"The Druggist Is In"

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By Elizabeth Agnvall

Robert Caudle shifts in his chair, across the conference table from his inquisitor.

"Let's see if I can get this straight," says Linda Smith, leaning forward toward the burly 45-year-old. "You do your blood sugar reading and then you take your multivitamins and vitamin E and Garlique about an hour later. Then you take the lactulose in between. Then you're taking the Glucotrol XL, your diabetes medicine.

"Then do you also take your blood pressure medicine at that time -- the Vasotec or enalapril? And you take the Elavil in the evening for the pain in your heel?"

Caudle takes off his wire-rimmed glasses, rubs his eyes. Three years ago he stopped a 27-year smoking habit, but now he looks like he'd like to light up.

"I feel like I'm on so many medications. I feel like I'm on a pill for everything," Caudle says. He's concerned that he may end up like his father, who also had diabetes and died a few years ago of a heart attack. "I think that's one of the reasons my father passed away. . . . At the end he was taking 30 to 40 pills a day."

Just as any good physician would, Smith listens with empathy. But she's no doctor. She's a pharmacist who, after more than 25 years working for others, struck out on her own about two years ago.

She's reinvented herself as an independent pharmacy consultant -- a pharmacist who counsels patients for a fee. The job description is so new that Smith is one of only a few in the Washington area and perhaps 500 or so nationwide. That's the number in a database compiled by the American Society of Consultant Pharmacists (ASCP), a 35-year-old professional group for pharmacists in senior care, of members who say they are willing to do private consulting work. But only a fraction of that number derive the bulk of their income, as does Smith, from independent consulting.

Pharmacy consultants say their new calling fills a public health need that time-pressed doctors often can't meet: counseling older Americans and the chronically ill, whose several doctors often prescribe medications that may interact with each other or cause harmful side effects.
But another force behind the trend is increasing market pressures on retail pharmacists, who are forced to work harder and faster to compete with proliferating mail-order and Internet drug suppliers. Meanwhile, the administrative aspects of their jobs, such as verifying insurance coverage, take time away from counseling and other tasks for which they have been trained.
"In most of the places that pharmacists practice, it's really difficult to have the opportunity to use that [clinical] knowledge," said Carole Cranor, assistant professor in the School of Pharmacy at the University of North Carolina, Chapel Hill.

Smith says hiring herself out as a drug consultant to individuals solves that problem.

"When I was in retail settings and even in hospital settings, all I'm doing is filling a prescription with a piece of paper," said Smith. "This is the first job that I've had that I really feel I'm able to utilize the knowledge I have to help people and act as a patient advocate."

A Challenge in Coordination

Not everyone likes the concept of pharmacists as free agents. Some doctors don't like the idea of pharmacists second-guessing them. Even many who concede that seniors and those with complex medical conditions need more drug counseling chafe at the idea that consumers should pay pharmacists to do it.

"This is . . . an expensive Band-Aid approach to a much larger problem that needs to be fixed," said Michael Fleming, president of the American Academy of Family Physicians.
But the ASCP says the size and cost of the problem demand action now. Some 28 percent of hospitalizations among seniors are due to adverse drug reactions, said Tom Clark, the ASCP's director of policy and advocacy. He blames the "fragmentation of care."

Frequently, he said, doctors will put older adults on a new drug for a symptom -- like impaired cognition, sleep patterns, balance or mobility -- that is caused by other drugs.
A study published in August in the Archives of Internal Medicine examined the drugs taken by more than 750,000 people 65 and older. Twenty percent were for medications deemed "inappropriate for use in elderly patients."

"We have a very disjointed medical health care system, when things are so controlled by cost," said Arnie Clayman, a consultant pharmacist in Maryland who works with people living in nursing homes. "People don't understand that . . . sometimes the best therapy is no therapy. . . .

That's our goal: to get people off of things, or put them on something that's more effective."
Karen Sulek, a health care consultant in the District, calls that a worthy goal, particularly after seeing the patchwork care given her 91-year-old grandmother for an open leg wound.

"I think that someone needs to be providing some oversight and guidance, because care is so fragmented -- you've got a doctor here for this condition and another for that condition," said Sulek. "Unless you, personally, are on top of asking all the questions and providing the information, the possibility for problem and error is much greater."

Who Pays the Bill?

Many of the pharmacists striking out on their own previously worked, as Clayman did, in nursing homes or assisted-living facilities, reviewing patients' charts for possible drug interactions and complications.

Since the 1970s, federal law has required nursing homes to have a pharmacist review patient charts once a month. Many assisted-living facilities follow that model as well. The pharmacists make recommendations to doctors, who then decide whether to follow them.

Linda Smith, the pharmacist who counseled Robert Caudle, came out of that environment. Some of Smith's clients pay out of their own pocket, but Caudle's appointments are covered by the Good Humor-Breyers plant in Hagerstown, Md., where Caudle works packing ice cream.
Pete Madeo, human resources manager at the plant, said he started a pilot program with Smith in August to try to trim insurance costs and reduce absenteeism.

Madeo said he felt that picking up Smith's $75 hourly consultation fee for any employee with diabetes or high blood pressure would be a worthwhile investment. Of the plant's approximately 500 employees and covered family members, more than 200 have one or both of those conditions; in early November, a 48-year-old worker with high blood pressure died suddenly.

"The health care costs are out of this world, and the absolute most difficulty we have is with the pharmaceuticals," Madeo said. "The prices are astronomical."

In addition to paying for Smith's services, the plant also covers co-pays for diabetes and hypertension drugs for employees who are working with Smith. Only nine workers have signed up, said Madeo, but all of them reported reductions in weight, blood pressure and drugs taken.

Laura Bloom, 61, a packer at Good Humor-Breyers who has been seeing Smith since the program started, is pleased with the results. With Smith's encouragement, she has lost 15 pounds and joined a Curves gym. (The company is not paying for the gym membership.) Smith hasn't recommended a change in Bloom's medication, but her lifestyle changes have helped stabilize her blood pressure, which used to fluctuate.

Smith wrote a letter detailing Bloom's conditions, medications and lifestyle changes to Bloom's doctor, James Robinson. Robinson went through the letter with Bloom and they discussed the lifestyle changes Smith recommended.

"The main thing is that she's very supportive," Bloom said of Smith. "I've gotten more out of it than what I expected."

Doctors' Orders

A major obstacle for consulting pharmacists is convincing someone to pay for their services. Michael Stewart, spokesman for the American Pharmacists Association, said some retail pharmacies have begun to charge customers for consulting services. But many consumers don't want to pick up the tab. They think of a pharmacist as someone who dispenses medications, not medical advice. Some consulting pharmacists have had better luck with employers like Good Humor -- or local governments. Asheville, N.C., for example, has been paying pharmacist consultation fees for its employees for seven years.

Two new laws may make it easier for consulting pharmacists to charge consumers directly. First, under the Medicare prescription drug law signed last December, managed care companies that will provide Medicare drugs must create a drug therapy management program, designed to pay pharmacists to counsel patients with multiple chronic diseases such as diabetes, asthma and hypertension. The regulations aren't yet completed.

Second, a new Maryland law encourages pharmacists and doctors to set up agreements under which patients visit pharmacists for drug advice. The pharmacist bills the doctor, who then bills the insurer. If the doctor-pharmacist team gets state approval, the pharmacist can write prescriptions and change dosages for certain medications.

Forty-one states have collaborative practice laws for doctors and pharmacists, though not all allow pharmacists to write prescriptions.

Law or no law, Smith knows from personal experience that many doctors will be less than eager to join forces with her.

A year ago she started seeing Travit Williams, another worker at Good Humor-Breyers. Williams was taking a combination of clonidine and a beta blocker to treat hypertension, but his blood pressure remained high.

"My personal attitude toward clonidine is that it's an excellent drug if you need to get the blood pressure down quickly in an emergency situation; it's used a lot in hospital situations," said Smith.

But the drug can interact with beta blockers. Also, she said, suddenly taking a patient off clonidine while he is on a beta blocker can provoke a hypertensive crisis -- a severe increase in blood pressure that can lead to a stroke.

She felt a diuretic would be a better choice for Williams than the combination therapy.
She called Williams's doctor several times before he called back. When she noted the potential for adverse interaction with beta blockers and clonidine, he asked her to send him literature about it. She did. She also sent him a medical journal article on the management of blood pressure in African Americans. (Williams is African American.)

"I sent him all of this information," said Smith. "He did nothing. He basically didn't want to talk to me."

Williams said his doctor "kind of rolled his eyes" at Smith's suggestion. But he finally changed the drugs.

Resistance to seeing pharmacists as health care providers isn't limited to doctors. Some consumers are plainly uneasy with the concept -- even when it works to their benefit.

Take Travit Williams.

On the new medication, his blood pressure returned to normal. But he stopped seeing Smith because he felt she overstepped her bounds as a pharmacist when she asked him to keep a week-long diet log and quizzed him about his exercise and lifestyle.

"Some of the things that she was asking me and talking about were just getting too personal," Williams said. "I decided not to go anymore."

Resource

• The American Society of Consultant Pharmacists (703-739-1300 or 800-355-2727) maintains an online directory of members at www.SeniorCarePharmacist.com. Pharmacists, listed by state, will manage medication, educate patients about diabetes and asthma, and consult on adverse drug interaction. Because insurance companies do not cover pharmacist consultations, most clients pay out-of-pocket. Fees often range between $60 and $75 per hour.

Elizabeth Agnvall recently wrote for the Health section about the most popular alternative health treatments.