



NC Department of Health and Human Services
NC Opioid and Prescription Drug Abuse
Advisory Committee (OPDAAC)

Coordinating Workgroup

February 14, 2019

Welcome! and Introductions of Attendees

- Welcome!
 - Susan Kansagra
- Introductions of Attendees
 - Your name
 - Your organization/affiliation

Organizational Policy Priorities



*North Carolina Association of Pharmacists
Advancing Pharmacy. Improving Health.*

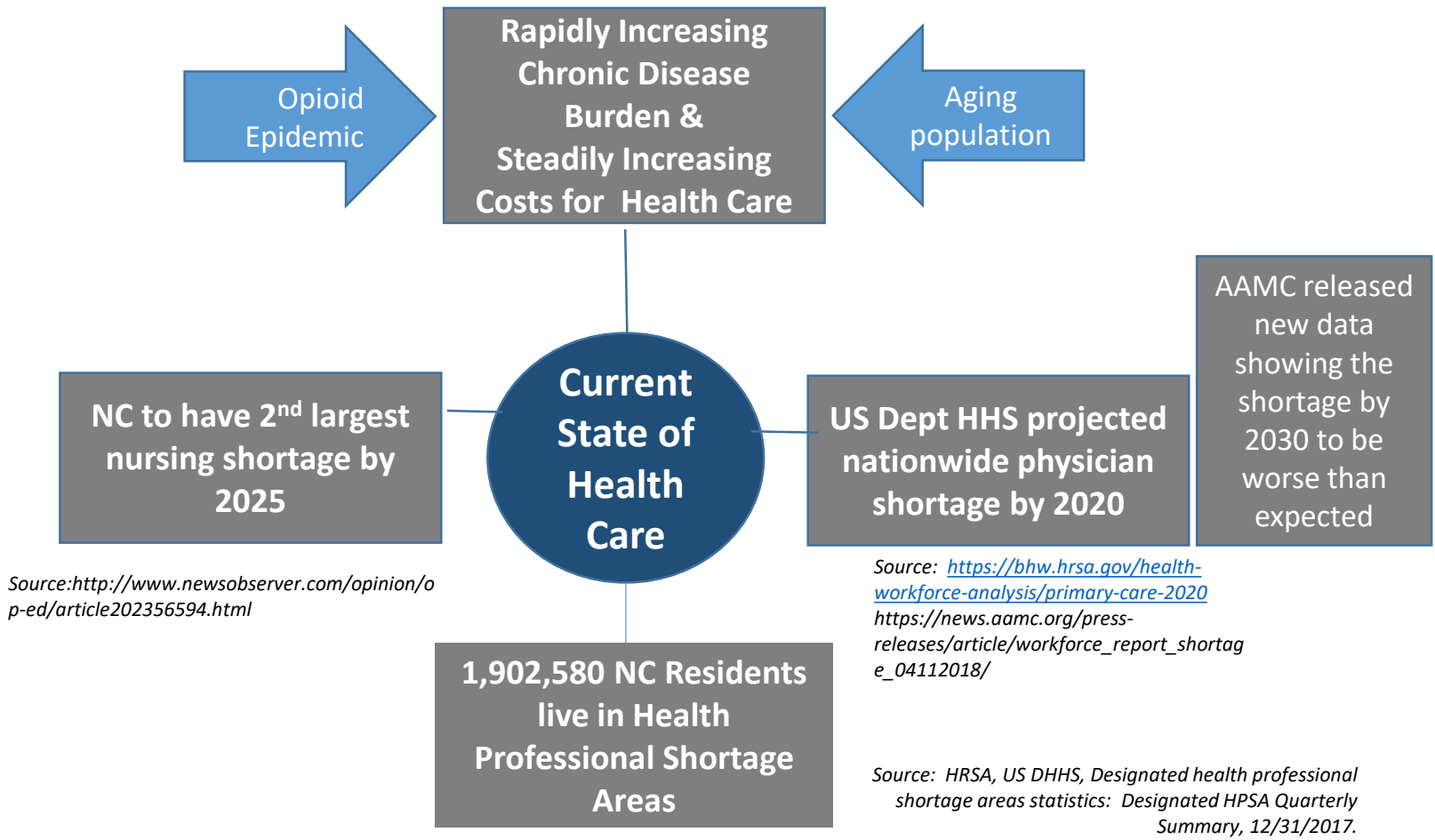
Proposed Legislation Long Session 2019

Penny S. Shelton, PharmD
Executive Director



1 A BILL TO BE ENTITLED: AN ACT TO IMPROVE ACCESS TO PATIENT CARE SERVICES VIA COLLABORATION BETWEEN PHYSICIANS AND PHARMACISTS

Modernize and enhance our existing collaborative practice statute
Facilitate implementation of collaborative practice in all patient care settings





Given the rising burden of chronic disease, increasing health care costs, and primary care and nursing shortages, as well as the shift to value-based, patient-centric care; and the need to utilize all available resources and have all healthcare professionals practicing to the height of their degrees.

These organizations have all called for:

- **Recommending greater utilization of pharmacists in patient care;**
- **Advocating for physician-pharmacist collaborative care as an efficient and effective means of caring for patients with chronic diseases; and removing unwarranted barriers or restrictions**



When Physicians Collaborate with Pharmacists

- Pharmacists help improve:
 - Access to care
 - When pharmacists help manage chronic disease or provide maintenance care, physicians are able to dedicate more time to patients that are acutely ill, complex or brittle.
 - Help with building care capacity via implementation of new services (eg. MAT)
 - Quality of care
 - Both patient satisfaction and physician satisfaction scores are higher with pharmacist intervention
 - Patient outcomes
 - Fewer medication-related problems
 - Improved primary outcome measures (eg. blood pressure, blood sugar)
 - Fewer ED visits and hospital readmissions
 - Lower cost of care (direct) Benefit: Cost ratio > 10:1 (For every dollar spent, > \$10 savings generated)
 - Help reduce physician burnout

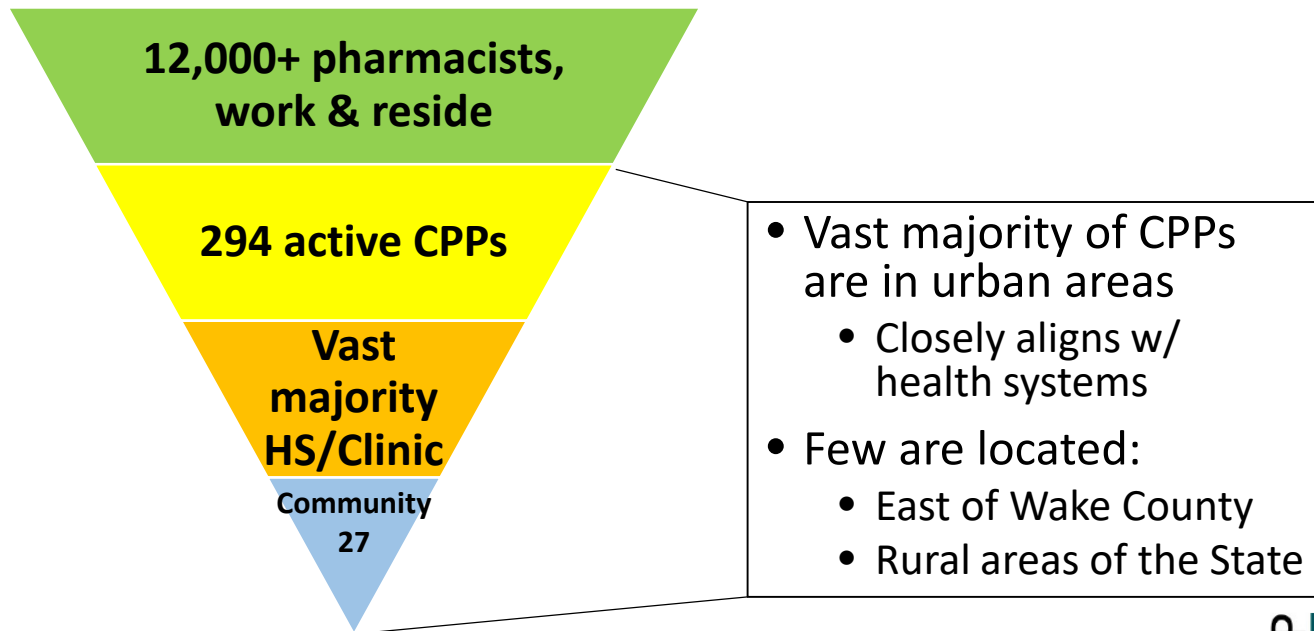
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<https://www.pccp.org/sites/default/files/media/medmanagement.pdf>



What is the State of Physician-Pharmacist Collaborative Care in North Carolina?

- North Carolina in 1990's was one of three states that championed and pioneered collaborative care.
- Collaborative care = physician delegates / authorizes via written agreement certain patient care acts (eg. Assessment and monitoring of drug therapy, drug therapy adjustments, etc.)
- In North Carolina we conduct collaborative care under our "Clinical Pharmacist Practitioner" statute (enacted 1998). G.S. 90-18.4; 21NCAC 46.3101

What is the State of CPP Utilization in NC?



Data Provided by NC BOP: February 2018



What are Some of the Limitations of Our Collaborative Practice Authority?

CURRENTLY: Gives certain pharmacists ability to engage in collaborative practice in which physicians can authorize the pharmacist to perform drug therapy management which includes

- implementation of predetermined drug therapy
- modification of prescribed drug dosages, dosage forms, and dosage schedules; and
- ordering tests pursuant to a "physician, pharmacist, patient and disease specific" written agreement.

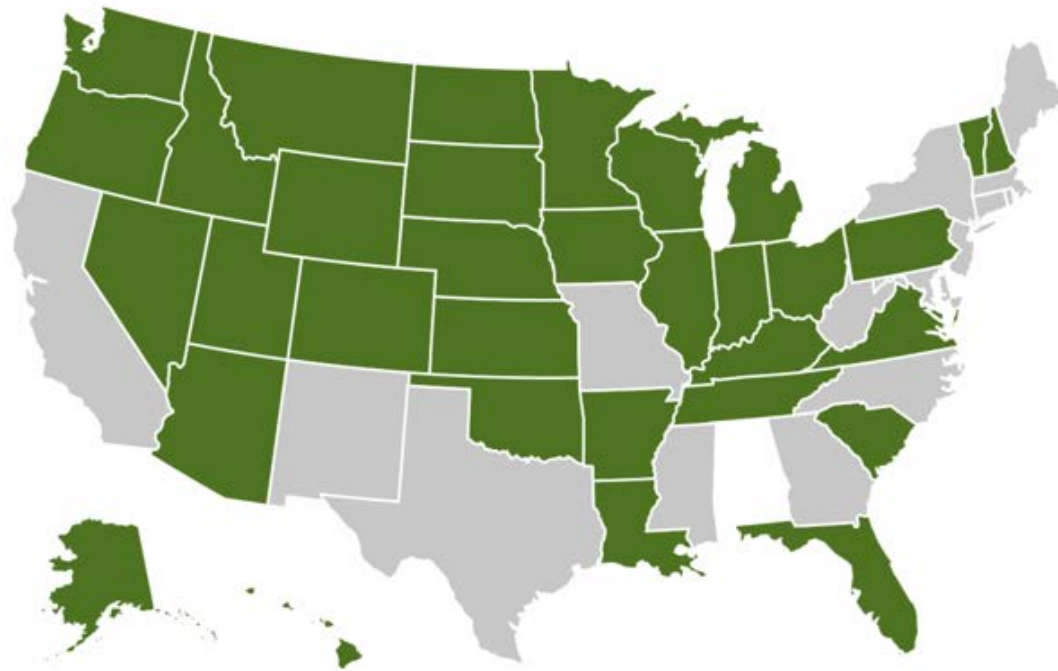
Our statute is specific to "physician", whereas 28 other states allow for other prescribers such as nurse practitioner and physician assistants to collaborate

33 States allow any licensed pharmacist in any practice setting to collaborate

Language is restrictive and makes it very difficult and impossible in some cases for a physician-pharmacist to craft an agreement: particularly for today's complex patient care needs (eg. Transitions of care)

NC GS 90-85.26A, 90-85.3, 90-18

States Allowing All Pharmacists to Participate in CPAs





A BILL TO BE ENTITLED:
AN ACT TO IMPROVE ACCESS TO PATIENT CARE SERVICES VIA
COLLABORATION BETWEEN PHYSICIANS AND PHARMACISTS

- Modernize and bring us into compliance with model language put forth by NASPA and endorsed by
 - American Pharmacists Association (APhA)
 - American Medical Association (AMA)
 - American Association of Nurse Practitioners (AANP)
- Make it easier for physicians and their care team to collaborate with pharmacists
- Physician-pharmacist collaboration can help build capacity and increase access to community-based healthcare resources for patients with substance use disorders.

2 **A BILL TO :**
Increase the penalty for individuals who break and enter into a pharmacy for the purpose of stealing controlled substances

Individual felony level increase to a class D

'Conspiracy' = 2 or more individuals involved moved to a class C felony for each person involved

Bill to be introduced next week

Sponsor Senator McInnis

Sponsor Representative Sasser



QUESTIONS?

Penny S. Shelton, PharmD

Executive Director

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NCHA Behavioral Health Legislative Priorities

- ▶ **NC OPDAAC Coordinating Committee**

Legislative Agenda

- ▶ **NC hospitals and health systems support increased access to resources for our behavioral health patients to ensure that they receive the right care at the right time in the right place**
 - **S.B. 630 Implementation – October 1, 2019**
 - **Increased funding for 3-way beds**
 - **Closing the coverage gap**



Questions?

Uniting hospitals, health systems and care providers for healthier communities

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