

# ASHP Statement on the Pharmacist's Role in Primary Care

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## Position

The American Society of Health System Pharmacists (ASHP) believes that pharmacists have a role in meeting the primary care needs of patients through fulfilling their responsibilities in pharmaceutical care and, in states where it is authorized, through their expanded responsibilities in collaborative drug therapy management.

Pharmaceutical care is the direct, responsible provision of medication-related care for the purpose of achieving definite outcomes that improve a patient's quality of life.<sup>1</sup> Pharmacists establish relationships with patients to ensure the appropriateness of medication therapy and patients' understanding of their therapy, and to monitor the effects of that therapy. In collaborative drug therapy management, pharmacists enter agreements with physicians and other prescribers that may authorize pharmacists, for patients who have a confirmed diagnosis, to select appropriate medication therapies and regimens and adjust them on the basis of patients' responses.

National and international organizations, states, and health care organizations, among others, may have differing or overlapping definitions of primary care. Primary care is a concept intended to improve the quality of care received by everyone in the United States.<sup>2</sup> For the purposes of this document, primary care is defined as the provision of integrated, accessible health care services by clinicians who are accountable for addressing a majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Primary care services should be comprehensive, coordinated, and continuously provided over time by individuals or a team of health care professionals according to the patient's needs. Services should be accessible to patients by telephone or at sites of care provision. Clinicians who provide these services are responsible for the quality of care, the satisfaction of patients, and the efficient use of resources, as well as for their own ethical behavior.<sup>3</sup>

Practice elements of pharmaceutical care and collab-

orative drug therapy management are consistent with the intents and evolving forms of primary care. ASHP supports the development of definitions and working models of primary care that recognize and incorporate the services of pharmacists for meeting primary care needs of patients. In general, pharmacists contribute to the provision of primary care through the delivery of pharmaceutical care and in collaboration with other health care providers.<sup>4-9</sup> Furthermore, pharmacists may directly provide a limited range of primary care functions in addition to those encompassed by pharmaceutical care, either independently or in collaboration with other members of a primary care team.<sup>10,11</sup> High-quality, coordinated, and continuous medication management for patients should be measurable as a result of the provision of pharmaceutical care within a primary care delivery model. The benefits to patients are valuable access to medication information, the prevention and resolution of medication-related problems, improved outcomes, and increased satisfaction.<sup>12</sup> Pharmacists are able to use medication-related encounters with patients to provide information and either resolve or make a referral for other health care needs.

The purposes of this Statement are to promote understanding of the various ways in which pharmacists provide or contribute to the provision of primary care in integrated health systems and to clarify future directions for pharmacists in efforts to expand patient care services in primary care.

## Background

Changes in the nation's health care system, especially the growth of managed care and integrated health systems, are stimulating adoption of primary care as a way of meeting basic health care needs and managing access to specialty services. Integrated health systems are organized to deliver acute, intermediate, long-term, home, and ambulatory care. They are intended to seamlessly provide care across practice settings through appropriate use of individual health professionals and teams.<sup>13</sup> Integrated systems offer opportunities for

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pharmacists and other health care providers to detect and respond to the medication-related needs of patients in transition between settings (e.g., from inpatient to ambulatory care). As integrated systems expand to offer more intensive ambulatory care services and cover broader geographic areas, primary care will become more prominent. Improving patients' access to and continuity of care, implementing disease management, and focusing on quality-related outcomes contribute to optimizing drug costs within the total costs of patient care.<sup>14</sup> Pharmacists involved in primary care contribute to all of these.

Pharmacists participate in primary care services in a variety of practice settings within integrated health systems, including the acute (inpatient), physician office, clinic, pharmacy, long-term, and home settings. A growing number of acute care hospitals have pharmacists participating in patient care activities in ambulatory care clinics and hospital-based home health care services.<sup>15</sup> Along with other providers, pharmacists are expanding and further defining practice models to meet the pharmaceutical and primary care needs of patients throughout the continuum of care.

### Responsibilities

Pharmacists involved in primary care participate with other team members in the management of patients for whom medications are a focus of therapy. Pharmacists' responsibility is to optimize patients' medication therapy. Primary care pharmaceutical services should be designed to support the various components of the medication-use process (ordering, dispensing, administering, monitoring, and educating) as individual steps or as they relate to one another in the continuum of care. Pharmacists should evaluate all components of the medication-use process to optimize the potential for positive patient outcomes.

**Functions.** In general, pharmacists who participate in providing primary care to individual patients perform the following functions in collaboration with physicians and other members of the primary care team:

- Perform patient assessment for medication-related factors.
- Order laboratory tests necessary for monitoring outcomes of medication therapy.
- Interpret data related to medication safety and effectiveness.
- Initiate or modify medication therapy on the basis of patient responses.
- Provide information, education, and counseling to patients about medication-related care.
- Document the care provided in patients' records.
- Identify any barriers to patient compliance.
- Participate in multidisciplinary reviews of patients' progress.
- Communicate with payers to resolve issues that may impede access to medication therapies.
- Communicate relevant issues to physicians and other team members.

**Expanded functions.** Expanded primary care functions of pharmacists include all the functions previously described as well as:

- Provide individualized health promotion and disease prevention, including administration of immunizations where this is legally and organizationally authorized.
- Perform limited physical assessment and supervise medication therapy with appropriate collaborative drug therapy management authority.

**Pharmacists' scope of practice.** The pharmacist may have a range of practice privileges that vary in their extent of authority and responsibility. Pharmacists who participate in collaborative primary care practice should meet the health care organization's competency requirements to ensure that they provide appropriate quality and continuity of patient care. They should demonstrate required knowledge and skills that may be obtained through practice-intensive continuing education and pharmacy practice and specialty residencies. The specific practice of pharmacists who participate in collaborative primary care should be defined within a scope-of-practice document or a similar tool developed by the health care organization. The scope-of-practice document defines activities that pharmacists would provide within the context of collaborative primary care practice, as well as limitations where appropriate. The document should indicate referral and communication guidelines, including the documentation of patient encounters and methods for sharing patient information with collaborating medical providers. Also included should be references to activities that will review the quality of care provided and the methods by which the pharmacist will maintain continuing professional competency for functions within the scope-of-practice document. A process should be in place for reviewing and updating the scope-of-practice document as appropriate.

**Description of services provided.** The services offered by the pharmacist range from consulting with the health care team to providing direct support of the patient while working in collaboration with the health care team. The pharmacist provides medication therapy outcomes management as part of the patient's ongoing care. The level of intensity of services varies as the patient's needs change. For chronic illnesses, services may range from health maintenance care to active management of treatment; for acute illnesses, services may range from facilitating access to medical care to providing initial management. In this context, health maintenance may include counseling (e.g., abuse of alcohol, tobacco, and other drugs; use of seat belts) and ordering screening procedures (e.g., blood lipids and glucose, fecal occult blood). The complexity of services provided varies according to patient need and support from within the integrated health system.

Areas of primary care pharmacy practice that have

previously been demonstrated to be cost-effective and to improve outcomes include participation on primary care teams and primary care clinics for medication monitoring and refill in the management of general or specific pharmacotherapy (e.g., for asthma, hypertension, dyslipidemia, anticoagulation, dermatologic diseases, diabetes, and psychotherapeutics).<sup>16-23</sup>

Documentation of pharmacists' care. Pharmacists in each setting should routinely document the quantity and quality of services provided and the estimated effect on patient outcomes. Pharmacists must safeguard patients' rights to privacy and confidentiality. Patient information should be shared only with members of the health care team and others with authorized access as needed for the care of patients.

Methods for referral to other health care providers and documentation of care provided should be defined and must occur as a routine part of the daily functions of a pharmacist's practice. When more than one pharmacist is involved in delivering care, practice standards for the group should be adopted and should serve as a guide for all. Pharmacists must also establish methods of communication among themselves in order to provide and ensure continuity of pharmaceutical care on behalf of patients served.

Value of pharmacists' care. Methods for obtaining compensation or economic and professional credit for value-added services must continue to be addressed. Structures designed to measure the practitioner's effectiveness as part of an innovative team should be instituted. The pharmacy profession should embrace these activities in the form of well-structured research. Integrated health systems will need to receive adequate support to expand the availability of pharmacists to provide pharmaceutical care as an essential component of primary care.

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