Hartford HealthCare

Testimony of Sean Jeffery, PharmD
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Submitted to the General Law Committee – Thursday, February 25, 2021
Regarding
SB 895, An Act Concerning Changes to Various Pharmacy Statutes
and
SB 694, An Act Concerning Revisions to the Pharmacy and Drug Control Statutes

Thank you for the opportunity to testify on the above-referenced proposals.

SB 895, AAC Changes to Various Pharmacy Statutes makes several amendments to the Pharmacy Practice Act, including updates to the collaborative drug therapy protocol statute to reflect current clinical practice.

As co-chair of the Office of Health Strategy's Medication Reconciliation and Polypharmacy Workgroup, I support the committee's attention to polypharmacy and deprescribing. Both are of vital importance to the safety and health of Connecticut's citizens.

Collaborative drug therapy (CDT) management agreements or protocols, as outlined in section 5 of the bill, are formal partnerships between a pharmacist and physician or group of pharmacists and physicians to allow the pharmacist(s) to manage a patient's drug therapy. In this role, pharmacists augment the physician, applying their specific drug therapy knowledge, skills and abilities to complement other types of care provided by collaborating professionals.

Section 5 of the bill allows CDT agreements to "specifically address issues that may arise during medication reconciliation and concerns related to polypharmacy that enable an authorized pharmacist to implement, modify or discontinue drug therapy." While HHC supports this change, we would strongly urge this committee to consider updating this statute, as other states have done, to establish CDT protocols based on conditions, diseases and practice settings that authorize a pharmacist to manage a population of patients and their providers. The federal Veterans Health Administration has been using this model for many decades with great success. Having previously practiced at VA Connecticut for 15 years of my career, I can attest that this model delivers high-quality, lower cost care with better patient outcomes. Furthermore, by allowing pharmacists to practice to the top of their license, it liberates clinicians to address higher priority concerns.

In addition, HHC has two recommendations for defining the new terminology added to section 5 in the bill.

First, with regard to "deprescribing," which is defined in section 4 of the bill, we would suggest using a broader definition. In general deprescribing is the planned process of reducing or terminating use of medications that may no longer be of benefit or may be causing harm. The goal is to reduce medication burden or harm while improving quality of life. Therefore, we would recommend the following statutory definition: "'Deprescribing' means the systematic process of identifying and discontinuing drugs in instances in which existing or potential harms outweigh existing or potential benefits within the context of an individual patient's care goals, current level of functioning, life expectancy, values, and preferences."[1] The current definition is accurate but does not provide a broad view of the clinical decision making process or capture the importance of patient goals of care in deprescribing.

Second, we would also suggest using a different definition of "polypharmacy" in section 4. Polypharmacy is more than the absolute number of medications a patient receives. It includes medications that are not clinically appropriate. Therefore, we would recommend the following language: "'Polypharmacy' means the use of multiple drugs by a patient, including any medication that is inappropriate or not medically necessary, such as those not indicated, not effective, or constituting a therapeutic duplication."

With regard to the other pharmacy bill on your agenda, **SB 694, An Act Concerning Revisions to the Pharmacy and Drug Control Statutes**, we believe this bill proposes some reasonable changes. Among its provisions, SB 694 would require pharmacies to provide earlier notice to the DCP Drug Control Division of any planned remodeling or relocation of a sterile compounding space. These types of changes are planned well in advance and we will adapt our process to incorporate this earlier notice requirement.

Thank you for your consideration of our position. For additional information, contact Cara Passaro at cara.passaro@hhchealth.org.

HHC is a fully integrated healthcare system serving 159 towns in Connecticut and employing over 30,000 people. The HHC hospitals are: Backus Hospital in Norwich, Charlotte Hungerford Hospital In Torrington, Hartford Hospital, the Hospital of Central Connecticut in New Britain, MidState Medical Center in Meriden, Windham Hospital, and St. Vincent's Medical Center in Bridgeport. HHC also provides the state's most extensive behavioral health network, a large multispecialty physician group, a clinical care organization, a regional home care system, an array of senior care services, and a large physical therapy and rehabilitation network.

[1] Scott IA et al. Reducing inappropriate polypharmacy: the process of deprescribing. JAMA Intern Med 2015 May;175(5):827-34