

Public Health Committee Testimony – March 1, 2010

RB262: An Act Concerning Collaborative Drug Therapy Management Agreements

Good afternoon Representative Ritter, Senator Harris and the Public Health Committee. My name is Thomas Buckley, and I am an Assistant Clinical Professor of Pharmacy Practice at the University of Connecticut School of Pharmacy, and the Legislative Chair of the Connecticut Society of Health-Systems Pharmacists. I am here to speak in strong support of RB 262: An Act Concerning Collaborative Drug Therapy Management Agreements.

This bill amends the current law of collaborative practice authority agreements between physicians and pharmacists by removing restrictions to practice site and diagnostic conditions. Due to the success of collaborative practice agreements in place to date, and physicians wanting to maximize pharmacists' drug therapy management skills, the need has arisen to enhance collaborative practice protocols to reflect the relationship between the individual physician, pharmacist and patient, and **not** the practice site or disease state.

The passage of collaborative practice legislation in 2003 allowed for the implementation of protocol management of inpatient therapies by pharmacists in hospitals and long-term care facilities. Connecticut hospital pharmacists are managing a wide range of drug therapies through protocols for treatments such as antibiotics, pain management, anticoagulation therapy, and dialysis therapy. In addition to publications describing the outcomes of utilizing inpatient protocols, Connecticut long-term care facilities have also published studies showing improved patient outcomes and cost savings utilizing collaborative protocols in their facilities.

However, the greatest benefit for collaborative practice protocols to be effective, both for improved patient outcomes and cost savings to the health care system, is for their use in chronic disease therapy management. In addition to my teaching role, I precept medical and pharmacy students in a public health rotation with Khmer Health Advocates, the only Cambodian American health care organization in the country, located in West Hartford. This is a very high-risk population due to dramatic health disparities with regard to access to care, and strikingly high rates of diabetes, high blood pressure, stroke and mental health disease. We have received grants for an innovative program of pharmacists providing medication therapy management through telemedicine-driven technology. Through the identification and resolution of drug-therapy problems, pharmacists have been able to improve medical outcomes and significantly decrease health expenditures. This practice setting, with pharmacists working independently with physicians and patients, reveals how the practice of pharmacy is shifting to a patient-centered approach. The ability to collaborate with physicians on protocol-based therapies completes the loop on the medical home model of care, creating cost-efficiencies and increased access to care.

As a faculty member at UCONN, I can also share with you that many of our students are searching for practice environments in other states that most utilize the education and training they have received in the 6 years of our program. While we are recognized as one of the top pharmacy schools in the country, it is disheartening to lose our students to other states upon graduation, and challenging to attract post-doc residency students because of one of the most restrictive collaborative practice statutes in the country.

While I do strongly support the spirit of this legislative language, I must point out that as it's currently written, it would not only impede protocol implementation, it would **stop ALL** current collaborative practice agreements in place, due to the stated need of competency regulations that shall be written. As licensed by this state to engage in the practice of pharmacy, a pharmacist is a learned professional authorized to provide patient care services within the scope of their knowledge and skills. Therefore, to the extent competency verification is required at all; it should be a component of the individual protocol, and not through statute.