

Scope of Practice FAQs for Consumers

Pharmacists

1. What do pharmacists do?

Pharmacists are medication experts who distribute medications and advise patients and health care providers about their appropriate use and any potential side-effects and interactions associated with the medication. They help to plan, monitor, evaluate, and optimize patient's medication therapy.

2. How are pharmacists regulated?

Pharmacists are licensed in all fifty states, and are regulated by the Board of Pharmacy in the state where they practice. To obtain a license as a pharmacist, an individual must obtain a Pharm. D. degree from a college or university with a doctorate level pharmacy program accredited by the Accreditation Council for Pharmacy Education. Individuals who wish to be licensed as pharmacists have to pass the North American Pharmacist Licensure Exam (NAPLEX), an exam on pharmacy law, and in some jurisdictions a third exam specific to that state or jurisdiction. All U.S. jurisdictions also require individuals to acquire a specified number of hours of experience in a practice setting. Some states also require applicants to meet minimum age requirements and undergo a criminal background check.

3. What are the scope of practice issues in pharmacy?

The primary scope of practice issue in pharmacy is whether pharmacists should be allowed to participate in direct patient care in collaboration with physicians. Direct patient care by a pharmacist could consist of monitoring a patient's medication regimen, modifying a patient's drug therapy, initiating a new drug therapy, counseling patients and families about their medications, assessing a patient's response to medications, and/or administering medications (such as vaccinations in a number of states). Together these services have become known as *collaborative drug therapy management*. Permitting pharmacists to perform these services contributes to better management of chronic diseases and improved prevention for both acute and chronic illnesses.

4. How are pharmacists trained?

The Doctor of Pharmacy (Pharm. D.) program takes four years to complete and includes courses in biomedical sciences, pharmaceutical sciences, clinical sciences, professional ethics, public health concepts, and social, behavioral and administrative sciences, as well as practical experience working with licensed pharmacists in the field, in many cases through professional internships. The program focuses on communication with patients and caregivers, collaboration with physicians and other health care professionals, making sound therapeutic decisions, promoting wellness and prevention, and competence in the use of various medication management technologies.

5. What evidence is there to demonstrate the ability of pharmacists to provide *collaborative drug therapy management services*?

Studies of the impact of *collaborative drug therapy* have found that engaging pharmacists in the management of chronic conditions helps improve clinical outcomes, reduce delays in modifying drug regimens, and has the potential to reduce the cost of care. One of the largest and most significant studies of the impact of pharmacists' engagement in patient care examined the Asheville Project, in

which employers in Asheville, NC let their employees with chronic conditions meet regularly with community pharmacists who helped manage the employees' therapy. The findings from the Asheville Project show that the involvement of pharmacists in chronic disease management helped improve clinical outcomes for patients with diabetes, hypertension, and asthma and resulted in lower health care costs for participating employers. An article in the American Journal of Health-System Pharmacy (10-1-10) discussed 20 studies showing that pharmacists improved both economic outcomes and clinical outcomes through direct patient care. A review and meta-analysis in Medical Care (8-18-10) showed that patients whose medications were managed by a pharmacist experienced significant chronic disease improvements and significant reductions in adverse-drug events. Studies by the American Diabetes Association and in the Archives of Internal Medicine demonstrate that adding a pharmacist to the primary-care team achieved better blood-pressure control.

6. Which states allow pharmacists to provide *collaborative drug therapy services*?

Currently, 42 states allow some form of *collaborative drug therapy management* (either broad or restricted CDTM). A total of seven states do not allow CDTM at all (AL, DE, IL, KS, NY, OK, and SC) and one state (MO) is "pending".

7. How do pharmacists collaborate with doctors in their work?

The profession of pharmacy by its very nature is collaborative. With few exceptions (such as contraceptives and immunizations in some states) pharmacists do not prescribe medications or administer prescribed medications except in collaboration with a physician or another health care provider with prescriptive authority. The traditional form of collaboration consisted of physicians writing a prescription which is then filled by a pharmacist. In the majority of states today, pharmacists and physicians also engage in *collaborative drug therapy*, where a physician and a pharmacist sign a collaborative practice agreement specifying their respective roles and responsibilities in monitoring a patient's condition and medications regimen, educating and counseling the patient and his or her caregivers, and making any necessary adjustments in medications. Collaborative practice agreements can be signed for one patient or a specific group of patients. These agreements usually outline the range of patient care activities in which the pharmacist is to be involved.

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