

## Your pharmacist will see you now!

Public perception of pharmacists might be limited to dispensing medications. However, pharmacists are trained to deliver patient care to help patients improve their health-related outcomes and achieve their goals. Recognizing the expertise of pharmacists, the State of California has expanded the role such that a health care provider could refer a patient to a pharmacist to perform patient assessments, order, and interpret drug therapy–related tests, refer patients to other health care providers, initiate, adjust, discontinue, and administer drug therapy. In our publication, we describe the partnership between academic pharmacists and health systems to develop novel pharmacist collaborative practices.

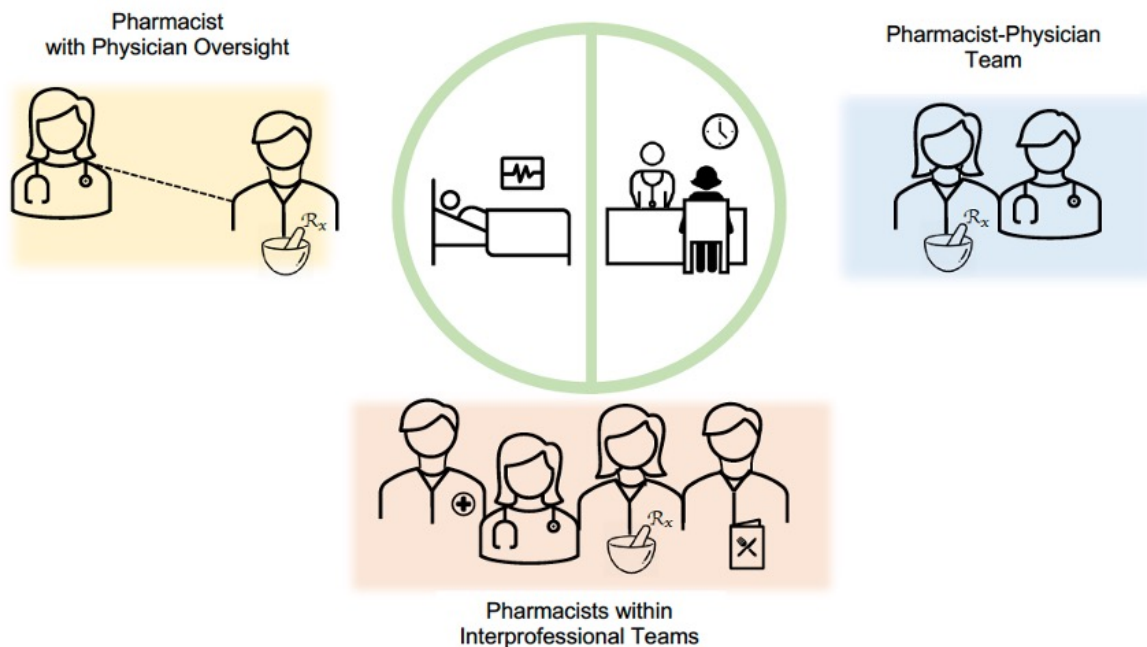


Fig. 1. Pharmacist Collaborative Patient Care Models

Delivering collaborative care to patients, pharmacists work in all environments across a continuum from the hospital to the patient home to the clinic. In our publication, we provide three main models for the delivery of pharmacist services: (1) pharmacists working under physician oversight, (2) pharmacist-physician joint patient visits, and (3) pharmacists working within interprofessional care teams (Fig. 1). Collaborative practice agreements between pharmacists and physicians allow pharmacists to expand their scope of practice and extend physician services. Given the shortage of

primary care physicians in the United States, pharmacists are poised to fill the gap and as a group, represent under-utilized healthcare providers.

Pharmacists have extensive training and a broad scope of expertise enabling them to deliver comprehensive services from patient assessment to medication optimization (Fig. 2). Pharmacists help prevent disease through increased vaccinations, tobacco cessation and performing patient screenings for chronic conditions. They treat or slow the progression of common chronic diseases like high blood pressure, high cholesterol, or diabetes (Fig. 2). Pharmacists may have received specialized training to treat complex diseases affecting the kidneys, liver, heart, and lungs. They also provide expertise in the care of patients with a transplant, cancer or requiring palliative care.

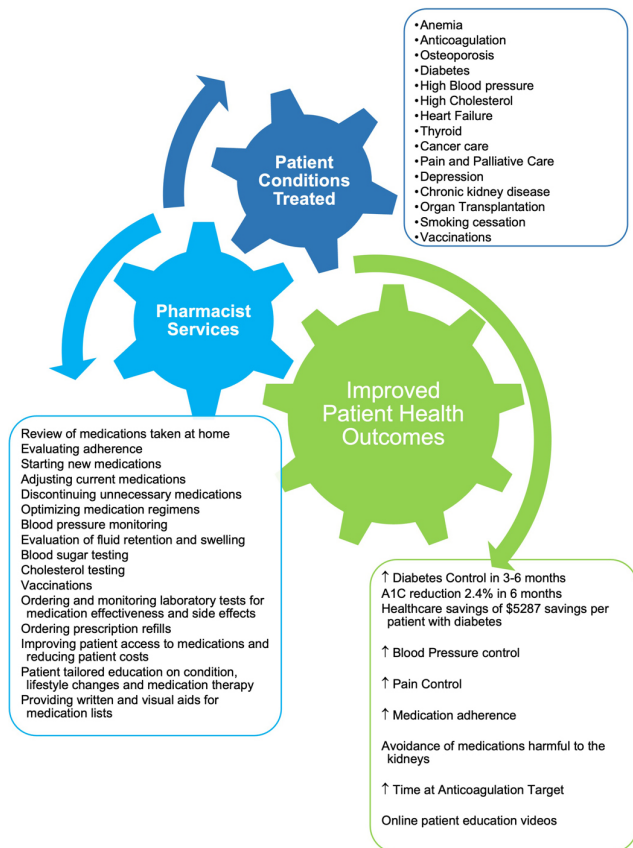


Fig. 2. Pharmacist Services and Health Related Outcomes

When pharmacists are engaged in optimizing medication therapy, they demonstrate significant improvement not only clinical outcomes but also patient education and engagement (Fig. 2). For example, patients with diabetes who have face to face visits with a pharmacist experience improvement in the timely control of diabetes and lower healthcare costs. Pharmacists working within interprofessional teams (i.e. physician, pharmacist, nurse, dietitian, social worker) have

improved control of blood pressure in patients with advanced chronic kidney disease and reduced risk from drugs harmful to the kidney and increased patient awareness of these medications. Pharmacists-physician joint clinic visits has resulted in improved pain control, medication adherence and effectiveness of blood thinners used to prevent blood clots, heart attacks, and strokes.

Despite the documented value of pharmacist services to patients within health-systems and the community, payment and reimbursement for services has been limited. Government and most private insurers currently do not permit pharmacists to bill for services as health care providers. This lack of recognition and reimbursement challenges the implementation and expansion of new pharmacist care models in the United States. We describe on the local level, successful partnership with health systems who value pharmacist services and invest in expert academic pharmacists to (1) improve patient access to medication experts, (2) improve the quality of patient care and (3) increase the national and international reputation of the health system.

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## **Publication**

### [Advancing Pharmacist Collaborative Care within Academic Health Systems](#)

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