

## **Community Pharmacists Can Help Lower Overall Health Care Costs** *Pharmacists improve clinical and economic outcomes by optimizing medication therapy*

### **Background**

Community pharmacists are the most accessible health care professional with 95% of Americans living within 5 miles of a pharmacy. Pharmacists are trained for and permitted to provide a wide variety of services that promote patient health, prevent disease, and reduce the total cost of health care. Negative reimbursement pressure from insurers and pharmacy benefit managers (PBMs) and the inability for pharmacists to bill Medicare Part B as providers limits the positive impact pharmacists can provide.

### **Encourage expansion of pharmacists' role in health care**

In numerous studies in various settings, the impact of pharmacist-provided care on overall patient outcomes and total health care spending has been well-documented.

- **The Director for the Center for Medicaid and CHIP Services** issued a bulletin in January 2017 advising states that pharmacist-based services are critical to improving patient access to care and addressing public health issues.<sup>1</sup>
- **The 2011 Report to the US Surgeon General** from the Office of the Chief Pharmacist states, “one of the most evidence-based decisions to improve the health system is to maximize the expertise and scope of pharmacists and minimize expansion barriers of an already existing and successful health care delivery model.”<sup>2</sup>
- **The National Governors Association** encouraged states to “consider engaging in coordinated efforts to address the greatest challenges pharmacists face” in their 2015 paper.<sup>3</sup>
- **A 2010 systemic review of 298 studies** found that pharmacist-provided services positively impacted patient outcomes and health care spending across health care setting and disease states.<sup>4</sup>
- **A single community pharmacy in Iowa saved an insurer \$2.4 million in 12 months** for the care of just 600 patients.<sup>5</sup>
- **Pharmacists decreased total direct medical costs by \$1,200 to \$1,872** per patient per year for employees of the city of Asheville with chronic diseases.<sup>6</sup>
- **High-risk, high-cost patients are being provided with enhanced pharmacy services**, through a grant from the Center for Medicare and Medicaid Innovation, with a focus on improving quality of care and reducing total health care cost through Community Pharmacy Enhanced Services Networks.<sup>7</sup>
- **The Centers for Medicare and Medicaid Services** recognizes that pharmacists have achieved savings for Medicare Part D plans and are tapping pharmacists to identify and implement pharmacist-led interventions in its’ enhanced medication therapy management pilot.<sup>8</sup>

<sup>1</sup>Centers for Medicaid & CHIP Services. *State flexibility to facilitate timely access to drug therapy by expanding the scope of pharmacy practice using collaborative practice agreements, standing orders or other predetermined tools*. Baltimore, MD: Centers for Medicare & Medicaid Services; 2017.

<sup>2</sup>Office of the Chief Pharmacist. *Improving patient and health system outcomes through advanced pharmacy practice: A report to the U.S. Surgeon General 2011*. Rockville, MD: U.S. Public Health Service; 2011.

<sup>3</sup>The expanding role of pharmacists in a transformed health care system. National Governors Association website. <https://www.nga.org/files/live/sites/NGA/files/pdf/2015/1501TheExpandingRoleOfPharmacists.pdf>. Accessed February 22, 2017.

<sup>4</sup>Chisholm-Burns MA, Lee JK, Spivey CA, et al. US pharmacists' effect as team members on patient care: systematic review and meta-analyses. *Med Care*. 2010;48(10):923-933.

<sup>5</sup>Thielemier B. Pharmacy saves payer \$2.4 million by making clinical interventions a priority. *Pharmacy Times*. <http://www.pharmacytimes.com/contributor/blair-thielemier-pharmd/2016/01/pharmacy-saves-payer-24-million-by-making-clinical-interventions-a-priority>. Published January 29, 2016. Accessed February 22, 2017.

<sup>6</sup>Cranor CW, Bundting BA, Christensen DB. The Asheville project: Long-term clinical and economic outcomes of a community pharmacy diabetes care program. *JAPhA*. Mar/Apr 2003;43(2):173-184. <http://www.aphafoundation.org/sites/default/files/ckeditor/files/TheAshevilleProject-Diabetes-JAPhA-2003-43-173-84.pdf>

<sup>7</sup>Parikh U, Smith M. Community pharmacy enhanced services network opportunity. *PrescribeWellness* website. <https://blog.prescribewellness.com/2016/08/cpesn/>. Published August 3, 2016. Accessed February 28, 2017.

<sup>8</sup>Centers for Medicare and Medicaid Innovation. *Evidence supporting enhanced medication therapy management*. Baltimore, MD: Centers for Medicare & Medicaid Services; 2015.