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FAMILY MEDICINE
RESIDENCY PROGRAM

840 E. UNIVERSITY AVENUE
DES MOINES, IA 50316-2396
515-265-1050

October 7, 2009

Senator Ragan and
Representative Wessel-Kroeschell
Prescription Medication Misuse Interim Committee
State Capitol
Des Moines, IA 50319

Re: Role of Pharmacists in the Medical Home

Dear Honorable Ragan and Wessel-Kroeschell

I am writing in support of pharmacists and their added value in providing medical care in the context of a medical home. I have practiced at East Des Moines Family Care Center in Des Moines for 25 years, and in the last 15 years we have had a pharmacist on our staff. We have been able to do this because we are a residency teaching program and have financial support for a pharmacist's salary on the basis of educational activities for students and residents. It has, however, allowed us to build a program of collaborative practice within a clinic setting that I feel very strongly provides safer and more comprehensive care of our patients.

Let me outline patient care activities in which our practice has heavily involved our pharmacist. With the pharmacist immediately available in the office, physicians are able to seek consultation on medication questions while the patient is in the office. Common questions would involve understanding potential medication side effects, avoiding medicine interactions in complicated patients, choosing new medicines in high risk patients, and learning about new medications and medical therapies. Pharmacists in the office setting are able to teach patients concerning their medicines and even manage specific medications under protocols. The most common example of this is Coumadin management. Coumadin is a blood-thinner which requires frequent blood test monitoring and dosage adjustment, and pharmacists are very adept at working with patients to maintain adequate control with this medication. They can teach patients to check their blood sugars, to administer their insulin and to properly use inhaled asthma medications. A pharmacist is able to counsel a patient on smoking cessation and the different medical therapies that are available for assistance in this process. In addition to activities in the clinic, we have found our pharmacist to be extremely helpful in making sure there is a safe transition from hospital and back to home by verifying accuracy of medication lists and by instructing our patients in the changes in their medications during the hospitalization.

I know that many physicians have strong reservations about increasing pharmacists' scope of practice and have fears of pharmacists becoming able to prescribing independently. I understand these concerns but feel that the activities of a pharmacist in the clinical office are far from

independent prescribing and that fear of prescribing being taken out of the hands of physicians prevents the development of a collaborative model which is capable of being so much safer and beneficial for our patients. Protocols and collaborative agreements can be developed which will allow both physicians and pharmacists to work together to promote more effective and lower cost care to our patients.

For physicians and pharmacists to work closely in this manner, however, requires that the pharmacists be paid for their services. This is a very restricted area at this time. Our pharmacist is only able to charge for a patient encounter when the patient comes in to the office only to see her. When I have a question for her or request her to step in and talk with a patient whom I am seeing, she is not able to charge for her time or services. As long as barriers exist to prevent pharmacists from charging for their work within the context of a clinic visit there will be no significant increase in this practice. As I mentioned earlier in this letter, our ability to do this has been based on having educational funds to support our pharmacist. Whatever fees that have been collected have been far from adequate to pay for the time spent.

I would recommend a very thoughtful study of practices that have found collaboration with pharmacists and physicians to be highly effective. All of the University of Iowa-affiliated family medicine residencies have similar practices. We would be pleased to serve as a demonstration model for physicians who have concerns about scope of practice. I strongly feel that my patients have received better care with this model, that I have learned to be a much better physician by having a pharmacist working closely with me, and that we are training a new generation of physicians who see the value of a collaborative team approach to providing care for our patients and will want this type of practice in the future.

Sincerely,

Corrine M. Ganske, MD
Program Director