

NMSHP Legislative Talking Points for HB 42

Introduction - Why we are here

There is a patient access crisis in New Mexico given the lack of providers in the state. As one of the most underutilized healthcare professionals, pharmacists can help alleviate provider shortages and improve access to quality health care in New Mexico and across the country.

Background

- In 1993 the Pharmacist Prescriptive Authority Act (PPAA) was passed which drastically increased the clinical services pharmacist could provide through a collaborative practice agreement and Pharmacist Clinician license.
- Since the PPAA inception only 274 pharmacists have acquired a PhC license. The major limitation to a broader attainment of PhC licensure in the state of New Mexico is the lack of recognition as provider in insurance companies. Without this recognition it is very difficult for PhC to be reimbursed for the services they could provide. Thus, there is no financial incentive for healthcare systems to invest in the PhC model.

Why pharmacists are qualified

- Education: Doctors of Pharmacy, extensive training in pharmacology and pharmacotherapy
- Post-graduate training: Residency training, Board Certified Pharmacy Specialists
- Pharmacist Clinician licensure in New Mexico
- Extent of medication use¹
 - Medications are involved in 80% of all treatments
 - Drug-related morbidity and mortality cost this country almost \$200 billion annually
- Evidence: pharmacist services demonstrate improved patient outcomes and reduced overall healthcare costs
 - The "Improving Patient and Health System Outcomes Through Advanced Pharmacy Practice: A Report to the U. S. Surgeon General 2011," a document that summarizes the impact pharmacists have on health care outcomes as well as cost.

How we can help

- **Increasing patient access to providers!**
 - As pharmacists manage more patients it allows other providers to see new patients as well.
- Pharmacists are already engrained in the communities across the state and are willing to take a larger role in the needs of their community if given the opportunity.
 - This could lead to innovative practice models between the community pharmacist and health systems in rural NM
- Pharmacists provide a variety of medication management services, but it is difficult to get reimbursement for these services, thus limiting how many patients receive them.
 - Medication therapy management (MTM)
 - Comprehensive medication management (CMM)
 - Disease state management
- Pharmacists can be vital members of any health care team
- Share YOUR story!! What are you doing in your practice?
- Examples
 - Inpatient: Improve transition of care by providing medication reconciliation, discharge medication counseling, and communication with primary care team; maximizing pharmacotherapy; reducing medication errors; initiatives to reduce readmission rates
 - Ambulatory care: Improve health outcomes through disease state management and medication therapy management; increase adherence to medication regimens; serve as a valuable team member in the medical home model; consultant for providers to help optimize medication counseling; point out growing diabetes epidemic

What we are asking for

- Support HB 42 – Pharmacist Services Reimbursement

References

1. Ernst FR, Grizzle AJ. Drug-related morbidity and mortality: updating the cost-of-illness model. *J Am Pharm Assoc.* 2001;41:192-9.
2. Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011.