THE PHARMACIST CLINICIAN: PRESCRIPTIVE AUTHORITY IN NEW MEXICO

In New Mexico, a pharmacist clinician is a registered pharmacist with advanced training in the areas of physical assessment and pharmacotherapy who practices with prescriptive authority under the supervision of a physician. The creation of the pharmacist clinician through the Pharmacist Prescriptive Authority Act (Section 61-118-3 NMSA 1978) was originally designed to address the concern of providing quality health care to the underserved rural population of New Mexico. New Mexico is the fifth largest state in land mass; however, its population is less than two million. Given the rural nature of the state, a large population suffers from lack of readily accessible health care services.

The first problem in a rural setting is a population too small to justify a full-time physician. Slightly larger communities may have an overworked physician serving a patient population too large for one physician—but too small to justify a second physician. The pharmacist clinician may act as a physician extender in both circumstances, alleviating the excessive physician workload. The second problem is that the community may not be large enough to support a pharmacy based on prescription volume alone. Pharmacist clinicians may supplement their income by providing reimbursable patient-care services. Pharmacist clinicians practicing in communities without a physician may eliminate the need for patients to travel to receive care for minor ailments or minor adjustments in medications for chronic diseases.

Allowing pharmacists in long-term care facilities to adjust medication regimens eliminates unnecessary physician visits, delays in refilling prescriptions, or clinical problems avoidable by changing prescription medications. In managed care facilities, a pharmacist’s management of chronic disease states allows an increase in interval between patient visits to physicians. In addition, responsible drug selection by pharmacists can minimize the expense of unnecessary, duplicative, or excessive pharmacotherapy to the health care system. In these situations, pharmacist prescribing can only be justified if quality of care is maintained or improved.

All pharmacists possess extensive knowledge of drug products, indications, and adverse effects. However, few pharmacists have received advanced training in physical assessment and monitoring of pharmacotherapy for positive or negative outcomes. Further, responsible prescribing requires an advanced knowledge of therapeutics. Pharmacists clinicians are not intended to serve as physician replacements, nor should they duplicate the services of nurse practitioners (NPs) or physician assistants (PAs). Instead, the rationale for the role of pharmacist clinician is expertise in drug therapy, as a “physician enhancer” who can fine-tune complex drug regimens.

DEVELOPMENT OF THE PHARMACIST PRESCRIPTIVE AUTHORITY ACT

Recognizing the potential for pharmacists to provide expanded patient-care services, the New Mexico Pharmaceutical Association (NMPhA) sought to obtain prescriptive authority for New Mexico pharmacists. Through diligent lobbying efforts of its executive director, Dale Tinker, NMPhA was successful in obtaining legislative support. In April 1993, the Legislature of the State of New Mexico enacted the Pharmacist Prescriptive Authority Act, which granted prescriptive authority to pharmacist clinicians. The act required that these clinicians have additional training “...at least equivalent to the training received by a physician assistant.” Specific regulations were required to be adopted by the Board of Pharmacy in consultation with the Board of Medical Examiners and the New Mexico Academy of Physician Assistants. The Board of Pharmacy has been very responsible in assuring that certified pharmacist clinicians possess the advanced skills required for prescriptive authority.

On April 18, 1995, the New Mexico Board of Pharmacy finalized four methods by which a New Mexico pharmacist can become a pharmacist clinician. Pharmacists may qualify through any one of four options:

▲ Option 1: The applicant is an actively licensed pharmacist, and has achieved national certification as a physician assistant.

▲ Option 2: Satisfactory completion of an academic curriculum that includes a minimum of sixty (60) hours of physical assessment training followed by nine (9) months of supervised clinical experience involving assessment skills.

▲ Option 3: Satisfactory completion of a 60-hour physical assessment course approved by the Board and a 150-hour, 300-patient contact preceptorship supervised by a physician and approved by the Board, and achievement of a passing score as defined by the Board on an appropriate examination approved by the Board.

▲ Option 4: The applicant is certified by the Indian Health Service’s Pharmacist Practitioner Program, documenta-

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tion of 600 patient contacts within the past two years as a pharmacist practitioner, accompanied by a supporting affidavit from the supervising physician.

Initially, the only examinations that have been approved for qualification under option 3 are the Board of Pharmaceutical Specialties (BPS) examinations. Pharmacists qualifying by passing the Pharmacotherapy Specialty Examination are not restricted in their scope of practice. Since other BPS examinations certify pharmacists in a more narrow scope of practice, pharmacists who qualify by passing these examinations have their practice restricted to the area certified by the specific examination.

After the pharmacist clinician is found qualified and is certified, he/she may apply for prescriptive authority by submitting protocols signed by a physician or group of physicians who agree to supervise the clinician's prescriptive authority. Protocols are a collaborative agreement between the pharmacist clinician and the supervising physician authorizing the scope of practice for the pharmacist clinician.

CURRENT STATUS OF THE PHARMACIST CLINICIAN

A physical assessment course has been developed at the University of New Mexico College of Pharmacy to assure that all doctor of pharmacy graduates qualify for certification as pharmacist clinicians under option 2. In addition, the syllabus for this course has been shared with community colleges, Indian Health Service facilities, and groups of pharmacists throughout the state, so that interested pharmacists may acquire the skills needed to be certified under option 3.

Currently, two pharmacists have qualified under option 2, based on training received in a previous post-B.S. Pharm.D. program at the University of Tennessee. The other three clinicians qualified under options 1, 3, and 4, respectively. Four of the five clinicians had previous prescriptive authority in the Indian Health Service. Two of the clinicians are board-certified pharmacotherapy specialists. Of the five recent Pharm.D. graduates from the University of New Mexico, three are expected to apply for certification. The other two graduates are in residency training out of state. Several pharmacists throughout the state have completed the physical assessment course and are now in preceptorship training. With the lessening of rigorous standards concerning the board-approved examinations for qualifying under option 3, these pharmacists are expected to submit applications for certification within the next two months.

In fall semester 1996, the University of New Mexico College of Pharmacy will offer a nontraditional Pharm.D. program for alumni and pharmacists who are residents of New Mexico. While physical examination is not a requirement of the nontraditional program, several potential nontraditional Pharm.D. students plan to complete the course to qualify for pharmacist clinician certification.

CONCLUSION

The Legislature of New Mexico has enacted a Pharmacist Prescriptive Authority Act. Board of Pharmacy regulations assure that certified pharmacist clinicians possess the advanced skills needed for rational prescribing. These regulations serve as a good model for other states considering prescriptive authority for pharmacists.

We live in an exciting time of change for the practice of pharmacy. However, we must also realize that change, albeit necessary, brings forth its own share of dangers. Expanded roles for pharmacists have evolved through intensive communications efforts with other health care professionals. We must guard against the development of pharmacist clinicians who follow a parallel tract to physicians, analogous to PAs or NPs. This development may serve to actually decrease communication between the pharmacist and other health care professions and hinder the progression of pharmacy as a patient-care profession.

We must also realize that prescriptive authority is not essential for the practice of pharmaceutical care, although it may increase the efficiency of the pharmacist in providing pharmaceutical care. Conversely, the lack of prescriptive authority should not be used as an excuse for not providing pharmaceutical care services to our patients.

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References

1. Section 61-11B-1 through 61-11B-3 NMSA 1978.
2. New Mexico Board of Pharmacy Regulation No. 4, Amendment No. 4, Section 180.