Provider Status: It's Happening

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APhA2016
Baltimore, Maryland
March 4, 2016

Disclosures

Stacie Maass declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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Target Audience: Pharmacists
ACPE#: 0202-0000-16-047-L04-P
Activity Type: Knowledge-based

Objectives

At the completion of this knowledge-based activity, participants will be able to:
• Discuss what is meant by “provider status” for pharmacists
• Describe federal and state provider status legislation and regulation impacting the pharmacy profession
• Provide an update on the status of efforts to recognize pharmacists and their services at the federal, state, and private-sector levels
• Explain how recognition of pharmacists and their services can impact patient care and pharmacists’ practices and opportunities

Assessment Questions

1. T/F: The singular focus of APhA’s provider status activities is passing federal legislation.
2. Provider status success at the federal, state and/or private sector levels will:
   a. Increase opportunities for pharmacists to contribute to more efficient and coordinated delivery of care
   b. Increase patient access to health care and pharmacists’ opportunities to provide more patient care services
   c. Better integrate the pharmacist into the patient’s health care team and help improve patient outcomes
   d. All of the above
3. Which of the below is incorrect?
   a. Pharmacists need to proactively engage part in the discussion regarding the future of health care and health care delivery, identifying weaknesses/problems they can help address
   b. An effective way to advocate with policymakers and decision makers is to talk specifically about the care and services pharmacists are providing and can provide
   c. Most of the advancement in the pharmacy profession is occurring only for pharmacists in accountable care organizations
   d. State and federal legislation and regulations impact the pharmacy profession so there are opportunities to impact the profession at the state and federal levels

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Assessment Questions

4. Which of the following are statements are true?
   a. Currently there is no public or private coverage for pharmacists’ patient care service (no coverage other than services related to dispensing activities or immunizations)
   b. Only those pharmacists working under a collaborative practice agreement or within a physician practice agreement are able to improve patient access to care
   c. At the state level, the pharmacists and the profession has made advancement through changes in scope of practice and coverage of services
   d. Both a and b

Provider Status

Promoting patient access to and coverage of pharmacists’ patient care services

Pharmacists’ Services

Examples of Pharmacists’ Services that, in coordination of other health care team members, can help patients and their access to care:

- Chronic disease management and education: Helping patients improve the management of their condition(s) and optimize the benefits of their medications and health outcomes. Goal setting, monitoring, medication management services and coaching help improve conditions such as diabetes, cardiovascular disease, and respiratory disease
- Medication Management: Conducting a comprehensive review of a patient’s medications for appropriateness, effectiveness, safety, and adherence, and providing ongoing monitoring, as needed. Goal is to optimize medication use and health outcomes

Pharmacists’ Services (cont)

Examples of Pharmacists’ Services (cont):
- Health and wellness: Providing patients with annual and lifetime immunizations; blood pressure checks; cholesterol and glucose testing; weight management; tobacco cessation counseling; and other preventive services
- Care transition: Managing medications and coordinating information with other health care professionals to assist patients in transitioning smoothly between health care settings and prevent negative events like hospital readmissions

Pathways to Provider Status

- Federal Sector
  - Social Security, Medicare Part B & D, CMMI, ACO
  - Federal Regulations (CMS, AHRO, HRSA)
- State
  - Medicaid
  - Health Insurance Exchanges, state health plans
  - Existing provider status and collaborative practice
- Private Payer
  - ACOs
  - Private or Employer-based Insurers
  - Medical Homes

Ways to Optimize Pharmacists’ Value in States

Provider Designation

Payment for Service

Practice Act Optimization

*Information provided by National Alliance of State Pharmacy Associations
**Provider Designation**

- **State Level Provider Designation**

**Insurance Code**
- There is sometimes a list of professionals who are defined as health care providers for the purposes of the provisions in the insurance code.
- Challenge: A limited number of patients are covered by insurers who are held to these provisions (non-ERISA exempt plans).

**Other Areas of State Laws**
- Pharmacy Practice Act
- Business/Professional Code
- Being “on the list” as a provider here may not have much of an impact on payment for services unless areas of the insurance code, Medicaid provisions, or state employee benefit provisions refer back to this language.
- Pharmacists can also be separately recognized as providers within Medicaid laws.

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**2015 Activity**

**Recent Wins**
- North Dakota: S B 2104
  - Included in language related to naloxone access.
  - Re-assertion of pharmacists as providers.
- West Virginia: S B 6; HB 2006
  - Adds pharmacists to the medical liability law.
  - Re-assertion of pharmacists as providers.
- Nebraska: L B 37
  - Includes statutory definition of pharmacists as “practitioners.”
  - Definition would be in the Prescription Drug Safety Act.

**Scope / Collaborative Practice Agreements/ Statewide Protocols**

**Scope Components/ Opportunities**
- Practice of Pharmacy
- Collaborative Practice Provisions
- Immunization Authority
- Order/interpret labs, CLIA waived tests
- Statewide protocols to enhance public health

**Collaborative Practice Agreements (CPAs)**
- Creates formal relationship between pharmacists and physicians or other providers
- Defines certain patient care functions that a pharmacist can autonomously provide under specified situations and conditions
- Many are used to expand the depth and breadth of services the pharmacist can provide to patients and the healthcare team.
**Elements Currently in State Law**

- **Services/Authority**
  - Modify therapy
  - Initiate therapy
  - Physical assessment
  - Order labs
  - Perform lab tests
- **Requirements**
  - Continuing education requirements
  - Pharmacists
  - Liability insurance
  - Disease state
  - Site of practice
  - Drug
- **Who involved**
  - Pharmacist
  - Patient
  - Agreement
  - Documentation

**State Collaborative Practice Authority Map**

- CPA applications
  - Chronic Disease Management
    - Anticoagulation
    - Cardiovascular disease/hypertension
    - Diabetes
    - Others
  - Acute Treatment – E.g. point of care testing, such as rapid strep test
  - Public Health – E.g. Naloxone
- Statewide Protocols
  - Used to address public health concerns
  - Standardized protocol for any willing and qualified pharmacist in the state
  - Does not require the pharmacist(s) to identify a collaborating prescriber
  - Protocol defines the patient population, the minimum qualifications for participating pharmacists, the focused prescriptive authority allowed
  - Protocol usually developed by a state agency (Pharmacy, Medicine, Public Health, or a combination)

*Information provided by National Alliance of State Pharmacy Associations*
**Statewide Protocols vs CPAs**

**CPAs**
- Negotiated between prescribers and pharmacists
- Requires pharmacist to identify a collaborating prescriber
- Could be patient-, disease state-, or patient population-specific
- Services may be broad and address a variety of conditions
- Care may or may not be protocol driven
- Parameters are modifiable and negotiable between the participating providers

**Statewide Protocols**
- Standardized for any willing and qualified pharmacist in the state
- Pharmacist/pharmacy doesn’t need to find someone to sign off
- Not patient-, pharmacist-, or provider-specific
- Very focused service
- Protocol-driven authority
- Parameters are not modifiable by individual pharmacists

**Statewide Protocols**
- Naloxone
- Immunizations
- Smoking Cessation
- Hormonal Contraceptives
- Travel Medications

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**Challenges and Potential Solutions**

**Cost and Coverage**
- Nasal Kits
  - Off-label status
  - Recent price increases
  - Minimum ordering quantity
  - Counseling time
- Auto-Injector
  - Unit cost
  - Insurance coverage policies
  - Primary non-adherence

**Utilizing Pharmacists to Increase Naloxone Access**

**Recent Legislative Changes - CPAs**

- Indiana – SB 358 (2015)
  - Allows pharmacists to collaborate with NPs and PAs
  - Defines MTM
  - Allows multiple pharmacists, practitioners and patients to be included on one agreement
- Maryland – HB 716 (2015)
  - Allows CPAs with NPs added to dentists, physician assistants, and midwives
  - Allows pharmacists to initiate therapy
  - Allows pharmacists to collaborate with nurse practitioners in addition to physicians and expands to pharmacists beyond institutional settings

*Information provided by National Alliance of State Pharmacy Associations
Recent Legislative Changes - CPAs

- California - SB 493 (2014)
  - Created an avenue for community practice pharmacists to enter into a collaborative agreement by obtaining the designation of Advanced Practice Pharmacist
  - CPAs were previously limited to pharmacists in institutional settings

- Minnesota - HB 2402 (2014)
  - Added the following to previous allowances:
    - Initiate therapy
    - Multiple pharmacists and multiple prescribers to be on one agreement
    - Pharmacists to collaborate with nurse practitioners and physician assistants

  - Authorizes one or more pharmacists to provide patient care through a collaborative pharmacy practice agreement with one or more prescribers
  - Had been working with physicians through language that allows for a "pharmacist-physician relationship" through medical orders for individual patients

- Wisconsin – SB 251 (2014)
  - Very broad language that says that "a pharmacist may perform any patient care service delegated to the pharmacist by a physician"

*Information provided by National Alliance of State Pharmacy Associations

Payment for Pharmacists Services

Payment for Services

- States that provide
- Expanded Medication Services
- Medicaid MTM
- Stateipharmacy benefit

*Information provided by National Alliance of State Pharmacy Associations

2015 Activity

Recent Wins

- North Dakota
  - SF 825 (2015) - removes the three medication requirement
  - Cited as a net savings to the Governor's proposed budget based on previous results

- Washington - Substitute Senate Bill 5213 (2014)
  - Effective January 1, 2015
  - Requires payment that incentivizes pharmacists and other qualified providers to provide comprehensive medication management services in health homes for Medicaid managed care patients with multiple chronic conditions
  - Worked collaboratively with physicians to advocate and pass the bill

*Information provided by National Alliance of State Pharmacy Associations

Recent Successes

Minnesota Medicaid

- Patients
  - Outpatients taking three or more meds to treat or prevent at least one chronic condition (who are not Med D eligible)

- Medication Therapy Management Services
  - Providers are paid based on the defined level of care provided (1-5) based on the complexity of the encounter
  - Must use an electronic documentation system

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Ohio
• Services Covered
  – Caresource, Ohio’s largest Medicaid managed care organization opted to cover MTM services for all covered lives
  – Implemented similar to Part D MIBM
  – Patients in need of services are identified
  – Needed interventions can also be identified at the point of care
• First Year Outcomes
  – 106,239 MTM services delivered
  – Return on investment: $4.40:$1, as reported by Caresource
  – Drug savings: $1.35:$1

Recent Successes

Other Issues Related to Pharmacists Expanding Services

Others’ Impact on Pharmacy Services

• Board of Pharmacy – E.g. Some states Boards are questioning ability of pharmacist-related authorities to extend beyond regulated pharmacies (e.g. physician offices)
• Attorney General – E.g. Some state AGs have recently weighed in on profession’s authorities, such as whether “initiate therapy” is same as “prescribe”
• Insurance Commissioner – Interpret insurance laws and regulations covering state-governed plans; e.g. definition of “administer” or “provide”

Potential Requirements for Coverage

• Credentialing: The process by which an organization or institution obtains, verifies, and assesses an individual’s qualifications to provide patient care services
• Privileging: Permission or authorization granted by a hospital or other health care institution or facility to a health professional (e.g., physician, pharmacist, nurse practitioner) to render specific diagnostic, procedural, or therapeutic services
• Additional Training/ Certifications – E.g., for immunization administration, states require completion of a qualified training program

Patient Access To Care Coalition

Pharmacy’s Federal Provider Status Efforts

• Broad coalition of pharmacy organizations and stakeholders united in promoting patient access and coverage to pharmacists’ patient care services
• Efforts focused on regulatory and legislative action
• Coalition seeking provider status for pharmacists, including advocacy for:
  – Consumer/patient access and coverage for pharmacists’ patient care services
  – Payers and policy makers to recognize pharmacists as health care providers who improve access, quality, and value of health care
  – Enhanced inclusion of pharmacists as members of patient health care teams
HR.592 / S.314
Pharmacy and Medically Underserved Areas Enhancement Act

- Representatives Brett Guthrie (R-KY), G.K. Butterfield (D-NC), Todd Young (R-IN), and Ron Kind (D-WI) introduced on January 28, 2015
- Senators Chuck Grassley (R-IA), Sherrod Brown (D-OH), Robert Casey (D-PA), and Mark Kirk (R-IL) introduced on January 29, 2015

Amends section 1861 of the Social Security Act to recognize pharmacists’ services within Medicare Part B

No impact on state scope of practice

Patient Access to Pharmacists’ Care Coalition

HR.592 / S.314 – Scope of Proposal

- Pharmacists - State-licensed pharmacists with a B.S. Pharm, or Pharm. D. degree who may have additional training and certificates depending on state laws
- Services - Services authorized under state pharmacy scope of practice laws
- Patients - Services provided in/for Medically Underserved Areas (MUA), Medically Underserved Populations (MUP), or Health Professional Shortage Areas (HPSA)

Provider Status and Medicare ACOs

New Medicare laws and programs and laws referred back to 1861 (i.e. fee for service)
Are only a limited number of pharmacists eligible under H.R.592 / S.314?

Feedback from Hill
- Positive feedback overall but cost is important
  - Need to “score” low by Congressional Budget Office (CBO)
  - Pharmacy challenged to be “saver, not coster”
  - Concern by pharmacy that savings, especially those that are long-term, are not considered when scoring
- Hill equates provider status with “fee-for-service”
  - Current focus is on new payment models (e.g. ACOs)
- There is not a good understanding of “Pharmacists’ Services”
  - Will they occur in isolation (i.e. coordination with other providers)

Launch of Media Campaign
March 2015

Messaging Focus
- Print and radio ads targeted to DC policymakers
  - Not a consumer campaign
- Overall message is the need for Seniors’ access to healthcare
- Some ads highlighted different problems
  - E.g. urban - difficult to get appointments and need for multiple bus lines
- Some highlighted rural issues – e.g. physicians miles away
Messaging Focus

- Focused on different services and needs (e.g., diabetes, heart conditions, asthma)

Provider Status’ Effect on Practice of Pharmacy

- Changes in workflow
  - Increase in pharmacist’s face-to-face time with patients
  - Shift to appointment-based care
- Changes in facilities
  - Need for more private consultative areas
  - Need for access to electronic health records
  - Increase central-fill
  - Provision of care off site

Potential Operational Changes

- Changes in billing mechanisms
  - Medical insurance
  - Partnerships for bundle payments
  - Outcomes based vs fee for service
- Changes in role of the pharmacist
  - Building patient relationships/engage patient in their care
  - Increased collaborations/team-based care
  - Effective documentation for care delivered
  - Additional training or verification of performance ability
  - Performance appraisal system - measuring outcomes vs # of Rxs
- Liability

Profession’s Next Steps
Pharmacy’s Next Steps

- Keep pharmacy unified
- Grow and strengthen PAPCC – need to include patients and providers
- Incorporate in solutions and offerings policymakers and decision-makers’ concerns and what they value
  - E.g., transitions of care, movement towards coordinated care and new delivery models, addressing high cost items
- Lessen resistance by other health care providers
  - States are having success at gaining support from other professions

Congressional action

- Since introduction 1 year ago, we have more than 40% of the Senate and 60% of the House supporting our provider status legislation
- APhA & partner organizations remain staunchly committed; however, 2016 is a presidential election year so limited window of opportunity
  - Congress has an abbreviated schedule
  - Moving legislation narrowly focused on “must pass” legislation and/or noncontroversial issues
  - Legislation passed will need to identify offsets (i.e., ways to pay for costs related to legislation)

Next Steps in Congress

- CBO Score
  - Process underway; APhA and PAPCC are working with Members of Congress to obtain score, which may be in a unofficial form
    - E.g., Lead House Sponsor, Cong. Guthrie, Vice Chair, Subcommittee on Health, House Energy and Commerce Committee
    - An unofficial, back of the envelope score sufficient
- House Hearing
  - House leadership indicated this is a necessary step for legislation to move through the House
  - Simultaneous working on hearing and score
  - Working with bipartisan leads on requesting hearing

2016 Focus

- Federal efforts are just one of our profession’s pathway to success
  - Pharmacy-related associations and pharmacists’ progress in helping patients receive better coordinated care has been impressive at the state level
    - States demonstrating impact pharmacists can have on patients and health care, including helping to fulfill needs of patients
    - These efforts are valuable to our federal level efforts as well
  - APhA will continue to work with pharmacists and pharmacy associations across the country to make the case for increasing access to pharmacists’ patient care services

Making the Case for Pharmacist Services

- Take advantage of state laws and actions (e.g., individual Medicaid programs and health exchanges)
- Continue to demonstrate value
  - Favorable quality/patient outcomes
  - Impact on cost
- Highlight evidence and continue research
  - As robust as possible but don’t let the perfect be an enemy
  - Data is important but may not need to be in peer-reviewed literature
Independent report released on May 2014; available at http://avalerehealth.net/

- Report explores pharmacists services currently being provided and their contribution to health care system
- Identified the most recent U.S. research articles and focused on four pharmacist services and one care delivery arrangement:
  - Medication management; medication reconciliation; preventive services; counseling; and collaborative care models.

**Research/ Evidence**

Pharmacy Organization Value of Pharmacy Project

- Total health care spending in the United States is expected to reach $4.8 trillion in 2021, up from $2.6 trillion in 2010 and $75 billion in 1970.¹
  - Health care spending will account for nearly 20 percent of GDP, by 2021.¹
- The US spends almost $300 billion annually on medication problems including medication non-adherence.²
- Chronic diseases costs the US health care system $1.7 trillion annually (more than 75% of health care spending).³

³ Partnership to Fight Chronic Disease. 2009 Almanac of Chronic Disease. Available at: http://www.fightchronicdisease.org/resources/almanac-chronic-disease-0.

**Health Care Environment**

Percentage of Medicare Fee for Service Beneficiaries by Number of Chronic Conditions

<table>
<thead>
<tr>
<th>Number of Chronic Conditions</th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Other</th>
</tr>
</thead>
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<tr>
<td>0 to 1</td>
<td>11,874,772</td>
<td>7,760,615</td>
<td>1,967,627</td>
<td>1,489,937</td>
<td>656,594</td>
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<tr>
<td>2 to 3</td>
<td>12,674,545</td>
<td>8,372,852</td>
<td>2,105,587</td>
<td>1,443,179</td>
<td>752,927</td>
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<tr>
<td>4 to 5</td>
<td>13,591,909</td>
<td>9,376,749</td>
<td>2,233,586</td>
<td>1,222,416</td>
<td>759,158</td>
</tr>
</tbody>
</table>

Medicare enrollment is expected to grow from roughly 55 million in 2015 to over 80 million in 2020.

### Health Care Environment

#### National Health Index

**All Cause Diabetes Hospital Encounters Per 100 Person**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Other</th>
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<td>46.6</td>
<td>48.3</td>
<td>46.4</td>
<td>36.8</td>
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<tr>
<td>2008</td>
<td>48.9</td>
<td>54.0</td>
<td>47.4</td>
<td>29.3</td>
<td>46.8</td>
</tr>
</tbody>
</table>

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### Health Care Environment

#### Problems and Opportunities

- Nearly 70 percent of Americans are on at least one prescription drug, and more than 50 percent take two.¹
- In 2011, there were nearly 4 billion prescriptions filled at US outpatient pharmacies—an average of more than 12 prescriptions/person.²
- Almost 50% of people prescribed medications for chronic diseases do not take their medications correctly.³

Pharmacists with their education and training (including more medication education than other providers) can help improve these statistics.

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### Future of Health Care

- Continued movement toward quality and coordinated delivery of care (e.g., ACO, transition of care, etc.)
- Pharmacists can help with many of the known problems in the current health care system; when pharmacists are involved access is increased, quality is improved and costs are reduced
  - **Access** - Already primary care provider shortages across our nation and likely to worsen. Pharmacists, underutilized providers, are ready and willing to help
  - **Quality** - As the aging population continues to grow, medications will play an even greater role in the quality and cost of health care. Pharmacists have more medication education than any other health care provider
  - **Cost** - Studies have demonstrated that successful coordination and management of transition of care services lower costs by positively impacting hospital readmission rates

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### Growing Support for Pharmacists’ Value

- Access
  - Primary care provider shortages across our nation and likely to worsen. Pharmacists, underutilized providers, are ready and willing to help
- Quality
  - As the aging population continues to grow, medications will play an even greater role in the quality and cost of health care. Pharmacists have more medication education than any other health care provider
- Cost
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### Advocacy Resources

- APhA: PharmacistsProvideCare.com
  - State-specific information
  - Join the Campaign!
    - More than 21,000 Supporters
    - More than 37,000 letters to Congress
  - Fact Sheets
    - Making the case
    - H.R. 592 / S. 314
    - Public opinion polls
    - Scope of practice

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Provider Status Resources

APhA Provider Status Activities

www.pharmacistsprovidecare.com

• Messaging, stories and profiles highlighting pharmacists’ services
• SHARE YOUR STORY!
• Identifying other health care providers supportive of pharmacists
• You don’t have to go to Washington DC to make a difference!!

Key Messages

Patient-focused messaging

• Access to health care is a real issue for patients and pharmacists can help
• People on complex medications benefit from pharmacists’ services
• When pharmacists are on the patient’s health care team, costs go down and quality improves
• While the successful passage of H.R. 592 / S. 314 is a priority for our profession—it is critical to our patients

This is not a singular effort or sprint. We need pharmacists’ long-term engagement!

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Discussion & Questions

For more information on APhA’s provider status activities
Visit www.pharmacistsprovidecare.com
3. Which of the below is incorrect? is
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