

# Improving Health Care with NM Advanced Practice Pharmacists

Joe R. Anderson, PharmD, PhC, BCPS

Assistant Dean for Curricular Affairs and Associate Professor

[janderson@salud.unm.edu](mailto:janderson@salud.unm.edu)

Melanie A. Dodd, PharmD, PhC, BCPS, FASHP

Associate Dean for Clinical Affairs and Professor

[mdodd@salud.unm.edu](mailto:mdodd@salud.unm.edu)

Donald Godwin, PhD

Dean and Professor

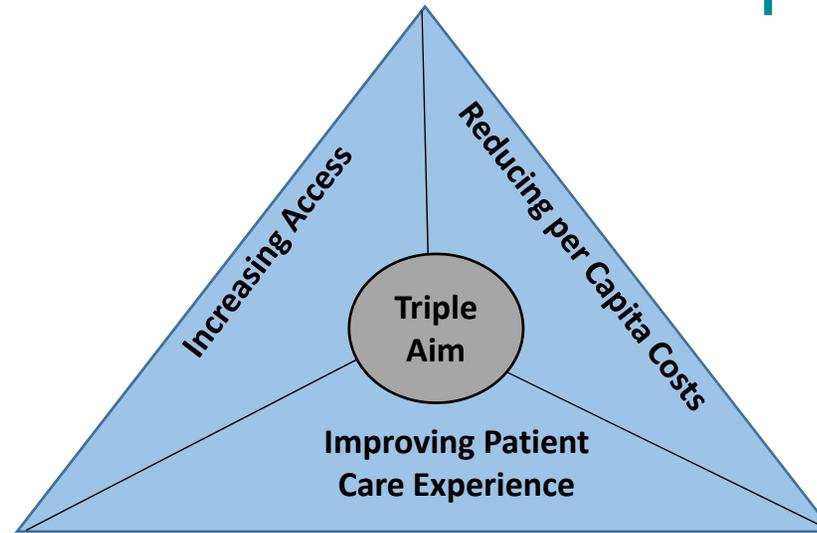
[dgodwin@salud.unm.edu](mailto:dgodwin@salud.unm.edu)



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# Pharmacists & The Triple Aim



Institute for Healthcare Improvement  
<http://www.ihl.org/engage/initiatives/tripleaim/pages/default.aspx>

Pharmacists have been demonstrated to help achieve the triple aim of healthcare through:

- Increasing access to care
- Improving the outcomes of care and thus decreasing the cost of care
- Improving patient satisfaction with care

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. 2011.



CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

# CHRONIC DISEASES IN AMERICA

6 IN 10

Adults in the US have a **chronic disease**



4 IN 10

Adults in the US have **two or more**

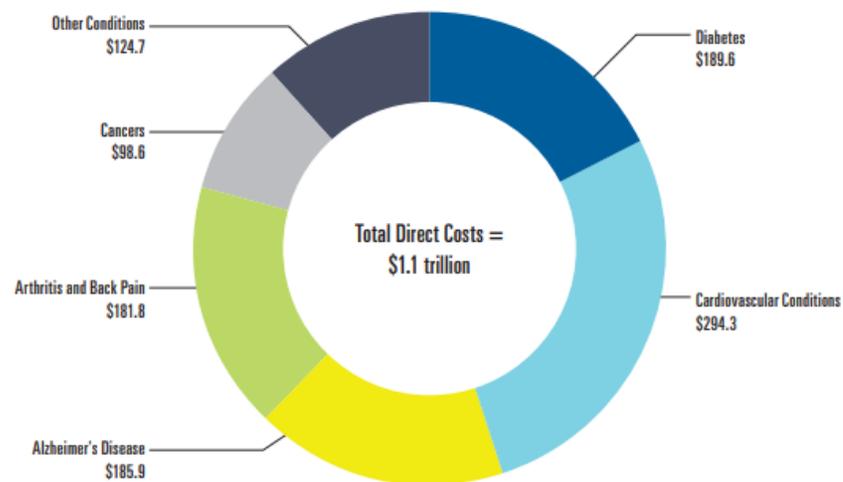
THE LEADING CAUSES OF DEATH AND DISABILITY  
and Leading Drivers of the Nation's **\$3.8 Trillion** in Annual Health Care Costs



# Impact of Chronic Disease: Milliken Institute 2018 report

- Total direct healthcare costs for chronic disease was \$1.1 trillion

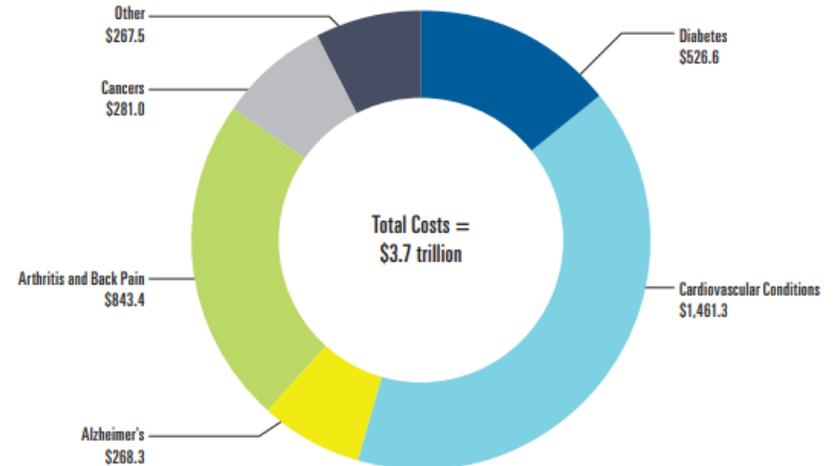
Total Direct Costs of Chronic Diseases in the U.S., 2016 (\$ billions)



Source: Milken Institute.

- Total direct & indirect costs for chronic disease was \$3.7 trillion (~ 20% of GDP)

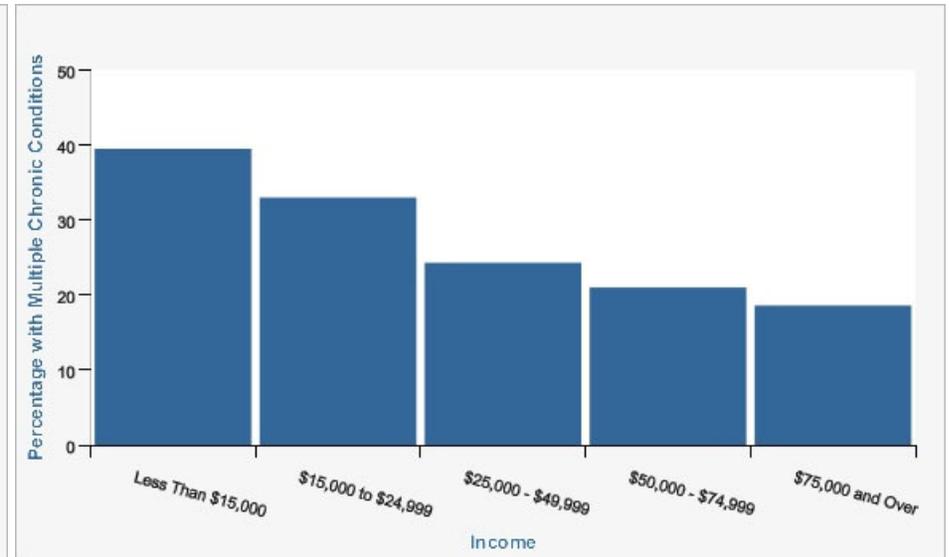
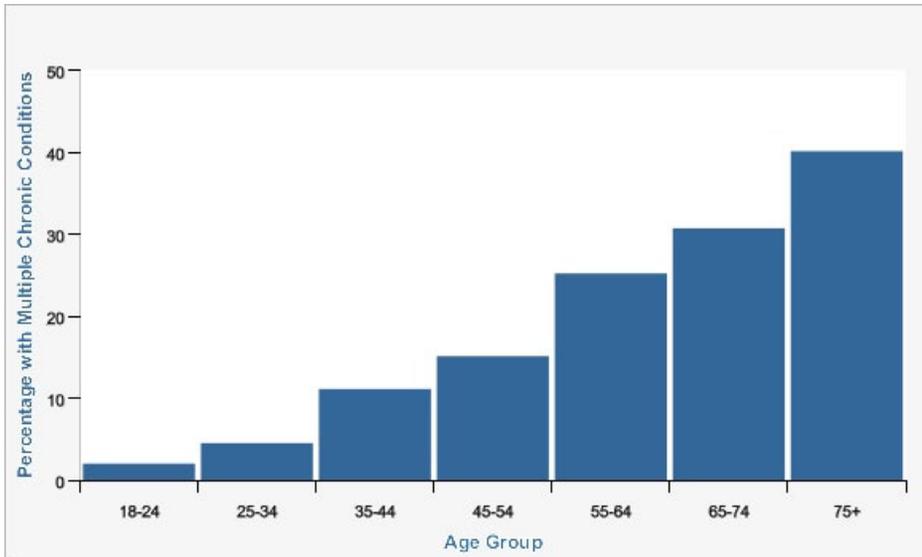
Total Costs of Chronic Diseases in the U.S., 2016



Source: Milken Institute.



# Chronic disease in NM

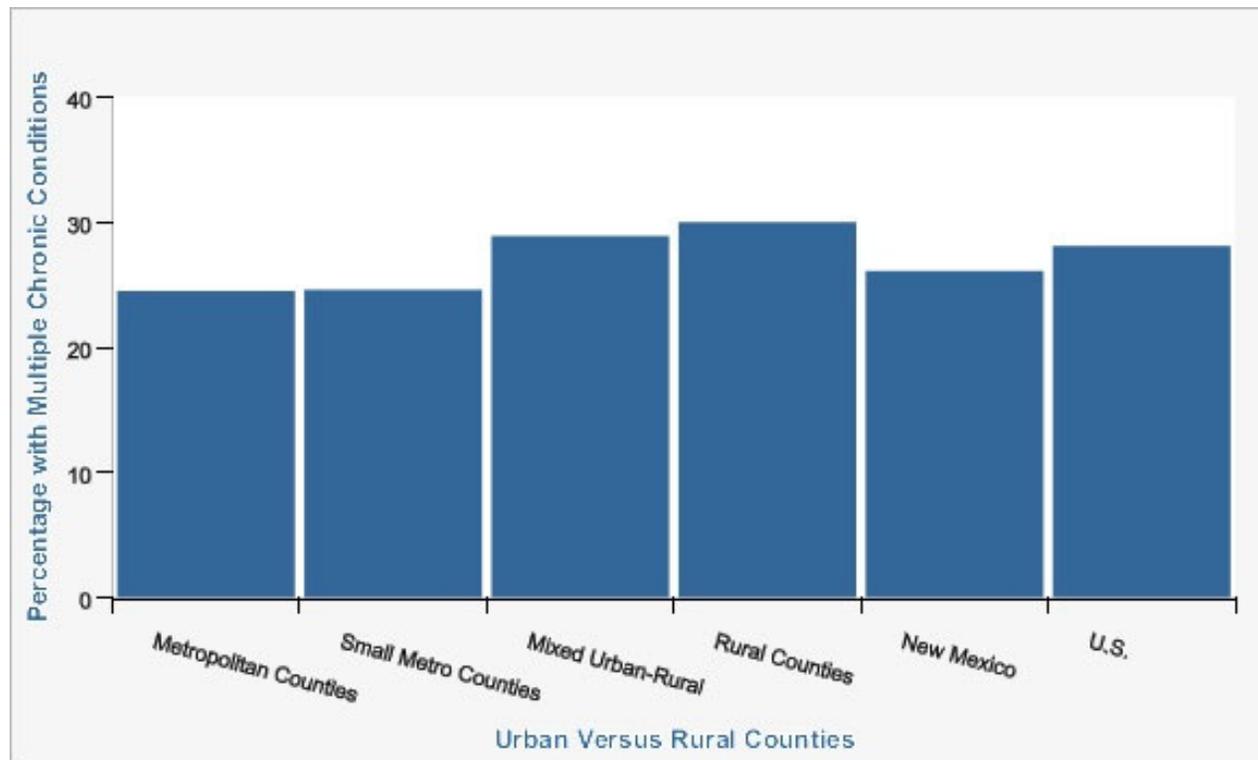


- As the population ages, the prevalence of chronic disease increases
- Low income NMs are more likely to have multiple chronic disease



# Chronic disease in NM

- Impact greatest in rural NM



# Cost of medication-related problems

- It's not just the cost of medications but cost of inappropriate use of medications and potential side effects!
- Estimated annual cost of nonoptimal medication therapy was \$528 billion in 2016<sup>1</sup>
  - Approximately equivalent to 16% of total U.S. healthcare expenditures

1. Watanabe JH, McInnis T, Hirsch JD. Cost of Prescription Drug-Related Morbidity and Mortality. *Ann Pharmacother.* 2018;52(9):829-837.



# Who better to address medication-related problems?

- **Doctor of Pharmacy Degree (PharmD)**
  - 3 years of pre-professional training followed by 4-year professional degree program
    - Years 1 – 3: Didactic training
      - Pharmaceutics, pharmacokinetics, medicinal chemistry, pharmacology, clinical reasoning, and clinical therapeutics
    - Year 4: Clinical rotations – 1800 hours
- **Residency Training**
  - Pharmacy practice
  - Specialty residency



# Advanced Pharmacist Practice in NM

- Advanced practice pharmacists are licensed pharmacists who have prescriptive authority
- New Mexico:
  - The Pharmacist Clinician
  - Pharmacists with independent prescriptive authority



# The Pharmacist Clinician (PhC) model

- The PhC was developed in NM in response to primary care provider shortage in a large, rural state
- 1993: Pharmacist Prescriptive Authority Act passed.
  - Provides the PhC with prescriptive authority under collaborative drug therapy management (CDTM) protocol
- 350 PhCs have been licensed since 1993



# Collaborative Drug Therapy Management (CDTM)

- An agreement between physicians and pharmacists where qualified pharmacists are permitted to assume professional responsibility for:
  - Performing patient assessments
    - Collecting patient medical and medication histories
    - Performing physical assessment
  - Ordering and evaluating the results of laboratory tests
  - Administration of medications
  - Selecting, initiating, monitoring, continuing, and adjusting drug regimens



# Pharmacist Clinician: Licensure Requirements

- Pharmacist Clinician
  1. NM Registered Pharmacist
  2. Successfully complete BOP-approved 60-hour physical assessment course
  3. Followed by completion of supervised direct patient care clerkship consisting of minimum 150 hours, and minimum of 300 patients
    - Supervised by physician, nurse practitioner, physician assistant, or pharmacist clinician



# Pharmacist independent prescriptive authority

**In 2001, NM Legislature approved Pharmacist independent prescriptive authority through protocols approved by:**

- NM Medical Board, NM Board of Nursing & NM Board of Pharmacy

## **Current approved protocols:**

- Immunizations & travel medications (childhood and adult)
- Hormonal contraception
- TB testing
- Tobacco cessation
- Naloxone
- HIV post-exposure prophylaxis (PEP)
- COVID-19 (due to Federal COVID-19 health emergency act)

## **Future protocols**

- HIV pre-exposure prophylaxis (PREP)
- Streptococcal pharyngitis
- Influenza
- Urinary Tract Infection
- Statin therapy for high cholesterol
- OTC medication (Medicaid)



# Pharmacists Improve Patient Outcomes

- The addition of a pharmacist for complex medication/disease-state management has demonstrated an improvement in clinical, economic, and humanistic outcomes for:
  - Asthma
  - Depression
  - Diabetes
  - Heart Failure
  - HIV
  - Hypertension
  - Hyperlipidemia
  - Pain management
  - Smoking cessation



# Pharmacists improve existing level of care

- The average ROI for the addition of a pharmacist to the care of the patient with chronic disease is \$4 for each \$1 spent.
- How?
  - Decrease prescribing errors
  - Decrease medication-related problems
  - Ensure optimal medications prescribed
  - Deprescribing medications
  - Improve patient education and adherence
  - Improved care coordination

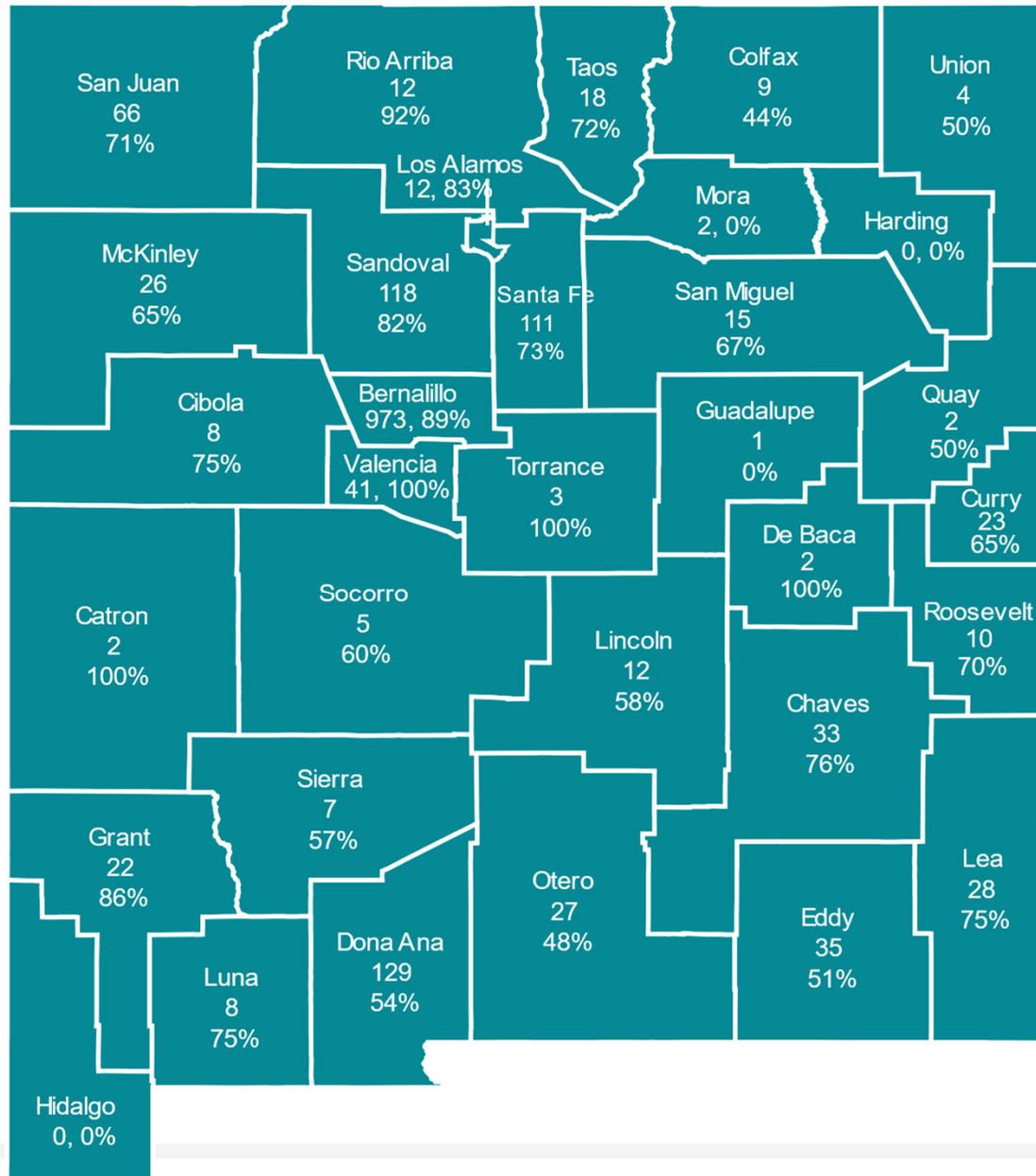


# NM Pharmacists: A ready & willing work force

- Greatest barrier to pharmacist and pharmacist clinician utilization has been the lack of consistent reimbursement for clinical services.
- NM HB 42 (Pharmaceutical Services Payer Parity) signed into law in 2020
  - Mandates payment for Independent Prescriptive Authority and Pharmacist Clinician clinical services by commercial and NM Medicaid insurance with parity to physicians



# Licensed Pharmacists



County  
# of pharmacists in county  
% of UNM COP graduates



# Every day, pharmacists improve the health of New Mexicans by:

- Optimizing medication therapy
- Improving adherence to medications
- Enhancing medication safety
- Providing health education
- Administering vaccinations
- Providing health screenings
- Serving as vital members of interprofessional health care teams



# Thank you for your time

## Questions?

Melanie A. Dodd, PharmD, PhC, BCPS, FASHP  
Associate Dean for Clinical Affairs and Professor  
[mdodd@salud.unm.edu](mailto:mdodd@salud.unm.edu)

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