

NM needs to utilize its trained pharmacists

Worsening shortage of primary and specialty care providers underlines urgent need for help

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The Centers for Disease Control & Prevention reports that 60% of U.S. adults are living with chronic disease — and medications account for 80% of all treatments. Meanwhile, as the Journal recently pointed out, we face a worsening shortage of primary and specialty care providers at the same time our population is growing older — and sicker.

Given our aging population, the provider shortage and the costs associated with potentially improper use of medications, how can we achieve the triple aim of improving patient care and satisfaction, improving population health and reducing the cost of care?

Our answer is to make better use of highly trained pharmacists — the medication experts. Multiple studies

have shown that pharmacists can help improve access to care, decrease medication-related problems, improve chronic disease outcomes, decrease hospitalizations and decrease the cost of care.

Unfortunately, lack of recognition by health insurers — Medicare, Medicaid and commercial providers — means that in many cases, pharmacists are not achieving their full potential as health care providers.

The University of New Mexico College of Pharmacy is the state's only pharmacist training program. Students graduating with a doctor of pharmacy, Pharm.D., degree must have completed at least three years of undergraduate prerequisites, plus a rigorous four-year professional program.

Their coursework includes pharmacology, pharmaceuticals, medicinal chemistry, pathophysiology, social/behavioral sciences and clinical pharmacotherapy, and they must successfully pass national licensing exams to become a registered pharmacist.

New Mexico has two types of advanced practice pharmacists who can prescribe

medications. In 1993, the Legislature passed the Pharmacist Prescriptive Authority Act, creating the pharmacist clinician — the first advanced-practice license for pharmacists in the U.S. It granted prescriptive authority for a variety of chronic and/or acute disease states that are outlined in an official protocol approved by a supervising physician.

Licensure as a pharmacist clinician requires additional training, including a 60-hour physical-assessment course and supervised, direct patient-care clinical training. In 2000, legislation was passed to allow pharmacists with additional training to prescribe immunizations, tobacco cessation products, hormonal contraception — birth control, tuberculosis testing and naloxone therapy — used to prevent deaths from opioid overdose.

Unfortunately, insurers often won't recognize — and therefore reimburse — pharmacists as health care providers. This means their skills are woefully underutilized, and many are not practicing to the full extent of their training and licenses. Federal legislation has been introduced multiple times to

grant pharmacists provider status, but it has not been enacted into law.

Here in New Mexico, Rep. Debbie Armstrong introduced HB 578 during the most recent legislative session. It would have required health-care insurers to reimburse advanced practice pharmacists for clinical services provided to patients. While unanimously voted out of two House committees, the bill remained unpassed when the session ended.

Continued grassroots efforts are needed to advocate for new legislative and policy innovations to address gaps in health care and increase the impact of our pharmacist workforce. It is long past time for us to improve New Mexicans' access to care and health care outcomes by fully utilizing our highly trained pharmacists in all of our communities.

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