

March 9, 2017

Department of Veterans Affairs
Southern Oregon Rehabilitation Center & Clinics (SORCC)
White City, Oregon 97503

TO WHOM IT MAY CONCERN:

I would like to submit a letter to support recognizing pharmacists in the Oregon Rural Medical Practitioners Credit. Pharmacists currently must obtain a doctorate of pharmacy, a four year degree – usually after completing a bachelor's degree. It is also becoming more common to complete a residency or fellowship before practicing pharmacy. This is more education than some of the providers already covered by this tax credit. Pharmacists are on the front line of health-care. We are the drug experts and can work in a variety of settings. Each important and needed to provide safety to patients.

Community pharmacists may provide medication reconciliation, immunizations, medication management services, prevent drug-drug or drug-disease errors, educate on medications, advise which over the counter medication to take - just to name a few roles. Hospital pharmacists may do many of the same duties but may also use pharmacokinetic expertise to dose antibiotics or blood thinners, adjust medication doses, manage and prepare parenteral nutrition, assist in making intravenous admixtures, round with other healthcare team members - all to optimize care for the hospitalized patient. There are also a variety of other specialized pharmacists who work in a particular field, for example, oncology, infectious disease, pain, mental health. Pharmacotherapy can be very complex with today's patients on many medications for many disease states.

My position is as an ambulatory care pharmacist. I work in an outpatient veteran affairs clinic with three primary care providers and one mental health provider. I completed a 4 year bachelor degree, a 4 year doctorate of pharmacy degree, a one year residency, and I am certified by the board of pharmacy specialties in pharmacotherapy. I am a licensed independent practitioner. I have a scope of practice that allows me to order medications and labs. Usually a patient may only visit their primary care provider a couple times a year. Especially with the growing shortage of practitioners, pharmacists are able to step to the plate and help fill a void. I receive consults from these providers to provide medication management for diabetes, pain, hypertension, hyperlipidemia, COPD, side effect management, polypharmacy, adjustment of medications in renal dysfunction, to provide mental health taper/cross-titration schedules, etc. Sometimes I follow-up on medications initiated at the primary care visit, initiate new medications, order appropriate labs, every patient and day is different. There have been many trials and data to support pharmacist collaboration to improve outcomes in chronic disease management. I have included citations below of just a few.

On a daily basis, I make a difference in caring for patients; whether that be obtaining control of a chronic disease state, preventing dangerous medication errors, optimizing medication regimens to reduce polypharmacy, or decreasing overall risk and side effects. Pharmacists are an important member of the health care team and should be included in this credit.

Health care providers serving rural communities face special challenges in their effort to improve health care quality and patient outcomes. The realities of distance, isolation, and constricted resources can complicate rural health care delivery. I can attest to the need for pharmacists in this underserved area that I currently live and work in. Since I have moved to Klamath Falls from Portland, every pharmacy has had open positions. This bill would potentially encourage pharmacists to serve in these rural communities and help improve the outcomes of patients. Pharmacists are an integral part of health care delivery and I strongly encourage that they are recognized with the bill, HB 2373.

Sincerely,

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PACT Pharmacist

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