Pharmacists are a key access point in the U.S. healthcare system, with around 90% of Americans living within five miles of a community pharmacy. The pharmacist’s role is expanding and entails collaboration with other healthcare providers and direct patient care. With ongoing legislative actions and a positive career outlook, the opportunity for pharmacists to innovate and solve healthcare problems has never been better.

Background

America has a broken healthcare system. Care costs are enormous, with inconsistent outcomes and uneven access (Shmerling, 2021). There is no quick solution to this problem. But, team-based healthcare, where all healthcare providers work together in the best interest of patients, is vital to ensure high-quality, equitable care.

Pharmacists are a key access point in the U.S. healthcare system, with around 90% of Americans living within five miles of a community pharmacy (Berenbrok, 2022). In non-emergent situations, 58% of Americans seek healthcare at a pharmacy, and patients visit their community pharmacist about twice as often as their physician or other qualified healthcare professional (Levy, 2023; Valliant, 2022). Access to a pharmacist is essential in rural and underserved communities.

Despite overwhelming evidence of the positive impact of pharmacists on health in America, the Social Security Act does not federally recognize pharmacists as healthcare providers. This surprising omission affects payment models, and it differs from other essential healthcare professionals such as physicians, physician assistants, nurse practitioners, certified nurse midwives, nurse anesthetists, clinical psychologists, dietitians, and social workers (Ali, 2003).

Lack of federal recognition means Medicare and private insurers do not routinely reimburse cognitive pharmacy services. This fact has led to an archaic model tying reimbursement for pharmacy services to a product rather than clinical care. Pharmacies lose money on seven out of ten brand medications dispensed (Le Coz, 2023), and Pharmacy Benefit Managers contribute to these overall costs with unpredictable “direct and indirect remuneration” (DIR) fees (NACDS, 2023). Ongoing national legislation is addressing federal pharmacy provider status and DIR relief (Congress.gov, 2023; SCOTUS, 2020).

Opportunity

The role of the pharmacist is expanding, including direct patient care activities. In some situations, pharmacists are the only access point for patients; in others, they collaborate with a patient’s primary healthcare provider. Without pharmacists, there is a broken chain of healthcare services, particularly in medically underserved populations.

It is a momentous time for the pharmacy profession. National legislation under consideration by the U.S. Congress would fundamentally change healthcare access. The Equitable Community Access to Pharmacist Services Act aims to amend Social Security and pay pharmacists for certain services through Medicare (Congress.gov, 2023). An example of this legislation is “test and treat.” This care involves patients going to their local community pharmacy for evaluation and testing for Flu, COVID-19, Respiratory Syncytial Virus, or Strep Throat, and when medically necessary, treatment by the pharmacist. The COVID-19 pandemic proved pharmacists are well-qualified to provide this care.

Emerging Issues

The U.S. has a growing shortage of pharmacists (see figure), and the busyness of pharmacies will only increase (AACP, 2023; Statista, 2023).

Likewise, the broken payment model for pharmacy services has led to pharmacy closures and marketplace consolidation. For example, the number of independent pharmacies has decreased by around 50% from 1980 to 2022, and CVS, Walgreens, and Rite Aid are closing thousands of stores (Meyersohn, 2023). Pharmacy closures often occur in low-income, underserved areas, creating “pharmacy deserts” in both rural communities and Black and Hispanic/Latino neighborhoods in large cities (Cerullo, 2023; Guadamuz, 2021).
This workforce imbalance and broken payment model have created adverse working conditions, particularly in the community pharmacy setting. These issues include excessive workloads, exhaustion, burnout, and errors (Chappell, 2023; Le, 2022; Le Coz, 2023; Mott, 2023; Sutherland, 2023). The COVID-19 pandemic worsened pharmacy workload since most adult vaccinations occur in pharmacies (IQVIA, 2023).

Ongoing positive change, advocated by various pharmacy organizations (JCPP, 2023), strives to resolve current workforce conditions and, most importantly, improve patient care. As part of this change, pharmacy managers and corporate leadership must ensure sufficient staffing and innovative dispensing systems, allowing pharmacists enough time to complete clinical responsibilities such as “test and treat,” vaccinations, and patient counseling. Pharmacy technicians and advanced technology are vital parts of an innovative dispensing system.

Positive Change

The pharmacy profession has embraced a new care model focused on direct patient care and improving measurable health outcomes. Pharmacist provider status, improved payment models, and better dispensing systems will accelerate this transformation. With a growing shortage of pharmacists, the profession needs more pharmacy graduates ready to lead and embrace change.

Call to Action

The opportunity for pharmacists to innovate and solve healthcare problems has never been better. For those interested in a healthcare career, earning a Doctor of Pharmacy degree takes six years, two years of prepharmacy coursework, and four years in pharmacy school. The profession has a promising future, and pharmacy graduates can choose from more than one hundred career options (see graphic).

For current pharmacists and student pharmacists, now is the time to advocate for improved patient care by supporting better pharmacy working conditions and the Equitable Community Access to Pharmacist Services Act. An advocacy toolkit and related materials are available at actioncenter.pharmacist.com.

References