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Pharmacists Take Larger Role on Health Team

By [REED ABELSON](#) and NATASHA SINGER

Eloise Gelinás depends on a personal health coach.

At Barney's Pharmacy, her local drugstore in Augusta, Ga., the pharmacist outlines all her medications, teaching her what times of day to take the drugs that will help control her [diabetes](#).

Ms. Gelinás, a retired nurse, also attends classes at the store once a month on how to manage her disease with drugs, diet and exercise. Since she started working with the Barney's pharmacists, she boasts that her blood sugar, bad [cholesterol](#) and [blood pressure](#) have all decreased. "It's my home away from home," she says.

While some of the services being offered to Ms. Gelinás resemble those found in an old-fashioned neighborhood drugstore, others reflect the expanding role of the nation's pharmacists in ways that may benefit their customers and also represent a new source of revenue for the profession. Some health plans are even paying pharmacists to monitor patients taking regular medications for chronic illnesses like diabetes or heart disease.

"We are not just going to dispense your drugs," said David Pope, a pharmacist at Barney's. "We are going to partner with you to improve your health as well."

At independent drugstores and some national chains like [Walgreens](#) and the Medicine Shoppe and even supermarkets like Kroger, pharmacists work with doctors and nurses to care for people with long-term illnesses.

They are being enlisted by some health insurers and large employers to address one of the fundamental problems in health care: as many as half of the nation's patients do not take their medications as prescribed, costing nearly \$300 billion a year in emergency room visits, hospital stays and other medical expenditures, by some estimates.

The pharmacists represent the front line of detecting prescription overlap or dangerous interaction between drugs and for recommending cheaper options to expensive medicines. This evolving use of pharmacists also holds promise as a buffer against an anticipated shortage of primary care doctors.

"We're going to need to get creative," said Dr. Andrew Halpert, senior medical director for Blue Shield of California, which has just begun a pilot program with pharmacists at Raley's, a local grocery store chain, to help some diabetic patients in Northern California insured through the [California Public Employees' Retirement System](#).

Like other health plans, Blue Shield views pharmacists as having the education, expertise, free time and plain-spoken approach to talk to patients at length about what medicines they are taking and to keep close tabs on their well-being. The pharmacists "could do as well and better than a physician" for less money, Dr. Halpert said.

Some health insurers and large employers already pay for programs called medication therapy management, which typically involve face-to-face sessions between pharmacists and patients in retail stores or clinics. Pharmacists can be paid to track patients, monitoring cholesterol or blood glucose levels, for example, or prodding customers to change their diets or exercise. [UnitedHealth Group](#) has recently started working with pharmacists and health coaches at the [Y.M.C.A. to counsel diabetic patients](#).

The idea of using pharmacists in this way began to gain popularity in 2006 when some [Medicare](#) plans started covering medication therapy management programs, paying \$1 to \$2 a minute to pharmacists to review patients' medicines with them; this year, about one in four people covered by Medicare Part D prescription drug plans will be eligible, according to agency estimates. For example, a Medicare Part D plan covered Ms. Gelinas's medication management session at Barney's pharmacy.

More employers and insurers also pay for pharmacists to advise patients, a role that the new health care law encourages with potential grants for such programs. In Wisconsin, for example, community pharmacists and some health plans have banded together to create a joint program, the [Wisconsin Pharmacy Quality Collaborative](#), to standardize medication therapy management and ensure quality care.

Meanwhile [Humana](#), which first paid for pharmacists to work with Medicare patients, expanded its coverage a few years ago. About a third of the 62,000 pharmacies in its network offer these services, and the insurer says it is studying whether a pharmacist seeing a patient in person has more impact than a phone call.

The advent of these services has spawned a new industry of medication therapy management companies to run clinical pharmacy programs for health insurers, contracting with pharmacists and tracking the financial and health outcomes of their services. One such company, [Mirixa](#), founded in 2006 by the National Community Pharmacists Association, does business with more than 40,000 pharmacies nationwide. Pharmacists and others see these joint efforts as vital to remain competitive with mail-order pharmacies.

One of the first places where retail pharmacists began to expand their role was Asheville, N.C., where studies validated the services. "We really positioned the pharmacist as coach," said Fred Eckel, executive director of the state's pharmacist group.

In one recent study of 573 people with diabetes, 30 employers in 10 cities waived co-payments for diabetes drugs and supplies for those employees or family members willing to meet regularly with a pharmacist. People in [the study](#), financed by the drug maker [GlaxoSmithKline](#), took part in at least two sessions with pharmacists who helped them track their blood sugar, blood pressure and cholesterol levels and offered diet and exercise advice. After a year, blood pressure, blood sugar and cholesterol levels typically improved — and saved an average \$593 a person on diabetes drugs and supplies.

But the new relationships have stirred concerns. Federal regulators have recently accused chains like [Rite Aid](#) and [CVS Caremark](#) of inadequately protecting health records.

And groups like the [American Academy of Family Physicians](#), say pharmacists should be careful

not to usurp the physician's role. "I'm concerned that people are thinking about this in terms of 'either or,' and that's the wrong approach," said Dr. Lori J. Heim, the academy's president. "It's an 'and' approach."

Michelle A. Chui, an assistant professor at the [University of Wisconsin](#) School of Pharmacy, said that pharmacists do not want to compete with doctors, but merely provide more information "so the physician has a more in-depth picture."

Still, the pharmacy business benefits. Barry S. Bryant, owner of Barney's in Augusta, said expanding to include a wellness center where pharmacists hold medication management sessions and monthly health classes attracted more customers.

Today, Barney's fills an average of 1,000 [prescriptions](#) a day, up from 300 seven years ago, with about a third of his customers covered by [Medicaid](#) and another third by Medicare, he said.

The business growth at Barney's has even prompted Mr. Bryant and Mr. Pope to start their own education company, [CreativePharmacist.com](#), that teaches other pharmacies how to introduce in-store services.

"When we get involved with chronic care patients, their outcomes improve," Mr. Pope said. "But, at the same time, they are improving our bottom line."