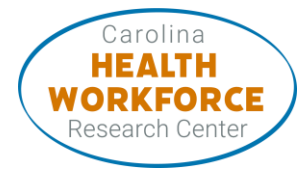


Practicing Together: Where Are Pharmacists and Primary Care Providers Teaming up for Patient Access



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Pharmacists are increasingly embedded in interprofessional primary care teams to optimize medication treatment, although the extent to which pharmacists are working in these settings and in expanded roles is unknown. This study examined the frequency of co-location of pharmacists with primary care providers (PCPs) and investigated predictors of co-location (e.g., state, practice size, specialty). The co-location of pharmacists with PCPs (Family Medicine, General Practice, Internal Medicine, Pediatrics, and Geriatrics specialties) was analyzed using the National Plan and Provider Enumeration System's (NPPES) National Provider Identifier (NPI) database. The sample included 221,638 pharmacists and 502,501 physicians (51% internal medicine; 28% family medicine; 21% other PCP sub-specialties). Of NPI-holding pharmacists, 23% (n=51,614) were co-located with a PCP. Pharmacists were most likely to be co-located with an Internal Medicine PCP (20%), followed by Family Medicine/General Practitioner (18.7%) and Pediatrician (11%). Of the co-located pharmacists, most were co-located with physicians in large practices and health systems. Co-location frequencies varied across states, ranging from 2.9% (Maine) to 51% (Hawaii), although most states ranged between 20% and 30%. Pharmacists in states that have expanded Medicaid and pharmacists practicing in urban areas were more likely to be co-located with PCPs. Despite finding that approximately one in four pharmacists with an NPI are co-located with a PCP, co-location appears to be unevenly dispersed across the U.S., suggesting limited access to this model of care. Increasing the co-location of pharmacists and PCPs gives practitioners greater ability to meet the patient's healthcare needs at the point of care.

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