American Pharmacists Association

AMERICAN PHARMACISTS ASSOCIATION
STATEMENT FOR THE RECORD

BEFORE THE U.S. SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, & PENSIONS

EXAMINING HEALTH CARE WORKFORCE SHORTAGES: WHERE DO WE GO FROM HERE?

THURSDAY, FEBRUARY 16, 2023

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Chair Sanders, Ranking Member Cassidy, and Members of the Committee:

On behalf of our nations over 310,000 pharmacists, the American Pharmacists Association (APhA) is pleased to submit the following Statement for the Record to the U.S. Senate Health, Education, Labor, and Pensions (HELP) Committee for today's hearing, "Examining Health Care Workforce Shortages: Where Do We Go From Here?"

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists and pharmacy personnel in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

We share concerns identified by the Committee regarding health care workforce shortages across all sectors of the health care system. As you know, the U.S. Surgeon General issued an advisory in 2022 – Health Worker Burnout[1] – as a call for all health care organizations to support the mental health and well-being of health care workers so that they are able to best care for their patients. The pharmacy profession is not exempt from these concerns. Workload has increased over the course of the COVID-19 pandemic, but workforce issues were present prior to the pandemic, simply exacerbating an existing situation and shining a national spotlight on them. As a result, we are observing health care workers, including pharmacists and pharmacy technicians, leave the workforce.

Pharmacy Workforce Conditions

As early as the 1980s[2,3], articles were published describing pharmacist and pharmacy personnel working conditions and burn out. The practice of pharmacy has evolved since those initial articles were published, but workforce issues continue to permeate pharmacy practice settings. Pharmacists are highly trained medication experts providing accessible[4] direct patient care and medication distribution nationwide in all geographical areas to under-/uninsured[5], commercially insured, and Medicaid/Medicare eligible patients. Pharmacists and pharmacy personnel clearly demonstrated their essential role in our communities throughout the COVID-19 pandemic by administering 300+ million COVID-19 vaccines, conducting 42+ million COVID-19 tests, and contributing to billions of dollars in savings.[6,7]

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[1] https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html
[2] https://doi.org/10.1016/S0160-3450(16)32767-2
[3] https://doi.org/10.1016/S0160-3450(16)31647-6
[4] https://pharmacist.com/Advocacy/Issues/Inequity-to-COVID-19-Test-to-Treat-Access-Pharmacists-can-help-if-permitted
[5] https://www.pharmacist.com/Publications/Pharmacy-Today/Article/serving-underserved-populations
[6] https://pharmacist.com/Practice/COVID-19/The-Essential-Role-of-Pharmacy-in-Response-to-COVID-19/Infographic
[7] https://pharmacist.com/Practice/COVID-19/The-Essential-Role-of-Pharmacy-in-Response-to-COVID-19

Payment Issues Permeate Pharmacy

While the practice of pharmacy has evolved, payment and reimbursement models and mechanisms for pharmacist-provided patient care services and medication products have not. A lack of appropriate and equitable reimbursement for services, misaligned incentives, and harmful pharmacy benefit manager (PBM) business practices have negatively impacted pharmacy staffing and coverage models. These factors have contributed to an unsustainable payment model for medications under public and private health plans' pharmacy benefits and often a complete lack of a payment model for pharmacists' services under the medical benefit. A root cause of pharmacists not having the time they would like to spend with patients providing care is that staffing, coverage/overlap, and daily operating hours in many pharmacy locations continue to be decreased due to these payment model issues. These decreases in coverage and daily operating hours increase the pressures felt by pharmacists and pharmacy personnel to meet unrealistic quotas and metrics while still delivering the high-quality of care patients and providers have come to expect and deserve.[8]

Pharmacy Staff Concerns

Pharmacists and pharmacy personnel are fearful of speaking up about workplace conditions due to retaliation from employers and/or perceived unwillingness of employers to listen. The profession responded and pharmacy personnel are now using surveys fielded by state boards of pharmacy and pharmacy associations, in addition to the Pharmacy Workplace and Well-being Reporting (PWWR)[9] tool as ways to anonymously report what is happening in pharmacy practice. Categories for negative experience submissions to PWWR focus primarily on working conditions, staffing/scheduling, pharmacy metrics, and volume/workload expectation mismatched to hours available; a vast majority are indicated as recurring problems.[10]

Pharmacists rely on well-trained pharmacy technicians for many administrative responsibilities so that they have time to spend with providing care and services to their patients. Pharmacists cite that they are often alone in the pharmacy requiring them to do tasks that pharmacy technicians would normally do, and therefore not allowing them the time to spend with their patients. Why are they alone? Sometimes, it is due to scheduling formulas put in place by employers and sometimes it is due to shortages of pharmacy technicians. We have anecdotal reports that pharmacy technician pay[11] is less than what is being paid to those fulfilling online grocery orders – a position with less stress.

[8] https://www.pharmacist.com/APhA-Press-Releases/american-pharmacists-association-on-move-to-cut-pharmacy-hours

[9] https://pharmacist.com/Advocacy/Well-Being-and-Resiliency/pwwr

[10] https://www.pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=KiyW2e6_98Y%3d

[11] https://www.ptcb.org/news/ptcb-releases-2022-pharmacy-technician-workforce-survey-results

Not a Pharmacist Shortage

Despite what is being purported in the media, there is not a shortage of pharmacists. There is a shortage of pharmacists willing to work in the current conditions, which are unsafe for them, their teams, and their patients.[12] Support of pharmacists and pharmacy personnel is needed from employers, insurers, lawmakers, and the public to ensure resource availability, address patient safety concerns, meet patient health care needs and expectations, and reduce stress and increase satisfaction of pharmacy personnel both now and in the future. As nearly 90% of the U.S. population lives within 5 miles of a community pharmacy[13], pharmacists are poised to support gaps in access to patient care services.

Pharmacists Can Ameliorate Health Care Worker Gaps

Recognizing that medically underserved areas exist and other types of health care workers are exiting their practice settings, pharmacists and pharmacy personnel are uniquely positioned to relieve some of the consequences of health care workforce shortages. Pharmacists' scope of practice has grown substantially across the country over the last 25 years, unlocking an array of new opportunities for pharmacists to provide added services and value to patients. Although there are similarities in the foundational services pharmacists provide to their patients, there is variability in the types of expanded services, collaboration potential, and spectrum of autonomy of practice between states due to differences in state laws and regulations. In order to leverage pharmacists to their full potential as a part of an interprofessional and collaborative health care team, there is a need to align their scope of practice with their education and training and cover pharmacists' services under the medical services side of Medicare Part B.

Pharmacists' foundational scope of practice traditionally has been limited to making medication therapy recommendations that require prescriber approval to make medication changes. Through expanded authorities, pharmacists can use their medication expertise to autonomously prescribe medications through various mechanisms. Pharmacists' prescriptive authority is variable from state-to-state and falls on a spectrum of how independently they may prescribe. Although pharmacists may have independent prescriptive authority for certain medications in rare instances, such as in Idaho, more commonly, pharmacists prescribe medications through collaborative practice agreements (CPAs), statewide protocols (SWP), and standing orders. SWPs and standing orders are commonly used to increase access to services provided by pharmacists in response to public health needs and disease states.

Foundational Scope of Practice is Generally Consistent Across States

- Assess medication therapies
- Recommend over-the-counter medications to patients and prescription products to prescribers
- Patient education
- Prevention and wellness services

[12] https://pharmacist.com/rewriting-narrative

[13] https://doi.org/10.1016/j.japh.2022.07.003

- Medication management services, including medication adherence, focused on optimizing the use of medications
- Safe dispensing of medications
- Pandemic authorities that are in effect until the public health emergency is lifted – order and administer COVID-19 tests, vaccinations, therapeutics

Collaborative Practice Agreements (CPAs)

- In all states except Delaware, pharmacists can enter into CPAs to provide certain services that expand the pharmacist's scope beyond foundational authorities.
- CPAs are voluntary agreements between pharmacist(s) and prescriber(s) where the prescriber delegates certain functions to the pharmacist, that often include initiating, modifying, and discontinuing therapy, and ordering and interpreting laboratory tests, according to the terms of the agreement.
- Examples of services that pharmacists provide under CPAs (per the individual agreement) include anticoagulation management, where the pharmacist orders or performs International Normalized Ratio (INR) tests and makes warfarin dosage adjustments; and hypertension management, where the pharmacist monitors the patient's blood pressure; manages medications, including initiating, modifying, and discontinuing therapy; and works with the patient on lifestyle modifications to achieve targeted clinical goals.

Statewide Protocols (SWPs) and Standing Orders

- In recent years, there has been an expansion in pharmacists' ability to provide services in response to public health needs and disease states.
- Examples of SWPs include HIV PrEP/PEP, hormonal contraceptives, tobacco cessation, naloxone provision/prescribing, test and treatment for minor ailments such as influenza and strep.

Expanded Scope of Practice

- Immunizations: Pharmacists have the authority to administer immunizations in every state, however, there is variability in pharmacist authority to prescribe immunizations independently or under SWPs or prescriptions from other prescribers, the type of immunizations pharmacists can administer, and to which patients.
- Medication Administration Services: In most of the U.S., pharmacists have broad authority to administer medications and support the self-administration of medications to patients. This authority positions pharmacists to be convenient access points for the administration of medications, such as long-acting injectables. However, in some states authority is limited to requiring administration be performed within a CPA and others limit the type of medications that can be administered, such as long-acting injectable antipsychotic medications.

Pharmacists Remain Ready to Help

APhA would like to thank the Committee for recognizing health care workforce shortages and taking steps to address the associated issues of workplace conditions, health care worker burnout, and general well-being. While pharmacists and pharmacy personnel are also subject to these issues, the profession remains steadfast in providing high quality, safe, accessible, and timely patient care and medications to our communities and can serve as a solution to addressing other health care worker gaps. Please contact Doug Huynh, JD, APhA Director of Congressional Affairs, at dhuynh@aphanet.org if you have any additional questions or additional information. Thank you again for the opportunity to provide comments on this important issue.