Provider Status: Opportunities for Pharmacists and Continued Progress

By LEAH BALL, B.A., director of communications, Michigan Pharmacists Association

Last year was a landmark year for the profession, as pharmacists took a stand and demanded national recognition for their contributions to health care. Pharmacists are not currently recognized as health care providers under federal law, despite their advanced training and education, medication expertise and continued dedication to patient care.

On March 11, 2014, House Resolution (HR) 4190 was introduced in the U.S. House of Representatives by Reps. Brett Guthrie (R-KY), G.K. Butterfield (D-NC) and Todd Young (R-IN). The bill aimed to amend section 1861 of the Social Security Act to recognize pharmacists’ services within Medicare Part B. There are two contingencies to this arrangement: 1) The pharmacist’s practice must be consistent with a state’s scope of practice laws, and 2) The pharmacist’s services must be provided in medically underserved communities.

Despite a lack of movement with the bill, last year there were many efforts to garner support for provider status and federal recognition for pharmacists. The American Pharmacists Association (APhA) kicked off a Pharmacists Provide Care campaign to encourage pharmacists and other individuals to sign up and demand provider status. Kicking off the campaign at their Annual Meeting & Exposition in March, APhA offered attendees the opportunity to record short videos sharing their patient care stories.

In addition, HR 4190 gained 123 Congressional cosponsors as of Dec. 4, 2014, including Michigan Reps. Kerry Bentivolio (R-11), Candice Miller (R-10), Gary Peters (D-14) and Mike Rogers (R-8). This support resulted from efforts nationwide by pharmacists and student pharmacists, including efforts by MPA to gain the support of Congressman Gary Peters (see photo at the top of the page).

Last year, the Patient Access to Pharmacists’ Care Coalition (PAPCC) was also formed. This organization of patients, pharmacists, pharmacies and other interested stakeholders was developed to help enact federal legislation that would enable patient access to and payment for Medicare Part B services by state-licensed pharmacists in medically underserved communities.

Several MPA members from various pharmacy disciplines were asked to share, from their perspective, how provider status could improve their practice, what opportunities it would provide, and important services or key areas that pharmacists should be focusing on now knowing that provider status is in the works. Read their responses below for details on some of the many ways that provider status could benefit pharmacists and improve patient care.

Community Pharmacy

The rate of Type 2 diabetes cases is exploding and Michigan pharmacists becoming providers must be part of the solution. The cost of managing a patient with diabetes is approaching $10,000 per year. Emergency room visits due to glycemic fluctuations are expensive and largely avoidable with proper education and management. Pharmacists are the most accessible health care provider and are able to readily assist patients with diabetes.

This fact has been proven repeatedly with patients through my education and training; I manage an accredited diabetes education program at my pharmacy. As a pharmacist and diabetic educator, I have had countless interactions with patients and changed the outcome of their diabetes management. This has undoubtedly saved thousands of health care dollars and provided better quality of life. The pharmacist often has frequent contact with patients and is more readily accessible to the patient between office visits to help manage and control the disease.

The medical care being delivered today is in need of repair, and I feel strongly that pharmacists are in the best position to intervene on the patient’s behalf. Current standard of care involves patients being seen only on a quarterly basis. Many medical practices make medication adjustments and the patient is not seen for three months. This is unacceptable when a diabetic patient is not within accepted therapeutic goals, and can result in increased hospitalizations and poor outcomes. Pharmacists obtaining provider status could help facilitate changes to medication treatment such as insulin dosing adjustments. Small changes in treatment regimens and frequent contact with providers, especially those who are readily available, will lead to significant improvement in outcomes. Using a pharmacist at the top of their license is a step toward changing the current model of medical care being delivered in this country.

— Thomas Rheumae, R.Ph., Fairway Sav-Mor Drugs

Much of my practice as a community pharmacist involves delivering medication therapy management (MTM) services to patients. Although these yearly appointments allow one-on-one time with patients to identify and resolve drug-related problems, it provides a limited snapshot view of health care issues affecting the lives of patients.
Individuals often present with problems that take a lifetime to develop. Throughout my years of providing this service, I have witnessed two themes that affect medication use: inadequate health literacy and misunderstanding of how to self-manage disease with medications. Faced with patients who have complicated co-morbid diseases and poor self-care behavior, pharmacists have limited time to address the glaring problems of immediate concern, often leaving less urgent medication problems unaddressed. I often think, if I could bill for services like other health care providers, I could spend additional time with individual patients to address more of their medication-related needs.

Medication-related problems increase costs of care due to unnecessary hospitalizations and poorer clinical outcomes. Due to adverse effects, patients take matters into their own hands by simply discontinuing use of prescriptions, which increases nonadherence rates. Dissatisfaction with conventional medications also leads to expanded use of herbal remedies, which lack efficacy and complicates regimens. Distrust builds among patients as they are shuffle between hospitals, specialty practices and primary providers, all of whom prescribe different medications aimed to control disease. Pharmacists, the drug use experts and most accessible health care providers, are more than capable and ready to intervene in these situations. In various settings, evidence supports the use of pharmacists to improve patient outcomes and reduce health care-related costs. Lack of provider status for pharmacists contributes to a health care system that utilizes excessive resources to manage medication misuse.

As an individual pharmacist in my community, I perform several activities to impact the fight for provider status. First, I work to provide high quality MTM care to patients. This encourages repeat yearly visits among MTM patients and clinical interventions with big dividends for patients and the health care system. Secondly, I talk to people in my community about the role pharmacists can play as health care providers. The actions of pharmacists behind the counter are still a mystery for some people and a conversation can really enlighten individuals on what pharmacists do and the expertise required to perform the role. Lastly, I stay involved in association efforts to gain provider status. National and state pharmacy organizations have launched various initiatives advocating for pharmacists as providers in the Social Security Act. It is important to contribute to these organizations by paying dues and actively staying engaged in the conversation. Ultimately, provider status in health care will allow me and other community pharmacists to provide services our patients need!

— Anthony Patton, assistant professor - clinical in pharmacy practice, Wayne State University (WSU) Eugene Applebaum College of Pharmacy and Health Sciences, and clinical pharmacist, Meijer Inc.

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Health-System/Hospital Pharmacy

Improving quality of care and health outcomes while reducing costs are important goals of health care reform. Current reform initiatives such as budgetary constraints and health-system mergers are not sustainable solutions for the health care spending crisis. As pharmacists, we need to provide alternative solutions that ensure the proper use of medications, considering the impact of inappropriate medication use contributes $300 billion in avoidable costs. Historically, health-system pharmacists have served as medication experts who reduce inappropriate medication use and medication-related errors. The services provided by hospital pharmacists have been shown to improve patient outcomes and reduce overall health care costs. However, the value of these services is often overlooked in bundled payment services in the hospital environment.

Recently, the Centers for Medicare and Medicaid Services (CMS) approved “incident-to-billing” for pharmacists, enabling billing for services under a physician. Unfortunately, this only partially captures the value of services provided by a pharmacist. However, attaining national provider status can directly address this issue by allowing pharmacists to directly bill for services and demonstrate their value to the health system.

Provider status will also permit hospital pharmacists to take a more active role in direct patient care in hospital-based clinics and address the national primary care provider shortages. Pharmacists can directly improve health outcomes and decrease costs by increasing access to care. Increased access to care may effect preventable costly interventions such as emergency department visits or readmissions. Many hospital-based pharmacists already provide patient-centered services such as comprehensive medication reviews, medication monitoring, patient education and facilitation of care transitions. However, hospital-based ambulatory care pharmacists are ideally situated to provide direct patient care in additional clinical settings such as anticoagulation, hematology/oncology, infectious disease, pulmonology and solid organ transplant.

Recently, hospital pharmacists have adopted the practice of discharge counseling and post-discharge phone calls during transitions of care. This practice model is similar to the successful MTM services already offered in community practice settings. Provision of these services in a hospital setting is closely tied to patient outcomes and reimbursement due to potential readmission penalties. Provider status will allow these services to provide an additional vehicle for reimbursement and overall practice sustainability.

There are several ways for Michigan pharmacists to support the provider status initiative. We need to take an active role in state and national pharmacy organizations that advocate for pharmacists as providers. Michigan pharmacists should also obtain their own National Provider Identifier (NPI) number and encourage registration among colleagues. Ultimately, the best action we can take is to demonstrate how patient care is optimized with innovative pharmacy practice models that focus on improvement of patient outcomes and cost reduction. Additionally, it is important to show our impact on measurable outcomes through dissemination of research publications. Finally, pharmacists need to embrace the dynamic changes occurring in health care as a united, adaptable profession, regardless of practice setting.

— Amber Lanae Smith, Pharm.D., MSc, BCPS, clinical assistant professor, WSU Eugene Applebaum College of Pharmacy and Health Sciences, and clinical pharmacist specialist, ambulatory care, Henry Ford Health Systems; and Diana Kostoik, Pharm.D., BCPS, clinical pharmacy specialist and coordinator of ambulatory care clinical services, Division of Hematology and Medical Oncology, Henry Ford Hospital.
Long-term Care Pharmacy

Long-term care has an interesting dynamic because it consists of pharmacists working in closed-door pharmacies who handle all of the dispensing of medication products, and consultant pharmacists out in the skilled nursing facilities, serving as liaisons between the pharmacy and the facilities. Consultant pharmacists play a versatile role by performing medication regimen reviews monthly for every patient within the skilled nursing facility. They provide counseling to patients and families; explain pharmacy billing procedures and prior authorizations; and assist nursing facilities with policy development for safe medication use and prevention of unnecessary medication-related costs to the patient and the facility. Additionally, consultants provide in-service training to nursing staff and physicians, assist with navigating the legal constraints for dispensing controlled substances and oversee other medication-related procedures such as proper use of the emergency back-up box and medication destruction.

The bulk of the consultant pharmacist’s workload is medication regimen reviews (MRRs) in which they review their patients’ medical records, identify existing and potential medication-related problems, and provide written recommendations to prescribers and nurses. These recommendations aim to improve medication use through eliminating unnecessary drugs, managing drug interactions, ordering lab monitoring, ensuring proper timing and procedure for medication administration, offering cost-saving alternatives, requesting documentation of clinical rationale for a chosen therapy, etc. In addition to improved outcomes, these recommendations also help the facility prevent citations, fines and denial of payment from CMS for inappropriate medication use.

Provider status would afford long-term care pharmacists some long-awaited recognition for their clinical expertise and time spent on preventing medications errors, adverse events and re-hospitalizations, and reducing overall costs to the health care system. Consultant pharmacists services tend to be undervalued from a budgetary standpoint by the long-term care pharmacy because they aren’t dispensing medications and, therefore, aren’t associated with any third-party reimbursement back to the pharmacy. Because of this, there is some implied pressure on the long-term care pharmacist to complete the required MRRs as quickly as possible and to minimize secondary tasks to reduce hours billed to the pharmacy. Provider status would allow, and even encourage, pharmacists to spend more time working to identify, prevent or resolve medication-related problems, provide expanded services such as discharge counseling and medication reconciliation, and spend more time educating patients, families, nursing staff and prescribers as a recognized and reimbursed member of the health care team.

— Lindsey Ghiringhelli, Pharm.D., CGP, consultant pharmacist, Integrated Pharmacy Network

Specialty Pharmacy

Specialty pharmacies are involved in the care of patients diagnosed with complex, and often chronic, medical conditions. These patients often face a number of obstacles to care, including high out-of-pocket costs, high disease burden and the need for focused, high-touch care. Specialty pharmacies are well equipped to provide solutions for these patients and specialty pharmacists are trained in the management of these complex disease states.

Solutions provided to the patient by specialty pharmacies can include, but are not limited to, benefits investigation, prior authorization and appeal support, adherence and/or adverse event mitigation counseling, and disease state and medication-specific education.

Currently, the proactive and reactive counseling provided by specialty pharmacists is an integrated component of the high-touch specialty care model. In some cases, these programs are supported by product manufacturers, with the goal of improving medication adherence and persistence, while communicating a concise clinical message to patients through a series of clinical touch points. In other cases, proactive outreach is provided to patients in cases where a clinical analysis indicates that such an intervention would be valuable. This is often the case in the realm of specialty pharmacy, where medication administration is typically complex. Prophylactic guidance concerning expectation setting and adverse event mitigation and management strategies is also often warranted in this setting.

Specialty pharmacists are actively engaged and committed to the provision of high-touch specialty care. The passage and implementation of legislation allowing for recognition of pharmacists as providers would allow for further integration into the health care team as well as reimbursement for additional and expanded clinical services. In line with reimbursement models seen in the community pharmacy setting, specialty pharmacy reimbursement is often tied to medication dispensing rather than the application of cognitive services. Reimbursement tied to cognitive services may allow specialty pharmacists to more actively engage in patient management programs, follow up on laboratory and screening assessments and provide adverse event support. Specialty pharmacists may also have the opportunity to take a more proactive role in the creation of nonduplicative services aimed at providing additional and necessary support on top of services already being provided by medication manufacturers and prescribers. In order to be ready for the potential passage of provider status legislation, it is important for pharmacists to educate themselves and other members of the health care team.

Self-education regarding the implications of provider status for each individual practice setting will be just as important as education of other stakeholders regarding the valuable and expanding role of the pharmacist as a member of the health care team.

— Claire Lee, Pharm.D., clinical pharmacist, Diplomat

It’s important to understand that provider status is a dramatic change and introducing this legislation in 2014 was part of a long-term strategy to reach the finish line. Legislation can take some time to work its way through the political process. This realization does not, however, reduce the need for all pharmacists and student pharmacists to continue reaching out to their Congressional Representatives to express support for provider status.

If you would like assistance with efforts to support provider status, please contact Amanda Lick, MPA manager of advocacy, governmental and regulatory affairs, at (517) 377-0254 or Amanda@MichiganPharmacists.org.

This article was organized by the Consultant and Specialty Pharmacists of Michigan Board of Directors to highlight the importance of provider status and to share information that benefits all members who practice in various realms of pharmacy. References available upon request from the MPA office. Please contact Leah Ball, MPA director of communications, at (517) 377-0232 or Leah@MichiganPharmacists.org.