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Pumping Irony: Is There a Pharmacist in the House?

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Anyone who's spent any time in a doctor's office combing ruefully through stacks of vintage magazines while waiting to be summoned understands at a visceral level that physicians are not particularly attuned to their patients' convenience. So, it came as no surprise last month to learn of the American Medical Association's (AMA) fierce opposition to a White House plan that would offer COVID sufferers more timely access to a lifesaving antiviral drug.

The "test-to-treat" proposal, which President Biden announced in his State of the Union address, would allow pharmacists to administer COVID tests to symptomatic customers and send them home with the recommended doses of Paxlovid if they test positive. The drug, which the FDA approved under an emergency use authorization in December 2021, has been shown to be 89 percent effective at preventing hospitalization or death from the virus — if taken within three to five days of contracting the infection. But under current protocols, a symptomatic patient must first schedule a doctor's appointment, undergo a test, and secure a prescription before finally heading to the pharmacy.

That can eat up precious days, explains Jeffrey Singer, MD, a senior fellow at the Cato Institute. "By allowing patients 'one-stop shopping' where they can get the test and the prescription from a pharmacist," he notes in a recent blog post, "the new policy works around that problem."

Not so fast, cried the AMA in a statement released on March 4. "Establishing pharmacy-based clinics as one-stop shopping for COVID-19 testing and treatments is extremely risky," the group warned. "COVID-19 is a complex disease and there are many issues to consider when prescribing COVID-19 antiviral medications. Leaving prescribing decisions this complex in the hands of people without knowledge of a patient's medical history is dangerous in practice and precedent."

Drug interactions can be a dangerous consequence of haphazard prescribing practices, Singer admits. Paxlovid, for instance, may not be recommended for someone taking statins. But he argues that pharmacists are more likely than physicians to spot those dangers. "It is not uncommon for prescribing physicians to get phone calls from pharmacists informing them that a drug that they prescribed interacts with another drug their patient is taking and suggesting an alternative medication."

The AMA's reaction is simply another volley against what's known as "scope creep," the gradual migration of licensed healthcare professionals such as nurse practitioners, physician assistants, and pharmacists into the primary-care territory traditionally dominated by doctors.

“They always claim to be concerned about patient safety but are arguably concerned about the competition as well,” Singer writes.

Pharmacists had been making significant inroads even before the pandemic pushed pharmacies into a key role as testing centers and vaccine distributors. Several states allow them to treat strep throat, flu, urinary tract infections, and other illnesses; in a few locales they’re permitted to prescribe oral contraceptives and antismoking medications. Typically, pharmacists negotiate agreements with doctors in order to gain prescribing authority, but in some states they can legally prescribe drugs to treat a variety of conditions diagnosed with rapid testing.

It’s a growing trend, Allie Jo Shipman, PharmD, a policy director at the National Alliance of State Pharmacy Associations, tells Kaiser Health News. “We’re seeing more states looking at direct prescribing authority now as opposed to collaborative practice agreements.”

For seniors, who visit their pharmacy about twice as often as they sit in their doctor’s waiting room paging through old magazines, this is a welcome shift in primary-care protocols. It’s convenient, inexpensive, and less stressful than a doctor’s consultation. And pharmacists, on the whole, are happy to expand their services — even though Medicare and private insurers generally don’t pay them for their evaluations.

And though the AMA has spent the past couple of years actively opposing more than 100 legislative actions at the state level that would give pharmacists more free rein, Shipman says her colleagues have no interest in supplanting physicians as primary-care providers. “We want to come alongside physicians,” she explains, noting that the pandemic has stressed the entire healthcare system. “We want to be another healthcare provider. The burden is too great to be carried by any one provider.”