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Kasie Bellmann
Ohio Northern University

Alexandra Dimit
Ohio Northern University

Kelsey Weisenburger
Ohio Northern University

Donald L. Sullivan
Ohio Northern University

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Achieving Provider Status for Pharmacists

Kasie Bellmann, fifth-year pharmacy student from Kalida, Ohio; Alexandra Dimit, fourth-year pharmacy student from North Canton, Ohio; Kelsey Weisenburger, fourth-year pharmacy student from Perrysburg, Ohio; Donald L. Sullivan, R.Ph., Ph.D., professor of pharmacy practice

Abstract

In order to receive payment for medical services through Medicare Part B, health care professionals must be identified as “providers” under the Social Security Act. Pharmacists currently are not included in the list of providers and, therefore, cannot provide many services to patients. Through their extensive education and training, accessibility and immense trust in their profession, pharmacists are the ideal health care professionals to help expand the continuity of care of our nation’s patients. On Jan. 1, 2014, Senate Bill 493 was passed into law recognizing pharmacists in the state of California as providers. With this new legislation, the pharmacists’ role in health care, as well as the patient’s access to care, will be greatly expanded nationally. It is important for pharmacists and students to advocate at the state and federal level to expand provider status to all states in order to advance the profession of pharmacy.

Introduction

Pharmacists and pharmacy-based services are currently not included in section 1861 of the Social Security Act (SSA) which regulates compensation eligibility for health care programs such as Medicare Part B.¹ Medicare recognizes certain health care professionals as “providers” in section 1861, and authorizes them to bill and receive payment from Medicare Part B for services that fall within their state’s scope of practice. Those listed as providers include physicians, physician’s assistants, certified nurse practitioners, qualified psychologists, clinical social workers, certified nurse midwives, certified registered nurse anesthetists, qualified speech language pathologists, qualified audiologists, registered dietitians and physical therapists.^{1,2}

The exclusion of pharmacists as providers under the SSA severely hinders the ability of pharmacists to provide a variety of services of which they are capable.² Failure to recognize pharmacists as health care providers prevents coverage of pharmacy services in the outpatient setting under Medicare Part B and prohibits pharmacists from receiving reimbursement for comprehensive patient services when they are provided. Exclusion from the provider list can also prevent the inclusion of pharmacists in interdisciplinary care delivery models associated with the Affordable Care Act (ACA), such as patient-centered medical homes (PCMHs) and accountable care organizations (ACOs).

Achieving better patient outcomes in a cost-effective manner is a major goal of health care reform.² A major component of meeting this goal is ensuring the proper education, administration and use of medications. Each year more than 1.5 million preventable medication-related adverse events occur within the United States, resulting in nearly \$290 billion in avoidable health care system costs.^{3,4} Medication non-

adherence alone is responsible for nearly \$100 billion each year in excess hospitalizations.⁵ Pharmacists have advanced knowledge and training in proper medication use and can provide services to patients focused on the treatment, management and prevention of diseases, including Medication Therapy Management (MTM), medication reconciliation, ambulatory care monitoring, disease state management, smoking cessation, immunizations and, most importantly, patient education.² The rising number of individuals newly insured under the ACA, increasing age of a large portion of the population and shortage of primary care providers presents a pressing need for improved health care medication management. Pharmacists have the opportunity to fulfill this need by engaging patients in a more proactive approach to health care and improving the quality of outcomes for more people.

Benefits of Pharmacists’ Involvement in the Health Care Team

Pharmacists have shown to provide many benefits to the health care system by providing their expertise in medication and disease management, treatment and prevention.² Their accessibility to a wide variety of patients, the foundation of trust in the profession and their extensive knowledge in complex drug regimens and nonpharmacologic treatment allows pharmacists to have a dynamic impact on the health care of our nation. Pharmacists are known as the medication experts among the health care professions, and medications are shown to be involved in 80 percent of treatments. However, pharmacists are still not recognized as health care providers. Pharmacists complete an intense curriculum including classes in therapeutics, pharmacology, clinical skills, problem solving, pharmacokinetics, laboratory monitoring and pathophysiology.⁶ They are required to participate in patient-centered clinical experiences and are required to have a similar level of education as most nonphysician health care professionals. As part of their training, pharmacists are prepared to deliver health care via primary prevention, comprehensive medication reviews, disease state management and patient counseling. The vast education and training of a pharmacist allows them to provide immense benefit to the health care team, and this benefit can only be fully utilized by granting pharmacists provider status.

Pharmacists have been known for years as one of the most trusted professions, and the accessibility of pharmacists makes them a potential asset in aiding physicians in improving continuity of care and patient outcomes.⁶ With fewer numbers of primary care physicians, the accessibility of pharmacists can help close the gap of those who are not being treated to help meet the demand of the health care system. Most pharmacies are open seven days a week, and some are open 24 hours a day. According to the report to the Surgeon General in 2011, 270 million people visit a pharmacy

each week. There is a community pharmacy located within five minutes of most Americans, making pharmacists accessible even in areas of scarce medical resources.⁷ By granting pharmacists provider status, these visits may help lessen the overwhelming burden on physicians, provide better care for patients and present the ability for pharmacists to use their experiences and background to improve the health care system.⁶

With the immense training that pharmacists complete, they are extremely proficient in managing chronic disease states such as asthma, hypertension and diabetes.⁷ By allowing pharmacists to become providers and help further manage patients' medications and chronic diseases, health care costs can be reduced. They are able to help avoid adverse events by providing clinical interventions when warranted.⁶ In 2009, the U.S. health care system spent \$1.7 trillion on chronic diseases, which equates to be about 75 cents spent on chronic diseases per \$1 spent on health care. The cost-effectiveness of pharmacists' intervention is evidenced by projects and studies such as the Asheville Project.⁸ The Asheville Project was started by the city of Asheville, N.C., as an effort to reduce the health care costs of its employees. The project established a community-based, pharmacist-driven program to manage the chronic disease states of its employees such as diabetes, asthma, hyperlipidemia and hypertension. The management of these patients' disease states (particularly the patients with asthma) by pharmacists yielded a cost savings of nearly \$1,955 in direct and indirect costs per year. Pharmacists are able to select appropriate medication use for each patient, monitor patient outcomes and, in turn, reduce the overall health care costs especially those associated with chronic diseases.⁶

Initiating Movement

There has already been a shift in health care in which pharmacists are working with physicians to directly impact patient care by collaborating together to manage a patient's disease states, medication use and adherence.² As previously mentioned, pharmacists are extensively trained to be able to help relieve some of the overwhelming burden physicians are now facing. With the deficit in physicians rising to almost 50,000, pharmacists can provide a new approach to delivering health care to patients. Collaborative practice agreements are already in place in which pharmacists, physicians and other health care professionals are involved in multiple aspects of the patient's care creating a seamless approach and improvement of the health care continuum.⁹ For many years, the pharmacists in the Public Health Service (PHS), Indian Health Service (IHS), and Veterans Affairs (VA) have been practicing as providers in the government sector.^{6,10} They use complete health records to counsel patients on their disease states and medications and are able to directly dispense medications based on certain protocols. The use of pharmacists in these settings have shown a return on investment (ROI) of 4:1, meaning for every one dollar invested with the use of pharmacists, a four dollar savings in health care spending occurs.¹⁰ With pharmacists already taking on this role, it is evident that pharmacists as health care providers will increase the ability for the health care system to meet

the needs of patients and will continue to build interprofessional relationships.⁹

The American Pharmacists Association (APhA) has led the initiative pushing forward the profession of pharmacy, hoping to be recognized for the pharmacist's role in collaborative patient care.² The APhA has been using their political action committee to push at the national level for this recognition. Their board of trustees has allocated \$1.5 million to allow for a long-term goal of achieving provider status. The APhA is also a part of the Patient Access to Pharmacists' Care Coalition (PAPCC) along with 22 other national organizations and companies including American Society of Consultant Pharmacists (ASCP), American Society of Health-System Pharmacists (ASHP) and the National Community Pharmacists Association (NCPA). The PAPCC is leading the legislative ask to allow pharmacists to practice as providers.¹¹ The goal of the PAPCC is to obtain provider status under Medicare Part B for pharmacists within their scope of practice in medically underserved areas. They are trying to accomplish this by bringing awareness to Congress at the federal level. On March 11, 2014, the PAPCC introduced a bill to the U.S. House of Representatives (H.R. 4190) which is intended to amend title XVIII of the SSA to allow for coverage of patient care services provided by pharmacists.¹² This is important to the profession of pharmacy because it allows pharmacists to not only improve the quality of patient care, but also to continue to be relevant health care practitioners in the ever-changing U.S. health care system.

California and Pharmacist Provider Status

California is the first state to draft a proposal for health provider status for pharmacists, and have it signed into law.^{13,14} Introduced on Feb. 21, 2013, Senate Bill (S.B.) 493 "declares pharmacists as health care providers who have the authority to provide health care services." After gaining momentum from the approval of various pharmacy organizations, it was officially signed on Oct. 1, 2013, by Gov. Jerry Brown and went into effect Jan. 1, 2014.¹⁵ With millions of newly insured patients and the number of primary care physicians continually growing smaller, this law is a crucial step in the right direction toward improving patients' access to care by pharmacists. Not only will the law expand the roles of pharmacists in California, but it will also pave the way for similar legislation in other states.

On Jan. 1, 2014, there were a number of provisions of S.B. 493 that went into effect that significantly enhanced pharmacists' role in patient care.¹⁴ The new law allows all licensed pharmacists to administer oral, topical and injectable drugs and biologics (vaccines, blood and blood components, gene therapy, etc.) as ordered by prescribers.¹⁶ Previously, administration was limited to oral and topical medications, and injectable medications were excluded.¹⁴

Pharmacists in California can now provide consultation, training, education of drug therapy and management and prevention of various disease states.^{14,17} In addition, pharmacists are now allowed access to patient medical records to improve medication management and to better participate in

the review and monitoring of patient progress. The provision that authorizes pharmacists to order and interpret tests to determine efficacy and toxicity of drug therapy in coordination with the patient's primary care provider will also improve the patient's medication management overall.

The law grants pharmacists the ability to furnish or supply Centers for Disease Control recommended travel medications that do not require a diagnosis.^{14,17} It also permits pharmacists to administer immunizations to patients 3 years of age and older as long as the required training, certifications and recordkeeping requirements are met. If a pharmacist wants to immunize a child younger than 3 years of age, a physician protocol is needed. This reduction in age expands the number of patients allowed to receive immunizations from local pharmacists, which will increase total access to immunizations and improve overall public health.

Many of the provisions included in S.B. 493 need further regulations that will not be finalized until the end of 2014, or later.^{14,17} By the end of this year, pharmacists in California ought to be able to furnish self-administered hormonal contraceptives and prescription nicotine replacement products in accordance with a statewide protocol after proper certification and training. With the addition of these provisions, the barriers patients face when trying to gain access to contraceptives will hopefully be reduced, and there will be wider access to smoking cessation products.

Provisions, that will most likely not be finalized until after 2014, are to establish an Advanced Practice Pharmacist (APP).^{14,17} Pharmacists seeking APP recognition must complete two of the following:

- Earn certification from an organization recognized by the board in a relevant area of practice (pediatric, geriatric, ambulatory care, pharmacotherapy, etc.)
- Complete a one-year postgraduate residency where 50 percent of the experience includes direct patient care services with interdisciplinary teams
- Actively manage patients for at least one year under a collaborative practice agreement or protocol with a physician, APP, pharmacist practicing collaborative drug therapy management or health system.

In addition to current continuing education (CE) requirements, a pharmacist must hold an active pharmacy license and complete 10 hours of CE in at least one area relevant to a pharmacist's clinical practice in each renewal cycle. Recognition of APP will be valid for two years.

An APP is authorized to perform patient physical assessments, order and interpret drug therapy-related tests and refer patients to other health care providers.¹⁷ Advanced Practice Pharmacists can also initiate, adjust and discontinue medication therapy in accordance with the protocol provided by the patient's prescriber. With the role of pharmacists' moving beyond just dispensing medication, their active involvement in team-based care can improve chronic disease management. Advanced Practice Pharmacist recognition permits pharmacists to participate in the evaluation and man-

agement of diseases and conditions within these health care provider teams. The progress made by S.B. 493 lays the foundation for the advancement of the pharmacy profession, and provides an example for other states to follow suit with their own legislation.

How Students and Pharmacists Can Get Involved

It is more important now than ever for pharmacists and students to become involved in advocating for the profession of pharmacy.² Most legislators do not know what pharmacists actually do besides dispense medications, but they appreciate hearing from the people they serve. By educating them, we can become closer to the goal of provider status. Schedule an appointment with your legislators. Tell them about what pharmacists do and the role they already play in patient care. If going to the state house to educate your state representatives sounds too intimidating, invite them to come observe you for a day in your practice as a pharmacist or pharmacy intern. This can be beneficial because they can actually see what happens day-to-day in the life of a pharmacist and may lead to a new respect for pharmacists. Another way to help is to find physicians, physician's assistants, and other health care practitioners, as well as patients, who see the value pharmacists bring to health care and understand the benefit they could provide as health care providers. Ask these people if they would be willing to contact their representative on the profession of pharmacy's behalf. The APhA has many opportunities to sign up to volunteer at various events advocating the profession of pharmacy. These opportunities can be found on their website (www.pharmacist.com). Pharmacists and students can join national pharmacy organizations and attend professional meetings in order to learn more about how to help. Pharmacists and pharmacy students need to become part of the team pushing for the same goal of achieving provider status. By advocating the profession at every opportunity, the pharmacy community can achieve this goal together.

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