

The Pharmacist as a Primary Care Provider for the Medically Underserved

Pharmacists can gain personal and professional satisfaction from providing services to community health centers that care for uninsured, low income, or special needs patients.

At a time when more and more Americans—nearly one in seven—lack health insurance, a growing number of pharmacists are reaching out to aid the medically underserved. As the four speakers in this APhA2003 session described, opportunities abound for pharmacists who want to provide care and assure access to affordable medications for patients in federally qualified health centers. These community health centers and other programs for low income, uninsured, or other vulnerable populations receive funding from the Health Resources and Services Administration (HRSA), a federal agency whose mission is to improve and expand access to quality health care for all Americans.

This session also highlighted useful resources available from the HRSA Pharmacy Services Support Center (PSSC), established in 2002 under a contract between HRSA and the American Pharmacists Association (APhA). Reflecting the philosophy that there can be “no comprehensive health care without comprehensive pharmacy services,” the PSSC was created to address the needs of pharmacists associated with HRSA grant projects and eligible community health centers to ensure patients have access to pharmaceuticals, medication management, and pharmacy services as part of their total health care.

New PSSC Initiatives

Diane Goyette, RPh, JD, senior director of the PSSC, opened the session with an overview of PSSC goals, activities, and opportunities for pharmacists. “The PSSC will help pharmacists to provide

specialized services and support to HRSA health care delivery sites,” she said. The PSSC is working to involve more pharmacists in HRSA programs by networking at national pharmacy meetings and facilitating pharmacy internships, residencies, and professional service projects in HRSA program locations. The center also aims to maximize use of 340B drug purchasing programs, a federally mandated initiative that limits the cost of prescription drugs to certain HRSA grantees, making medications more affordable to indigent patients.

The PSSC is developing an online information center to provide technical assistance and information on pharmacy services to HRSA grantees and other 340B-eligible health care delivery sites. The PSSC also has begun to track and analyze state and federal policy initiatives to assess their impact on eligible entities, and it will produce policy papers on key issues related to pharmacy services.

Providing Pharmaceutical Care in Community Health Centers

Marilyn E. Disco, PharmD, and Sandra Leal, PharmD, gave first-hand accounts of implementing innovative pharmacy programs in HRSA-funded community health centers in two different settings—one rural and the other urban.

As a researcher in an HRSA clinical pharmacy demonstration project, Dr. Disco described her experience as a clinical pharmacist at the Prospect Hill Clinic, located in the middle of a tobacco field in rural North Carolina. In addition to her primary role providing diabetes management services, she created and managed a centralized anticoagulation monitoring program. As part of these duties, she implemented a protocol for warfarin dose adjustment, a continuous quality improvement program, and a computer database for monitoring patient outcomes. The physicians at the clinic were pleased with this arrangement, she said, because her services freed their time to manage other clinic problems.

Dr. Disco offered practical suggestions to pharmacists who want to provide services to federally funded community health centers. “Be flexible and find out what the center needs you to do,” she advised. Resourcefulness also is crucial, emphasized Dr.

Based on presentations by Diane Goyette, RPh, JD, senior director, HRSA Pharmacy Services Support Center, Washington, D.C.; Marilyn E. Disco, PharmD, clinical assistant professor, University of North Carolina School of Pharmacy, Chapel Hill, and (at the time of this session) clinical pharmacist, Piedmont Health Services, and; Sandra Leal, PharmD, clinical pharmacist, El Rio Health Center, and clinical instructor, University of Arizona College of Pharmacy, Tucson; and David H. Schwed, RPh, president, Woodruff's Drugs, Bridgeton, N.J.

Disco, who transformed a changing room in the clinic's X-ray area into her office.

Another HRSA pharmacy demonstration project, at the El Rio Health Center in Tucson, Arizona, focused on the pharmacist's role in providing diabetes care for a population of low income or uninsured patients. Dr. Leal shared her experience at this clinic, which had previously identified diabetes care as a major area for quality improvement. During the project, she collected data showing that the clinical pharmacist's services significantly improved a number of clinical indicators, including cholesterol, blood pressure, glucose, and hemoglobin A1c values. "This study shows the positive and sustained impact of pharmaceutical care on diabetes management services," said Dr. Leal.

Positioning 340B Services to Build Pharmacy Practices

Under HRSA guidelines, a community pharmacy can enter into an agreement to provide discounted outpatient medications to certain federally funded grantees, such as a 340B-eligible community health center. In the final presentation of this session, David H. Schwed, RPh, outlined the basic steps for becoming a 340B-contracted pharmacy.

Schwed noted that the 340B drug program contract option offers benefits to patients and pharmacists alike. For patients, the program provides convenient access to affordable prescription medications as well as comprehensive pharmacy services that include counseling, monitoring, referral, and collaboration with the care team. For pharmacists, advantages of participating include access to new patients, increased prescription volume, and opportunities to expand clinical services.

Pharmacists who are interested in this program should begin by identifying 340B-eligible entities in their areas. To find eligible health care clinics or other delivery sites, visit the HRSA Bureau of Primary Health Care Web site (<http://bphc.hrsa.gov>), and click on "Find a Health Center." Schwed encouraged pharmacists to get to know the management team at the clinics in their areas and learn about the patient populations they serve and their needs for pharmacy services.

During the planning phase, pharmacists also need to become knowledgeable about 340B program regulations. Helpful resources include the PSSC and a variety of online resources (see Table 1). Schwed also recommended a useful pamphlet on contract pharmacy services, originally published by the Association of Clinicians for the Underserved and now available from the HRSA PSSC.

Before entering into a contract, the pharmacist must be ready for the increased administrative complexity of becoming a 340B pharmacy. For example, under 340B guidelines, the pharmacy receives, inventories, and dispenses the medications. However, the health center is the purchaser and holds title to medications acquired through the 340B program. Pharmacists also need to explore state regulations, including contacting their state boards of pharmacy, to ensure that no statutory or legal conflicts are likely to arise from their participation in a 340B program. The HRSA PSSC

Table 1. Resources for Providing Health Services to the Underserved

Association of Clinicians for the Underserved
<http://www.clinicians.org>

Health Resources and Services Administration (HRSA)
<http://www.hrsa.gov/>

HRSA Office of Pharmacy Affairs
<http://bphc.hrsa.gov/opa/>

HRSA Pharmacy Services Support Center
<http://pssc.aphanet.org>
Email: pssc@aphanet.org

National Association of Community Health Centers
<http://www.nachc.com>

plans to develop specific resources to help pharmacists get answers to these questions and manage the 340B program complexities.

At Woodruff's Drugs, becoming a 340B-contracted pharmacy has brought significant personal and professional rewards to Schwed and his staff. "In the face of declining fees, I've increased my profit margin," he said. This business growth has enabled his pharmacy to undertake a number of improvements, including installation of remote dispensing technology. In the near future, the pharmacy expects to build on its success by implementing a diabetes clinical program with its contracting health center and health care staff.

Summary

- Opportunities abound for pharmacists to expand their practices by providing clinical services or assuring access to affordable pharmaceuticals to the medically underserved.
- The PSSC is a recently established resource at APhA that provides the pharmacy community and HRSA grantees with information and technical assistance on HRSA programs and projects.
- By participating in HRSA demonstration projections, pharmacists can implement much greatly needed patient care services to reduce disparities in health care.
- Becoming a 340B-contracted pharmacy can help pharmacists build prescription volume, expand their clinical services, and better serve the health care needs of their communities.

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