Removing Barriers to Pharmacist Participation in Team-Based Care

**Background:** Medications are a powerful tool in the treatment, cure and prevention of illness. Pharmacists play a key role in the interdisciplinary care team to help ensure that medications prescribed and dispensed to patients are safe, effective, appropriate for a patient’s condition, and can be taken as intended to achieve patient-specific goals. The Minnesota Pharmacy Practice Act currently acknowledges this important role, and allows Minnesota pharmacists to participate in managing and modifying drug therapy under protocol with physicians.

**The Issue:** The current statutory language in M.S. 151.01 Subdivision 27 (6) does, however, create some administrative barriers that make pharmacists’ engagement in interdisciplinary care teams more difficult. Specifically, the language requires the protocols to be specific to the patient, the pharmacist, and the physician involved.

The 1:1:1 relationship required under the current statute creates an undue administrative burden on health care systems, clinics, and hospitals looking to engage groups of pharmacists in managing drug therapy for groups of patients (i.e. all patients with diabetes or asthma who are patients of the practice), and managing total cost of care under emerging payment models. Specific administrative burdens prescribers and pharmacists have noted are:

- Obtaining individual signatures from all pharmacists and all physicians engaged in a particular agreement
- Maintaining the signatures as new staff is added, or as staff departs
- Updating several documents to reflect a change in protocol across several individual agreements

It is important that these administrative barriers are addressed to allow more efficient engagement of pharmacists to provide maximum value to patients, and under new payment models as Minnesota transitions from traditional fee-for-service reimbursement to payment for value based care.

**The Solution:** The Minnesota Board of Pharmacy’s general policy bill includes language that would remove the requirement for the 1:1:1 relationship - easing the administrative burden, while ensuring that the relationship between the patient and the pharmacists and practitioners responsible for their care is maintained.

The language also broadens the ability of pharmacists to engage in collaborative arrangements with physician assistants and advance practice nurse practitioners in addition to physicians. This change was included to address concerns raised by parties in rural communities experiencing a shortage of primary care providers, and where the need for increased engagement of pharmacists in the care team is particularly acute.

The language does not reflect an expansion in the current scope of practice for pharmacists, but does provide some clarification of definitions (i.e. “collaborative practice”, “collaborative practice agreements” etc.) and clarification of activities that occur under protocols in place today (e.g. managing drug therapy includes: managing, modifying, initiating, and discontinuing medications per protocol).