

## Proponent Testimony SB 141

June 1, 2015

Chairman Jones and distinguished members of the Health and Human Services Committee:

I am writing to give my support for SB 141, which would revise the current laws that govern consult agreements between a pharmacist and a physician.

Collaboration between physicians and pharmacists has improved the health and satisfaction of our patients at the Internal Medicine Center of Akron (IMCA). Experiencing this collaborative success first hand, I am writing to support SB 141. Current legislation makes the level of practice seen in our office (under institutional collaborative practice agreements) difficult outside of the institutional setting. Modernizing the consult agreement statute (ORC4729.39) will improve patient care for Ohioans in the ambulatory setting.

Pharmacists and physicians have been collaborating at IMCA for the past 20 years. We currently have four physicians and four pharmacists in our practice providing both direct patient care and resident training/education. Our pharmacists have all obtained a doctor of pharmacy degree, additional post-graduate residency training, and are board certified in Pharmacotherapy. In our setting, physicians and pharmacists work under institutional collaborative practice agreements to manage anticoagulation and diabetic therapy. Through these agreements, pharmacists are able to counsel patients, adjust medication doses, and order labs needed to manage medication therapy. These pharmacists reduce our physician patient burden by effectively managing drug therapy for many patients in both the diabetes and anticoagulation clinics. For example, our anticoagulation clinic had over 4,000 patient encounters in 2014. These frequent provider visits allow patients to reach health care goals in a timely manner and allow for identification of other healthcare issues affecting the patient. Our pharmacists have demonstrated that they are capable of making educated and individualized therapy decisions for the patients we serve.

Collaborative drug therapy management (CDTM) is the combined effort of the healthcare team, specifically the pharmacist and the physician, in order to assist the patient in reaching safe and effective medication results. From personal experience, I can say that our healthcare system and our patients benefit from the collaboration of pharmacists and physicians. Therefore, I feel our legislation should support such collaborative efforts in a way that does not impede the ability of the pharmacist to provide comprehensive care nor increase the time burden of physicians. The current Ohio CDTM or consult agreement statute (ORC4729.39) does not fully achieve this goal.

appropriateness in light of the patient's entire medical history and drug therapy regimen. Our diabetic patients need optimal medication regimens to not only control their blood sugars but also to control blood pressure and cardiovascular risk. The proposed changes will allow pharmacists to appropriately manage medications for the whole patient while addressing multiple diagnoses. It is important to note that the consult agreements will still be limited to diagnoses and protocols agreed upon by both the physician and the pharmacist beforehand and with continued physician oversight. The proposed changes to the consult agreement statute will also allow pharmacists to order and evaluate blood and lab tests in accordance with protocols. This ability is very often necessary to appropriately ensure optimal medication outcomes and safety.

The current law states when a pharmacist, physician and patient have entered into a collaborative practice agreement, "prior to commencing any action to manage an individual's drug therapy under a consult agreement, the pharmacist shall make reasonable attempts to contact and confer with the physician who entered into the consult agreement with the pharmacist". By entering into a collaborative agreement, the physician has asked the pharmacist to use their professional expertise and judgment to manage the patient's drug therapy. The requirement of the pharmacist to confer with the physician prior to any action can both delay appropriate management for the patient and use unnecessary time for the physician to authorize the request.

I believe the changes proposed in SB 141 would allow pharmacists to provide more comprehensive care for patients with continued proper physician oversight and allow both pharmacists and physicians to spend more time focusing on the direct care of Ohio patients. Therefore, I ask that you support and pass SB 141 to help us improve patient care and streamline the consult agreement between pharmacists and physicians. Thank you for your time and service.

Sincerely,

A handwritten signature in blue ink, appearing to read "Eugene Pfister, MD, JD". The signature is fluid and cursive, with a large initial "E" and "P".

Eugene Pfister, MD, JD  
Director, Internal Medicine Center of Akron  
Akron General Medical Center