

**Ohio Senate Insurance & Finance Institutions Committee
Proponent Testimony, Senate Bill 265**

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Members of the Senate Insurance and Finance Institutions Committee, thank you for this opportunity to support Senate Bill 265 to improve billing for clinical pharmacy services. As a native Ohioan and clinical pharmacist for the past 28 years it is a great honor to provide my testimony today. This bill provides the opportunity for clinical pharmacists, highly skilled and trained individuals like myself, a chance to be fully integrated into the health care delivery systems of this state; thus benefiting recipients by improving medication-related outcomes, including the selection and implementation of efficacious and safe medications that are cost-effective.

My name is Debra Barnette and I am a faculty member at The Ohio State University College of Pharmacy. For the past 28 years, I have been a practicing pharmacist in various areas of general internal medicine and cardiology. Early on in my career I worked with community pharmacists that partnered with local physician providers to improve hypertension treatment for their patients. This well-documented work has led to national recognition of pharmacists in the provision of team-based care for hypertension. Services that improve the blood pressure control and achieve accepted guideline-driven treatment goals in diverse populations. My position was funded by the University of Illinois College of Pharmacy.

In 1995, supported by state funding in Colorado, I then joined a team of 4 physicians and 4 nurse practitioners in an innovative model of care, establishing care for an indigent patients across the state. As a team member my role was to two-fold: first to support the health care team in providing cost-effective drug therapy selections, and second to act in a physician-extender role to collaboratively manage patients with chronic disease states, including anticoagulation, hypertension, diabetes, hyperlipidemia, and tobacco abuse. We improved the care for so many people in need of services. My salary was funded by the University of Colorado Health Sciences, School of Pharmacy.

I later moved to the state of North Carolina and secured a position with Wake Forest Baptist Hospital in Winston Salem. There I became a clinical pharmacist practitioner licensed by both state boards of pharmacy and medicine. My position was to establish their pharmacy-led ambulatory anticoagulation services for the cardiology department. The pharmacy teams' provision of high-quality care avoided serious adverse events, exceeded established national quality measures, and met with overwhelming support by patients. The anticoagulation service expanded into internal medicine, and developed to serve thousands of patients yearly.

This was a self-insured institution, and I was asked to establish a pharmacist-led diabetes program as a health benefit for employees and their families. Within the hospital setting (the place of employment for these workers), pharmacists would meet with patients to provide services with the approval of their primary care providers. We leveraged convenience to the recipient as an opportunity to really help patients learn about diabetes and improve their care. The family medicine and internal providers that extended across the state welcomed the services and routinely collaborated with the pharmacists. It was the vision of the institution that provided funding to support all these services. The pharmacists were not able to bill for the

professional services like other providers. In the case of the anticoagulation service, billing as a facility fee for the use of room was permitted.

Recently, I joined the faculty of The Ohio State University working in two general internal medicine clinics that serve both adult and pediatric patients. The OSU clinics are established as part of a new model of health care delivery and approved under the National Committee for Quality Assurance as Tier 3 Patient-Centered Medical Homes. A Patient Centered Medical Home (PCMH) is a model of care that prioritizes team-based care coordination and communication, accessibility for the patient, and a focus on quality and safety. Most recently, the clinics have joined to improve care through participation in national programs like the Million Hearts Program. Pharmacists participate by contacting patients to discuss various aspects of their care such as blood pressure control, aspirin therapy, cholesterol, and smoking cessation. As a clinical pharmacist in this setting, I work closely with the health care team to prevent, identify, and resolve drug-related problems. My services extend into direct patient care under the collaborative supervision of other health care providers. As a drug therapy expert, I provide a critical perspective on improving patient outcomes through the safe and efficacious use of medications.

As an example, I serve in the CAST program, a clinic developed to provide primary care to adolescents and adults with autism transitioning from pediatric to adult care. This population is underserved in the medical community. Our mission is to help primary care providers locally and across the state improve the care for patients with autism. In the treatment of autism, many patients are exposed to polypharmacy, which increases the risks for adverse side effects, drug-drug interactions, and complicated regimens. These can lead to suboptimal care. As the team's pharmacist, my role is to improve the quality of care through optimizing medications. In collaboration with the providers, I help patients manage their chronic diseases such as diabetes, tobacco cessation, and high blood pressure. However, even in this new model of care, my clinical activities are funded by the OSU college of pharmacy.

Over the past 28 years, I consider myself very fortunate. I have secured positions that allowed me to be a part of the health care team and function in a role that best utilizes my drug therapy expertise. The funding of these positions have most exclusively been through academic appointments, and in the one sole case that hospital administration was willing to absorb the costs including the pharmacists' salary to provide the care. My passion and calling to help people to best utilize their medications came early in my career. I have watched pharmacy grow into this amazing profession of highly qualified individuals that have dedicated roles on various health care teams. Pharmacists are invaluable to health care delivery. Those that are fortunate enough to have administrators that understand this value make the commitment to the patient care.

SB 265 will help pharmacists across our state secure positions to improve the health care delivery and the quality of care. Compensation for our services will help administrators who are hesitant to make those decisions that are key to including pharmacists in primary care settings. It is in these front-line settings where care decisions are being implemented that pharmacists have the greatest impact. I am respectfully, and humbly asking for your consideration and support of SB 265. The care of your constituents across Ohio are our number one concern and this bill is critical to ensure that care. Thank you for allowing me this opportunity to provide my testimony.

Debra J Barnette PharmD