VIEWPOINTS

Dramatic Need for Cooperation and Advocacy Within the Academy and Beyond

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There is no question of the need for advocacy within pharmacy and the health professions. Collective voices need to be heard, and those for whom pharmacists provide care and services need others to advocate for them simply because they have no voice in many discussions. Currently in pharmacy and the wider health professions, there are many points of contention and debate. This is not a new phenomenon; it has existed for decades.

In 2010, the American Pharmacists Association and the American Society of Health-System Pharmacists[1] collaborated on a discussion paper that suggests that the rapid expansion of pharmacy schools' satellite campuses and the increasing class sizes enrolled in pharmacy colleges and schools needs to be thoughtfully reconsidered. Voices within the academy have also called for careful consideration of expansion plans for programs. These arguments are juxtaposed with suggestions that there are too many health care institutions or affiliated clinics in North America, some of which are an easy stroll across the street from one another. Some believe there are too many pharmacy organizations as well, all of which were under one umbrella before being split up decades ago.

The point of this editorial is not to take sides in the debate over supply of health professionals and services or to criticize any entity, but rather to lament the lack of cohesion among all affinity groups in advocating for one special interest above all else: the graduates of pharmacy education programs. Regardless of vested interests, all pharmacy educators should hold the practice options available to graduates and future graduates in the highest importance of all that we represent, advocate for, or suggest allegiance to.

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Other Professions Filling the Expanding Need for Physician Extender Services

Nurse practitioners (NP) and physician assistants (PA) have worked hard to take advantage of the tenets behind much of the Patient Protection and Affordable Care Act passed in 2010. Despite political posturing, many provisions of this health reform legislation have been implemented and experts believe that many of the preventive health services components put in play by this legislation will not be reversed in the future regardless of the fate of the overall Act. In mid-December 2011, the components dealing with payment and service provision for preventive obesity counseling and services imbedded in the legislation began to be operationalized for enrollees of Medicare. Physician extenders will provide many of these and other types of future needed services.

Our previous research[2,3] found that consumers are willing to use physician extenders (eg, NPs) when seeking care for acute conditions requiring medical care services. Many if not all of these retail clinic-based physician extenders are located within pharmacies. There are numerous opportunities for professional collaboration between pharmacists and other physician extenders (NPs and PAs). The health professions striving to avail the opportunities presented by disruptive innovations such as retail clinic and the increasing demand for primary health care services do not need to do so at the expense of each other. There are tremendous opportunities for outreach and collaborative efforts, many in place already, that need expansion for the benefit of all – most importantly the patients served.

These professions (NPs, PAs) have achieved tremendous success by working within and across their specific professional associations, practitioner groups, and health professional schools, and with colleagues to advocate for the benefits of PA- and NP-provided health care services. This has not been achieved without tremendous organizational and collaborative synergy uniting segments within these professions that may not always agree with all

aspects of what disparate affinity groups might advocate for. These processes have been documented extensively in the literature, and most certainly provide blueprints for the pharmacy profession's future advocacy and cooperation with physician extender groups and physicians. There are remarkable case study presentations of how cooperative arrangements between doctors of pharmacy (PharmDs) and NPs have provided much needed services for underserved subpopulations. Andrus and Clark describe their cooperation with NPs in a nurse practitioner clinic located in rural Alabama.[4] O'Brien details nicely the history, activism, and successes achieved by the NP community vis-à-vis provider status. [5] Storey and White have written a thorough assessment of the structure, processes, and outcomes of professional, political, and health-related successes and implementations achieved by NPs and Pas.[6] These well-written manuscripts provide abundant guidance for professional cooperation within and external to a specific profession and outreach activities.

Opportunites for Expansion of Pharmacist-Provided Services

There have been refreshing lay press analyses speaking of the changes in pharmacy practice and opportunities at the chain pharmacy level. Walgreens was highlighted in a recent piece in the *New York Times.*[7] There are countless other similarly impressive assessments. We need to enhance the public dissemination of these types of success stories, not for ourselves, but for the benefit (therapeutically and economically) of the patients that pharmacists (graduates of our PharmD programs) treat countless times daily.

The United States Centers for Disease Control and Prevention (CDC) has been a source of advocacy for pharmacist involvement in many public health campaigns. The CDC has advocated for the use of pharmacy students to help with human resource needs at high demand clinics set-up for influenza vaccinations during flu season.[8] Gregory S. Holzman, MD, MPH, from the CDC eloquently made the case for pharmacist inclusion in the CDC's public health agenda during his thorough and encompassing presentation at the American Association of Colleges of Pharmacy annual meeting this past July in San Antonio. Although pharmacy graduates are trained to be competent immunizers in pharmacy school, many retail chains defer to outside vendors to provide influenza vaccinations on site, even when they have a pharmacy within their establishment.

Benefits of Collaborative Practice Opportunities for Pharmacists

In December 2011, Gilberson and colleagues[9] at the US Public Health Service (PHS) issued a report to the US Surgeon General that elaborately updated a previous 2009 report and outlines the structure, processes, and outcomes of advanced pharmacy practice using collaborative practice arrangements with other providers within the US PHS and beyond. This report also notes that pharmacists are the only health professionals in the US who despite managing medications and providing other health care services are not recognized as health providers or practitioners throughout the United States.[9] The authors concluded: "It is time to enact legislation to recognize and compensate pharmacists - reflecting a change in the pharmacy practice that has already occurred. These changes will rapidly answer a need to improve the cost-effectiveness, quality, and access to primary care and further advance the health of the nation."[9(p.47)]

This thoroughly prepared report provides a template and rationale for collaborative practice arrangements for pharmacists with other health professionals. The comprehensiveness of this report is evidenced by: the inclusion of assessment of documented and published patient outcomes attributable to pharmacist interventions in widespread areas of practice; a comparison of the collaborative practice situation in all states in the United States; and the description of the US PHS processes for advanced, collaborative practice. This report serves as a call to action for all our groups representing pharmacy to work together to make collaborative practice for pharmacists a reality in the United States.

At this time of change in the health care industry, focused advocacy from many pharmacy groups is needed to enhance the opportunities available for our remarkable pharmacy graduates and students and ensure that they benefit our society to their fullest capabilities and skills. This advocacy cannot be seen as just an option to consider. Sustained earnest advocacy must be carried out by many groups within and external to pharmacy and most certainly in cooperative fashion with our fellow health professions. The growing unmet health care needs extant in our population will only grow exponentially in the near and long-term future. The time is now for us to set aside intraprofessional criticisms and focus on the priorities that we share rather than on the issues on which we disagree.

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