

Impact of Clinical Pharmacist LIP in Rural Healthcare Setting

There are many types of pharmacist roles currently, ranging throughout many settings: retail (such as Wal-Mart), hospitals, nuclear (radioactive materials), and outpatient clinics as examples.

By definition of a clinical pharmacist, I am referring to an LIP (licensed independent practitioner). My credential is Doctor of Pharmacy (PharmD).

LIPs such as myself can prescribe medications, order labs, and perform many of the same duties a physician can. Pharmacists do not currently diagnose, but there are advantages to this as I hope to illustrate below.

I have been able to seize great opportunities in my current VA outpatient clinic setting to make a post-diagnosis impact for our rural patients who live in the Grants Pass, Merlin, Cave Junction areas. This is a valuable asset to patients and providers in this clinic. In our setting each physician has around 1200 patients each once full panel size reached, so it can be a challenge for them to allocate time among all of their patients. Also, these patients no longer have to travel to Roseburg or Medford for VA medical care.

Diabetes is an area where I as a clinical pharmacist LIP have had a major impact. Patients can follow up with me many times before they see their physicians again typically. I have met with 98 different diabetics since last June, with over 200 hours of direct patient care time.

At the initial diabetes visit, I obtain past medical history, evaluate lifestyle, perform medication reconciliation, evaluate labwork, and assess if patient currently prescribed the needed medications, especially for diabetes, blood pressure, and cholesterol. I am able to prescribe medications and labwork, and can follow up with them until their blood sugar, blood pressure, and cholesterol goals are reached.

This team approach frees up physician time to diagnose various medical conditions, and also to treat those conditions in large panel sizes.

LIP pharmacists can also make an impact in other disease states, wherever the needs arise in each unique patient population.

The end result is twofold: increased quality care and increased access to physicians.

The patients get the added attention from an LIP who can prescribe their necessary medications and labwork, which can then lead to increased physician panel size capacity. This increases overall access to quality healthcare for these rural patients.

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