

Recognizing Pharmacists as Providers: Filling an Unmet Patient Need

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Conflict of Interest

- Nothing to Disclose



Learning Objectives

- To describe what is meant by provider status in the Medicare program as defined in the Social Security Act
- To distinguish between federal and state law and regulation, the requirements for pharmacists to provide patient care services
- Describe H.R. 592/S. 314 and its intent, as well as gain an understanding of how it will impact pharmacy
- Gain an understanding of the Patient Access to Pharmacists Care Coalition and who comprises it
- To advocate for recognition of pharmacists as providers in federal law



Provider Status

- Why provider status is important to pharmacy
- Discuss specifics of H.R. 592/S. 314
- Status update
- Address questions, both from the Hill and the public in general
- Discuss efforts to move the bill in the new Congress



Background and History

- Medicare enacted in 1965—no prescription drug benefit
 - Part A: Hospital insurance
 - Part B: Physician outpatient services
- Pharmacists not recognized as “non-physician practitioner”
- 1977- 97 Nurse Practitioners and Physician Assistants slowly and incrementally gain provider status



Background and History

- 2003 Medicare Modernization Act provides for Part D prescription drug coverage and medication therapy management services
- 2010 Affordable Care Act expands coverage and establishes:
 - Accountable Care Organizations
 - Patient Centered Medical Homes
 - Pay for Performance with quality and outcomes measures required for hospitals

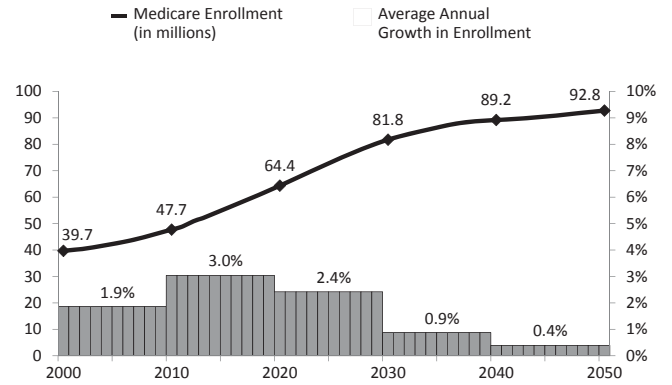


Public Health Policy Problem Unmet Need: Access to Primary Health Care

- Growing number of Medicare beneficiaries
- Increasing patients with 1+ chronic conditions
- Newly covered patients via Affordable Care Act
- Projected Physician Shortage

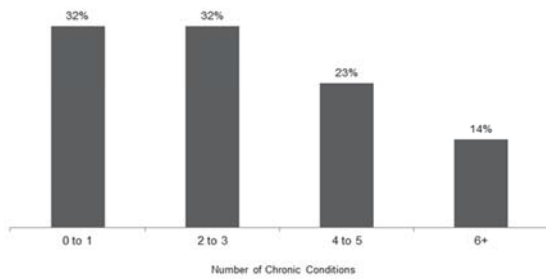


Projected Change in Medicare Enrollment, 2000-2050



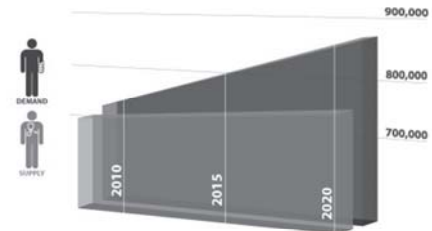
SOURCE: 2014 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds.

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



Centers for Medicare and Medicaid Services. Chronic Conditions among Medicare Beneficiaries, Chartbook, 2012 Edition. Baltimore, MD, 2012.

Projected Supply and Demand, Physicians, 2008-2020 (ALL SPECIALTIES)



Source: AAMC Center for Workforce Studies, June 2010 Analysis



Public Policy Solution: Provider Status

- Pharmacists collaborate to play greater role
- Provide patients' access within state scope of practice
 - ❖ Transitions across the care continuum to reduce emergency department visits and readmissions
 - ❖ Managing chronic diseases
 - ❖ Performing medication management
 - ❖ Health and wellness testing
 - ❖ Administering immunizations



Provider Status is About Patients



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

- Patient safety
- Healthcare quality
- Outcomes
- Decreases costs



Who 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



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.



Why is provider status important for pharmacists?

- Pharmacists are not 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 eligibility



Why Do Pharmacists Want Provider Status When Fee-For-Service is Going Away?

- Over the next 5 or more years traditional fee-for-service will be phased out and replaced with new payment systems that emphasize quality, outcomes, and team-based patient care.
- Pharmacists recognize that traditional fee-for-service is not the model of the future, and we view ourselves as members of interprofessional teams collaborating with physicians, nurses, and others throughout the continuum of care.
- However, the Social Security Act (SSA) remains the reference point for which practitioners are eligible to participate in current, new, and emerging delivery systems and payment models (see ACO example).
- Therefore, for pharmacists to fully participate in current and emerging delivery and payment systems, pharmacists need to be listed in the SSA along with other providers.



What is H.R. 592/S. 314?

- A bipartisan bill that would amend the Social Security Act to recognize pharmacist services to patients under Medicare Part B in medically underserved communities
 - ❖ Applies to licensed pharmacists working within their state’s scope of practice laws
 - ❖ Establishes a mechanism of pay for pharmacist provider services under Medicare
 - ❖ Reintroduction of H.R. 4190, a bill which was introduced by Representatives Guthrie (R-KY), Butterfield (D-NC) and Young (R-IN) in the House of Representatives on March 11, 2014
 - ❖ That bill had 123 bipartisan cosponsors include two physicians: Reps. Roe (R-TN) and Bera (D-CA).



H.R. 592/S. 314 Specifics

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



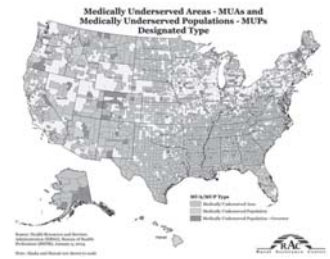
Why does H.R. 592/S. 314 only cover medically underserved communities?

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

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What are medically underserved communities?

- Medically Underserved Areas
- Medically Underserved Populations
- Health Professional Shortage Areas



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Medically Underserved Communities, a Closer Look

- Medically Underserved Areas:
 - ❖ Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

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Medically Underserved Areas, MUA

- Medically Underserved Areas, how are they calculated?
 - ❖ Uses Index of Medical Underservice (IMU), scale 0-100; 62 or less is MUA
 - ❖ Uses 4 variables to calculate:
 - Ratio of primary care physicians per 1,000 people
 - Infant mortality rate
 - Percent of population below poverty
 - Percent of population 65 or older

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Medically Underserved Populations, MUP

- Medically Underserved Populations
 - ❖ Uses same IMU but applies it to population groups
 - ❖ Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care
 - ❖ Typically low income or Medicaid eligible

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Exceptional Designations

- May not fit the criteria of MUA/MUP
- Governor can make the request for an exception
- Based upon “unusual Local Conditions”

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Patient Access to Pharmacists' Care Coalition (PAPCC)

- Formed January 2014
- Group of 30 organizations representing patients, pharmacists, pharmacies and other interested stakeholders
- Drafted H.R. 4190 to expand medically-underserved patients' access to pharmacist services consistent with state scope of practice
- Facilitated reintroduction



Patient Access to Pharmacists' Care Coalition (PAPCC)

Current Members

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

Current Members

- Albertson's
- Amerisource Bergen
- Bi-Lo Pharmacy
- Cardinal Health
- CVS Caremark
- Food Marketing Institute
- Fred's Pharmacy
- Fruth Pharmacy
- Kroger
- National Center for Farmworker Health
- Omnicell
- Rite Aid
- Safeway Inc.
- SuperValu Pharmacies
- Target
- Thrifty White Pharmacy
- WalMart
- Winn-Dixie



State Scope of Practice

- 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



Status Update

- As mentioned earlier, HR 4190 had 123 cosponsors at the end of the 113 Congress
 - ❖ Reintroduced in 2015 as H.R. 592/S. 314.
 - ❖ The strategy for 2014, late in the Congressional session, was to build support for this legislation by getting as many cosponsors as possible, for quick re-introduction in 2015
 - ❖ 2015 will see Coalition pushing for cosponsors; House and Senate hearings and committee consideration



Senate Message

- There was no companion bill to H.R. 4190 in the 113th Congress
- We (the coalition) worked with the Senate offices to introduce S. 314, a companion to H.R. 592 in the 114th Congress
- Introduced on January 30, 2015
- Ask for their commitment to addressing pharmacists lack of provider status
- We are seeking support for the issue, movement on it in 2015



Questions (both House and Senate)

- How qualified are pharmacists to provide these services?
 - ❖ Pharmacists are very well-qualified to provide these services.
 - ❖ The legislation would enable pharmacists to provide services they already are authorized to provide under state law, and prepared to provide through their extensive professional education.
- What will this cost Medicare?
 - ❖ We believe that pharmacist provided patient care will lead to better health outcomes and in many cases reduce costs – care transitions is a good example
 - ❖ However, we also know that the Congressional Budget Office often does not score (assign a price tag) bills with offsets



Questions (both House and Senate)

- Who decides what services pharmacists could provide?
 - ❖ The services pharmacist can provide would still be set by state scope of practice laws and regulations, just as is done today. This bill does nothing to change such regulations; it simply permits Medicare to pay pharmacists for delivering care to patients that fits within the regulations of each state.
- Is there precedence for this type of legislation?
 - ❖ Yes. Longstanding law has enabled nurse practitioners and physician assistants to be reimbursed by Medicare for providing Part B services. The law originally limited such reimbursement to cases when delivered to underserved rural populations, but such restrictions were removed in the late 1990s.



Questions (both House and Senate)

- Does this proposal seek to have pharmacists fill the role of doctors?
 - ❖ No. It simply seeks to have pharmacists help address acute shortages and to be eligible for payment for services they are already allowed to provide under their respective state licenses.
 - ❖ The intention is not to displace doctors; rather it is to help doctors in medically underserved communities so physicians can focus their time and attention on those patients who need it most.
 - ❖ Just like NPs, PAs and others are part of the large healthcare ecosystem and seen as part of the interdisciplinary care team, so to should be pharmacists.
 - ❖ To date, no physician groups have come out opposed to the bill
- Is this collaborative?
 - ❖ Yes, full ACO, medical home or other integrated effort can only be achieved with provider status—all roads lead back to being listed



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 pharmacy technicians going forward



Does H.R. 592/S. 314 require pharmacists to be residency trained, Board certified, or possess other credentials?

A: No, just like other health care professionals who are recognized as providers, H.R. 592/S. 314 requires pharmacists to be licensed by a state, and the state legislature and board of pharmacy, health care organizations, and private health plans determine what credentials are required to perform certain services (e.g., CA: "Advanced Practice Pharmacist" NM: "Pharmacist Clinician").

Most hospitals and health systems have a process to credential and privilege pharmacists based on the type and level of patient care services they provide.



Why isn't ASHP calling for credentialing requirements given that ASHP started pharmacy residencies and supports Board certification?

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.



Key Takeaways

- Key Takeaway #1
 - ❖ H.R. 592/S. 314 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!



The Path Forward

- Reintroduction of the House bill in 2015
- Introduction in Senate
- Ramp up grassroots efforts
- Secure additional cosponsors
- Push for committee hearings
- Grow the coalition
- Educate the public on value of pharmacists' care



Keys to Success

- Pharmacy must maintain unified stance
- Grassroots efforts must be robust
 - ❖ 270,000 licensed pharmacists in the U.S. can have a huge impact
- Focusing on the unmet need, new Medicare enrollees
- Election results do not change our message



How can you support H.R. 592/S. 314?

- Ask your legislators to cosponsor the bill
- Encourage colleagues to get involved.
- ashp.org/providerstatusteam



Specific State Affiliate and Individual Actions

- Recruit individual health system support of H.R. 592/S. 314
- Solicit other state-level health profession organization support of H.R. 592/S. 314:
 - ❖ Medical specialties
 - ❖ Nurse practitioners
 - ❖ Physician assistants
- Visit elected officials/staff in Washington DC or district office



State Scope of Practice

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State Provider Status

- ASHP to work with state affiliates to move state legislation to recognize pharmacists as providers
- Expanding state scope of practice so pharmacists can practice at the top of their license
- State Medicaid, private payers



Self-Assessment Questions

1. When Medicare was first enacted into law in 1965, it recognized pharmacists as health care providers eligible to bill and receive payment for patient care services.
 - a) True
 - b) False
2. By 2050, there will be:
 - a) About the same number of Medicare beneficiaries as there are today
 - b) Twice the number of Medicare beneficiaries as there are today
 - c) Three times the number of Medicare beneficiaries as there are today



Self-Assessment Questions (Cont.)

3. Which of the following statements are correct:
 - a) Congress must pass a law recognizing pharmacists as providers in order to bill and receive payment for Medicare patient care services.
 - b) H.R. 592/S. 314, the recently introduced Pharmacist Provider Status bill in the U.S. House of Representatives will create a new category of pharmacist at the national level
 - c) H.R. 592/S. 314 would define the services a pharmacist could provide.
 - d) H.R. 592/S. 314 would leave scope of pharmacy scope of practice up to the states to decide
4. Which of the following statements is correct?
 - a) H.R. 592/S. 314 applies to Medically Underserved Areas, populations, and shortage areas
 - b) H.R. 592/S. 314 applies universally across the United States



Self-Assessment Questions (Cont.)

5. Because the pharmacy coalition represents all settings, the national organizations will be able to handle all advocacy efforts for provider status.
 - a) True
 - b) False
6. Provider status for pharmacists means that:
 - a) There will be an increase in the demand for patient services and the need for more pharmacy technicians.
 - b) There will be additional opportunities at the state level for pharmacy technicians
 - c) a only
 - d) b only
 - e) a and b



NGA Report- <http://www.nga.org/files/live/sites/NGA/files/pdf/2015/1501TheExpandingRoleOfPharmacists.pdf>

Legislative Summary and FAQs – www.ashp.org/providerstatusteam



Questions?

