Pharmacists Today: Provider Status and Other Emerging Opportunities

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CPE Information

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Disclosures

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Learning Objectives

At the completion of this knowledge-based activity, participants will be able to:

1. Discuss laws and regulations that are driving the expanded role of the pharmacist.
2. Explain aspects of the current health environment that have stimulated the need for pharmacists to provide care.
3. Describe partners and collaborations that have helped achieve success for expanding provider status.
4. Discuss the impact that policy changes are having on the pharmacy profession and patients.
1. Which of the following statements is true?

A. The movement towards paying for value and other changes resulting from the Affordable Care Act and expanded coverage pose additional barriers to pharmacists’ care

B. There are many pathways to advance the role of the pharmacist and pharmacist-provided care including provider shortages and costs due to medications and medication-related problems

C. The best pathway to achieve an expanded role for pharmacists is through federal legislation

D. Only TN and CA have pharmacists’ provider status because their statues list pharmacists as “providers”
2. Which of the following has not stimulated an expanded role of the pharmacist in patient care services?

A. Primary care shortages
B. Malpractice insurance rates
C. Access issues due to increased numbers of those covered by insurance, including Medicaid and Medicare
D. Increasing recognition on the impact pharmacists can have on high cost items like chronic diseases and medication-related costs
3. The profession of pharmacy has experienced success in advocacy through which of the following strategies?

A. Identify policies in which pharmacists alone can improve patient care and any savings will be attributed only to pharmacy
B. Build a unified coalition that includes other providers and stakeholders beyond pharmacy
C. Develop legislative and regulatory solutions that are specific to pharmacists and their role as an independent health care practitioner
D. B and C
4. Which of the following is true regarding how recent policies and health care changes have affected the pharmacy profession?

A. Due to heavy government regulations and the focus on cost, the pharmacy profession is primarily focused on increasing the reimbursement on medications and other products

B. The pharmacy profession’s advocacy efforts at the federal and state level is only focused on scope of practice changes

C. In order to be able to provide pharmacists’ services, the pharmacist should not have to meet additional payer requirements as pharmacists have the expertise and training to provide any service within their scope of practice

D. Successful advocacy efforts include a multiprong approach, support from others outside of pharmacy, utilization of policy champions and a recognition that pharmacists may need to comply with additional requirements beyond licensure
Pharmacists’ Provider Status

APhA’s description of Provider Status:

Increasing patient access to/ coverage of pharmacist-provided care

(Services beyond those related to dispensing)
Pharmacists’ Provider Status

Pathways to Achieve Provider Status

**Federal Sector**
- Legislative – E.g., Social Security Act for Medicare Part B & D
- Regulatory – E.g., Centers for Medicare and Medicaid Services (CMS) and CMS Innovation grants (CMMI), Substance Abuse and Mental Health Services Administration (SAMHSA), Food and Drug Administration (FDA)

**State-Level**
- E.g., Medicaid, Health Insurance Exchanges, state health plans, scope of practice

**Private Payers**
- Private or employer-based insurers
Patient Access to Pharmacists’ Care Coalition (PAPCC)

40+ organizations and growing!
PAPCC & Federal Provider Status Legislation

H. R. 592

IN THE HOUSE OF REPRESENTATIVES

January 25, 2017

Mr. Clay (for Mr. Thomas) moved to amend the Social Security Act to provide for coverage under the Medicare program of pharmacist services.

S. 109

IN THE SENATE OF THE UNITED STATES

January 12, 2017

To amend title XVIII of the Social Security Act to provide for coverage under the Medicare program of pharmacist services.

No. of Cosponsors
H.R. 592 – 297 (172 Rs; 124 Ds)
S. 109 – 56 (30 Ds; 24 Rs)

Bipartisan

115th Congress 2017-2018
Federal Provider Status Legislation

• Introduced in House 2014, House and Senate 2015 and 2017
• H.R. 592/S. 109, last introduced in 2017, enables Medicare Part B beneficiaries in medically underserved communities - medically underserved areas and populations (MUAs & MUPs), health professional shortage areas (HPSAs)—to access health care services from pharmacists
  o Locations where there are not enough providers
• Limited to state-licensed pharmacists
• Does not change state scope of practice for pharmacists
• Pharmacist services would be reimbursed at 85% of the physician fee schedule
  o Similar to nurse practitioners and physician assistants
• Achieved significant bipartisan, bicameral support
  o Potential score continues to be an issue
APhA and its 2019 Provider Status Strategy

• New Congress requires any legislative proposal to be reintroduced
  o Congressional session = 2 years

• Patient Access to Pharmacists’ Care Coalition (PAPCC) currently discussing path forward in new Congress and with new leadership
  o Change of control in House and changes in committee chairs

• Legislation is just one of our profession’s pathway to success
  o Federal agencies opportunities
    — Device approvals, opioids, clarifying and/ or relaxing “incident to” requirements, medication management, Quality Payment Program (QPP) including Merit-based Incentive Payment System (MIPS), Chronic Care Management (CCM), Transitional Care Management (TCM), Annual Wellness Visits (AWV), Diabetes Self-Management (DSME)
  o State-level and private sector efforts
Moving Health Care Forward & Towards Value

Triple Aim

- Increasing Patient Satisfaction
- Improving Population Health
- Reducing Costs

Quadruple Aim

- Increasing Patient Satisfaction
- Improving Population Health
- Reducing Costs
- Address Care Team Well-Being

Transition to Paying for Value

Value-Based Care

\[
\text{Value} = \frac{\text{Outcomes}}{\text{Cost}}
\]

Cornerstones:

- Measuring quality and price (VALUE) of care
- Publishing quality and price (VALUE) of care
- Effective use of health information technology
- Creating positive incentives for quality, efficient health care
- Examples of value-based models –
  - Accountable Care Organizations (ACOs)
  - Patient-centered medical homes (PCMHs)
Problems/ Opportunities in the health care system

- US spends a possible $672 billion annually on medication-related problems and nonoptimized medication therapy\(^1\)
- Chronic and mental health conditions cost the US health care system more than $1 trillion annually\(^2\)
- Primary care provider shortages/ access to care issues

**Pharmacists with their education and training can help improve access, meet metrics and address other payer pain points**

- Already in communities (91% of Americans live with 5 miles of a community pharmacy)
- Established relationship with patients
- More medication-related expertise than other health care providers
- Evidence demonstrating the value of pharmacists, medications, and medication management

Sources:
Recognizing Pharmacists’ Value

Reforming America’s Healthcare System Through Choice and Competition

Sources:
Provider Status at the State Level
• California and Washington State were the first two states to adopt “provider status”.

• California passed legislation that achieved:
  • Provider Status – e.g. Recognized pharmacists as health care providers
  • Expanded scope of practice
  • Eligibility to receive payment for pharmacist delivered services
State Experiences

State Level Provider Designation

Based on data collected by NASPA (June 2016)

Source: NASPA. June 2016. Available at: https://naspa.us/resource/2016-state-fact-sheets/
State Experiences

2018 Active State Provider Status Bills

Based on data collected by NASPA (updated April 6, 2018)
Total of 104 bills proposed in 26 states

The Perfect Storm

- Affordable Care Act (ACA) extends coverage to 8.4 million in 2019
- Boomers entering Medicare
- Increase in the chronic disease burden
  - 2005 = 44% w/ 1 chronic disease
  - 2020 = 157 million in U.S. have >1 chronic disease (48%)
- Primary care shortage

Sources:
Tackling the burden of chronic diseases in the USA. Lancet 2009;373(9659):185.
Available at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60048-9/fulltext
Ignited Health Policy Debate

Obamacare: “This is Going to Hurt” ? “I ❤ Obamacare!”
Medicaid Expansion

Adopted (37 States including DC)
Not Adopting At This Time (14 States)

Source: Kaiser Family Foundation: Status of State Medicaid Expansion Decisions: Interactive Map
Published: Jan 23, 2019; Available at: https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/
The Coverage / Access Gap

• \( \uparrow \text{coverage} = \uparrow \text{demand for care} \)

• \( \uparrow \text{coverage} \neq \text{access to care} \)

Source: Available at: https://www.wahealthplanfinder.org/HBEWeb/Annon_ComparePlan.action
“Some 65 million people live in what’s essentially a primary-care desert.”

Phil Miller, Merritt Hawkins
America's facing a shortage of primary-care doctors

Published: Apr 4, 2016; Available at: https://www.marketwatch.com/story/americas-1-million-doctor-shortage-is-right-upon-us-2016-04-01
Pharmacist Provider Status

“Since their [primary care provider (PCP)] compensation will depend on patient outcomes and costs, PCPs also will need to be aware of the cost and quality of the care delivered by the other providers on the team”

*Healthcare management consultant David Zetter, CPC, CHBC*

Pharmacist Provider Status

TRUST ME, I’M A PHARMACIST
California

- 39 million residents
- 1 in 3 residents on state Medicaid (14 million)
- Led ACA implementation, Medicaid expansion, state exchange, etc.
- 40,000 licensed pharmacists, 6,500 community pharmacies

Sources:
CA.gov. License Type Totals. Updated 1/9/2019. Available at: https://www.pharmacy.ca.gov/about/license_total.shtml
What Does Pharmacist “Provider Status” Mean?
My definition of provider status...

When pharmacists have the **scope of practice** to provide services (authority), **appropriate integration** into healthcare system (access to patients), and the **ability to be reimbursed** for those services (payment).
California

• California Senate Bill 493
  • Statutory recognition of pharmacists
  • Expanded scope of practice (services)
Provider Recognition:

“The California Legislature finds and declares that Pharmacists are health care providers, authorized to provide health care services.”
California

Expansion for all pharmacists:

- Administer drugs and biologics
- Provide consultation, training, and education about drug therapy, disease management and disease prevention
- Participate in multidisciplinary review of patient progress, including appropriate access to medical records
- Furnish self-administered hormonal contraceptives
Expansion for **all** pharmacists (cont.):

- Furnish travel medications not requiring a diagnosis (Yellow Book)
- Furnish prescription nicotine replacement therapy (NRT) products
- Independently initiate and administer immunizations (patients three years of age or older)
- Order and interpret tests for managing efficacy and toxicity of drug therapies
California

**Advanced Practice Pharmacist category**

- Perform patient assessments
- Order & interpret drug therapy-related tests
- Refer to other healthcare providers
- Initiate, adjust, and discontinue therapy

State Strategies and Tactics

• Leveraged 2011 report - U.S. Surgeon General
• Argued for provider status and broader scope of practice:
  o Pharmacist integrated into the system of care
  o Recognition as health care providers
  o Revenue generation mechanism
  o Evidence-based outcomes

Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf
Traditional Medical Model

Health Care Delivery System

- Hospitals
- Physicians
- Insurance
- Medical Groups
- Clinics
- Payers

Pharmacy / Pharmacist Care

- Patient recovery
- Disease Management

Moving Pharmacy Forward
Integrated Pharmacist Model

- Hospital
- Patient
- Insurance/Payers
- Pharmacist
- Physician
“Provider Status” an inside-baseball issue

- Not controversial
  - Pharmacists have high affinity with policy makers

- The $$ “score” was less important
  - Mandating payment vs removing barriers for payment
  - State Medicaid can be a partner
  - Identified bright-spot payers who understand and support pharmacist clinical services
Pharmacist Provider Status

Provider recognition

- Patience for a multi-step process
  - Recognition vs. payment for services – both?
  - Referenced existing models – collaborative drug therapy management (CDTM), integrated systems
  - Identify champions outside of pharmacy – payers, physician groups, consumers, etc.
Bottom line considerations drive decision-making:

• Revenue generation realized by system / plan / payer
  o “What can you bring in for me?”

• System wide savings – offsets
  o “What can you save me?”

• Quality improvement
  o Patient satisfaction
  o System specialization/patient population
  o Clinical
    • “How are you going to improve me?”
Pharmacist Provider Status

• Speak their Language –
  “pharmacists contribute to the triple aim”
  o Increase access to care = the driver
  o Decrease chronic care costs = the rationale
  o Improve clinical outcomes = the expected

Pharmacist Provider Status

• Build a *strategic, unified* coalition
  o Builds credible political capital
  o Not always how many – but who
  o Looked to integrated system partners
  o Aligned with allied health care providers

• Enlist the very best legislative advocates

• Engage media relations and develop well-connected local strategy
California – Where are we today?

When pharmacists have the **scope of practice** to provide services, **appropriate integration** into healthcare system, and the **ability to be reimbursed** for those services.
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**Reimbursement** -

**Integration (patients)** -

**Scope of Practice** -
Payment for Services

- Successfully passed legislation authorizing Medicaid payment for specific services (AB 1114)
  - Immunizations
  - Birth control
  - Naloxone
  - Travel Medicine
  - Rx NRT
Thoughts for the Future

• Provider status moves pharmacists into a position where they can operate at the top of their license
• Scope without payment is a non-starter
• 3rd-party considerations must be understood and addressed
• Advancing pharmacy practice is well-received by policymakers
• We cannot build a system around pharmacists, we have to integrate pharmacists into the system

Provider Status –
The Tennessee Experience
State Policy Approaches to Achieve Patient Access

Patient Access to Pharmacists’ Patient Care Services

Provider Designation
Payment for Service
Scope of Practice

Source: National Alliance of State Pharmacy Association (NASPA)
Provider Designation: Experience in Tennessee

*Tennessee state law recognizes pharmacists as providers*
- In the insurance code since 1993
- In the pharmacy practice act since 1996 (or earlier)

But...
- Not exactly the final answer to state-level “provider status”
- Majority of states already have the provider designation
- Depends on where in state law the definition appears and the enforcement provisions

Scope of Practice: Collaborative Pharmacy Practice Agreement (CPPA) Law

Public Chapter 832:
• Law effective July 1, 2014: 
• Rules effective February 20, 2017  
  [https://publications.tnsosfiles.com/rules/1140/1140-03.20170220.pdf](https://publications.tnsosfiles.com/rules/1140/1140-03.20170220.pdf)

Collaborative Pharmacy Practice:
• One (1) or more licensed pharmacists working with one (1) or more prescribers licensed in Tennessee under a CPPA to provide patient care services which achieve optimal medication use and desired patient outcomes
• Allows Chief Medical Officer or Medical Director to sign for organized group practice
• Patient-specific plan of care is required (except immunizations, preventive health, testing, naloxone, and contraceptives)
• CPPA may authorize pharmacists to prescribe prescription drugs and order lab tests
• Scope of practice must be within authorizing physician’s scope of practice
Payment for Services: PC 82


- Effective July 1, 2017

- Inspired by legislative achievements of the Washington State Pharmacy Association and California Pharmacists Association

- Expands current state insurance code (TCA 56-32-129) to include “pharmacists” acting within the scope of their license or certification in the list of providers that managed health insurance issuers cannot discriminate against with respect to participation, referral, reimbursement of covered services or indemnification in medical provider networks.

- Establishes a pathway for pharmacists to be credentialed, participate in, receive referrals, and be reimbursed for covered services or indemnification as medical providers with managed health insurance issuers.

- Requires managed health insurance issuers to include pharmacists to the extent necessary to meet the needs of the managed health insurance issuer’s plan and its enrollees.
“The State believes that pharmacist-led MTM services will enhance the effectiveness of the Patient-Centered Medical Home (PCMH) and health home programs, improve health outcomes and quality of care, and could potentially drive cost savings over time.”

PCMH and HealthLink providers will enter into CPPA with qualified pharmacists to provide MTM services.

Approximately 300,000 high-risk TennCare beneficiaries enrolled in Tennessee’s PCMH and HealthLink programs.

TennCare Managed Care Organizations are required to enroll individual pharmacists as providers under their Medicaid provider program for the purposes of reimbursement for MTM services.

Any cost savings realized by TennCare through this MTM in Medicaid pilot program shall be prioritized for use in expanding the administration of the MTM in Medicaid pilot program according to overall impact on cost-effectiveness and medical outcomes.
Community Pharmacy Transformation Pilot Project

• On September 13, 2017, the Tennessee Board of Pharmacy approved Tennessee Pharmacists Association’s (TPA) **Community Pharmacy Transformation** Pilot Project.

• Tennessee is the eighth state to allow technician product verification (TPV) in the community pharmacy practice setting.

• Goals of the temporary pilot project include:
  - Evaluate the impact of a community pharmacy-focused TPV program on patient safety measures
  - Examine the impact of a TPV program relating to reallocating pharmacists’ time from technical duties to the delivery of patient-centered care
  - Assess the expansion of pharmacist-provided patient care in participating community pharmacy settings after implementation of a TPV program
  - Evaluate the impact of this practice model change on the ability of pharmacists to achieve optimized patient-centered care through CPPAs

• **Update**: Pilot Program expanded to 30 sites across the state
Provider Status: What We’ve Learned in TN

- Utilize existing pharmacy practice laws to broaden coverage for services.
- Coverage for pharmacist-provided services is provider-specific.
- Manage your expectations regarding timeline for successful integration.
- Prepare your pharmacists to adapt to the established medical provider process.
Credentialing, contracting, and privileging are all foreign concepts to pharmacists, including pharmacists within the managed care space.

Defining and simplifying the process for pharmacists is vital.

Payors and other provider groups must understand and buy-in to the “why”.

Provider designation within Medicaid may or may not require a State Plan Amendment (SPA).
Provider Status: Where TN is Headed Next

- **Refine** Refine “Preventive Care” and expand scope of protocol-based pharmacist-provided care and services (including prescribing).

- **Implement** Implement a training program to equip pharmacists as medical providers in Tennessee.

- **Expand** Expand patient access to pharmacist-provided point-of-care testing, pharmacogenomics, and other emerging patient care services.

- **Reform** Reform the Community Pharmacy Transformation (CPhT) Pilot Program (including technician product verification) and pursue rulemaking changes through the Board of Pharmacy.
Thoughts for the Future

Translating Success: Keys To Focus On

- Collaboration
- Communication
- Consistency
- Access
- Relationships
- Trust
- Persistence
- Perseverance

Thoughts for the Future – Operational Changes

• As pharmacists’ services, beyond dispensing, increase, there will need to be workflow changes
  o Increase face-to-face time with patients

• Changes in facilities
  o Access to electronic health records
  o Private consultative areas

• Understanding billing mechanisms

• Impact on liability

• Requirements from payors
  • Enrollment
  • Credentialing
  • Additional Training/ Certifications
  • Documentation

• Need to provide standardized/ consistent care
Questions?
1. Which of the following statements is true?

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