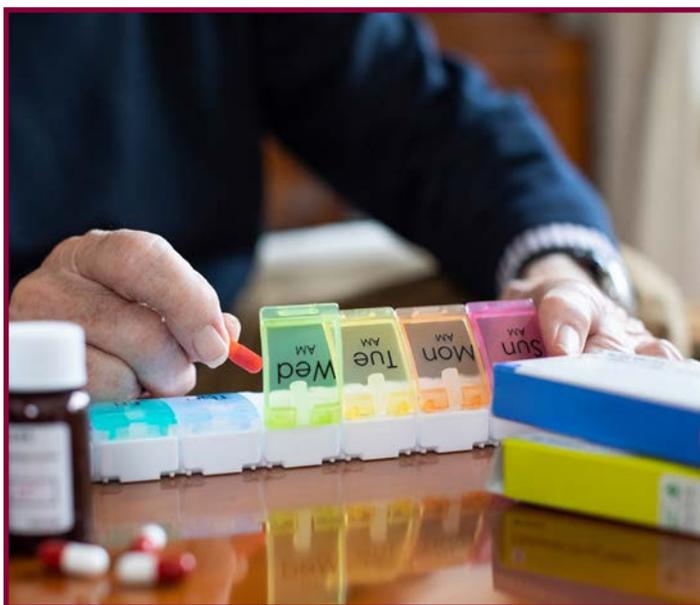
Recommendations

Using the identified barriers and facilitators, the authors developed policy recommendations to further the integration of community pharmacists into interdisciplinary health care teams with the goal of improving population health and reducing health care costs. Formal recognition of pharmacists as health care providers under the Social Security Act would help expand community pharmacist-provided clinical services. The authors further recommend integrating pharmacists in emerging models of health care delivery and payment as well as developing new care models that formally integrate pharmacists. To optimize this integration, they recommend enhancing collaborative relationships between pharmacists and other health care providers, as these will be crucial to efficient interdisciplinary care teams. Finally, they propose standardizing IT systems, training, and economic evaluations of services.



What are the implications of these findings?

Though community pharmacists are readily available and able to provide enhanced clinical services that can improve outcomes for patients, expansion of these services is limited by the current system for reimbursement for pharmacies. This article provides targeted policy recommendations aimed at expanding enhanced pharmacy services in order to use community pharmacists' skills to collaborate as part of integrated health care teams managing the health of their communities. Although the recommendation is looking at recognition of pharmacists under the Social Security Act, this recognition may also come through state legislation. Integration of pharmacists and collaborative relationships may as well be developed at the state or local level. State or local health departments could partner with pharmacy colleges in their area to develop or provide training in population health.



Resources

1. Centers for Disease Control and Prevention: [Community Pharmacists and Medication Therapy Management](#)
2. Texas Legislature: [H.B. No. 1757](#)
3. Michigan Department of Health and Human Services, Medical Services Administration: [Pharmacy Claim Reimbursement Changes and Coverage of Medication Therapy Management Services](#)

7. Milosavljevic A, Aspden T, Harrison J. [Community pharmacist-led interventions and their impact on patients' medication adherence and other health outcomes: a systematic review](#). *Int J Pharm Pract*. 2018 Oct; 26(5):387–397. doi:10.1111/ijpp.12462.
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3. Naden SH, Bestwick JP, Wald DS. [Adherence to drugs that prevent cardiovascular disease: meta-analysis on 376,162 patients](#). *Am J Med*. 2012 Sep; 125(9):882–887. e1. doi:10.1016/j.amjmed.2011.12.013.
4. [NACDS 2010-2011 Chain Pharmacy Industry Profile illustrates pharmacy value](#). *Drug Topics*. September 21, 2010. Accessed October 15, 2019.
5. Tsuyuki RT, Beahm NP, Okada H, Al Hamarneh YN. [Pharmacists as accessible primary health care providers: Review of the evidence](#). *Can Pharm J (Ott)*. 2018 Jan-Feb; 151(1):4–5. doi:10.1177/1715163517745517.
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Citation

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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