

## State law gives new responsibilities to pharmacists

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Pharmacists will be able to offer additional services once a new state law goes into effect Jan. 1 that designates them as healthcare providers, but the law does not establish payment for these services.

The law permits pharmacies to expand on the preventative care they already provide, such as flu shots and blood pressure screening. Certified pharmacists will now be able to check blood glucose and cholesterol levels, to give recommended travel vaccines and to adjust prescribed medications. Counseling for obesity and diabetes management as well as smoking-cessation support are also permitted.

“This is a huge win for pharmacies across California,” said Tony Thuyen, co-founder of PrescribeWellness, a company that helps pharmacies stay connected with customers. But more importantly, he said, “the ultimate winner is the patient.”

Only six of the state’s 58 counties have the recommended number of primary care physicians, according to a 2009 report from the Association of American Medical Colleges. And with an estimated 7 million more Californians signing up for health insurance through the Affordable Care Act, the shortage will likely worsen.

With too few primary care physicians to go around, pharmacies hope to fill in the gap by providing more preventative care.

“As a first-generation Chinese-American, my childhood first line of health revolved around pharmacies. I used to go to a pharmacist for everything,” Thuyen said.

“As the most accessible health care providers in thousands of communities nationwide, our pharmacists are playing an important role in health care today that is expected to become even more critical,” said a Walgreens spokesperson.

The new legislation is part of a movement toward managing costs and patient care through a team of healthcare providers called an accountable care organization. Within ACOs, pharmacists work collaboratively with hospitals and physicians, ideally, to make care more effective while reducing costs. In traditional fee-for-service systems, doctors are paid for the number of services rendered, instead of the quality of the outcome.

Providers in ACOs are penalized when patients are readmitted to hospitals, and two out of three times those readmissions occur due to medication errors, said Thuyen. Giving pharmacists a larger role in overseeing medication regimens will likely lower return trips to the hospital.

“It’s a start,” said David Smith of A&O Pharmacy in Salinas. “It’s going to expand the ability to collaborate with other healthcare members.”

The legislation will also give pharmacists better access to medical records and personal health information. With more records going online, pharmacists can get a more complete picture of their patient’s health needs and see if patients are getting additional drugs from other pharmacies.

“That’s a huge thing,” said Smith. “We’re left out of the loop.”

One issue with the bill is that it does not specify how pharmacists will be paid for these services. Though some patients will pay out-of-pocket, pharmacists will need to work out deals with insurance companies, as well as with Medicare and Medi-Cal.

Sen. Ed Hernandez, D-Los Angeles, introduced the new law, SB493, in March, and Gov. Brown signed the bill on Oct. 1. Though the law will go into effect in January, it may take time for pharmacists to earn the accreditation required to provide certain services, and for reimbursement procedures to be worked out with insurance companies.

California is the first state in the country to make this designation, but if it is successful, others may follow.

“California is typically very progressive in pharmacy legislation and we’re excited to see the paradigm shift over the next 6 to 12 months,” said Thuyen.