

**Minnesota Legislative Healthcare Workforce Commission
December 6th, 2016 Commission Prepared Remarks
Randall Seifert, PharmD
Senior Associate Dean
University of Minnesota
College of Pharmacy**

Chair's and Commission members

Thank you for the opportunity to address the Commission today. My name is Randall Seifert and I am the Senior Associate Dean at the College of Pharmacy. We are one college with two campuses, TC and Duluth. I am proud to be here today to represent the Number 2 ranked College of Pharmacy in the United States and one recognized for our innovation in science, patient-centered care and pharmacy services.

Our innovations in developing and teaching patient-centered care is evidenced by the fact that pharmacy practice in MN is among the most advanced in the Country. This patient centeredness is also demonstrated in the innovative medication related managed care programs that have arisen in MN. This has resulted in moving from traditional and historical roles of dispensing prescriptions to clinically advanced interprofessional practices including many specialty practices. In fact, the majority of our students no longer find their career in the large chain pharmacies but are moving into interprofessional clinical team-based practices that are expanding to meet a need in our integrated health care systems, rural critical access hospital systems, accountable care organizations, mental health centers and health care homes. You will hear more about this from the other testifiers.

Last year, in December, Dean Marilyn Speedie briefed the Commission on issues raised by our pharmacists related to access and care for Minnesotans with mental illness. She described several initiatives that we were beginning in our effort to improve health outcomes for these patients. We are back and we

want to re-affirm our commitment to addressing the magnitude of the critical issues surrounding rural and underserved Minnesotans access and provision of primary and mental health care services. We are taking a leadership position in addressing these unmet needs with some of our innovative community-based solutions like our work with Northern Pines and other mental healthcare providers.

We have a picture to show you. Unfortunately, this is not unusual. This case brought to one of our pharmacist providers by a daughter who had just taken her mother home from a 24-day stay in a transitional care unit. This was the medicine cabinet. We are the only profession who can alter this scene and optimize such therapy. Our approach is every medication (Rx or OTC) must have an **indication** and **individual patient or caregiver understanding as why it is being taken (is it necessary)**, is the medication having its intended outcome, are the goals of therapy being met, is the therapy being harmful and are there barriers to adherence. It is more than just medication reconciliation and medication review. Our efforts are focused on coordinating care and managing complex medication therapies to optimize health outcomes.

The issue of complex medications becomes even more difficult when you combine medications for chronic mental illness with chronic medical illness. We did an analysis of Minnesotans with a diagnosis of depression to determine the complexity of medication use. We found that over 50% of the cohort was taking from seven to over 10 medications. The magnitude is striking when you see the State drug spend for mental health drugs. In 2013, the drug spend in Minnesota was \$7.7 billion with almost \$1.4 billion or 18% on CNS drugs. However, we see more than just dollars. What we see is less than optimal medication therapy outcomes leading to shortened life spans, unnecessary costs and poor of access. We want to be responsible and

accountable for working to assure that these Minnesotans have optimized medication therapy.

I have listed some of our patient-centered practices and initiatives related to mental health care:

1. Transitional care service assessment, consultation and development at Sanford Health in Bemidji – issues in medications and transitional care
2. Depression management program for SEGIP – MedEdgeRx
3. Assisting CentraCare with transitional care from acute to community care
4. Pharmacist workforce development and training program for Red Lake Indian Health Service
5. Interprofessional pilot project to support licensed school nurses through collaborations with community pharmacists
6. Transitional medication management for discharged inmates from county prison to community grant – telehealth project
7. PharmD and DNP interprofessional mental health training program – CoP and School of Nursing
8. Community forums on opiate abuse and community-based solutions

Our signature program is a community-based partnership between Northern Pines Community Mental Health Center, GuidePoint Pharmacy and the College of Pharmacy with some guidance from the National Institute for Interprofessional Education and Practice. This partnership has the goal of integrating comprehensive pharmacy services including a clinical pharmacist practitioner into the mental health center. I will let Drs. Jones and Edwards tell you more about this effort and their experience.

To conclude my remarks we would like to leave with support of the Commission in its work to recognize the importance of pharmacist in interprofessional teams delivering mental health and primary care services and recommend pharmacists for inclusion in future workforce training programs and workforce study groups, support possible legislation to designate pharmacists who have specialized training such as national board certification in psychiatric pharmacy or specific specialized credentialing as mental health providers, include pharmacist services in Assertive Community Treatment teams, Behavioral Health Homes and Certified- community Behavioral Health Centers (if funded) and support the College's effort to work closely with the Minnesota Department of Health and Department of Human Services to conduct research and community outreach.

Thank you and now I would like to turn this over to Dr. Jones.