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Proponent Testimony, SB 141

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May 26, 2015

Dear Senators:

I am a family physician who leads state-wide patient-centered medical home (PCMH) initiatives for Mercy Health. As part of team-based care we have been expanding the role of the clinical pharmacist as a critical member of the care team. Specifically, within my office at the Mercy Family Medicine Residency in Toledo, we have engaged a clinical pharmacist in a number of initiatives aimed at improving care and lowering cost. These initiatives have included medication reconciliation for complex patients, group visits for patients with diabetes, medication adherence counseling, medication error reduction, and a heart failure readmission reduction project.

Ohio Senate Bill 141 and its companion House Bill if passed will make our clinical team more effective by allowing the clinical pharmacist to make medication changes following specific protocols developed with the family physician caring for the patients involved. With all team members functioning at the top of their training and/or licensure, patients receive more personalized care and are more likely to engage in self-management activities.

Nationally, there is a growing body of evidence supporting the effectiveness of the clinical pharmacist as part of the patient-centered medical home clinical team. In a Veterans Affairs hypertension study of use of the clinical pharmacist in the PCMH involving over 570 patients and a matched control group, there was significant improvement in both systolic and diastolic blood pressure readings in the experimental group at one year compared to the control group.

Historically, clinical pharmacists have been used to encourage the prescribing of generic drugs and to improve medication therapy adherence. These are fine activities. Today as healthcare is transforming with an emphasis on the use of care teams and clinical integration across the entire continuum of care, clinical pharmacists are being used in important new roles including:

- Embedding the clinical pharmacist in physician offices and ambulatory clinics
- Using clinical pharmacists as part of multidisciplinary teams including social workers, care managers, and health coaches.
- Using clinical pharmacists to educate their fellow physician (prescriber) team members on the cost-effective use of new medications
- Working with higher risk patients to improve outcomes while encouraging the appropriate level/location of care and decreasing total cost of care
- Leading quality improvement team projects within the physician office or clinic

In summary, within the patient-centered medical home we want to give the clinical pharmacist more autonomy with appropriate physician oversight to follow team-based clinical protocols that are in line with improving quality and service to individual patients, improving the health of the communities we serve, and reducing the total cost of care.

Thank you for the opportunity to share my thoughts in favor of Senate Bill 141 and its companion House Bill.

Sincerely,

A handwritten signature in black ink that reads "Ken Bertka MD". The signature is written in a cursive, flowing style.

Ken Bertka, MD