



Patient Access to Pharmacist Services

IMPORTANCE



Patient Access to Pharmacist Services in medically underserved areas will allow pharmacists to provide sustainable health care services to Medicare patients who are most dramatically affected by the primary care provider shortage.

BACKGROUND

- Currently, under the Social Security Act, only certain professions are classified as ‘health care providers.’ This allows them to bill Medicare Part B and receive reimbursement for providing health care services.
- MDs, DOs, clinical nurse specialists, nurse midwives, psychologists and clinical social workers are all recognized as providers under Medicare.
- Pharmacist clinical interventions have been shown to have a significant impact on patient outcomes and reduce health care costs through Medicare Part D interventions.
- Pharmacists already collaborate with physicians to deliver services such as immunizations, medication therapy management (MTM) and transitions of care.
- Pharmacists already practice as health care providers in many settings such as physician offices, hospitals and patient-centered medical homes.

FEDERAL LEGISLATION



Senate Bill 109

- This legislation would provide pharmacists who hold a Bachelor of Science degree in pharmacy and/or a Doctor of Pharmacy degree with the opportunity to provide additional patient care services that are already offered in many states and be properly reimbursed for these services through Medicare Part B. This opportunity increases accessibility to care in areas that are deemed medically underserved; areas that have provider shortages; or areas that have medically underserved populations. Pharmacists will be reimbursed at 85 percent of that of a physician, which is consistent with nurse practitioners and physician assistants, unless they are under the direct supervision of a physician, in which reimbursement will be 100 percent.

IMPORTANCE TO PATIENTS

- Studies indicate that it can take as long as 45 days for new patients to obtain an appointment with a primary care provider in the United States.
- When patients do not receive early health care interventions and appropriate medical care, the likelihood of negative health outcomes and an increased financial burden on the entire health care system greatly increase.
- Provider status for pharmacists will increase access to care for patients who are the most medically underserved in the state of Michigan. This will become increasingly important as the primary care physician shortage continues to increase.
- Provider status for pharmacists would give patients greater access to health care and promote more opportunities for early intervention, which lowers overall health care costs.

STUDIES WHERE PHARMACISTS PROVIDE COST-EFFECTIVE CARE

- **The Asheville Project:** A community-based, long-term medication therapy management program for hypertension and dyslipidemia where pharmacist follow-up resulted in positive clinical and economic outcomes.
- **The Pennsylvania Project:** A large-scale community pharmacy study that demonstrated improved medication adherence and reduced health care costs as a result of pharmacist intervention.
- **Veterans Affairs Medical Center Study:** A Veterans Affairs medical center study highlighting the positive clinical and economic outcomes of pharmacist recommendations.

See reverse side for more details.



ANNOTATED BIBLIOGRAPHY



Several studies throughout the years have captured the physical and fiscal value and the positive impact that pharmacists can have on health care costs and outcomes.

The Asheville Project

A community-based, long-term medication therapy management program for hypertension and dyslipidemia where pharmacist follow-up resulted in positive clinical and economic outcomes.

The Asheville Project study presented the impact of long-term follow-up of pharmacists after cardiovascular risk reduction education. This intervention took data from more than 500 patients and determined that through the clinical expertise and due diligence of a pharmacist, the mean percentage of patients at the blood pressure goal rose from 40.2 percent to 67.4 percent. A similar increase was seen with patients at LDL (bad cholesterol) goal; mean percentage at goal increased from 49.9 percent to 74.6 percent. The setting for this study was across 12 community and hospital pharmacy clinics in Asheville, N.C. over a 6-year period from 2000-2005; just imagine the results extrapolated across the United States indefinitely!

The Pennsylvania Project

A large-scale community pharmacy study that demonstrated improved medication adherence and reduced health care costs as a result of pharmacist intervention.

The Pennsylvania Project is a large-scale community pharmacy demonstration study that demonstrated the importance of pharmacist intervention in nearly 30,000 patients. The overall result increased medication adherence while lowering per person health care spending for patients taking statin drugs (\$241) and oral diabetes medications (\$341). Just as many other studies, trials or surveys will show, the involvement of a pharmacist will improve patient outcomes, which, in return, decreases overall health care costs.

Veterans Affairs (VA) Medical Center Study

A VA medical center study highlighting the positive clinical and economic outcomes of pharmacist recommendations.

In 2002, a VA medical center took 600 pharmacist recommendations that met study criteria and evaluated them for type and frequency, rate of acceptance by physicians, potential benefit or harm, and economic consequences. The rate of acceptance of these recommendations was 92 percent and improved clinical outcomes in more than 40 percent of cases. Evaluators had determined that patient harm was avoided in 90 percent of cases due to these recommendations and the mean total cost avoidance for all 600 recommendations was \$420,155.

ADDITIONAL INFORMATION



If you have any questions, please contact Michigan Pharmacists Association:

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