

Submission Id: 3846

Title

Where are Pharmacists and Primary Care Providers Teaming up for Patient Access

Priority 1 (Research Category)

Practice management and organization

Presenters

Emily Hawes, PharmD

Abstract

Context: An integrated, interprofessional team is a critical component of high-quality primary care. Pharmacists are increasingly embedded on primary care teams to optimize medication treatment by ensuring safe, effective, affordable, and convenient regimens. Despite evidence supporting the integration of pharmacists in team-based primary care, the extent to which pharmacists are working in these settings and in expanded roles is unknown. Objective: To examine the frequency of co-location of pharmacists with primary care providers (PCPs) and understand predictors of co-location (e.g., state, practice size). Study Design: cross sectional, descriptive analysis. Setting: Physical co-location of pharmacists with PCPs (Family Medicine, General Practice, Internal Medicine, Pediatrics, and Geriatrics). Population: 723,808 practitioners: 221,435 pharmacists and 502,373 physicians. Outcome measures: The CMS National Plan and Provider Enumeration System's (NPPES) file contains information about each practitioner who is eligible to bill CMS for services through the National Provider Identifier (NPI). The NPPES practice location addresses for pharmacists and PCPs were geocoded to latitude and longitude coordinates, then straight-line distances between practitioners were calculated. If the distance between the PCP and pharmacist was less than 10 meters, the practitioners were considered co-located. Colocation frequency was analyzed by type of pharmacist and PCP, number of practitioners working at the same location, rural/urban setting, and state. Results: Across all pharmacist taxonomy types, 23.04% (n=41,887) of NPI-holding pharmacists were co-located with a PCP. After exclusion of pharmacists located in hospitals, 10.6% (n=19,924) of NPI-holding pharmacists are co-located with a PCP. More than half of ambulatory care pharmacists (53.5% [n=641]) are co-located with a PCP. Most co-located pharmacists are practicing with FM and IM physicians. Co-location varies across states, ranging from 5.2% (Maine) to 58.7% (District of Columbia). Most states have between 20% to 30% pharmacist co-location. Nine states are over 30% co-location and 17 states are under 20% co-location. Co-location rates are higher in larger physician practices. Conclusion: This study found approximately one in four pharmacists with an NPI are practicing in the same space as a PCP. Yet co-location appears to be unevenly dispersed across the U.S., suggesting limited access to this model of care.