Conducting health and wellness testing

Disparity between healthcare costs and health outcomes in the US is prevalent in the US, leading to increased healthcare costs and reduced quality of life. Pharmacist-led services allows for improved management of chronic disease states and contributes to reduced healthcare costs. This paper advocates for the implementation of referral authorizations by community pharmacist for patients. RCTs and cohort studies were analyzed to evaluate the impact of pharmacist-led interventions on quality of care and healthcare costs. Data analysis demonstrated a calculated savings of $38.59 per patient, per month in a pharmacist-led refill evaluation clinic. In addition, pharmacist authorized refills yielded superior patient medication monitoring versus physician-led authorizations (49% vs 29%). Patients with hypertension had a 53% decrease in risk of a cardiovascular event, and a decrease in medical costs by 46.5% in another pharmacist-led intervention. Moreover, pharmacist services reduced PCK minutes spent per refill request (mean ± 17±3, P=0.051). Implementation of pharmacist-led authorizations will change the future of healthcare in the United States. It will improve collaborative care between healthcare providers, and bridge the gap in healthcare accessibility for patients. In addition, it will provide healthcare cost savings for patients and health insurance programs, while simultaneously improving public health.

Keywords: PCK shortage, Pharmacist-led refill authorization, Discontinuity in patient care, healthcare cost savings, quality of life care

Background:
Pharmacist-led refill authorizations can benefit many components of our current healthcare system. The US spends considerably more on healthcare than any other developed nation, yet this does not correspond to superior quality of care for our patients. The American population lacks adequate access to primary care due to the shortage of primary care physicians within the country, leading to inequities in continuity of treatments. Pharmacist, being among the most trusted healthcare professionals and carrying the most extensive drug knowledge, can ameliorate this shortcoming in patient care through greater involvement in refill authorizations. Currently, most of the United States allow pharmacists to work in a clinical capacity in conjunction with healthcare providers, while simultaneously improving public health. A multitude of evidence demonstrates that pharmacist-led refill authorizations not only optimize patient’s therapies, but also yield cost-savings. These programs also benefit pharmacists by allowing them to better focus on more concerning patient cases. Hence, expanding pharmacists role in authorizing prescription refills is the next reasonable step in resolving the shortcomings of our current healthcare system.

Conclusion:
Pharmacist-led refill authorizations can benefit many components of our current healthcare system. The US spends considerably more on healthcare than any other developed nation, yet this does not correspond to superior quality of care for our patients. The American population lacks adequate access to primary care due to the shortage of primary care physicians within the country, leading to inequities in continuity of treatments. Pharmacist, being among the most trusted healthcare professionals and carrying the most extensive drug knowledge, can ameliorate this shortcoming in patient care through greater involvement in refill authorizations. Currently, most of the United States allow pharmacists to work in a clinical capacity in conjunction with healthcare providers, while simultaneously improving public health. A multitude of evidence demonstrates that pharmacist-led refill authorizations not only optimize patient’s therapies, but also yield cost-savings. These programs also benefit pharmacists by allowing them to better focus on more concerning patient cases. Hence, expanding pharmacists role in authorizing prescription refills is the next reasonable step in resolving the shortcomings of our current healthcare system.

Why Pharmacists?
• A poll conducted annually by Gallup surveying patient trust in professionals found that pharmacists have consistently rated first or second most trusted and have never received a rating below 60%.8
• More than 60,000 community pharmacies with more than 170,000 retail pharmacists across US.9
• Can bridge the gap between patients and healthcare providers
• More drug related problems found, follow-ups ordered, and medications optimized.7

Impact for PCPs
• In particular, one study demonstrated that intervention physicians spent 16 minutes per day performing refill authorizations compared to 23 minutes in the usual care group (P=0.049).10
• Furthermore, 80% of intervention physicians were very satisfied with their refill request duties compared to 27% of control physicians (P=0.015).11
• A study conducted showed that there was 99% agreement of MD’s on pharmacist refill authorization decisions.12

Quality of life impact:
• A Kaiser Permanente experiment demonstrated that pharmacist-led refill authorizations yielded greater percentage of patients with adequate medication monitoring compared to physician-led authorizations (49% vs 29%).10

Impact on Costs:
• An analysis of 104 CDMT-related studies showed that 93 (89%) were associated with overall cost savings.13 Several of these studies enabled for a quantitative assessment of the benefits to cost ratio, showing that for each $1 spent in pharmacy services, a mean savings of $16.70 was achieved.14
• One 30-day study serving 32 patients in a pharmacist refill evaluation clinic calculated a $1235 cost savings, not including the benefits offset by employing a pharmacist rather than a physician.15
• This amounts to $38.59 saved per patient per month.
• The 21 month study of a Navy Hospital showed a total $70,693 savings for the 573 patients that were cared for by a pharmacist rather than a physician.16
• One argument that supports the need for pharmacist provider status is that the amount of payment needed to reimburse pharmacists for their services is “less than the average monthly salary of a pharmacist,” while the amount of healthcare costs saved through these services is “two to three times greater than their annual salary.”14

References: