



More Than Meds

How Pharmacy Can Contribute to Health Equity

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The pharmacist has gone from being unable to discuss medications with customers to being at the forefront of equitable healthcare.



Pharmacy 101: A Brief History

Unlike that of most medical professionals, the role of the pharmacist had been dwindling for about 200 years. The earliest American graduates of pharmacy compounded medications, creating specialty drugs for individual patients who may be allergic to or intolerant of specific components. However, thanks to the advancement of pharmaceuticals, the need for compounding today is minimal. Even the pharmacist/patient relationship had disappeared almost entirely. At one time, ethical standards forbade “pharmacists from discussing medications with patients, and, while it might be shocking by today’s standards, many prescription labels didn’t list the drug name due to a commonly held idea that labeling the vial would violate the physician-patient relationship.”¹

We have come a long way since the early 1800s, when Louis Dufilho Jr. of New Orleans became the first licensed pharmacist in the U.S.

But it wasn’t until two centuries later that the Accreditation Council for Pharmacy Education forced all schools of pharmacy to convert to the PharmD as the only approved professional degree. At the same time, pharmacists received training in immunization programs, making them a first line of defense against communicable disease.

Pharmacoequity:
Ensuring that all individuals—
regardless of race and
ethnicity, socioeconomic
status, or availability of
resources—have access to the
highest-quality medications
required to manage their
health needs is paramount.²



The Future of Pharmacy and Its Role in Health Equity

For many Americans, picking up a prescription is simple. Pharmacy apps and automatic reordering help ensure we get our medicines in time and that they're ready at the counter. Many of us have already discussed these drugs with our primary care doctor or specialist and rarely read the patient information stapled to the bag, which gets tossed into the recycling bin at home. We put the medication in a place that is easily accessible when and where we need it, and various tools and gadgets help us remember to take it.

Of course, this assumes we have several things at our disposal: transportation, a smartphone or computer, regular communication with a primary care doctor, a tool to help encourage a habit, and a convenient place to store medications. However, for many people, especially those on Medicaid, these resources are not always a given.

Fortunately, the proximity of a pharmacy—more than 90 percent of us live within five miles of one³—makes it one of the most accessible areas of healthcare. As such, it can help bridge the many healthcare gaps and remove the barriers to excellent health that this population faces.

This often makes the pharmacist the first and best source for improving health literacy, reducing medication costs, suggesting alternative therapies, and providing point-of-care testing, immunization, and medication therapy management.

Pharmacy = Health Literacy

Personal health literacy is “the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”⁴

Consider this: Regardless of education, income, and ethnic or national origin, only 12 percent of adults are proficient in health literacy.⁵ As one of the most accessible healthcare providers, the community pharmacist plays an important role in health literacy.

In 2022, 6.7 billion prescriptions were dispensed, a number expected to rise significantly in 2025.⁶ According to the CDC, the number of prescriptions that went unfilled and medications not taken as directed was an average of eight percent, but it was significantly higher for those on Medicaid and depending on age, sex, and national or ethnic origin. Many people skipped refills or reduced their dosage to save money. And those with disabilities or in fair or poor health were most likely to misuse medications.⁷

“Medication nonadherence among patients, particularly those with chronic diseases such as diabetes, has become an expensive problem for the American medical community, with a direct cost of approximately \$100 billion annually that may range as high as \$300 billion in potentially avoidable spending. Nonadherence in the United States is associated with 125,000 deaths annually and at least 10 percent of hospitalizations.”⁸

Studies now show that teaching “health literacy can be used as an effective education and prevention tool to improve disease management behaviors, including treatment adherence,”⁹ especially important in chronic disease management. And there is empirical evidence that “health literacy is essential to improving medication adherence because aspects of information exchange and patient’s understanding of their medication information are often overlooked by health professionals.”⁹

Enter the pharmacist, the one liaison between patient and provider who can explain, in clear language, how a medication works, why it’s important to take as directed, and how it results in improved or managed health outcomes.

Pharmacy = Medication Therapy Management

Medication Therapy Management (MTM) is “[a] range of services provided to individual patients to optimize therapeutic outcomes (help patients get the most benefit from their medications) and detect and prevent costly medication problems.”¹⁰

When provided by pharmacists, Medication Therapy Management, at its best (i.e., when pharmacists are given the time), results in “a review of all medications prescribed by all prescribers providing care to the patient, and any

over-the-counter and herbal products the patient may be taking to identify and address medication problems.”¹⁰ These can include duplicate or unnecessary medications and those being used incorrectly; medications for untreated or poorly managed conditions; and patient advice and education on these medications. Pharmacists may also collaborate with physicians, patients, and other healthcare providers to determine the best course of medication therapy, including what is most cost-effective and clinically appropriate. They can even help patients save money by directing them to special discount cards and patient assistance programs.

MTM is a proven method of lowering blood pressure, cholesterol, and diabetes indicators; improving medication adherence and patient quality of life; increasing health literacy; and ensuring safe, effective medication use.¹¹

But the next step, pharmacist as provider, still comes with much resistance.



Pharmacy in Action

The pharmacist remains one of the most trusted healthcare professionals. A recent survey found that more than 79 percent of patients considered their pharmacist to be a “reliable source of general health information beyond general medication questions.”¹² That’s due in large part to their accessibility and availability; we see our pharmacists more often than we see our doctors. Even healthcare providers’ trust in the pharmacist is high—about 90 percent.¹²

COVID-19 put the cape on pharmacists as healthcare heroes, thanks to their administration of vaccines, testing, and patient messaging about the importance of precautions like proper hand washing and mask wearing.

So how can our current healthcare system continue to put pharmacists into action and allow them to practice at the top of their licenses?

In all 50 states (and DC and Puerto Rico), the pharmacist can administer vaccines (with some limitations), but they lack provider status federally, which is a hurdle, especially during times of medical crises, when reimbursement from Medicare and Medicaid is a significant impediment.

The biggest barrier thus far has been payer reimbursement for services. This was seen during several health emergencies, including H1N1 and Hurricane Katrina. If services are outside the normal scope of practice, pharmacies do not get reimbursed for their efforts. Getting provider status is urgent—not only for patients in crisis but for pharmacies to continue operating. In 2023, hundreds of retail drugstore chains—Rite Aid, CVS, Walgreens—began closing in mostly low-income neighborhoods, “compound[ing] health inequities that already exist.”¹¹ The closures can be attributed to overworked and underpaid staff, understaffed stores, debt, theft, and competition from big box stores, dollar stores, and online retailers.¹³ Another sore spot for pharmacists is the Pharmacy Benefit Managers’ unfair reimbursement practices, which a bill—Pharmacy Benefit Manager Transparency Act of 2022—introduced two years ago aims to correct.¹⁴

The reasons for elevating the pharmacist's role are numerous. Among them: a current physician shortage and pockets considered "healthcare deserts."^{11,12} **To help address these two issues, a key link for the pharmacist is the implementation of Collaborative Practice Agreements.**

Collaborative Practice Agreements (CPAs), contracts that solidify the relationship between a provider and a pharmacist for specific functions, facilitate the pharmacists' involvement in patient care by authorizing them to perform such tasks as refilling prescriptions, adjusting medications, ordering lab tests, and even prescribing new medications. Some states have even begun to allow pharmacists to prescribe independently. A collaborative practice agreement can help bridge the gap of physician shortages by allowing the pharmacist to assist the physician with disease state management, while allowing the physician additional time to evaluate more complex patients.

Allowing pharmacists to bill for services would bring essential healthcare screening to areas considered health deserts. These point-of-care services are essential, and pharmacists are well-equipped to provide them. They are, in fact, "trained to assess patients and provide care 'from infants to seniors.'" And of the 340,000 pharmacists in the U.S., 60,000 are board certified, and one in three has completed at least a year of residency post-graduation.¹⁵

AbsoluteCare: Pharmacy + PCP = Health Equity

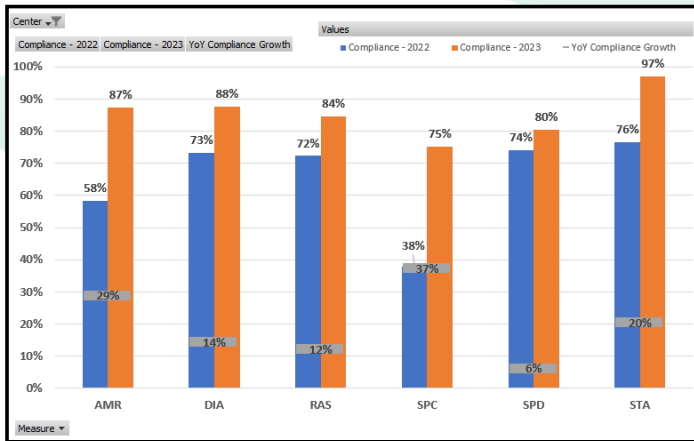
AbsoluteCare's centers are strategically placed in urban areas where other healthcare outlets are leaving, bringing whole health care to the most underserved communities, where it has been especially inequitable.

Our pharmacists are already a valued part of the healthcare team. They consult with providers and work with members to make sure they understand their medications and the importance of adhering to their treatment protocols. They also provide MTM and medication counseling. We can do this successfully because our medical and pharmacy data are fully integrated. Collaborative practice agreements, soon to be in place, will allow pharmacists and providers both to work at the top of their license. Providers are then freed to spend extra time with some of our more complex members.

Case Study

By working with our providers and our quality team, our pharmacists can intervene and educate the members (what we call our patients) of AbsoluteCare. The results of our quality measures show the improved adherence and outcomes compared year-over-year prior to our pharmacists' interventions. These results are a win-win for AbsoluteCare and our payer partners serving this vulnerable population.

Pharmacy Quality Measures, (MY22 vs. MY23)



Compliance - 2022	Compliance - 2023	YoY Compliance Growth
58%	87%	29%
73%	88%	14%
72%	84%	12%
38%	75%	37%
74%	80%	6%
76%	97%	20%
65%	85%	20%

AMR	Asthma Medication Ratio
DIA	Proportion of Days Covered - Diabetes All Class
RAS	Proportion of Days Covered - Renin Angiotensin System Antagonists
SPC	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
SPD	Statin Therapy for Patients With Diabetes
STA	Proportion of Days Covered - Statins

Getting to these results is not just a matter of filling the medication on time or dropping a medication delivery at a member's door. To make an impact like this on adherence, it takes a deeper connection, a building of trust, and time to assist our members with a change in behavior. Our pharmacists meet members where they are.

Where other pharmacies may stop and put part of the refill process back into the patient's hands, at AbsoluteCare, the inequities facing our members are at the forefront of our minds. We take on this process for our members and see it through to the finish line. And that's just one of the ways we build trust with members who may have had difficult experiences with their healthcare.

At AbsoluteCare, our members are not a number on a prescription bottle or a completed fill to reach an adherence target. They are the most vulnerable population: human beings who need a voice for health equity.

The pharmacists at AbsoluteCare are part of the whole healthcare team. They are positioned to be our members' voices, to bridge equity gaps, and to improve the health outcomes of the most vulnerable population in our cities.

About AbsoluteCare

AbsoluteCare offers health services tailored to the most vulnerable members of society using a risk-bearing, PCP-driven care model. We treat the most clinically complex members of the communities we serve—many of whom face behavioral health, substance use, and SDoH challenges. We tend to the needs of the high-risk population who persistently represent a disproportionate amount of unnecessary utilization and cost, regardless of whether they are engaged with other PCPs.

We deliver this care in our Comprehensive Care Centers and in the communities we serve. In 25 years, AbsoluteCare has achieved unprecedented outcomes by addressing medical and psychosocial issues, as well as life's hardships that exacerbate chronic health conditions and complicate access to care. AbsoluteCare is headquartered in Columbia, Maryland, and currently operates in seven markets: Baltimore and Prince George's County, MD; New Orleans, LA; Cleveland and Columbus, Ohio; and Philadelphia and Pittsburgh, PA. We have treated tens of thousands of chronically ill individuals, living up to the mission of providing care that goes beyond medicine™.

For more information, visit absolutecare.com.

NOTES

- 1 <https://www.goodrx.com/hcp/pharmacists/history-of-community-pharmacy-in-us>
- 2 <https://www2.deloitte.com/us/en/blog/health-care-blog/2022/the-challenge-of-health-equity-in-pharmacy.html>
- 3 [https://www.japha.org/article/S1544-3191\(22\)00233-3/fulltext](https://www.japha.org/article/S1544-3191(22)00233-3/fulltext)
- 4 <https://www.cdc.gov/healthliteracy/learn/index.html>
- 5 <https://www.ahrq.gov/health-literacy/improve/pharmacy/index.html>
- 6 <https://www.statista.com/statistics/238702/us-total-medical-prescriptions-issued/>
- 7 <https://www.cdc.gov/nchs/products/databriefs/db470.htm>
- 8 <https://physicians.dukehealth.org/articles/medication-nonadherence-increases-health-costs-hospital-readmissions>
- 9 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4912447/>
- 10 <https://www.pharmacytimes.com/view/provider-status-for-pharmacists-its-about-time>
- 11 <https://www.goodrx.com/hcp/providers/yes-pharmacists-are-healthcare-providers>
- 12 <https://www.healthcarefinancenews.com/news/people-placing-more-trust-pharmacists-care-management>
- 13 <https://www.cnn.com/2023/10/16/business/drug-stores-closing-rite-aid-cvs-walgreens/index.html>
- 14 <https://www.congress.gov/bill/117th-congress/senate-bill/4293/text?r=1&s=3>
- 15 <https://www.beckershospitalreview.com/pharmacy/pharmacists-confront-amas-scope-creep-stance.html#>