48th Annual Meeting

Achieving Provider Status, and What Does it Mean?

Steven Gray, Pharm.D., JD

Navigating the Oceans of Opportunity

Disclosure

- I have no relevant conflicts of interest. I have no relevant financial relationships with any commercial interest.
- I am an attorney, but I am not YOUR attorney.
- The views expressed in this presentation are my own and do NOT necessarily reflect those of my employer or any other organization.

Objectives

- Describe the evolution of pharmacy practice from product-centered to patient-centered.
- Describe the various meanings of "provider status" for pharmacists.
- Discuss the potential impact of "provider status" on the pharmacy profession.
- Describe the recent experience of the state of California in achieving "provider status" for pharmacists.
- Provide guidance for pharmacists practicing in the state of Florida to achieve "provider status".

From Product-Centered >>>>>>>>>> Patient-Centered

- The '60s — "Clinical" — from product to patient-centered care and patient medication profiles. Indian Health Service, et. al.
- The '70s — Standards for clinical pharmacy practice and ambulatory care clinical pharmacy in Family Medicine and Urgent Care. First CDTM laws.
- The '80s — Expanded role for pharmacists in Managed Care and VA systems and diffusion of clinical services, research and education programs across U.S.
- Expansion of CDTM scopes and practices.

From Product-Centered >>>>>>>>>> Patient-Centered

- The '90s — Recognition by DHHS and HCFA (now CMS) that CPS reduces ADEs in elderly and improves outcomes and reduce costs.
- "Asheville Project".
- VA Project IMPACT.
- Joint ASHP and APhA standards for Community Pharmacy residencies.
- More CDTM/CDTA expansions — 40+ States.

Man has used drugs since the "Dawn of Time"
From Product-Centered


Medicaid begins move from FFS to Capitated Managed Medicaid.

Medicare Part “D” calls for “MTM” and leads to more “CDTM”.

The Affordable Care Act (ACA) establishes the ACOs and the “ACO” concept spreads in Commercial Coverage.

Profession responds with expansion of PGY1 Community Pharmacy and PGY2 Ambulatory Care Specialty Residencies.

BPS commissioned a practice analysis (2006)

BPS inaugural board certification in Ambulatory Care Pharmacy Practice (2011)

Commission for Certification in Geriatric Pharmacy (CCGP) – NCCA accredited 2012

The term means many different things:

- Payment for Clinical Pharmacist Services
  - Medicare Part B
  - Medicaid
  - Commercial Plans

- Access to Patient Records
  - Traditional, Electronic, and Health Information Exchanges

- Health Professional Responsibility
  - Fiduciary

- Respect and Opportunity

What Impact on the Profession?

Opportunity

- Recognition and Respect
- Membership on a “Patient Centered Medical Home” Team
- Practicing at highest levels of education and ability
- Career Satisfaction and comfort,
- MORE (Oceans of) Opportunities!

OR - It can mean “Nothing”!

(If the Opportunities are not Seized Soon or Not Done Well.)

The California Experience–SB 493

Why?

- Payers (especially Medicaid) said it “may” help paying for CPS.
- Clarify Professional Status

How?

- Participate in a Coalition – NPs, ODs, and mainly OTHER PHARMACIST ORGANIZATIONS
- Capitalize on and build RELATIONSHIPS!
- Something for everyone!
- Being VERY cognizant of words and terms!
- Timing! Timing! Timing!
The California Experience—SB 493

What was in SB 493?

- "The Legislature further declares that pharmacists are health care providers who have the authority to provide health care services."

For All Licensed Pharmacists:

- Order medication therapy related “tests”
- Providing/Furnishing “Rx Only” medications not requiring a “Diagnosis”
  1. Immunizations, 2. Hormonal Contraceptives, 3. Travel Meds, and 4. Nicotine Replacement Smoking Cessation

Officially Recognized “Advance Practice Pharmacist” Category by Board of Pharmacy

- Scope: Initiate (Prescribe), Adjust and Discontinue Rx Only medications — including all controlled substances
- Order and interpret med therapy related tests
- Refer patients to other health care providers
- Access to and ability to enter info in EHR

Advanced Practice Pharmacist Qualifications:

- Licensed Pharmacist
- Two of the following:
  - Certification from an organization recognized by ACPE
  - Accredited Residency with 50% on interdisciplinary care team
  - One year of clinical services with CDTM pharmacist, an Advanced Practice Pharmacist or a physician
  - Pay an application fee to the Board of Pharmacy
  - Ten hours extra of CE upon renewal

Guidance for Other Pharmacists

- Build relationships with key groups OUTSIDE of the pharmacist profession ASAP:
  - Physicians, Physician Groups, Legislators and Staff, Board of Pharmacy Members/Staff, Consumer Groups.

- Truly understand the needs and wants within the Pharmacists in the State.

- Be very, very careful about wording.

- Control the communications from the start and right through the process.

- Be willing to compromise and to be “ambiguous.”

- Timing! Timing! Timing!

QUESTIONS?