Provider Status: The road behind and the path ahead

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The Intersection of Healthcare & Policy
- States grant authority to practice
  - Licensure
  - Scope of practice
- Federal government determines reimbursement
  - Medicare
  - Private, state payers typically follow Medicare

Provider Status: It’s Not Just a Bill
- Adds pharmacists to list of providers in Social Security Act
- Gives patients access to pharmacists
- Longstanding goal of the profession

Social Security Act & Provider Status
- Medicare resides under the Social Security Act
- Social Security Act determines eligibility for current and new payment models
- Pharmacists are not recognized under the Social Security Act as health care providers

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
The Road Behind:
Provider Status legislation 2001-2014

Provider Status Bills 2001-2002
2001
- ASHP & ACCP Provider Status Coalition
  - Medicare Pharmacist Services Coverage Act (S. 974)
  - Medicare Pharmacist Services Coverage Act (H.R. 2799)
2002
- Medicare Medication Therapy Management Services Coverage Act (H.R. 5539)

Provider Status Bills 2003-2008
2003
- Medication Therapy Management Act (S. 1270)
2006
- Pharmacist Access and Recognition in Medicare (PHARM) Act (S. 2563)
2008
- Medicare Clinical Pharmacist Practitioner Services Coverage Act (H.R. 5780)

Provider Status Bills 2010-2014
2010
- Medicare Clinical Pharmacist Practitioner Services Coverage Act (H.R. 5389)
2012
- National Pharmacy Organizations Begin Discussions on Reinitiating Provider Status Campaign
2014
- H. R. 4190 Introduced

Steps In The Right Direction. . .
Medicare Modernization Act (2003)
- Part D prescription drug benefit requires medication therapy management
- No explicit payment
Affordable Care Act (2010)
- MTM Definition
- Accountable Care Organizations
- MTM Grant Program
- Center for Medicare & Medicaid Innovation
- Value-Based Purchasing Program

The Path Ahead:
Provider status in 2016 and beyond
Access to Primary Health Care

- Growing number of Medicare beneficiaries
- Increasing patients with one or more chronic conditions
- Newly covered patients via Affordable Care Act
- Projected shortage of physicians

Projected Physician Shortage

- Projected shortfalls in primary care range between 14,900 and 35,600 physicians by 2025
- If currently underserved populations utilized health care at the same rate as the rest of the population, up to an additional 96,000 physicians would have been needed in 2014

Source: AAMC Center for Workforce Studies, April 2016

Patient Access to Pharmacists’ Care Coalition (PAPCC)

- Formed January 2014
- Organizations representing patients, pharmacists, pharmacies and other interested stakeholders
- Drafted H.R. 4190 in 2014
- Facilitated reintroduction of H.R. 592 and S. 314 in 2015

Multi-Stakeholder, Interdisciplinary

- Healthcare Distribution Management Association
- Healthcare Leadership Council
- Hematology/Oncology Pharmacy Association
- International Academy of Compounding Pharmacists
- League of United Latin American Citizens
- McKesson
- National Alliance of State Pharmacy Associations
- National Association of Chain Drug Stores
- National Center for Farmworker Health
- National Community Pharmacists Association
- National Consumers League
- National Patient Advocate Foundation
- National Pharmaceutical Association
- National Rural Health Association
- Omnicell
- Pediatric Pharmacy Advocacy Group
- Rite Aid Pharmacy
- Safeway
- SUPervalu Pharmacies
- Thrifty White Pharmacy
- Walgreens
- WalMart
- Winn-Dixie Pharmacy

PAPCC Objectives

- Mission: To develop and help enact a federal policy proposal that would enable Medicare beneficiary access to, and payment for, Medicare Part B services by state-licensed pharmacists in medically underserved communities.
- Primary Goal: To improve medically underserved seniors’ access to pharmacists’ services consistent with state scope of practice laws and regulations.
What is Federal 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.

Focus on Medically Underserved Communities

- Help meet unmet healthcare needs
  - Increase patients’ access to care
  - Improve quality
  - Decrease costs
- Strategy follows similar successful paths taken by other healthcare professionals to gain provider status

The Pharmacy and Medically Underserved Areas Enhancement Act

- H.R. 592
  - Introduced by Rep. Guthrie (KY), Butterfield (NC), Young (IN), and Kind (WI)
  - 293 cosponsors
- S. 314
  - Introduced by Sen. Grassley (IA), Kirk (IL), Brown (OH), and Casey (PA)
  - 52 cosponsors

Medically Underserved Communities

Focus on Medically Underserved Communities

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The Pharmacy and Medically Underserved Areas Enhancement Act (Continued)

- Increases access to healthcare for patients in medically underserved areas.
- Promotes cost-effective healthcare by increasing opportunities for early interventions.
- Allows pharmacists to provide services authorized by state scope of practice.

State Scope of Practice

- State scope of practice will determine what services pharmacists can offer.
- 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.
Benefits of Enacting Legislation

- Services
  - Managing chronic diseases
  - Medication management
  - Manage care as patients transition from hospital to home
  - Health and wellness testing
  - Administering immunizations

- Overall impact:
  - Improved health outcomes
  - Reduced hospital readmissions
  - Reduced emergency department visits

Provider Status: Potential Legislative Vehicles

- Senate formed a Chronic Care Working Group Summer 2015
  - Goal is to modernize care delivery in Medicare
  - Focus on care coordination
  - ASHP submitted data on care transitions, CMMI Pilot
  - Could be an appropriate vehicle for provider status
  - Legislative language could be developed before end of year

  - Medicare “extenders” in 2017

Next Steps

- Congressional Hearings
  - Opportunity for stakeholders to present evidence of benefits of legislation
  - Committees of jurisdiction
    - House: Ways & Means and Energy & Commerce
    - Senate: Finance

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 with their Congressional representatives
- Focusing on the unmet need, new Medicare enrollees
- Election results do not change our message

Next Steps

- Receive Score from Congressional Budget Office (CBO)
  - Determines impact on the federal budget
  - May factor in reduced costs from transitions of care, lower emergency department utilization
  - Currently, working with sponsors’ staff to get score completed

Specific State Affiliate and Individual Actions

- Recruit individual health system support of H.R. 592/S. 314
- Begin getting cosponsor commitments now, sponsors have agreed to reintroduce in ’17
**Specific State Affiliate and Individual Actions**

- Cosponsors in Michigan:
  - Candice Miller
  - Mike Bishop
  - Tim Walberg
  - Dan Kildee
  - Debbie Dingell
  - John Conyers
  - Brenda Lawrence
- In Senate
  - Gary Peters

**State Provider Status**

- Other themes in CDTM:
  - Tobacco cessation, vaccines, reimbursement, prescribing
- Credentialing
- NGA white paper, NABP taskforce report both provide a boost to expanding scope

**State Provider Status**

- ASHP will 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

**State Provider Status**

- Recognition in: CA, NM, NC, WA, OR, MT, VT
- Expanded CDTM/Scope:
  - OH, NH, other states looking
- Many states streamlining CDTM processes
  - Utilize terminology: begin, adjust, discontinue therapy

**State Provider Status**

- Provider Status at the state level
  - Operationalizing to be “care ready”
  - New stakeholders: payers, Medicaid
  - Pharmacy must build value
  - Policy priorities changing at the state level?

**State Provider Status**

- Operationalizing pharmacists as providers
  - Must build networks
- Washington State: payers using hospital credentialing and privileging to build initial networks
  - Hospitals and health systems have an advantage here
- Payers have been slow to accommodate
State Provider Status

- Billing:
  - WA St. using 99211-215
  - If passed federally, will new codes emerge?
  - E-prescribing systems must account for the pharmacist as a provider – Epic, others must account for this
  - How will time based billing impact pharmacists ability to provide care?

State Provider Status

- Building value
  - Prevention, access
  - Billing: skill alignment, overall lower cost of care
  - Admin burden reduced for payers in health systems – in retail, admin burden may be higher for payers
  - WA – be careful with new codes and the $ impact

State Provider Status

- How will this change policy priorities?
  - Medicaid reimbursement an issue?
  - Any willing provider laws?
  - Engage with payers, NAIC?

ASHP-PAC

- Educates members of Congress about pharmacists’ patient care roles
- Supports “pharmacy-friendly” candidates
- Builds support for legislation that advances ASHP’s public policy goals
- If you are an ASHP member and would like to learn more about the ASHP-PAC, please visit www.ashp.org/pac

Questions?

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