CARE TEAMS AND WORKFORCE GUIDE RESOURCE 3: ROLE OF THE PHARMACIST IN THE CARE TEAM

One of the strengths of primary care is that care is coordinated and continuous. This approach can extend to the tracking and management of medications. Community health centers (CHCs) interested in implementing best practices can perform medication reconciliation for patients with complex or high-risk medication concerns at each of their visits, and especially after a hospitalization or other transition in care. As part of an expanded care team, pharmacists can apply their in-depth knowledge of medications and disease states to help the team improve population health management.

Pharmacists are drug experts. Clinical pharmacists take this knowledge and apply it to clinical scenarios. Clinical pharmacists work directly with physicians, other health professionals and patients to ensure that the medications prescribed for patients contribute to the best possible health outcomes. Clinical pharmacists practice in healthcare settings where they have frequent and regular interactions with physicians and other health professionals, contributing to better coordination of care.

In California, pharmacists can seek an **Advanced Practice Pharmacist** license. An advanced practice pharmacist (APh) is a new category of pharmacists created under Senate bill 493 (2013, Hernandez). Pharmacists who meet the necessary criteria for APh recognition will have unique authorities, including the ability to perform patient assessments, refer patients to other providers and operate as a collaborative drug therapy management pharmacist outside of hospital walls. This creates new opportunities for physicians, hospitals, clinics and health plans to engage pharmacists in managing patients with conditions such as chronic care diseases.

Advanced practice licensed pharmacists may:

- Perform patient assessments.
- Order and interpret drug therapy-related tests in coordination with the primary care provider or diagnosing prescriber to monitor patient progress.

- Refer patients to other healthcare providers.
- Participate in the evaluation and management of diseases and health conditions in collaboration with other healthcare providers.
- Initiate, adjust and discontinue drug therapy upon referral from a patient's treating prescriber and in accordance with established protocols.

Key Functions

Medication reconciliation: The process of identifying the most accurate list of all medications that a patient is taking, including name, dosage, frequency and route, by comparing the medical record to an external list of medications obtained from a patient, hospital or other provider. **See the Agency for Healthcare Research and Quality (AHRQ)'s toolkit on medication reconciliation.**

Comprehensive medication management: The standard of care that ensures each patient's medications (e.g., prescription, nonprescription, alternative, traditional, vitamins or nutritional supplements) are individually assessed to determine that each is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications prescribed, and able to be taken by the patient as intended. This is conducted face to face or by telephone between a patient and the pharmacist, and is offered at least annually.

Complex or high-risk medication concerns: This applies to patients who are prescribed multiple medications; patients taking medications that have a narrow therapeutic index, such as anticoagulants or psychiatric medications; patients experiencing transitions of care; and patients who are prescribed medications for chronic illnesses (e.g., diabetes, chronic pain, attention deficit hyperactivity disorder (ADHD), or asthma).

Health literacy & understanding: Conducting medication reconciliations in a culturally and linguistically appropriate way will increase patient understanding and result in improved adherence and timely refills. Reconciliations should be conducted at an appropriate health literacy level, in language accessible to individuals with disabilities, and engage patient-defined and designated family members and caregivers as appropriate.

Additional Resources:

- ACCP - About Clinical Pharmacists
- CPhA Standard of Care Model for Pharmacy Practice in CA