TUESDAY, MARCH 11:
NATIONAL PROVIDER STATUS EFFORTS
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All speakers report no actual or potential conflicts of interest associated with this presentation.

All speakers report that off-label use of medication will not be discussed during presentation.
LEARNING OBJECTIVES

1. Identify the key approaches within targeted focus areas for the profession’s provider status campaign (federal, private, and state) and discuss the challenges within each area.

2. Discuss efforts of the Patient Access to Pharmacists’ Care Coalition (PAPCC).

3. Articulate the key messages related to provider status and the role of pharmacists and pharmacy leaders in advancing provider status.

4. Discuss ways pharmacists can and should get involved.
Achieving Provider Status: Update on the Patient Access to Pharmacists’ Care Coalition

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Provider Status:  
It’s About Patients

Achieving provider status is about giving patients access to care that improves safety, quality, outcomes, and decreases costs.
What is Provider Status?

• Becoming a “provider” means
  • Pharmacists can participate in the Medicare program and to bill for identified services that are within their state scope of practice to perform
The Case for Provider Status
A Solution

• Patients across the United States are receiving better care and achieving better outcomes from pharmacists’ quality patient care services.

• Examples of pharmacists’ patient care services include:
  – Coordination of medications during care transitions
  – Comprehensive medication reviews and monitoring
  – Chronic disease prevention and management
  – Wellness services
  – Patient education
A Solution

Pharmacy is united in promoting consumer and health care providers access and coverage to pharmacists’ quality patient care services.

APhA and ASHP are part of a broad coalition of pharmacy organizations seeking provider status for pharmacists including advocacy for:

- Payers and policy makers to recognize pharmacists as health care providers who improve access, quality, and value of health care
- Consumer/Patient access and coverage for pharmacists’ quality patient care services
- Inclusion of pharmacists as members of health care teams
Pharmacy Collaboration and Provider Status
Patient Access to Pharmacists’ Care Coalition

• Formed January 2014

• Seeking to amend the Social Security Act to include pharmacists as providers
  • Medically underserved areas
  • Workforce shortage areas

• Payment at percent of physician fee schedule

• Bill introduction imminent in Congress
### Patient Access to Pharmacists’ Care Coalition

**PAPCC Members**
- APhA
- ASHP
- AACP
- NCPA
- NACDS
- NASPA
- ASCP
- IACP
- Walgreens

**PAPCC Members**
- Albertson's
- Amerisource Bergen
- Bi-Lo Pharmacy
- Cardinal Health
- CVS Caremark
- Food Marketing Institute (FMI)
- Fred's Pharmacy
- Fruth Pharmacy
- Rite Aid
- Safeway Inc.
- SuperValu Pharmacies
- Thrifty White Pharmacy
- Winn-Dixie.
Pharmacy Activities Leading Up to Formation of PAPCC

In December 2012, JCPP CEOs agreed to collaborate on provider status principles.

Group of 14 organizations have been working since mid-January on principles for Improving Patient Health and Health System Effectiveness through Pharmacists’ Patient Care Services

- APhA
- ASCP
- IACP
- Rite Aid
- AACP
- ASHP
- NACDS
- Walgreens
- ACCP
- CPNP
- NASPA
- AMCP
- FMI
- NASPA
- NCPA
Other Provider Status Activities

Pharmacy Organization Value of Pharmacy Project

- In late November, APhA with the additional support of AACP, ASCP, ASHP, NACDS, and NASPA contracted with Avalere to complete an evidence-related project on the value of pharmacists’ services.

- Project’s Intent: To have an entity, independent of pharmacy, validate the value of pharmacists to the health care system and related outcomes.

- Project’s Phases: 1) systematic literature evaluation 2) gap analysis of evidence and related recommendations and 3) Avalere-branded white paper.
Provider Status Messages

• Messages need to be developed for: Pharmacists, policymakers, other health care providers and patients
• People on complex medications benefit from pharmacists’ services
• When pharmacists are involved, costs go down and quality improves
• If health care spending and outcomes are to be optimized, benefits and health care systems must include pharmacists services in collaboration with other providers
• Patients should have access to pharmacists’ services in federal (Medicare), state (Medicaid) and private insurance programs
Next steps

• Stay focused

• To achieve legislative success in current political and fiscal environment, pharmacy needs to:
  – Demonstrate identifiable / evidence-based savings (i.e. CBO score)
  – Demonstrate favorable quality / patient outcomes (i.e. independent evidence review)
  – Consider full range of opportunities and threats associated with access to fee for service system and movement toward “new” models (e.g. care coordination, bearing risk, transition of care)
  – Identify and educate focused champions and re-strengthen key committee / leadership impressions

• Most of all – the effort needs the involvement of you / us!!!
APhA and ASHP Provider Status Activities
APhA and Provider Status

- Board of Trustees approved $1.5 million for provider status efforts in Jan 2013
- Strategic Plan was developed to support activities along 3 pathways:

  - **Federal Sector**
    - (SSA, Medicare, CMMI)
  - **Private Payer System**
    - (ACOs, Medical Homes)
  - **State Provider Status**
    - (Medicaid, Health Insurance Exchanges)
APhA Provider Status Activities

- Created a special provider status section on the pharmacist.com website to keep members abreast of progress, news, and ways to become involved
- Held a Health Fair on the Hill with other pharmacy organizations – November 2013
- Conducted research with pharmacists, policymakers and voters
- Worked with NASPA to update state data sheets highlighting state innovation and successes regarding pharmacists’ patient care services [http://www.naspa.us./documents/factsheets.html](http://www.naspa.us./documents/factsheets.html)
- Developed APhA2014 Annual Meeting sessions focused on provider status
ASHP Provider Status Activities

- History
- Focus
- Efforts with the PAPCC
- Member Engagement
Questions?
Considerations for States Looking at Provider Status Initiatives

Krystalyn Weaver, PharmD
Director, Policy and State Relations; NASPA
## Components of State Provider Status

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Consider the End Goal and the Current Environment

Provider Designation?

Payment for Service?

Expansion of Scope?

Patient Access to Pharmacists’ Patient Care Services
Provider Status vs. Scope Expansion

It is important that as you look at provider status in your state you determine what the “first step” needs to be. Provider status is sometimes confused with scope expansion – both are important and can be approached separately or simultaneously, depending on the political environment in that state.

Scope Expansion

- Broader immunization administration/ordering authority
- Expansion of collaborative practice agreement provisions
- Authority to order and interpret labs or perform CLIA waived tests
- Others?
Provider Designation
Provider vs. Practitioner

Provider

- Definition: a person or thing that provides
- Can include a person or establishment that provides a product such as a prescription. *Pharmacies* and hospitals can be considered providers.
- Some statutory definitions may include a qualifier: *healthcare* provider

Practitioner

- Definition: a person who practices a profession or art
- Can only be a specially trained person. This term may more specifically identify the professional who provides a cognitive service rather than physical product.
Insurance Code vs. Other Areas of State Laws

Insurance Code

- There is sometimes a list of professionals who are defined as health care providers for the purposes of the provisions in the insurance code.
- Challenge: A limited number of patients are covered by insurers who are held to these provisions (non-ERISA exempt plans).

Other Areas of State Laws

- Pharmacy Practice Act
- Business/Professional Code
- Being “on the list” as a provider here may not have much of an impact on payment for services unless areas of the insurance code, Medicaid provisions, or state employee benefit provisions refer back to this language.
- Pharmacists can also be separately recognized as providers within Medicaid laws.
Optimization of the Pharmacy Practice Act
Options

• Broader immunization administration/ordering authority
• Expansion of collaborative practice agreement provisions
• Authority to order and interpret labs or perform CLIA waived tests
• Others, many focused on public health needs?
Which Pharmacists?

• In an ideal world, all pharmacists would be authorized to practice in the way that they were educated to do so.

• In the real world, scope expansion efforts may (will?) be met with resistance from other practitioners (turf battles).

• Solution? Ideally – build relationships with other provider groups and get them to “see the light”.

• Compromise – have a bottom line compromise ready – may need to consider the advanced practice pharmacist approach like California, New Mexico, North Carolina and Oklahoma.
Current Landscape Advance Practice Pharmacist

New Mexico Pharmacist Clinician

Qualifications
- 60 hour physical assessment course
- 150 hours direct patient contact with log – must be completed in 2 years

Privileges
- Defined by protocol and within the scope of practice of the supervising physician or within the policies of the institution

North Carolina Clinical Pharmacist Practitioner

Qualifications
- BPS, CGP, or PGY2 Residency; or
- PharmD + 3yr clinical experience + CTP; or
- BS + 5yr clinical experience + CTP

Privileges
- Adjust therapy
- Order tests
- Pursuant to agreement – MD, RPh, pt, and dx specific

California Advanced Practice Pharmacist

Qualifications
Two of the following:
- CTP; or
- PGY1; or
- Actively managed patients for 1 yr under CPA with MD

Privileges
- Perform physical assessments
- Order/interpret labs
- Make referrals
- Initiate, adjust or stop Rx therapy (must notify PCP)
Payment for Services
State Provided Medical Benefits

• State Employees and/or State Medicaid programs
• Some states have found success in implementing an MTM or other pharmacy service benefit into one of these state funded programs
• Could be done with or without recognition as a provider in that state
Mandate for Private Insurers

• Addition of a provision within the insurance code could attempt to require that a service that is provided by pharmacists (such as MTM or other services) be covered

• Example: Washington State
Working with Private Insurers (no legislative action)

• There is nothing stopping private insurers from covering any service they find valuable

• Have to be prepared to demonstrate value and have a plan for how the service will be able to be delivered

• Examples: Ohio, Tennessee
It’s not an easy answer!
QUESTIONS?

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THANKS FOR ATTENDING!

JOIN US TUESDAY, APRIL 8:
IMPLICATIONS OF FEDERAL COMPOUNDING LEGISLATION

Questions? Contact Laura Miller at lmiller@iarx.org or 515-270-0713