Healthcare Within Reach: Promoting Community Pharmacies as Viable Points of Access for Hormonal Contraception in California

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Objectives
1) Develop a pharmacy access to hormonal contraception (HC) model to be piloted in California
2) Improve awareness and acceptance of pharmacy access to HC and role of community pharmacy in meeting women’s reproductive health needs
3) Facilitate establishment and availability of HC pharmacy access in other states.

Methods

Design
- Convene working group of medical experts and stakeholders to guide pilot program development, including protocols and guidelines.
- Work with CA policy makers to create legislative or regulatory mechanism to allow pharmacy access to HC. Submit waiver application to CA Board of Pharmacy to conduct HC demonstration pilot in CA.
- Develop training curriculum for pharmacists on HC contraceptive management and pharmacy access pilot protocols. Facilitate live trainings. Work with CA pharmacy schools to integrate and institutionalize HC pharmacy access training in their curriculum.
- Recruit pharmacists to participate in HC pharmacy access pilot in CA.
- Convene public education meetings and forums with interested stakeholders and policy makers about the public health need and benefit for HC pharmacy access
- Identify best practices to replicate model in other CA pharmacies and in other states
- Provide technical assistance and support on best practices and strategies to other states working to replicate similar model.

Results

This two year project only completed its first phase due to the closing of the organization that received the grant funds. In February 2010, the economic downturn forced the non-profit Pacific Institute for Women’s Health to close its doors and with it, its center Pharmacy Access Partnership, spearheading this project.

Project Successes and Impact from Phase I include:

1. Developed forum to build stakeholder support and think through a viable hormonal contraception pharmacy model:
   a. Convened a multi disciplinary working group of experts and interested stakeholders to develop pilot and build buy-in and support among policy leaders.
   b. Workgroup meeting minutes were useful to other states and organizations interested in exploring pharmacy access models, including pilots in Washington DC and New Mexico.

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2. **Identified research gaps and linked other pharmacist investigators to pursue research questions:**
   Working group member Sally Rafie conducted a national survey assessing provider opinions of expanding access to hormonal contraception in pharmacies, documenting that physicians favor pharmacy access to hormonal contraception among other access options. This study was presented at the Association of Reproductive Health Professionals annual meeting October 2010 and published in *Contraception* December 2012.

3. **Investigated regulatory and legislative strategies to facilitate a pharmacy access to hormonal contraception model:**
   a. We pursued a regulatory strategy with the Board of Pharmacy whereby there is some latitude to explore new models via pilot demonstration projects with schools of pharmacy. While Board of Pharmacy members were supportive, their legal counsel did not grant waiver.
   b. We secured a legislative sponsor/author, submitted bill language to legislative counsel and produced official draft bill language. Unfortunately, continuing the legislative route was not possible given the hardships facing our closing organization at the time.

4. **Improved awareness and acceptance of pharmacy access to HC at the state, national and international level:** We outreached to diverse audiences of medical providers, the public health community, women’s health advocates, researchers and pharmacists to build broad awareness and support for pharmacy access to hormonal contraception at state, national and international venues, including:
   - CA Board of Pharmacy Meeting, March 2009
   - OC OTC national workgroup meeting in New York City, September 2009
   - Association of Reproductive Health Professionals Annual Clinical Conference in Los Angeles, September 2009
   - Pharmacy Forward – Pharmacist Leadership Program for Reproductive Health, October 2009
   - The American College of Clinical Pharmacy, Women's Health Practice Network, October 2009
   - XIX FIGO World Congress of Gynecology & Obstetrics in Cape Town, South Africa, October 2009. (We were specially invited to present at this international conference on a panel around innovative strategies to increase access to hormonal contraception because of our work with pharmacists in California. Note: Travel expenses were not supported by CPF funds.)
   - California Coalition of Reproductive Freedom Meeting, November 2009
   - Meetings with Planned Parenthood Affiliates of California, American Medical Association, Association of Obstetricians and Gynecologists, and California state policy makers, Summer-Fall 2009

**Conclusion**

Overall the beginning building blocks were laid to support a pharmacy access to hormonal contraception program in CA, including developing draft protocols. We also successfully advanced one of our key project goals -- improving awareness and acceptance of pharmacy access to HC among policy makers, medical providers, organized medicine, public health and women’s health advocates, researchers and pharmacists. While a regulatory route was pursued, ultimately a legislative change to expand current collaborative practice laws in California is necessary to support either a pilot or statewide pharmacy access to HC program. As California and our nation grapples with a stressed healthcare system, it is even more important to invest in creating systemic policy and practice changes that improve how consumers access quality and affordable healthcare. Leveraging local community pharmacies as an additional convenient point of access for women to manage their contraception still proves to be a promising approach to explore.

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