Making Strides in Advancing Pharmacy Practice: An ASHP Update

Anna Legreid Dopp, PharmD
Director, Clinical Guidelines & Quality Improvement

Disclosure
• The presenter for this continuing education activity reports no relevant financial relationships
• No off-label uses of medications will be described in this presentation

Learning Objectives
• Identify steps the pharmacy profession may take to help advance patient care contributions;
• Describe Practice Advancement (PAI) implementation, activities, and resources;
• Describe the PAI pillars, activities, and resources;
• List additional efforts and initiatives that ASHP is pursuing to advance pharmacist and pharmacy technician of patient care delivery

Key Points in 2017 Report
• Growing emphasis on population health management
• Health information technology (e.g., interoperability, single plan of care)
• Managing medication costs
• Therapeutic practice changes (e.g., precision medicine, payer-specific treatment pathways, cost-effective sites of care, AMS program)
• Increasing demand of regulatory requirements
• Leveraging of the pharmacy workforce
• Health-system operations changes in response to healthcare payment models, ambulatory care, quality measurement, and patient empowerment


Imperative for Change
• Health reform
• Medicare solvency
• Changing patient population & healthcare workforce
• Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
• Need for comprehensive ambulatory care strategy
• Provider status at the state and federal level

Distribution of Outpatient vs. Inpatient Revenues

<table>
<thead>
<tr>
<th>Year</th>
<th>Outpatient Care</th>
<th>Inpatient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>1996</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>1997</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>1998</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>1999</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>2000</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>2001</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>2002</td>
<td>38%</td>
<td>62%</td>
</tr>
<tr>
<td>2003</td>
<td>37%</td>
<td>63%</td>
</tr>
<tr>
<td>2004</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>2005</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>2006</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>2007</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>2008</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>2009</td>
<td>31%</td>
<td>69%</td>
</tr>
<tr>
<td>2010</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>2011</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>2012</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>2013</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td>2014</td>
<td>26%</td>
<td>74%</td>
</tr>
</tbody>
</table>
Origins of PAI

- Pharmacy Practice Model Initiative (PPMI) – started with invitational summit in November 2010
- The PPMI summit resulted in 147 recommendations and statements on the future of health system practice
- An Ambulatory Care Summit (ACS) was held in March 2014, recognizing the acute care focus of PPMI and the clear need to bring focus to ambulatory care practice
- The ACS14 resulted in 25 recommendations specific to practice in ambulatory care
- In 2015, PPMI and ACS14 collectively were rebranded to...

Hospital Self-Assessment

- Complete Hospital Self-Assessment
- Prepare Action Plan – identify priorities based on feasibility and impact
- Consists of 106 questions designed to assess an individual hospital’s alignment with the recommendations
- Covers a wide range of topics:
  - Advancing the application of IT in the medication-use process
  - Advancing the use of Pharmacy Technicians
  - Care team integration
Hospital Self-Assessment Action Plan Opportunities

- Top Three Action List Priorities
  - Residency-trained pharmacists
  - Assigning initiation of medication reconciliation to appropriately trained pharmacy technicians to:
    - Capture admission and discharge medication histories for a reconciled personal medication list
    - Care coordinate patient assistance services for post-discharge medication use (e.g., ensuring patient access to affordable medications)
    - Provision of discharge counseling by pharmacists to include standardized process for hand-offs to next level of care (e.g., skilled nursing facility, home health)

Why do the Ambulatory Care Self-Assessment?

- Assess how your practice aligns with the ASHP Ambulatory Care recommendations
- Reflect on where you are and showcase what is going well
- Identify areas of need
- Two versions of the self-assessment (system and practitioner)
- Create an action plan to improve practice
  - Put data to use (e.g., strategic planning priorities, business plan development)
  - Determine steps to move from current state to a desired future state
- Benchmark against other facilities and measure progress over time

Prioritizing Action List
Ambulatory Care Action Plan Opportunities

- Top Three Action List Priorities (System Assessment)
  - Ambulatory care pharmacists actively engaged in transitions of care activities
    - Decrease care fragmentation across the continuum
    - Establishing and engaging in a comprehensive ambulatory care strategy (e.g., community pharmacy, specialty pharmacy, ambulatory care pharmacist in a primary care setting)
  - Use of billing codes when providing ambulatory pharmacist patient-care services
  - Use of standardized framework for clinical documentation (e.g., SNOMED CT)
  - Clinical pharmacist engaged in team-based, patient-centered care (e.g., Patient-Centered Medical Homes, ACOs, bundled payment arrangements, aging in place demonstration pilots)
  - Creating financially sustainable services
  - Active participation by ambulatory care pharmacists in organization-wide committees

Progress Measures

- Measures with greatest progress (hospital)
  - Distribution tasks assigned to technicians
  - PTCB certified technicians
  - Barcode medication dispensing and administration
  - IT strategic plan to improve safety and quality
- Measures with greatest progress (ambulatory care)
  - Systems utilizing collaborative practice agreements
  - Systems with pharmacists practicing in ambulatory clinics
  - Systems with ambulatory oncology clinics that include pharmacists
Barriers to PAI engagement

• Lack of awareness
• Not a state-wide or organization priority
• Lack of time and resources
• Regulatory requirement burden
• Need to flex staffing based on census and exercise other expense reduction actions
• Do not know where and/or how to start
• No deliberate strategic planning process in place
• This is not what is keeping me up at night
• Required to show ROI on all budget requests

State Affiliate Grants

• **Goal:** Promote the dissemination and implementation of PAI
• **Leadership Workshop**
  - Honoraria and travel support
• $2,000 grant to support advancement-focused programs

PAI State Affiliate Grants

- 21 total grants awarded
- FL, IA, OH, SC, and WI have been awarded two
- Six grants awarded in 2016

PAI State Affiliate Grant Success Stories

• Establishing and engaging in a comprehensive ambulatory care strategy (e.g., community pharmacy, specialty pharmacy, ambulatory care pharmacist in a primary care setting)
• Advancing the roles and responsibilities of pharmacy technicians to expand services
• Discharge and/or admission medication reconciliation pilots
• Education and training on current reimbursement practices and options for pharmacists/pharmacies to create financially sustainable services
• Legislative wins such as collaborative practice agreement updates and expanding pharmacist scope of practice
• Creation of a state affiliate PAI task force or steering committee
• Use of a standardized framework for clinical documentation (e.g., Pharmacists' Patient Care Process, SNOMED-CT)
• Plan to leverage technology for improved medication safety
• Residency expansion including layered learning
PAI State Affiliate Grant Success Stories

- Leverage use of students/residents for outreach (e.g., survey completion, projects)
- Provider status readiness
- Identify practice advancement opportunities across state and develop consensus priorities while keeping scope attainable
- Develop state affiliate strategic plan for advancing pharmacy practice across all pharmacy practice settings
- Development of a Tech check-Tech toolkit (hospital/ambulatory)
- Technician recruitment and retention
- Pharmacist care transitions toolkit to decrease care fragmentation across the continuum
- Regulatory requirement demands (sterile compounding USP <797>; antimicrobial stewardship)

What You Can Do Now

- Complete the self-assessments and share with your pharmacy team to develop actionable plans
- Evaluate the medication management system for quality, safety, and reimbursement/revenue gaps
- Engage in discharge counseling after monitoring inpatient
- Delegate distributive functions to pharmacy technicians
- Medication reconciliation at admission and discharge
- Get involved with ambulatory care (e.g., community, specialty, population health, leverage provider status)
- Educate others on PAI and be a catalyst for change

Recognizing Pharmacists as Providers: Filling an Unmet Patient Need

Provider Status is About Patients

Achieving provider status is about giving patients access to care that improves:

- Patient safety
- Healthcare quality
- Outcomes
- Decreases costs

What is Provider Status?

- Being listed in section 1842 or 1861 of the Social Security Act as a supplier of medical and other health services.
- Becoming a “provider” in the Social Security Act means: Pharmacists can participate in Part B of the Medicare program and bill Medicare for services that are within their state scope of practice to perform.

Who Currently Has Provider Status?

- Physicians
- Nurse practitioners
- Physician assistants
- Certified nurse midwives
- Psychologists
- Clinical social workers
- Certified nurse anesthetists
- Speech-language pathologists
- Audiologists
- Registered dietitians
- Physical therapists
Why is provider status important for pharmacists?

- Pharmacists are not currently recognized under the Social Security Act as health care providers
- New payment systems emphasize quality and outcomes
  - Accountable Care Organizations
  - Medical Homes
- Social Security Act determines professionals’ eligibility

Social Security Act

- Part E – Miscellaneous Provisions
  - Sec 1861.[42 USC 1395x]
  - Definitions of Services, Institutions, Etc.
- Medical and Other Health Services (Section 1861(s))
  - (1) Physician Services;
  - (2) (A)-(FF) Examples:
    - Services and supplies (including drugs and biologicals which are not usually self-administered by the patient) furnished as an incident to a physician's professional service…included in physicians' bills
    - Outpatient physical therapy
    - Physician assistants
    - Medication administration

Copy & Paste

- (GG):

H.R. 592/S. 109 Specifics

- Amends Section 1861(s)(2) of the Social Security Act to include:
  - Services furnished by a pharmacist licensed by State law
  - Which the pharmacist is legally authorized to perform in the State
  - Covered in a setting located in and defined in federal law as:
    - Medically underserved area
    - Medically underserved population
    - Health professional shortage area

Why does H.R. 592/S. 109 only cover medically underserved communities?

- Helps to meet current unmet health care needs
  - Increase access
  - Improve quality
  - Decrease costs
- Follow similar successful paths taken by other health care professionals to gain provider status

What are medically underserved communities?

- Medically Underserved Areas
- Medically Underserved Populations
- Health Professional Shortage Areas
Patient Access to Pharmacists’ Care Coalition (PAPCC)

Current Members
- ASHP
- APhA
- AACP
- ASCP
- HLC
- IACP
- HOPA
- NCPA
- NACDS
- NASPA
- Walgreens

Current Members
- Albertson’s
- Amundson’s Stores
- Americare Pharmacy
- Community
- CVS/Caremark
- Food Marketing Institute
- Shell’s Pharmacy
- South Pharmacy
- Kroger
- National Center for Farmworker Health
- Omnicell
- Rite Aid
- Safeway Inc.
- SuperValu Pharmacies
- Thrifty White Pharmacy
- WalMart
- Winn-Dixie

Status Update
- 2016 has seen the Coalition pushing for cosponsors; House and Senate hearings and committee consideration
- Also to push for Congressional Budget Office Scoring

Why isn’t there a call for credentialing requirements in the Bill?
A: ASHP supports these concepts, but they do not belong in federal law.

Instead, credentialing and privileging requirements are for states and organizations to decide through state pharmacy practice acts, private health plan requirements, and credentialing and privileging requirements by hospitals and health systems.

How Does Provider Status Impact Pharmacy Technicians?
- As the clinical role of pharmacists grows, more will need to be done on the pharmacy operations side
- The role of pharmacy technicians could be elevated due to provider status
- Would expect a robust demand for well-trained and qualified pharmacy technicians going forward

The Path Forward
- Seek hearing on bill in House Energy and Commerce Committee
- Seek a CBO score – pursuing Senator Grassley (Iowa) as champion
- Seeking a legislative vehicle for the bill
- Secure additional cosponsors
- Grow the coalition
- Educate the public and other stakeholders on value of pharmacists’ care

Specific State Affiliate and Individual Actions
- Recruit individual health system support of H.R. 592/S. 109 in your system
- Solicit other state-level health profession organization support of H.R. 592/S. 109:
  - Medical specialties
  - Nurse practitioners
  - Physician assistants
- Visit elected officials/staff in Washington DC or district office
Impact of State Scope of Practice on the Federal Law

• Provider status at the federal level will only allow a pharmacist to participate in the Medicare program and to bill for services that are within their state scope of practice to perform (the same is true for physicians and other providers)

• State scope of practice will determine what pharmacists can actually do in terms of the provision of service

• As provider status at the federal level is achieved, continued efforts by states to ensure scope of practice for pharmacists is sufficiently robust will be vital

State Provider Status

• ASHP is working with state affiliates to move state legislation to recognize pharmacists as providers forward

• Focus is on expanding state scope of practice so pharmacists can practice at the top of their license

• Potential addition of state Medicaid and private payers

Key Takeaways

• Key Takeaway #1
  – H.R. 592/S. 109 would grant provider status to pharmacists practicing in medically underserved areas, or populations

• Key Takeaway #2
  – Virtually all of the pharmacy profession is on board

• Key Takeaway #3
  – Must continue pushing, addressing the cost questions and GROW the coalition and Congressional outreach!

ASHP News & Initiatives

ASHP and ISMP Launch Medication Safety Certificate Program

Modern Healthcare

Top 150 Best Place to Work in Healthcare - 2017

Discussion

Anna Legreid Dopp
adopp@ashp.org
301-664-8889