



February 15, 2023

State of Maine | 131st Legislature
Joint Standing Committee on Health and Human Services
Testimony of Frank R. McGrady, PharmD on behalf of Penobscot Community Health Care (PCHC)

Supporting: LD 223, “Resolve, Directing the Department of Health and Human Services to Amend Its Rules Regarding Pharmacy Services”

Sponsored by Representative Zager

Senator Baldacci, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services,

I am Frank McGrady, Executive Clinical Director of Pharmacy at PCHC. I’ve been licensed and practicing pharmacy for over 35 years in the State of Maine. I have served on the Boards of the Maine Society of Health-System Pharmacists and the Maine Pharmacy Association. My experience has been:

- 12 years at retail pharmacy (Hannaford)
- 13 years hospital pharmacy (Sebastiancook Valley Hospital)
- 6 years as an assistant professor of pharmacy practice (Husson University School of Pharmacy)
- 4+ years currently at PCHC in the Bangor area responsible for Primary Care Pharmacists that work in the Provider Practices assisting the providers that serve the PCHC patients.

PCHC is Maine’s largest federally qualified health center, serving about 60,000 patients in Penobscot, Waldo and Somerset Counties. We provide high quality integrated primary care – including mental health services, pediatrics, care management and substance use disorder care—at 15 distinct practice locations. We have four retail pharmacies and a robust program of primary care pharmacy, with pharmacists an integral part of the care team. Our pharmacists have played a vital role in reducing the prescribing of controlled substances across the State through our controlled substances stewardship program, now a program offered free to all providers in Maine through a contract with the State. At the heart of our ability to do this work are pharmacists.

PCHC has been embedded pharmacists in the primary care setting with providers (physicians, PA’s, and NP’s) for the last 10 years in each practice. As part of the health care team, pharmacists have contributed to greater effectiveness and efficiency of the patient experience by providing increased access, follow up medication checks, and monitoring/adjusting treatments of chronic diseases like diabetes, COPD, high blood pressure, heart disease, and many others.

At PCHC, we have made a decision to subsidize these positions through other revenue, streams, established collaborative care processes, and worked to contract with other organizations to help sustain the work of our pharmacists. But this is not a long-term solution. It has drained resources over time, and reimbursement at this moment, especially as we emerge financially bruised from the pandemic, is vital. For us, it's necessary in the short term, but it's also the best decision you could make in terms of the long-term sustainability of the healthcare system writ large.

Primary Care Pharmacy is just one example of the much more varied role pharmacists can and should play in healthcare than we currently do in more traditional settings. Pharmacists improve quality and safety in healthcare by providing much-needed expertise to care teams and patients on the thousands upon thousands of complex medications available, their interactions, and the risks and benefits of those medications. They reduce the cost of care by providing vital medical reconciliation support and working with care teams to reduce overprescribing. The complexity of providing medical care has grown exponentially over the years, along with the number of medications available to patients. No single provider can retain the vital information about medications and their impact on health, nor do they have the time to look it all up. With a national shortage of primary care physicians upon us and getting worse year over year, the increasing complexity of patients' medical conditions including co-morbid substance-use-disorders (SUD) and mental health conditions, and our aging demographic, we need pharmacists as additional members of the care team now more than ever. Making the right decision by moving this Bill forward is one important tool we can add to what needs to be a diverse toolbox aimed at improving access to healthcare in Maine. Reimbursement for primary care pharmacy services will ensure health centers and other primary care providers can afford to hire pharmacists, relieving the burden on overwhelmed care teams. This, in turn, helps reduce care team burnout and, we believe, retention. Moreover, an investment here will reduce the overall cost of care to the system.

More specifically, the utilization of pharmacists in the primary care setting has allowed PCHC to:

- A critical health care resource (not always provided in medical training) for physicians, PA's, and NP's, and patients for up to date medication use and guidelines for disease states
- Increasing access for patients to get the best possible health outcome for patients by:
 - **Educating patients** about their disease and how effective medication use improves patient outcomes. This includes education on how lifestyle modification (diet and exercise).
 - Reducing or eliminate unnecessary medication therapy
 - **Reducing medication costs to the system** by utilizing less expensive alternatives
 - **Reducing medication costs to the patients** by utilizing medication programs that can assist the patient with medication expenses
 - **Reducing overall expenses to the patient and health care system through decreased Emergency Room visits** by getting disease states under control and teaching patients what to do when negative symptoms arise such as 'sudden weight gain' for a heart failure patient or issues related to 'low or high glucose levels' in a diabetic. Pharmacist are able to provide tools for a patients to assess and develop a plan to solve these issues before deciding to go to an ER.

- Reducing cost related to damaging kidney, heart, eye, foot, and vascular issues by educating the patients on medication compliance and proper use
- Functioning as a member of the Health Care Team within the “Practice of Pharmacy” under the direction of a licensed medical doctor.

Pharmacists are not attempting to replace any other member of the Health Care Community, rather we want to be reimbursed based upon our training and expertise and the value we bring to the care team by improving patient access to care and chronic disease management, and reducing the overall cost of care to individual patients and to the system.

Thank you for your time and attention to this important issue. I am happy to address any questions or concerns you have.

Respectfully,



Frank R. McGrady, PharmD, PCHC
6 Telcom Ave
Bangor, ME 04401
(207)-469-5505
fmcgrady@pchc.com