The Profession’s Pursuit of Provider Status – Opportunities and the Pathways for Success

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Disclosures/Conflict of Interest

* Matt Osterhaus 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.

Learning Objectives

1. Outline the details of the federal pharmacy provider status legislation and recent activity
2. Describe how success at the federal and state level can impact pharmacists and pharmacy technicians and their practice
3. Discuss ways to advocate and get involved

Assessment Questions

1. T/F: The singular focus of APhA's provider status activities is passing federal legislation.
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   b. Increase opportunities for pharmacists to contribute to more efficient and coordinated delivery of care
   c. Increase patient access to health care and pharmacists' opportunities to provide more patient care services
   d. All of the above
3. Which of the below is NOT correct?
   a. Pharmacists need to be part of the discussion regarding the future of health care and health care delivery
   b. An effective way to advocate on behalf of pharmacy is to talk about the care and services pharmacists provide
   c. Visiting Members of Congress in Washington is the best and only way to advocate on federal issues
   d. State and federal legislation and regulations impact the pharmacy profession so there are opportunities for pharmacists to be involved at the state and federal levels
Health Care Environment

- The health care system is undergoing a significant transformation in both the finance and delivery of health care services.
- At the Federal level, Affordable Care Act implementation includes new individuals coming into the system and focus on new models of payment and care delivery, e.g., accountable care organizations (ACOs), medical homes, etc.
- States are also examining their health care programs and defining policies that create efficient models of care and achieving improved quality and outcomes cost effectively.
  - Expansion of managed care and adoption of ACO model in state Medicaid programs.

Problems and Opportunities

- 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.
  - Health care spending will account for nearly 20 percent of GDP by 2021.
- The US spends almost $300 billion annually on medication problems including medication non-adherence.
- Chronic diseases costs the US health care system $1.7 trillion annually (more than 75% of health care spending).


Medicare enrollment is expected to grow from roughly 55 million in 2015 to over 80 million in 2030.

Health Care Environment

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

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.

Future of Health Care

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.
Future of Health Care
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 (CMI, AHRO, HIRA)
• State
  – Medicaid
  – Health Insurance Exchanges, state health plans
  – Existing provider status and collaborative practice
• Private Payer
  – ACOs
  – Private or Employer-based Insurers
  – Medical Homes

Growing Support for Pharmacists’ Value

APhA and Pharmacy’s Provider Status Efforts

Pharmacy Collaboration
• APhA is part of a broad coalition of pharmacy organizations and stakeholders united in promoting patient access and coverage to pharmacists’ patient care services
• 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

Patient Access to Pharmacists’ Care Coalition (PAPCC)
H.R.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

Patient Access to Pharmacists’ Care Coalition

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)
Patient Access to Pharmacists’ Care Coalition

Launch of Media Campaign
March 2015

Print and Radio Ads
• 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. physician miles away

PAPCC Print Ads
• Ads also focused on different services and needs (e.g. diabetes, heart conditions, asthma)

Ways to Optimize Pharmacists’ Value in States

Provider Designation
38
36
9
• Medicare
• State statute
• Provider designation

Provider State Level Provider Designation

*Information provided by National Alliance of State Pharmacy Associations

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Payment for Services

- Some kind of Payment
- Some Medicaid Service
- Medicaid MTM
- State Employee MTM

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Payment for services – Washington State Legislation

- Signed into law May 2015
- Washington is the first state to:
  - Require that pharmacists are included in health insurance provider networks AND
  - Mandate that plans pay pharmacists for services provided if within their scope of practice
- Implementation in progress: An advisory committee will create standards for credentialing, privileging, billing, and paying pharmacists with full implementation by Jan. 2017

There is momentum; many states making progress

Provider Status’ Effect on Practice of Pharmacy

Patient-Centered Care Based Workflow

Potential Operational Changes

- 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

Osterhaus Pharmacy-An Evolving Practice Delivering Patient-Centered Care

Medicare Accredited

- CPAP Care
- Diabetic Shoes & supplies
- Hypertension Collaboration
- Iowa Pharmaceutical Case Management
- Comprehensive Immunization Services
- Medication Management & Optimizing Adherence
- Hypertension Carbohydrate
9/23/2015

Patient-Centered Services in the Community

Pharmacy Tours-Show How Pharmacists can Practice at the Top of their License

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 - meeting outcomes vs # of Rxs

Next Steps: Getting Involved

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

APhA and Pharmacy’s Next Steps

• 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
Advocacy Resources

APhA: PharmacistsProvideCare.com

• Join the Campaign!
  • State-specific information
• Fact Sheets
  • Making the case
  • H.R. 592 / S. 314
• Public opinion polls
• Scope of practice

Evidence Supporting Value

• Facts: Benefits from Medication-Related Services; examples
  • Save lives
  • Improve health outcomes
  • Reduce hospital admissions
  • Increase patient satisfaction

Independent report released on May 2014; available at
http://avalerehealth.net/
• Report explores pharmacists services currently being
  provided and their contribution to healthy/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
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

DISCUSSION & QUESTIONS

For more information on APhA's provider status activities
Visit www.pharmacistsprovidecare.com

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