

Proponent Testimony, SB 141

Chairwoman Jones, Vice Chair Lehner, Ranking Member Tavares, and Members of the Health and Human Services Committee, thank you for the opportunity to provide testimony today on SB 141, the Pharmacy Consult Bill.

Like my colleague, Dr. Sullivan, I will briefly explain why this bill could be helpful to patients, physicians and pharmacists across the state of Ohio.

My name is Giavanna Russo-Alvarez, and I am one of the ambulatory care pharmacists practicing at the Cleveland Clinic. In this position, I am responsible for medication management for patients within the internal medicine clinic at our main campus. In other words, my role within this clinic would be directly impacted by Senate Bill 141.

As healthcare changes, we are no longer just treating sick patients. We are now trying to manage health and keep patients out of the hospital. In this evolving world of population management, our goal is to reduce overall healthcare costs and improve quality. To do this, we must practice in an effective and efficient multi-disciplinary team. In this team, the physician is the quarterback who is supported by nurses, dietitians, social workers, pharmacists and others. For this model to work, all members of that team must practice at the top of their license. The constraints of the current collaborative practice act limit the ability of this interdisciplinary team to act as a unit and function at their highest potential. Senate Bill 141 would improve those team dynamics. While pharmacists would be able to practice at top of license, it is important to remember the physician completely controls the collaborative practice agreement and can discontinue the entire agreement or any part of it at any time. As I mentioned, if the physician is the quarterback, then the pharmacist is the wide receiver.

As you know, health care delivery is evolving, as is the practice of pharmacy. Pharmacists are no longer simply dispensing medication, or counting out pills. Pharmacists now provide a range of health care services across health care settings.

In this changing health care world there must be more attention paid to medication management. Increased medication use for acute and chronic conditions along with advanced age in patient populations have resulted in higher demand for medication management.

At Cleveland Clinic, physician practices have attempted to maximize pharmacist roles within collaborative care models to help meet this demand, and so that physicians can shift focus towards patients who require more complex care and attention.

However, the current consult agreement law can result in delayed patient care and limit the efficiency and capacity of pharmacist collaborative practices. The proposed consult agreement bill would improve such efforts at Cleveland Clinic in the following ways:

1. If a patient presents to the clinic pharmacist with a significantly elevated blood pressure, the pharmacist would be able to initiate another blood pressure medication without delay. This efficiency allows pharmacists to provide better care at the time of service.
2. If prescribed insulin is not covered on the patient's formulary, the pharmacist will be able to switch the insulin to one that is covered and still appropriate for the patient without awaiting



physician input. This more timely response to the patient will help avoid missed doses and minimize extra costs to the patient.

3. If a patient with diabetes is experiencing a side effect from one of their diabetes pills, the pharmacist would be able to switch the patient to a long acting version of the medication that might be better tolerated without having to check with the doctor first.
4. It will allow pharmacists to order blood and urine tests to guide and monitor medication therapy without having to check with the physician first. This will help ensure safe and effective medication use.
5. This proposed bill would allow collaborative practice agreements to be made with groups of pharmacists and physicians rather than just individuals. This will help reduce the burdensome paperwork required for our team of pharmacists to provide around the clock care to over 4,500 patients who take the blood thinner warfarin.

In order to serve patients effectively now and in the future, it is important for physicians and pharmacists to be able to practice in a collaborative practice model that is best able to meet increasing treatment needs.

Senate Bill 141 will allow us the ability to build upon the important team-based work we are doing at Cleveland Clinic, and we are proud to support this bill.

Thank you again for the opportunity to testify. I would be happy to answer any questions.

Giavanna Russo-Alvarez, PharmD, BCACP