

Louisiana Pharmacists Association

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Louisiana Pharmacists Association Educates Patients about Pharmacists as Providers

This April, the Affordable Care Act of 2010 moves into its third year of implementation. A core element of the ACA is an emphasis on expanding access to health care services in order to prevent, delay or manage common chronic diseases. Diseases like diabetes, hypertension and arthritis appear responsive to some level of self care management and self directed prevention. Another significant goal is the focus on improving the overall quality of care through the elimination of inefficiencies. One way of achieving this goal is by making better use of the training that many healthcare personnel already possess.^(1,2,3)

In 2011 the U.S. Public Health Service released an assessment of the impact pharmacists can have on the provision of healthcare entitled, Improving Patient and Health System Outcomes through Advanced Pharmacy Practice: A Report to the Surgeon General 2011. Within this correspondence, Assistant Surgeon General RADM Scott Giberson reports the following; “The federal sector has already implemented and embraced... physician–pharmacist collaboration... This collaboration, through extensive performance data, has demonstrated that patient care services delivered by

pharmacists can improve patient outcomes, promote patient involvement, increase cost efficiency, and reduce demands affecting the health care system.”⁽¹⁾

Pharmacists are well positioned to offer comprehensive medication therapy management to patients in a variety of settings, further enhancing the quality and efficiency of the care provided. Pharmacists are highly accessible and have improved vaccination rates for influenza across the United States.⁽²⁾ Additionally, pharmacies in most states are allowed to perform point-of-care screening that can identify people with chronic diseases earlier, when treatment has its biggest impact.

A major obstacle to offering patients access to pharmacist services is a technical issue buried in the Social Security Act. Within this law there is a section which lists healthcare providers that may be paid for clinical services. Although pharmacists have been trained and are capable of providing many of these services, this law makes no mention of pharmacists. The implication of this omission is that pharmacists are unable to bill for clinical services as individual providers.

This lack of provider status, however, does not prohibit pharmacists from performing clinical services. Currently, reimbursement for services provided by a pharmacist is billed to a third party payer, by the institution or pharmacy that employs the pharmacist, not by the pharmacist individually. Billing, when done in this way, does not take into account the time an individual pharmacist spends performing a service. The result of this billing structure is that pharmacists and employers of pharmacists have little incentive to offer these services because there is no time-value associated with the labor cost of the provider. Without adequate reimbursement, the

expertise and accessibility of pharmacists will continue to remain an underutilized resource.

Pharmacists in hospital and community settings, however, provide a variety of these services, in spite of inadequate reimbursement models. A major component of the ACA's vision for the future of healthcare in America involves the use of collaborative healthcare teams in order to prevent as well as treat illness. Healthcare provider teams are comprised of practitioners from a variety of disciplines including physicians, dietitians or physical therapists.⁽⁴⁾ Because of the lack of a viable method to reimburse pharmacists for their time, pharmacists are often not adequately utilized as contributors within the healthcare provider team. The benefit to patients of a team based approach to healthcare provision, with pharmacist involvement, is well documented. Provider status, for pharmacists, is critical for their inclusion into collaborative team based healthcare.^(1,2,3)

Provider status within the Social Security Act is a barrier that must be removed in order to achieve the goal of providing patients access to pharmacist services. For patients to receive the full benefit of their medication regimens, pharmacists must become part of the team of paid providers.⁽³⁾

The American Pharmacists Association, the American Society of Health-system Pharmacists, the National Community Pharmacist Association, and most other pharmacy organizations have come together to change the Social Security Act by adding pharmacists to the list of providers eligible for direct payment. These organizations have enacted a grass roots campaign to raise awareness about the Provider Status issue. This has included the circulation of a petition that

calls for the review of the pharmacist provider status issue by the White House. 25,000 signatures are required for the administration to address an issue. Over 35,000 signatures were obtained. Additionally these organizations, having made this issue their flagship issue, continue to lobby on Capitol Hill in hopes that the legislature will ultimately include pharmacists in the list of providers. This will improve access to services and increase the quality of care across the health care system.

(1) Giberson S. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice: A Report to the Surgeon General 2011.
<http://www.usphs.gov/corpslinks/pharmacy/documents/2011AdvancedPharmacyPracticeReporttotheUSSG.pdf>

(2) Skelton JB. Pharmacist-provided immunization compensation and recognition. J Am Pharm Assoc 2011 Nov-Dec; 51(6):704-12.

(3) Yap D. 'Smart spend that pays': APhA advances provider status initiative. January 2013.
<http://www.pharmacist.com/%E2%80%98smart-spend-pays%E2%80%99-apha-advances-provider-status-initiative>. accessed 14 March 2013

(4) Pfannensteil B. Affordable Care Act will prescribe bigger role for pharmacists. Kansas City Business J. Mar. 8, 2011. <http://www.bizjournals.com/kansascity/print-edition/2013/03/08/affordable-care-act-will.html>, accessed 27 March 2013.

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The Louisiana Pharmacists Association, established in 1882, strives to promote the interests of all pharmacists of the State of Louisiana. For more information about the LPA and its benefits, contact Julie Fuselier or Phyllis Perron, LPA Co-Executive Directors at 225/346-6883 or visit our website at www.louisianapharmacists.com.

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