COMMENTARY

Establishing pathways for access to pharmacist-provided patient care

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Abstract

Objective: To describe the pathways being established for access to pharmacist-provided patient care and supply recommendations for the next steps in this process.

Data sources: A series of reports published by the American Pharmacists Association regarding pharmacist-provided patient care services.

Summary: Community pharmacies and integrated health organizations have emerged as the two predominant pathways for patient access to pharmacist-provided patient care. We view these two pathways as complementary in helping cover patients' entire medication therapy needs as they traverse acute and chronic health care services. However, gaps in access to pharmacist-provided care remain, especially during transitions in care.

Conclusion: In further establishing pathways for access to pharmacist-provided patient care, we propose that the application of collaboration theory will help close gaps that currently exist between health care organizations. Such an approach carries risk and will require trust among participating organizations. This approach is also likely to require updating and contemporizing pharmacy practice acts and other statutes to allow pharmacists to practice at maximum capacity within new models of care. To perform their new roles and create sustainable business models to support these new functions, pharmacists will need to be paid for their services. To this end, changes will need to be made to payment and documentation systems, incentives, and contracting approaches to develop proper reimbursement and accounting for pharmacists' new roles.

J Am Pharm Assoc. 2015;55:664–668.
doi: 10.1331/JAPhA.2015.15029

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Disclosure: The authors declare no relevant conflicts of interest or financial relationships.

Received February 16, 2015. Accepted for publication June 4, 2015.

According to a report from the National Governors Association Center for Best Practices, "The critical role that medication management plays in treating chronic diseases suggests that the integration of pharmacists into chronic care delivery teams has the potential to improve health outcomes."[1] Recent development and expansion of pharmacist-provided patient care has been documented by a series of reports published by the American Pharmacists Association.[2–10] Findings from these reports show that pharmacists are (1) coordinating medication care for patient-centered medical homes and primary care teams, (2) serving as the health care professionals responsible for ensuring optimal medication therapy outcomes, (3) leading transitions of care coordination, (4) leading chronic disease management teams, and (5) providing access to immunizations.

Objective

The objective of this commentary is to describe the pathways being established for access to pharmacist-provided patient care and to supply recommendations for the next steps in this process.

Key Points

Background:

- The critical role that medication management plays in treating chronic diseases suggests that the integration of pharmacists into chronic care delivery teams has the potential to improve health outcomes.
- Pharmacists are (1) coordinating medication care for patient-centered medical homes and primary care teams, (2) serving as the health care professionals responsible for ensuring optimal medication therapy outcomes, (3) leading transitions of care coordination, (4) leading chronic disease management teams, and (5) providing access to immunizations.

Findings:

- Community pharmacies and integrated health organizations have emerged as the two predominant pathways for patient access to pharmacist-provided patient care.
- We view these two pathways for pharmacist-provided patient care as complementary in helping cover patients' entire medication therapy needs as they traverse acute and chronic health care services.
- In further establishing pathways for access to pharmacist-provided patient care, we propose that the application of collaboration theory will help close gaps that currently exist between health care organizations.

Access to pharmacist-provided patient care

Community pharmacies and integrated health organizations have emerged as the two predominant pathways for patient access to pharmacist-provided patient care. Community pharmacies (e.g., independent, mass merchandiser, national chain, regional chain, and supermarket pharmacies) serve geographically defined communities, typically offer easy access without an appointment, are aligned with the procurement of prescription drugs, and employ the services of trusted pharmacists physically located within the community.[10]

Pharmacists working in this setting are central to the medication use process and are the most frequently encountered health professionals for many patients. In addition to access and convenience (e.g., in-person, telephonic, and online services), community pharmacy settings afford the opportunity to coordinate self-care behaviors that overlay prescribed therapies, including the use of over-the-counter drugs and nutritional supplements. For patients under the care of multiple prescribers, community pharmacies are ideal for improving continuity and coordination of care across providers and settings. Because many patients frequently and regularly visit community pharmacies, these settings are also ideal for improving the quality, safety, efficiency, and effectiveness of prescribed chronic care treatments.

Integrated health organizations (e.g., acute care/inpatient hospitals, ambulatory care clinics, health system outpatient clinics, long-term and managed care facilities, physician's offices) serve patient populations with targeted needs, often employ embedded pharmacists practicing within a team-based care model, are aligned with payer goals for meeting quality metrics and pay-for-performance targets, and have been expanded based on evidence for showing that pharmacists are capable of solving problems.[10] The integration of pharmacists into care teams is vital for establishing access to pharmacist-provided care at such sites. Pharmacists working at integrated health organizations are central to addressing medication use in acute care, disease management, and targeted outcome situations. Further, pharmacists in these settings help optimize the use of resources, provide unique expertise, and facilitate continuous quality-improvement efforts for organizations.

Analysis

We view these two pathways for pharmacist-provided patient care as complementary in helping cover patients' entire medication therapy needs as they traverse acute and chronic health care services.[11–15] However, gaps in access to pharmacist-provided care remain, especially during transitions in care. For example, a patient who is being discharged from a hospital will soon be interacting with his or her community pharmacist, at which point care would be enhanced by the sharing of informa-