SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

The Benefits and Implementation of a Standard of Care Pharmacy Model in Illinois

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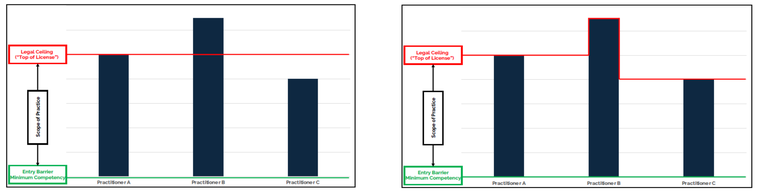
SCHOOL OF PHARMACY

BACKGROUND

Problem:[1-3]

- 98 million people live in healthcare professional shortage areas with < 50% of needs met
- Primary care provider shortage projected to grow to 20,200-40,400 by 2036
- Pharmacy practice follows a bright line model restricting pharmacists' ability to practice at the top of their license



PharmD Education:[2,4-5]

- Pharmacists are recognized as frontline providers in patient care
- Curriculum prepares pharmacists for clinical decision making through:
  - Pharmacotherapy and pharmacology
  - Disease state management
  - Clinical skills and monitoring
- Training prepares pharmacists to:
  - Evaluate drug interactions and contraindications
  - Triage patients and recommend treatment or referral
  - Manage chronic disease states (ie. diabetes, hypertension, asthma, etc.)

Regulatory Practice Models:[1-2]

	Bright Line	Standard of Care
Authority	Explicit legislative permission	Professional clinical judgement
Adaptability	Slow requiring new laws/rules	Immediate based on current guidelines
Focus	Compliance with checklists	Patient outcomes and care standards
Liability	Based on statutory violation	Based on professional negligence

ARGUMENTS & EVIDENCE

SOC Implementation in Other Locations:[2,6]

- International adoption of pharmacist prescribing in United Kingdom, Canada, Australia, and New Zealand
  - 255,000 prescriptions written in first 6 months by pharmacists in Ontario, Canada
- US allows immunizations and prescribing for naloxone, contraception, and HIV prophylaxis in many states
- Idaho first state to implement SOC in 2018 providing a framework for other states to follow

Economic Outcomes:[2,8]

- Reduces healthcare costs through:
  - Diversion from high-cost treatment facilities
  - Prevention of disease progression
- Reduces patient cost through:
  - Visit and treatment savings
  - Decreased loss of productivity

Impact on Chronic Disease Management:[6,9-10]

- Pharmacist-led care proven to improve outcomes for hypertension and diabetes
- Promotes timely access to rescue medications and ancillary supplies and continuity of care
- Prevents life-threatening complications

Impact on Access to Care and Health Disparities:[2,6]

- Community pharmacies are highly accessible, often more numerous than specialty clinics, and have shorter wait times and commutes
  - Particularly beneficial for rural and medically underserved communities with scarce resources
- Pharmacists can improve access to care by:
  - Providing preventative care
  - Treating minor conditions
  - Managing chronic disease state
  - Addressing social determinants of health

COUNTERARGUMENTS & REBUTTALS

Concern	Rebuttal
Scope Creep: Pharmacists lack diagnostic training[11-12]	• Practice limited to training and competence • Requires referral when necessary • Formalized existing pharmacist contributions to care[2]
Patient Safety: Independent pharmacist practice may compromise safety	• Data shows no increase in adverse event with expanded scope[13] • Pharmacists are medication safety experts • Increased accountability via professional standards[7]
Pharmacist Burnout: Increased responsibilities will worsen burnout[14]	• Autonomy is inversely associated with burnout[15] • Clinical engagement improves job satisfaction
Time Constraints: Pharmacists lack time for expanded roles[16]	• Workflow inefficiencies are the barrier, not pharmacist capability • Delegation strategies such as tech-check-tech improve efficiency[17-18] • Flexible service implementation based on individual and workplace capacity[19]

POLICY RECOMMENDATIONS

1. Expand pharmacist prescriptive authority for minor, preventative, and time sensitive conditions
2. Allow independent prescribing with evidence-based protocols rather than restrictive CPAs
3. Establish standardized training and competencies that are made available to pharmacists wishing to pursue new avenues of clinical care
4. Promote integration of pharmacist managed care with primary care through communication and documentation systems when available
5. Continuously evaluate outcomes to ensure safety, effectiveness, and cost efficiency

CONCLUSION

- Current bright line regulatory model limits the potential of pharmacists
- Transitioning to an SOC framework:
  - Expands access to care
  - Reduces healthcare disparities
  - Improves patient outcomes
  - Enhances healthcare system efficiency
- Prior implementation, beneficial economic outcomes, and improvements in chronic disease state management, access to care, and health disparities support transition to an SOC model
- Counterarguments posed by patients, other healthcare professionals, and pharmacists themselves are disproven
- Modernizing the Illinois Pharmacy Practice Act through SOC adoption is essential to advancing both the profession and public health

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