

MaineHealth

Testimony in Support of
LD 223, Resolve, Directing the Department of Health and Human Services to
Amend Its Rules Regarding Pharmacy Services
February 15, 2023

Senator Baldacci, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Sarah Sawyer and I serve as a Clinical Pharmacist, board certified in ambulatory care, for MaineHealth. I practice in the primary care setting and collaborate with providers and clinical teams in the Farmington and Livermore Falls area. I utilize telehealth modalities to conduct patient visits for complete medication reviews and reconciliation and chronic disease state management with a focus on diabetes and hypertension.

I'm here today to testify in support of LD 223, Resolve, Directing the Department of Health and Human Services to Amend Its Rules Regarding Pharmacy Services. I wish to thank Rep. Zager for sponsoring this important bill.

- MaineHealth Care at Home offers a full range of skilled healthcare services in a home setting. They integrate telehealth technology with expert clinical care to improve the health and independence of their patients. Their home health providers currently include nurses, rehabilitation therapists, social workers, nutritional counselors, and home health aides. This bill would **allow reimbursement** to expand this interdisciplinary team to include pharmacists, like myself.
- MaineHealth does have pharmacists as part of embedded and virtual care teams in multiple ambulatory settings including Primary Care, Oncology, Cardiology, Infectious Disease and Neurology.
- As a pharmacist in one of these settings, I review patient's health histories and perform medication reviews with the patient and caregiver to evaluate their regimen for appropriateness, safety, benefits, and risks. I then work with their primary care provider and specialists to make recommendations for medication optimization, which may include discontinuing a medication due to side-effects and offering medication alternatives that may be more effective, better tolerated or more cost-effective for the patient.
- During my time practicing as a pharmacist, I have seen that medication management can be a major health challenge for older patients and their families. Polypharmacy, defined as the simultaneous use of multiple drugs by a single patient, for one or more conditions, increases the risk of adverse drug reactions. Research has shown that patients taking five to nine medications have a 50% chance of an adverse drug interaction, increasing to 100% when they are taking 20 or more medications¹. In 2013 and 2014, it was estimated that the prevalence of emergency department visits for adverse drug events in the United States was 4 per 1000 individuals². Pilot models have shown that patients with complex medication regimens, often taking 9 or more medications, are the most likely to benefit from pharmacist involvement in medication review and reconciliation to help avert these events.
- The Joint Commission, an independent, not-for-profit group in the United States that administers voluntary accreditation programs for hospitals and other healthcare organizations, even goes so far as to recommend involving pharmacists in medication reconciliation **whenever possible**. They note that pharmacist can play a major roll on interdisciplinary teams conducting medication interventions, especially during transitions of care, which improve medication safety and have positive impacts on hospital readmission rates³.

I want to take a moment to share one recent patient interaction from my practice in rural Maine that highlights the benefit of having pharmacists as part of the healthcare team.

I recently met with a 57 year old patient, referred to me by her Primary Care Provider (PCP), for a full medication review and reconciliation after a hospitalization for a respiratory illness. During this video visit, I was able to assess her current treatments for DM, HTN, Hyperlipidemia, Chronic Obstructive Pulmonary Disease (COPD) and behavioral health for drug interactions and timing of her medications. In reviewing her new antibiotic therapy, I was able to provide guidance and clarification surrounding confusing medication directions and the timing of her new antibiotic with an interacting medication she was taking at home. During our discussion, I learned that the inhaler she was prescribed at discharge was not covered by her insurance and she did not have the \$600 to purchase it. I was able to determine the insurance-covered, clinically appropriate alternative for this patient, coordinate a new inhaler prescription with her Primary Care Provider and review use of this new device with the patient. After this initial visit, the patient was excited to continue to meet with me to optimize her diabetes therapy. Under a pre-established collaborative practice agreement with her PCP, I was able to continue periodic follow-up with the patient through telehealth visits and remote patient monitoring. We used shared decision making to titrate her diabetes medications and work toward her blood glucose goals.

Scenarios like this underscore the important role pharmacists play to help resolve medication related problems that could lead to hospitalizations or readmissions. Without access to this necessary inhaler, this patient may have returned to the emergency department due to worsening symptoms and possibly been readmitted.

Passing this legislation will help support work pharmacists are currently doing to provide these important services. *Providing reimbursement for these services* would support efforts to **expand** pharmacist medication review and consultation to more patients in Maine, especially in rural, underserved areas.

Thank you for the opportunity to speak in support of this important legislation to keep patients safe.

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2. Shehab N, Lovegrove MC, Geller AI, Rose KO, Weidle NJ, Budnitz DS. US Emergency Department Visits for Outpatient Adverse Drug Events, 2013-2014. *JAMA.* 2016;316(20):2115–2125. doi:10.1001/jama.2016.16201.
3. The Joint Commission, Division of Health Care Improvement. Quick Safety Issue 26: Transitions of Care: Managing medications (Updated April 2022).