

Health and Long-Term Care Access Advisory Council

Pharmacy Section *DRAFT July 24, 2009*

Summary

The pharmacy profession is entrusted with ensuring safe and effective medication management, known as pharmaceutical care. This includes provision of quality medication services as well as quality pharmaceutical products. Nationally, mistakes by pharmacists, so-called “dispensing errors” account for only a small portion of total medication errors whereas prescribing errors account for the large majority of errors and errors by patients, such as low adherence, are common. Iowa pharmacists are viewed nationally as innovators for including pharmacists in team-based primary care to tackle prescribing errors and patient errors. For example, the Iowa Medicaid program reimburses pharmacists for their role in collaboration with primary care physicians to provide pharmaceutical care management for targeted beneficiaries. This program was one of the models for Medicare part D Medication Therapy Management (MTM) programs available to targeted part D beneficiaries nationwide. These programs focus on helping patients with chronic conditions achieve the desired effects from their medications while avoiding side effects.

Overall, pharmacists are the most accessible health profession and it is important to maintain this accessibility. When pharmacies close, access to both products and services suffers. Fortunately, Iowa pharmacists have steadily increased in number from 1996 to 2008, with about 2/3 of Iowa pharmacists currently practice in a community setting, which includes independent, chain, and franchise pharmacies. Despite the growth in the pharmacist population, though, the number of communities with one or more pharmacists has slightly declined over the same time period. In addition, data suggests the number of pharmacies operating in smaller communities—population less than 10,000—is in a slight decline, while larger communities are experiencing gains. Iowa pharmacists are aging, especially in smaller communities. Older pharmacists in rural settings, where they may be the only pharmacist in town, may mean no replacement when these pharmacists retire. Several rural counties have only one pharmacy, typically with one to two pharmacists, and the average age of pharmacists in these places has increased significantly. Statistics supporting these summary statements are provided below.

Recommendations: Key opportunities in health-care reform to improve patient outcomes through safe and effective medication management involve preserving access to quality pharmaceutical care and products. In Iowa, this can be ensured by:

- Insuring a two-way pharmacist portal into health informatics exchanges, not just as a passive e-prescribing receptacle ;
- Insuring pharmacist medication therapy management services in medical homes’
- Pharmacist inclusion in health care workforce shortage programs (e.g. loan repayment);
- Protecting patient choice of providers for pharmaceutical care and products, for example preserving patient’s ability to choose a local pharmacy provider over mail order or a health plan-based telephonic pharmacy consultation.

- Others?

Statistics about Iowa Pharmacist Trends

1. Pharmacist growth statistics

- From 1996-2008, the total number of Iowa pharmacists increased 15% from 2,342 to 2,697.
- Average annual comparison of pharmacists entering practice vs. terminating practice: +27 entering practice.
- Of those who terminated pharmacy practices, 57.3% relocated out of state and 20.6% retired.

2. Pharmacist practice settings statistics

- Community pharmacists and hospital pharmacists made up 64% (1,725) and 23% (609), respectively, of all Iowa pharmacists in 2008.

3. Pharmacist distribution statistics

- The number of communities with one or more pharmacist has decreased 6%, from 255 communities to 237 from 1996-2008.
- Fifty-six counties now have less than 10 community pharmacists, and 20 of those counties contain less than five community pharmacists.
- Distribution of pharmacists by community size [Community population (total Iowa pharmacist %)]: <1000 (1%); 1,000-4,999 (15%); 5,000-9,999 (14%); 10,000-49,999 (23%); 50,000-99,999 (28%); ≥100,000 (19%). These values represent 2008 statistics but have remained relatively consistent since 1996.
- Change in number of community pharmacies from January 2004 to September 2007 for the following community sizes [population (pharmacies gained): <10,000 (-7); 10,000-49,999 (+2); ≥50,000 (+17)].
- From 1997-2008, the ratio of county population: # of practicing pharmacists improved in 54 counties, remained stable in 21 counties, and worsened in 24 counties.

4. Pharmacist aging statistics

- The average age of Iowa pharmacists increased from 42 years to 44 years over 1996-2008.
- There are now 25 counties where at least 50% of pharmacists are ≥55 years.
- In addition, the percentage of pharmacists practicing in a community of 10,000 or less who are 55 years and older increased from 22.4% (164) in 1996 to 30.8% (250) in 2008.

Iowa pharmacist tracking system: Advisory committee meeting report. (2009, June). The University of Iowa Carver College of Medicine, Office of Statewide Clinical Education Programs, Iowa Health Professions Tracking Center.