

Pharmacists' advancing roles in drug and disease management: A review of states' legislation

Alicia G. McKnight and Angela R. Thomason

Abstract

Objectives: To determine which states in the United States have provisions in place for pharmacist participation in drug and disease management programs and/or collaborative practice agreements and to provide comparison and discussion regarding such provisions. A secondary endpoint was the requirements of certification, credentialing, and registration with the specific state's rules and regulations.

Data sources: Information was gathered from states' statutes, rules, and regulations. Acquisition of each state's laws was achieved through various forms of electronic media. Data were accessed from January to March 2008.

Data synthesis: 19 states (38%) had specific provisions for disease management, 33 (66%) had provisions for drug therapy management, and 37 (74%) had provisions for collaborative practice. A total of 11 states (22%) specified that pharmacists receive specialized training to participate in such endeavors. Board approval or notification for collaborative practice agreements was required in 16 states (32%).

Conclusion: With varying degrees of autonomy and restriction, pharmacists in certain states have the ability to develop disease management and/or collaborative practice programs. For pharmacists to take advantage of these new direct patient care opportunities, knowing the rules and requirements of their state's legislation is essential.

Keywords: Disease management, medication management, medication therapy management, collaborative practice, laws and legislation.

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Roles and expectations of pharmacists and pharmacy practice continue to develop and adjust as the dynamic needs and demands of health care and patients continue to evolve. Pharmacists have traditionally been the most accessible health professionals; they have been reliable resources for medication education and recommendations for over-the-counter therapies. Further, pharmacists have been a presence in the community who provide a link to physicians when appropriate referral for a problem may otherwise go untreated.¹

As the profession of pharmacy advances to involvement in different aspects of patient care, knowing what each state expects from pharmacists as the profession adapts to provide affordable, comprehensive, and quality patient care is important. This evolution must occur within the limits of certain rules and regulations that are set forth for the best interests of the public.

The health care system in the United States is described as complex and fractured, and continuity of care has become a national priority.² The federal government has identified pharmacists' role in solving medication reconciliation problems in the health care system.² Because of this recognition, legislators in individual states and federal programs continue to include pharmacists in plans to resolve issues in America's health care system.³ An understanding of the regulations and laws set

forth by each state is necessary before progress can occur toward developing adequate and appropriate medication therapy management (MTM), collaborative drug therapy management (CDTM), or disease management clinics.

Objectives

The specific aim of this review was to determine which states in the United States have provisions in place for pharmacist participation in disease and drug management programs and collaborative practice protocols. We also sought to identify requirements for such involvement in states where provisions such as specialized licensure, certification, and registration with the state's board of pharmacy are in place.

Data sources

Statutes, rules and regulations, and administrative codes of each state were accessed between January and March 2008. All 50 states' information was accessed via electronic documents (Appendix 1 in the electronic version of this article, available online at www.japha.org). Search terms included *drug therapy, MTM, medication therapy, disease and disease state, collaborative, protocol, management, pharmacist, certification, credentialing, registration, and notification*. States were included if their legislative documents included specific provisions for disease management, medication therapy, or collaborative practice agreements. In addition, information was obtained from these states about the requirements of education, credentialing, certification, and registration. The study was approved by the Samford University Institutional Review Board.

Data synthesis

A total of 42 states (84%) had a provision for pharmacist drug and/or disease management programs. Nineteen of the 50 states (38%) had specific provisions for disease management (Figure 1), 33 (66%) had provisions for drug therapy management or MTM (Figure 2), and 37 (74%) had provisions for collaborative practice (Figure 3).

Of the states that had provisions in place, 11 (22%) specified that pharmacists must receive specialized training. A total of 10 states listed these requirements for collaborative practice, and the eleventh state (Georgia) did not have specific provisions in place for collaborative practice but did delineate specific provisions for educational competency in disease management services. Collaborative practice agreements were sometimes extensively described and governed by legislation; some were less restrictive, and others were only in place for certain situations. Hawaii and Vermont, for example, only had provisions in place for collaborative protocols for emergency contraception, while Florida, Kansas, and Wisconsin only delineated collaborative protocols specifically for vaccination. All other states, however, had wording that allowed and encompassed broad ranges of collaborative practice.

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At a Glance

Synopsis: Statutes, rules and regulations, and administrative codes for all 50 states were reviewed to determine whether provisions existed for pharmacist participation in disease management, medication therapy, and/or collaborative practice agreements. A total of 19 states (38%) had specific provisions for disease management, 33 (66%) had provisions for medication management, and 37 (74%) had provisions for collaborative practice. A total of 16 states (32%) required board approval, notification, or registration for collaborative practice agreements.

Analysis: *Participation in medication management, disease management, and collaborative practice allows pharmacists to be active members of a multidisciplinary team designed to improve patient outcomes. However, pharmacists cannot fulfill these roles if they do not know or understand what is defined as acceptable and legal according to the boards of pharmacy in the states in which they are registered. Many community pharmacists are still primarily occupied with traditional roles such as dispensing, and the length of interactions between pharmacists and patients is often limited because of the simple demand for dispensing and staffing constraints. Access to patient files, continuity of care, staffing, training, and reimbursement are among the issues that need to be addressed for pharmacists to advance their roles in drug and disease management.*

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