

Pharmacy Industry Whitepaper

The State of Texas Healthcare and the Proposed Expanded Role of Pharmacists: Providers of Expanded Immunization Services

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Prompting a clear call to action, the 2017 Commonwealth Fund's *Scorecard on State Health System Performance* ranks Texas in the bottom half of 50 states and the District of Columbia in four of five performance categories. In overall state health performance, Texas holds a firm standing in the bottom quartile at #41, showing no change from its original baseline ranking. (In 2015, Texas ranked 40th overall; in 2016, Texas ranked 33rd overall). The study evaluates findings in 44 healthcare indicators, and although 2017 reporting illustrates more states improved than worsened on the majority of indicators, Texas continues to return alarmingly low results in two of five categories of evaluation: *Access and Affordability* and *Prevention and Treatment*. Both are categories that directly relate to Texas vaccination rates, vaccine-preventable disease and access to the healthcare needed for prevention.

This scorecard serves to identify opportunities for improved healthcare access and preventative health measures, leading to long-term population health improvement and cost savings. Again in 2017, Texas ranks #51 – the worst – in the *Access and Affordability* category, in large part due to the high percentage of the population that is uninsured. Since the release of the 2009 report, Texas has ranked #1 in the U.S. for the number of uninsured adults, although since that time the percentage of uninsured adults has dropped from a high of 24.5 percent to the current 19.1 percent¹. The state ranks second for the number of children ages 0-18 who are uninsured (11 percent). Texas' number is more than twice the national average of 5 percent.

The *Prevention and Treatment* category delivers more bad news around health care in Texas, specifically about vaccinations in children. Nationally, the 2017 report illustrates that more than 28 percent of young children ages 19-35 months are not up-to-date on all recommended vaccines, a rate that has stayed consistent since 2013. Texas' rate of unvaccinated children in

1. www.healthinsurance.org; Dorsey, Jennifer; January 10, 2017

this category has reached 40 percent, and this number has worsened by 10 percentage points since 2013. Texas ranks #44 overall in the *Prevention and Treatment* category. These numbers certainly add credence to the indication that Texas families are not finding a medical home or establishing a foundation allowing for consistent and preventative healthcare services.

Health disparities in Texas are shown as significant, while the state has maintained a firm stance against the Affordable Care Act, including Medicaid expansion. Despite having the highest uninsured rate in the U.S., Texas has the third highest federal exchange enrollment in the country, following California and Florida. According to the *Centers for Medicare and Medicaid Services*, 541,553 Texans enrolled in a marketplace plan actively shopped for a new one, while 228,732 were automatically re-enrolled in an existing plan².

The future of healthcare reform under the Trump Administration is uncertain, and the nation is watching as the process of repealing the Affordable Care Act begins. An estimated 2.6 million Texas residents could lose their health coverage by 2019 if the ACA is repealed, according to projections from the *Center on Budget and Policy Priorities*. Currently, 4,377,000 Texans are uninsured. With repeal, the total could reach 6,927,000, further magnifying Texas' *Access and Affordability* and *Prevention and Treatment* health concerns and increasing basic healthcare services not being delivered.

Alarming, Texans' health is endangered more and more frequently. Lower childhood immunization rates, plus active immigration originating in countries with unequitable immunization laws, plus disease resurgence leave Texas residents vulnerable. In recent years Texans have witnessed measles and mumps outbreaks stemming from active cases in children or adults visiting from countries with varying immunization laws; non-immunized adults returning to the U.S. with active infection and putting others at risk; and Texas children with vaccination rates in Measles, Mumps, Rubella and Hepatitis B significantly below the national average.

Many states reported cases of measles in 2016, including a highly-publicized outbreak connected to Disneyland that sickened more than 130 people. In 2013, 39 states reported cases of mumps and 13 states reported an increase in whooping cough, with some—including Texas—reaching epidemic levels.

We continue to experience the world getting smaller: international travel is at a convenience and affordability peak. The 2015 *World Health Organization* immunization statistics show a broad, inconsistent range of immunization protection, bringing increased exposure to U.S. children. Regionally, the *Pan American Health Organization's* most recent statistics – for example – on MMR coverage in Central, South and North America is 94 percent, although the range of protection is significantly disturbing: 100 percent in Cuba, Brazil, Honduras and others, to 58 percent in Haiti. In 2015, an estimated 19.4 million infants worldwide were not reached with routine immunization services such as DTP3 vaccine. Around 60% of these children live in 10 countries: Angola, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Iraq,

2. www.dallasnews.com/business/health-care; Rice, Sabriya; March 16, 2017

Nigeria, Pakistan, the Philippines, and Ukraine.

With the number of internal and external threats, how do we begin to ensure the health and safety of our Texas children? How do we climb the mountain that is population health improvement? The answer surely must include providing access to affordable healthcare services; to reach those who do not see a medical professional regularly and provide a medical home; and to educate those who don't understand the importance of vaccinations. If Texas could improve its performance to the level of the best performing state, then:

- 56,842 more children (ages 19-35 months) would receive all recommended vaccines, protecting them against very real threats; and
- 4,444,156 more adults (age 18 and older) would have a usual source of care to help ensure their healthcare is coordinated and accessible when needed.

But we're trying... We gathered at a reasonable starting line to address some of these concerns by introducing Texas Senate Bill 480 in mid-2015 permitting pharmacists to administer all CDC recommended vaccines to children age 7 and older with parental permission. Although the bill had significant Texas support, it died in the 84th Session of the Texas Legislature in June 2015. In January 2017, a coalition of consumers, local businesses and pharmacy groups across Texas reintroduced SB 480 and implored Texas Senate leaders to act – *expand vaccine access for Texas children*. The legislation was referred to the Texas Senate Health and Human Services Committee in February but has seen no action since. The hope is that the healthcare industry has not taken another step back in the fight to provide access to preventable and affordable healthcare services to Texas youth.

How does Texas better serve the health needs of our youngsters? As with Senate Bill 480, a robust first step would be allowing the most accessible health care professionals – pharmacists – an expanded physician protocol to provide all CDC recommended and required immunizations to children age 7 and older with parental consent and in coordination with the patient's primary care provider.

According to the American Public Health Association's *Center for Public Health Policy*, the transformation of the nation's "sick care" system "into one that focuses on prevention and health promotion" will depend heavily on "a sufficiently sized, adequately trained workforce that can provide the community with clinical preventative health services that are needed to promote and protect the nation's health."

Who better to serve in that massive campaign than the highly trained, patient-focused community pharmacists who serve as the front-line access for many in hundreds of communities across Texas, and thousands across the United States?

- Pharmacists are the most accessible of all healthcare professionals. More than 91 percent of Americans live within five miles of a community pharmacy;

- People trust the advice of pharmacists. Pharmacists consistently rank second only to nurses among the most honest, ethical and trustworthy of all professions, according to an annual Gallup survey;
- Pharmacy lowers costs. Roughly two-thirds of likely voters say pharmacists provide credible advice that helps them save money;
- Pharmacy improves quality of care. To practice, pharmacists must complete a six-year doctorate program; and
- Pharmacy brings innovation to healthcare. The industry continues to work on cutting-edge patient care programs, including most recently a personalized medicine pilot that is using pharmacogenomics testing to match patients to the most effective and cost-efficient therapy³.

Pharmacists are at the epicenter of Texas communities. In recent years, we have seen community pharmacists play an increasingly important role in the care of patients, providing convenient, accessible and cost-effective health services such as health and wellness testing, managing chronic disease, performing medication therapy management services and administering vaccinations. In some ways, the pharmacist profession has been constant and unchanged for centuries – the focus on helping patients deal with maladies, the ability to apply contemporary understanding of science and technology to health-related issues, and the ethical mandate to place the patient at the center of all pharmacists' do. But much in the pharmacist profession has evolved over recent years.

In the 1990's a new philosophy of pharmacy practice was advanced by Helper and Strand – *pharmaceutical care*. The touchstone of this approach was that the pharmacist should accept responsibility for assisting patients to obtain the very best outcomes from their use of medications⁴. This shift progressed in tandem with the U.S. requirement of the PharmD degree, dictating that pharmacists have the clinical education and skill to practice at a higher level and to the top of their license.

With the implementation and advancement of electronic health records, and the increasing collaboration of pharmacists with physicians and other providers, these professionals have the education, skill and compassion to be a huge answer to an astoundingly huge Texas healthcare problem. An expansion of the vaccination physician protocols for pharmacists would promote a healthcare delivery model allowing for much more coordinated and efficient preventative care, and further, help fill an obvious chasm in the health and safety of Texas children.

Further indication of the need for pharmacists' to have an expanded physician protocol regarding the administration of vaccinations is the impending physician shortage in Texas and across the country. According to the *Texas Medical Association*, the shortage has now bubbled to the surface. Texas is facing a broad need, particularly in the wide-open rural counties and in urban sectors where poverty is rampant and infrastructure is lacking. Statewide, there are

3. **RX Impact**; Eder, Rob, Editor in Chief; March 2017

4. Hepler CD, Strand, LM. Opportunities and responsibilities in pharmaceutical care. *Am J Pharm Educ* 1990; 53:7S-15S.

about 186 physicians for every 100,000 residents; the national average is 236. Texas Medical Board licensing data indicates 13,000 additional physicians are needed in Texas just to bring the state in line with the national average of physicians-per-resident; 35 of Texas' 254 counties have no doctors at all.

But the need is more acute in different sectors of the state. 57% of the state's practicing physicians operate in the five large urban counties of Bexar, Dallas, Harris, Travis and Tarrant, despite containing just 44% of the state's population. And while 2.2 million Texans (of about 27 million total) call rural communities of 40,000 or less home, these towns contain just 2.5% of the state's physicians⁵. Pharmacists are currently practicing in all of these area.

Further suggesting the vaccination solution Registered Pharmacists could deliver, the *National Association of Chain Drug Stores* (NACDS) released research showing that nearly all Americans (91%) live within five miles of a community retail pharmacy. Such access is vital in reaching the medically underserved. From helping patients take their medications effectively and safely, to providing preventative services like vaccinations, pharmacist services help keep people healthier and reduce costs.

Texas is growing at a fast and consistent rate, both through new births and through immigration. The Commonwealth Fund's *Scorecard on State Health System Performance* and other studies have clearly highlighted the deficiencies in the health and wellness of Texans, the accessibility of healthcare services and the declining or inconsistent administration of preventative care services, especially seen through the vaccination lens.

A solution has been introduced: Pharmacists with expanded physician protocol in administering vaccinations. The state has long vocalized their limited financial resources for aiding the tens of thousands of Texans in underserved areas, their inability to reach rural and border communities effectively, and their limited effectiveness in providing long-term solutions to the problem. Expanding the state's pharmacist vaccination laws to permit pharmacists to practice at the top of their education and training is a critical step in meeting the growing patient demand for healthcare services, improving health outcomes and keeping Texas children safe, protected and healthy.

About This Project

Marshall K; to be used with the National Association of Chain Drug Stores and Texas State Senator Zaffarini in support of Texas Senate Bill 2042:

"Kate is a wonderfully creative writer. From resumes to recommendations and all things between, Kate will give you a written voice that you never knew you had."

5. North Texas Regional Extension Center 2015 *"THE PHYSICIAN WORKFORCE IN TEXAS: An Examination of Physician Distribution, Access, Demographics, Affiliations, and Practice Patterns in Texas' 254 Counties."*