



American Pharmacists Association
House of Delegates – Nashville, TN

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Delegates

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NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: LT Kinbo Lee
(Name)

2/13/2018
(Date)

United States Public Health Service
(Organization)

Subject: Pharmacist's Role in Chronic Disease Prevention

Motion: Move to adopt the following policy statements:

1. APhA advocates for the recognition and utilization of pharmacists as providers to address chronic disease prevention.
2. APhA advocates for pharmacy campaigns focused on increased community wellness awareness and health benefit knowledge in areas such as healthy eating and physical exercise.
3. APhA encourages the development of pharmacy curriculum and continuing education on the topics of chronic disease prevention and health promotion through improvements in modifiable risk factors.

Background:

A cursory search for "prevention" in the APhA Policy Manual leads to results such as "Poison Prevention," "Opioid Abuse Prevention," and preventing the spread of human immunodeficiency virus (HIV) and other sexually-transmitted diseases. However, when it comes to chronic diseases, in general, the profession has largely remained passive in its engagement of primary prevention programs.

According to the CDC¹, in 2015, an estimated 30.3 million people (9.4% of the U.S. population) had diabetes and more than a third of U.S. adults had prediabetes. Despite current diabetes prevention efforts, an estimated 5,200 adults aged 20 years and older are newly diagnosed with diabetes each day². In 2015, diabetes was the seventh leading cause of death in the U.S., which cost the U.S. an estimated \$245 billion in 2012. Possible complications from diabetes include cardiovascular disease, lower-limb amputation, vision loss, kidney failure, and peripheral neuropathy³. One of the primary contributors to prediabetes and diabetes is obesity through decreased insulin sensitivity. More than 70% of adults in the U.S. are considered overweight⁴. Moreover, over one-third of adults, 20% of adolescents, and 17% of grade-school youth in the U.S. are categorized as obese^{4,5}. It is estimated that the medical care costs of obesity alone totaled \$147 billion in 2008 dollars. Being obese has been found to increase the risk of heart disease, stroke, high blood

pressure, and cancer. Given the health and societal burden of diabetes and obesity on society, individualized lifestyle interventions are paramount to decreasing the incidence of obesity and preventing or delaying onset of diabetes and related complications.

Pharmacists have demonstrated improved health outcomes in patient care through increased medication adherence, patient education, and lifestyle interventions that address modifiable disease risk factors^{2,6}. Specifically, evidence has shown that when pharmacists are involved in management of diabetes and obesity, hemoglobin A1C (HbA1C) and Body Mass Index (BMI) significantly decrease. Meta-analyses of pharmacist interventions to improve diabetic and obesity outcomes report significant A1C reduction (-0.18% to -2.1%)^{7,8} and lowering of BMI (-0.19 kg/m² to -0.9 kg/m²)^{8,9}. This is notable given that a 5% reduction in weight loss is associated with lower blood pressure, blood sugar, cholesterol, and insulin resistance, and follows the American Diabetes Association's recommendation of weight loss for all overweight or obese individuals who have or are at risk for diabetes¹⁰. In addition, results from Project IMPACT: Diabetes, a program that spanned 25 communities in 17 states, over two years, showed that patients with diabetes who received pharmacist care via customized diabetes education and medication consultation had a statistically significant decrease in mean A1C levels (-0.8%)². However, given the large adult population with prediabetes in the U.S. and that 90% of these individuals are unaware of their condition¹, additional emphasis is needed on diabetes and obesity preventative strategies. In a meta-analysis comparing standard of care in patients with type 2 diabetes to patients with treatment methods that specifically included lifestyle or educational interventions relating to dietary behavior, exercise, or physical activities, A1C (-0.32%, p=0.001) and BMI (-1.05 kg/m², p=0.014) significantly decreased in the intervention group, respectively¹¹. In addition, overweight or obese individuals as a cohort who received intensive diet, exercise, and behavioral modification lifestyle modifications in the Diabetes Prevention Program (DPP) had a 58% reduction of risk for diabetes compared to a 31% risk reduction with metformin¹². Those that received intensive lifestyle modifications in the DPP had a per capita medical costs savings of \$4,572 compared to metformin (\$2,281) over a 10-year period¹³. Further, it has been shown that pharmacist-led weight loss programs for individuals who are overweight or obese can lead to significant weight reduction (5kg, p<0.001)¹⁴. This gives rise to the importance of pharmacist-provided healthy diet, physical activity, and self-management skill support during patient encounters. Given pharmacists are arguably the most accessible healthcare providers (43% of 312,500 pharmacists work in the community setting¹⁵; greater than 93% of Americans live within 5 miles of a community pharmacy²), it seems sensible to further engage pharmacists in preventative patient lifestyle interventions - nutrition intake, physical activity, and weight control - to turn the tide on the diabetes and obesity epidemic.

In November 2017, the Centers for Disease Control and Prevention (CDC) announced a 5-year partnership with the APhA Foundation to implement *Project IMPACT: Diabetes Prevention*. The program will “build infrastructure within community pharmacies to expand access to innovative evidence-based lifestyle change program designed to prevent or delay the onset of type 2 diabetes among adults with prediabetes” to be delivered through pharmacists, dietitians, and technicians¹⁶. It will scale up the existing National Diabetes Prevention Program to cover underserved areas through pharmacies¹⁷. In addition, the CDC will release a new action guide for pharmacists wanting to get involved in the National Diabetes Prevention Program titled “Rx for the National Diabetes Prevention Program: An Action Guide for the Community Pharmacy Workforce.” Furthermore, the Centers for Medicare and Medicaid Services (CMS) issued a second final rule to implement the Medicare Diabetes Prevention Program (MDPP) that opens reimbursement for pharmacists that coordinate a CDC-approved curriculum^{18, 19, 20}. This effort complements campaigns from other healthcare professional organizations to prevent or delay type 2 diabetes such as *Prevent Diabetes STAT: Screen, Test, Act Today*, which is a 2015 partnership between the American Medical Association and the CDC. Through this national effort, pharmacists can now be recognized for their integral role in advancing and promoting public health.

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Current APhA Policy & Bylaws:

2013 Pharmacists Providing Primary Care Services

1. APhA advocates for the recognition and utilization of pharmacists as providers to address gaps in primary care.

(JAPhA 53(4): 365 July/August 2013)

2013 Ensuring Access to Pharmacists' Services

1. Pharmacists are health care providers who must be recognized and compensated by payers for their professional services.
2. APhA actively supports the adoption of standardized processes for the provision, documentation, and claims submission of pharmacists' services.
3. APhA supports pharmacists' ability to bill payers and be compensated for their services consistent with the processes of other health care providers.
4. APhA supports recognition by payers that compensable pharmacist services range from generalized to focused activities intended to improve health outcomes based on individual patient needs.
5. APhA advocates for the development and implementation of a standardized process for verification of pharmacists' credentials as a means to foster compensation for pharmacist services and reduce administrative redundancy.
6. APhA advocates for pharmacists' access and contribution to clinical and claims data to support treatment, payment, and health care operations.
7. APhA actively supports the integration of pharmacists' service level and outcome data with other health care provider and claims data.

(JAPhA 53(4): 365 July/August 2013)

2012, 1981 Pharmacist Training in Nutrition

1. APhA advocates that all pharmacists become knowledgeable about the subject of nutrition.
2. APhA encourages schools and colleges of pharmacy as well as providers of continuing pharmacy education to offer education and training on the subject of nutrition.

(Am Pharm NS21(5):40 May 1981) (Reviewed 2003) (Reviewed 2006) (Reviewed 2007) (JAPhA NS52(4) 458 July/August 2012)

2012, 2005, 1992 The Role of Pharmacists in Public Health Awareness

1. APhA recognizes the unique role and accessibility of pharmacist in public health.
2. APhA encourages pharmacists to provide services, education, and information on public health issues.
3. APhA encourages the development of public health programs for use by pharmacists and student pharmacists.
4. APhA should provide necessary information and materials for student pharmacists and pharmacists to carry out their role in disseminating public health information.
5. APhA encourages organizations to include pharmacists and student pharmacists in the development of public health programs.

Am Pharm NS2(6):515 June 1992) (Reviewed 2005) (Reviewed 2009)(Reviewed 2010) (JAPhA NS52(4) 460 July/August 2012)

2012 Contemporary Pharmacy Practice

1. APhA asserts that pharmacists should have the authority and support to practice to the full extent of their education, training, and experience in delivering patient care in all practice settings and activities.
2. APhA supports continuing efforts that lead to the establishment of a consistent and accurate perception by the public, lawmakers, regulators, and other health care professionals of the role and contemporary practice of pharmacists.
3. APhA supports continued collaboration with stakeholders to facilitate adoption of standardized practice acts, appropriate related laws, and regulations that reflect contemporary pharmacy practice.

4. APhA supports the establishment of multistate pharmacist licensure agreements to address the evolving needs of the pharmacy profession and pharmacist-provided patient care.
5. APhA urges the development of consensus documents, in collaboration with medical associations and other stakeholders, that recognize and support pharmacists' roles in patient care as health care providers.
6. APhA urges universal recognition of pharmacists as health care providers and compensation based on the level of patient care provided using standardized and future health care payment models.

JAPhA NS52(4) 457 July/August 2012)(Reviewed 2016)

2011 The Role and Contributions of the Pharmacist in Public Health

1. In concert with the American Public Health Association's (APhA) 2006 policy statement, "The Role of the Pharmacist in Public Health," APhA encourages collaboration with APhA and other public health organizations to increase pharmacists' participation in initiatives designed to meet global, national, regional, state, local, and community health goals.

JAPhA NS51(4) 482;July/August 2011)(Reviewed 2012)(Reviewed 2016)

2004, 1978 Roles in Health Care for Pharmacist

1. APhA shall develop and maintain new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services.
2. APhA supports legislative and judicial action that confirms pharmacists' professional rights to perform those functions consistent with APhA's definition of pharmacy practice and that are necessary to fulfill pharmacists' professional responsibilities to patients they serve.

(Am Pharm NS18(8):42 July 1978)(JAPhA NS44(5):551 September/October 2004)(Reviewed 2007)(Reviewed 2011)(Reviewed 2012)(Reviewed 2013)

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **February 14, 2018** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.