

House Industry, Business and Labor Public Hearing
January 15th, 2023
Chairperson –

Submitted by:
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Dear Chairperson and members of the House Human Services Committee,

My name is Amy Werremeyer and I live in Fargo, ND. I am Vice President of the North Dakota Pharmacists Association Pharmacists, and the current President-elect of the American Association of Psychiatric Pharmacists. I am also a pharmacist who doesn't work in a pharmacy. I am a Board Certified Psychiatric Pharmacist (BCPP). I don't dispense, sell or make drugs, but I do practice pharmacy and positively impact patient health. In general, this is a concept that can be difficult for people to understand. I don't think that my family or those closest to me even have a good idea as to what I really do at work. Rightfully so, as I don't work as a stereotypical pharmacist does. So, the million dollar question becomes, what do I really do? Understanding this will help put into perspective the positive impact that House Bill 1095 will have on optimizing medication use in North Dakotans.

I currently work in a clinic setting and previously worked in a hospital setting for over 14 years. I consider myself a medical provider who specializes in medication optimization, especially for patients who are taking psychiatric medications, but I work with all types of medicines too. I meet with patients in an exam room or in their hospital room, just like how you would meet with your other medical provider (doctor, nurse practitioner, physician associate, etc). I generally spend 30-45 minutes talking with a patient about their medications. This includes prescription medications, over the counter medications, herbal products and supplements.

Throughout our visit, I will analyze their entire medication regimen for opportunities for improvement. Are they taking two medications that are duplicative or working against each other? I ask the patient about side effects – specific side effects that are commonly associated with the medications that they are taking. Best case scenario, they aren't having any adverse effects from their medications. However, all too often, I do see patients who are struggling with potentially avoidable side effects from their medications. I also very commonly see patients that are prescribed medications but don't know what to expect from them, and therefore prematurely stop taking them. This is a common issue with mental health (aka psychiatric) medications—it's very difficult for patients to know what to expect from them or how to know if they're working, thus they often aren't taken long enough to be helpful.

I also will sometimes see the prescribing cascade that can follow. For example, a patient is started on a medication to lower their depression. This medication can cause them to gain weight. So they are started on another medication to reduce their appetite. This medication makes them have an increase in anxiety, so they are started on a 3rd medication to decrease anxiety. And this all continues, stemming from one medication-related side effect.

As we work through each of the patient's medications and discuss why they are taking it, if it is working for them and whether they are experiencing any side effects, I am evaluating the continued need for this medication. When meeting with patients, I often tell them that I prefer to take away

medications as opposed to add them. Most patients that I meet with think that they are taking too many medications, whether they are on 4 or 40. This is not an exaggeration. Providers at my hospital would refer patients to me strictly for “polypharmacy”. The provider feels that the patient may be taking too many medications and would like an expert to look at their regimen and see if there is anything that can be eliminated or may be dangerous for the patient. I also provide much-needed education to patients, helping to equip them to benefit from their medications rather than abandoning them or taking them in dangerous ways. I have personally seen the very high impact that my pharmacy services bring to patients and other members of the healthcare team. My research in this area has shown that being a part of my educational intervention has kept patients out of the ER—a very important health outcome for patient health as well as healthcare dollars saved!

Patients are also referred to me for helping them optimize their medications for controlling various conditions, such as anxiety, opioid use disorder, alcohol use disorder and many other mental health conditions. I am a credentialed and privileged provider and have worked under a collaborative practice agreement with my provider colleagues. This has allowed me to utilize my expertise and pharmacist training to prescribe new medications, adjust doses of medications, order lab tests, and discontinue medications to aid in optimizing patients’ care, just as their other medical provider would. The patients continue to see their regular medical provider as they normally would, however because they need extra attention and care, I am able to manage their conditions in between their regular provider visits in order to help free up time for providers to see their other patients in their very busy schedules.

Enhancing patients’ health by improving their medication experience and increasing access to pharmacists’ care is my passion. I have given multiple continuing education presentations to other healthcare providers including nurses, doctors, advanced practice clinicians and pharmacists on this topic. These presentations highlight the importance and positive impact that the pharmacist can have on a patient’s health when working as an integral member of the health care team. It is my hope that through these educational endeavors and clinical experiences, I can inspire others to continue the work of medication optimization and deprescribing as it is not a task that can be accomplished by one singular individual. Further, if this type of pharmacy practice were to become more common across pharmacy settings (such as in community pharmacies), then patients will have a more healthy and enjoyable medication experience across all transitions of care.

I urge this committee to support robust comprehensive medication management in ND by supporting House Bill 1095, which will lead to better health outcomes, reduce hospital readmissions, and promote optimization of patients’ medication experience. As you can see, much of the work pharmacists do closely mirrors the care patients receive at chronic disease follow up visits with their medical provider, and this work helps to improve patient health while freeing up the time of our overworked medical provider team members. Additionally, pharmacists are recognized as a “health care practitioner” in North Dakota Century Code. Unfortunately, not all North Dakota citizens have access to this high-level pharmacist care due to lack of insurance companies including these types of pharmacist services into their overall health benefit design. If pharmacists were able to provide various medication optimization services and be reimbursed just as any other healthcare provider who can provide these services, the patient is ultimately the one who benefits the most. I encourage this committee to support medication optimization services that allow pharmacists take a more active role in providing care for the patients of North Dakota.

Thank you for your consideration,

Dr. Amy Werremeyer, PharmD, BCPP