The pharmacist will see you now

A new prescription for primary care

Wolters Kluwer

wolterskluwer.com

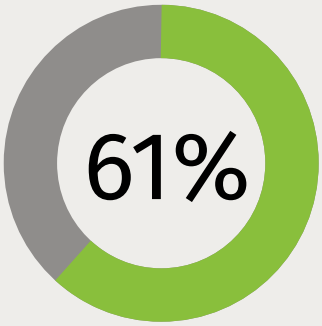
Runaway healthcare costs

Drug costs worldwide are rising. In fact, from July 2021 to July 2022, the cost of more than 1,200 prescription drugs monitored by the United States Department of Health and Human Services (HHS) exceeded the inflation rate of 8.5%.[1] While inflation is affecting consumers at every turn, price increases are even worse when it comes to medications.

New care models emerge

More broadly, the rising costs of care are untenable as well, with little help in sight. As a percentage of GDP, overall healthcare expenditures in the US account for nearly 20% of spending.[2] To combat runaway costs, new models are taking hold, pushing care to newer modalities. Telehealth and alternative destinations such as clinics at local pharmacies, supermarkets, or department stores have all risen in popularity. While the counter at the pharmacy may be where consumers feel the pinch of higher drug costs, it's possible this could also be where they turn to for relief from the broader costs of care overall.

Recently, several experts in medication safety and pharmacy convened to reimagine the role of retail pharmacy in healthcare and unpack the results of a national consumer survey commissioned by Wolters Kluwer. The insights can help shape the future of emerging care models, including how members of the healthcare community can work to ensure safety, access, and affordability as care decentralizes, whether it's delivered by a pharmacist or other qualified providers such as a nurse or nurse practitioner.



61% of consumers believe that in five years most primary care services will be provided at pharmacy and retail clinics rather than at traditional doctor's office.

Delivering pharmacy care and ensuring safety

Today, there are more than 27,000 pharmacies and drug store businesses in the US alone.[3] As more services move toward these sites as potential points of care, many see at least one way to slow the rising cost of care.

Dr. David Bates, an internationally renowned authority on patient safety from Brigham and Women's Hospital and Harvard Medical School, is one of the experts convened to discuss the future of retail pharmacy, and he is cautiously optimistic. "Pharmacists can do this if empowered, but they have lots of other tasks in retail pharmacy today. I think this is a good direction for CVS and other pharmacies to go in, but it will be a change. If it really is to happen broadly, our system needs to evolve. People need that better access to care."


Dr. David Bates

Results from the survey confirm that health consumers are ready for a shift away from a traditional doctor's office, positioning retail pharmacies for a much bigger role. Dr. Daniel Knecht, a board-certified internist who leads clinical product innovation, strategy, and solutions at CVS Caremark, agrees: "The role of pharmacist is changing, from a pill dispenser to a counselor who is an integral part of the healthcare delivery system."

[1] Price Increases for Prescription Drugs, 2016-2022 | ASPE (hhs.gov)
[2] National Health Spending Explorer - Peterson-KFF Health System Tracker
[3] Pharmacies & Drug Stores in the US - Number of Businesses | IBISWorld

Dr. Daniel Knecht

"There's nothing inherently unsafe about shifting and decentralizing healthcare but there must be processes in place to ensure that care is coordinated," says Dr. Knecht. What's most important, he says, is care coordination, making pharmacists and pharmacy staff part of a larger multidisciplinary team. Key to this is bringing evidence and credentialing to the pharmacy setting, from NCQA and URAC accreditations to closely following guidelines from the National Association of Pharmacy Boards, as CVS has done.

Dr. Natasha Petry

Dr. Natasha Petry, a clinical expert in pharmacogenomics, public health, and the role of community and ambulatory pharmacists at Sanford Health and North Dakota State University, already works – and thrives – in a coordinated care model. "As a pharmacist, I like to think we are an accessible healthcare professional for patients, and we continually rank in the top of trustworthy healthcare professionals." That trust was validated in survey findings: three-quarters of Americans (74%) say they would be likely to obtain advice on medications by someone other than their primary care provider, such as a pharmacist or a nurse practitioner at a clinic.

The role of technology to support pharmacists

Dr. Petry acknowledges, however, that coordination isn't easy. It requires access to information that isn't yet fluid across healthcare. "It's certainly a culture shift and there are potential difficulties with handoffs. It comes back to the sharing of information and knowing the whole story, and historically, community pharmacists don't have access to critical information, such as kidney function, that might be in a siloed electronic health record (EHR)."

"I love talking about interoperability and I couldn't agree more," says Dr. Knecht. CVS recently rolled out the Epic EHR to 9,000 stores to empower pharmacists and pharmacy staff and to help ensure that care is coordinated. Ultimately, he and the other experts agree that better access to information is critical at all points in the care continuum, and this could alleviate mounting burdens and provider burnout within traditional settings without comprising safety.

Access, equity, and affordability

There are no acceptable trade-offs between affordability and safety, but will having the right systems, standards, and guidelines in place lower care costs by expanding where and how consumers access it?

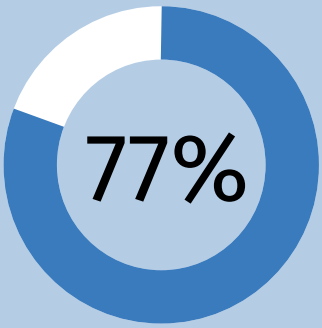
Stories of long appointment waits to see a primary care provider for non-emergency care are commonplace. According to a recent survey focused on physician appointment wait times across 15 large metro markets, the average wait time in 2022 is 26 days, up from 24 days in 2017.[4] Meanwhile, data from CVS show that nearly seven in 10 adults in the US interact with a pharmacist at least once a month.

Dr. Knecht points to a tremendous opportunity to "unlock the potential of these pharmacists." Look no further than the recent pandemic when many patients couldn't see a doctor and delayed or deferred treatment. Chronic condition management suffered. And, according to Dr. Knecht, poor medication adherence during this time certainly led to poorer outcomes, especially for conditions such as diabetes or cardiovascular disease.

In the US and globally, too few have adequate access to care. In addition to poorer outcomes, lack of access leads to high-cost emergency room visits and the early onset of chronic diseases that burden health systems and make routine care and services even more costly and less available. It's a vicious cycle, and HHS captures the urgency of expanding primary care access in its Healthy People 2030 report:

> *"Further research is needed to better understand barriers to primary care, offer support to primary care providers, and develop interventions that expand primary care access. This additional evidence will facilitate public health efforts to address access to primary care as a social determinant of health."*[5]

Certainly, pharmacies of the future can and should support an expanding primary care footprint.



If seeing a provider besides their physician meant lower prescription or healthcare costs, ***more than half*** of consumers would trust the pharmacist (56%) or a nurse practitioner (55%) to prescribe medications. And ***more than three-quarters*** (77%) of Americans say if it meant lower medication costs, they would prefer to receive their medicine by mail.

[4]AMN Healthcare/Merritt Hawkins' 2022 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates
[5]Access to Primary Care - Healthy People 2030 | health.gov

Seven in ten consumers said they would be likely to provide a blood sample for genomic analysis if it was used to make their medical care more personalized for them.

A path to personalization (best care, no matter who or where)

Experts can debate how far we've moved down the path to personalized medicine, but few would disagree that the path exists. What is surprising, however, is data from the survey showing greater-than-expected consumer acceptance for it.

For many, including Drs. Bates, Knecht, and Petry, the surprising willingness of consumers to provide blood samples in exchange for more personalized care conjures a mixture of excitement and caution. Are we moving too fast? Do consumers fully understand the risks? If it's coming, what safeguards must be put in place?

Questions about risk and safeguards are especially important as the healthcare industry considers expanding access to care beyond the traditional primary care settings. But exercising caution doesn't diminish the potential for genomic data in future care management and wellness. Healthcare is transforming and genomic data will have an important role to play – but not the only role.

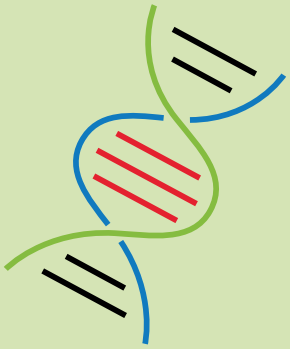
"Genetics is just one piece of the puzzle. It's not the end-all, be-all," says Dr. Petry. She underscores the importance of factoring in other clinical components of a patient's care as well as social determinants of health. Despite her enthusiasm, Dr. Petry says there is still not enough evidence-based prescribing information to make recommendations for all medications – there is much work to be done before genomics-based prescribing is standard of care.

Standardization in pharmacogenomics – from the collection, security, and analysis of genomic data to how results are reported and made actionable, remains elusive and will be vital in the evolution of personalized care and prescribing. Labs such as Dr. Petry's in North Dakota combine genomic or pharmacogenomics data alongside results from lipid panels, complete blood count tests (CBCs), and other tests within the same EHR. This approach remains far from a common practice nationally.

On the patient-facing side, providers must become educators themselves, helping patients understand a new genomic lexicon and how and when genomic testing fits into the care paradigm.

Someday, a potential drug-gene interaction will fire an alert in a patient's record, and it won't matter whether that record is accessed at a hospital, a pharmacy, or a department store health clinic. The vision, put forward by scientists such as Dr. Eric Topol, is that aggregating all data about a patient can deliver answers algorithmically, advising clinicians as to exactly which drug will work best, flagging dangerous interactions, and helping build more precise care plans.[6]

But there's no evidence we're close to that yet. "We must look at this through the lens of evidence, making sure tests are evidence-based and that whatever information is surfaced is actionable to that patient in a meaningful way," says Dr. Knecht.



"Genetics is just one piece of the puzzle. It's not the end-all, be-all."

Dr. Natasha Petry

[6] NIH Record, Topol Charts AI Path to More Accuracy in Medicine

Doses of reality and optimism

There is no denying that healthcare delivery is rapidly changing. The decentralization of care and reliance on new modalities is unquestioned, and largely welcome. Consumers want it, and they're willing to extend trust beyond primary care providers and their settings to get it.

With optimism comes a dose of reality. The healthcare system still has flaws, most notably that without a universal way to share patient data, necessary handoffs between providers come with unacceptable risks. But those risks are the same from hospital to hospital, as they are from hospital to primary care provider and pharmacy.

The takeaway: scale primary care with equity

Expanding primary care to more providers and clinical roles makes sense. In fact, given current and anticipated staffing shortages across the care continuum, sharing the load is a necessity. With the right infrastructure, pharmacists can be empowered to do more, as can other credentialed staff across multiple care settings.

While medicine can be made safer and more effective through the best clinical evidence and rapidly emerging genomic data, it cannot easily assess and synthesize the effects of social determinants of health through software and dashboards alone. By pushing care deeper into communities through more providers and personalized approaches, the healthcare system can scale without becoming impersonal or inequitable.

No matter where they are, today's providers must have the credentials, the time, and the resources to assess each patient fully, including where and how they live. Ideally, we can give patients more time and quality attention by distributing workloads across the care continuum. All credentialled professionals can and must access and use proven resources– from clinical evidence and health records to genomics, doing so as if peoples' lives depended on it.

To watch the *Pharmacy Next: Safer, Affordable, and Personalized* panel discussion and download the survey executive summary, visit https://www.wolterskluwer.com/en/know/pharmacy-next.

About Wolters Kluwer

Wolters Kluwer provides trusted clinical technology and evidence-based solutions that engage clinicians, patients, researchers, and the next generation of healthcare providers in effective decision-making and consistent outcomes across healthcare. We focus on clinical effectiveness, research and learning, clinical surveillance and compliance, as well as data solutions.

Wolters Kluwer