May 24, 2015

Chair Gonzales  
Vice Chair Huffman  
Ranking Member Antonio  
Committee Members

Healthcare delivery is evolving from hospital “let’s treat the current episode” to a population health management model which focuses on successful treatment in the ambulatory sector to prevent a costly hospitalizations. In order to effectively treat patients, physicians will need to practice in a collaborative manner drawing on the expertise of various healthcare disciplines.

As you are certainly aware, diseases such as diabetes, heart disease, and chronic obstructive pulmonary disease contribute significantly to healthcare associated cost. For most of these diseases, effective medication management is the cornerstone of a successful patient treatment plan. The practice of pharmacy has evolved so that pharmacists now work at the top of their profession to help devise an effective medication therapy management plan to help patients with chronic diseases.

Collaborative drug therapy management (CDTM) is the combined effort of the healthcare team, specifically the pharmacist and the physician, to assist patients in reaching safe and effective medication results. The current Ohio CDTM or consult agreement statute (OBC 4729.39) significantly hampers the ability of the pharmacist to effectively assist patients in reaching their healthcare goals since it requires the physician-pharmacist agreement to be established for each individual patient.

The changes to the Pharmacy Collaborative Act in this bill will reduce bureaucratic hurdles such as the one patient, one physician, one pharmacist language in the original law. House Bill 188 will enable physicians to better leverage the unique knowledge of the pharmacist to help manage chronic diseases such as hypertension, diabetes, chronic obstructive pulmonary disease, and lipid disorders. Allowing pharmacists, under a collaborative practice agreement, to add, subtract or modify a patient’s medications will help decrease healthcare cost and improve patient outcome through effective medication management.

Passage of House Bill 188 will allow health systems such as OhioHealth to move towards creating a team that is centered on the patient and willing to work-together to achieve better patient care. Pharmacists are suggested to be part of the patient-centered medical home in the federal affordable care act, and should be part of primary care teams across the state.

In closing, passage of House Bill 188 will benefit patients, pharmacists and physicians and I am asking for your strong support of this measure.

Sincerely,

Randy Jarmoluk, MD  
VPMA, OhioHealth Physician Group