

The role of pharmacists in cardiometabolic care

What is a pharmacist's role?

Pharmacists add unique expertise to primary and specialty (such as cardiology, endocrinology, nephrology, or gastrointestinal) care teams, enabling them to improve cardiometabolic care across larger patient panels. Pharmacists act as “team extenders” by filling many roles.

- **Primary care pharmacists:** Support population health and value-based initiatives, patient triaging and escalation, longitudinal monitoring, medication management, and patient education.
- **Specialty care pharmacists:** Provide specialized disease management, protocol implementation, medication and prior authorization management, and medication access/cost navigation support.

Collaborative practice agreements (CPAs) can empower pharmacists to fulfill their role as care extenders. At some clinics, CPAs are department-wide and allow broad clinical judgment.

Why are pharmacists important?

Add capacity and fill care gaps

Pharmacists can free up physician time for complex cases and acute patient management. Additionally, pharmacists may identify issues between annual visits, triaging patients and escalating risk in real time, which is especially important for high-risk patients with diabetes.

Pharmacists typically have more time to spend with patients than physicians, and their clinical visits reflect this: initial appointments can last up to an hour, with follow-up visits around 30 minutes, compared with the usual 15 to 20 minutes for primary care or endocrinology visits.

Support medication management

Pharmacists can help prevent therapeutic inertia by ensuring timely medication adjustments and maintenance. They can provide targeted, individualized education and support for self-management, which can motivate patients to adhere to medications and attend follow-ups.

Pharmacists can play a key role in educating patients about medicines, such as incretins, and, and may help with medication access, coverage, and dose optimization. They can support personalized obesity management using body composition analysis and waist circumference and help patients manage side effects to improve medication adherence.

Improve clinical outcomes

Adding pharmacists to care teams may help support improvements in A1C management compared to standard approaches alone.² Some pharmacists report that their programs help reduce pharmacy costs. These programs may also support weight management, which may reduce the need for antihypertensives and antidiabetics.

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Cardiometabolic health describes the interconnected risks and outcomes of heart and kidney disease, obesity, and metabolic conditions, with major impacts on cardiovascular events and mortality.¹

What are the barriers to pharmacist support?

Variable reimbursement and regulations

Pharmacists' ability to provide and bill for direct patient care varies by state, which makes it difficult to standardize pharmacist roles and demonstrate return on investment to decision-makers.³

In many states, pharmacists lack provider status and cannot bill for patient visits. Thus, pharmacists must show the value of their services by freeing up other clinicians' capacity to provide billable services or by demonstrating improved performance on value-based contracts. Even in states with provider status, variable billing processes across payers can still limit consistent use.

In primary care, pharmacists can help meet population health goals and value-based contract metrics, such as well-managed A1C, blood pressure (BP), or low-density lipoprotein (LDL), which may increase revenue.

Fragmented communication

Communication among pharmacists and clinicians can be fragmented due to the use of multiple channels (electronic health record, email, chat platform, pager, text), which can lead to missed messages and hinder collaboration. Remote pharmacists may face additional challenges building trust and rapport without face time with prescribers and other clinicians.

Ill-defined roles

Specialty teams sometimes lack clarity on pharmacist roles, often relegating them to prior authorization and cost troubleshooting rather than clinical functions. Building trust in pharmacists as clinicians is an ongoing challenge, especially in organizations unfamiliar with their full scope of practice.

What does the future hold?

Expansion and system strategies

As providers increasingly recognize pharmacists' contributions, they may be eager to leverage their expertise to improve access to medications and technologies, enhance outcomes, and support sustainable, value-based care models. Pharmacists report current workforce levels are sufficient to expand these roles, especially as more pharmacists move away from retail settings. However, future shortages remain a possibility.

Data and outcomes

Patient satisfaction tracking and automated reporting of pharmacist interventions isn't routine today. Long-term tracking of clinical outcomes (such as A1C, LDL, BP, chronic kidney disease and liver disease rates) can be helpful in measuring the impact of pharmacist-led interventions.

National alignment and best practices

Healthcare organizations may support changes to expand reimbursement and integration, such as standardizing best practices, improving training resources, clarifying pharmacist roles, and pursuing national provider status for pharmacists.

There may also be a need for more examples, checklists, and training materials to help new practitioners and teams integrate pharmacists effectively. Emerging disease areas like metabolic dysfunction-associated steatotic liver disease (MASLD) can also require updated cardiometabolic care checklists and algorithms. Greater state-by-state alignment may help reduce variation in legislation and care delivery.

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Endnotes

1. Ndumele CE, et al. [Cardiovascular-Kidney-Metabolic Health: A Presidential Advisory From the American Heart Association](#). *Circulation*. October 9, 2023.
2. Wagner TD, et al. [Impact of pharmacist-physician collaborative care on hemoglobin A1c and blood pressure quality measure achievement in primary care](#). *Journal of Managed Care & Specialty Pharmacy*. May 29, 2025.
3. [Pharmacists' Patient Care State Fact Sheets](#). American Pharmacists Association. Accessed November 12, 2025.

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