Pharmacy and The Pursuit of Provider Status
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Overview
• Public Health Need and Public Policy Solution
• Patient Access to Pharmacists’ Care Coalition
• Current Legislative Proposal
• Individual and Collective Actions

Health Care Environment
• The health care system is undergoing a significant transformation in both the finance and delivery of health care services
• At the Federal level, Affordable Care Act implementation includes new individuals coming into the system and focus on new models of payment and care delivery
  ▪ E.g. accountable care organizations (ACOs), medical homes, etc
• States are also examining their health care programs and defining policies that create efficient models of care and achieving improved quality and outcomes cost effectively
  ▪ Expansion of managed care and adoption of ACO model in state Medicaid programs
Health Care Environment
Problems and Opportunities
• Total health care spending in the United States is expected to reach $4.8 trillion in 2021, up from $2.6 trillion in 2010 and $75 billion in 1970.¹
  – Health care spending will account for nearly 20 percent of GDP, or one-fifth of the U.S. economy, by 2021.²
• The US spends almost $300 billion annually on medication problems including medication non-adherence.²
• Chronic diseases cost the US health care system $1.7 trillion annually (more than 75% of health care spending).³

3. Partnership to Fight Chronic Disease. 2009 Almanac of Chronic Disease. Available at: http://www.fightchronicdisease.org/resources/almanac-chronic-disease-0

Health Care Environment
Problems and Opportunities
• Nearly 70 percent of Americans are on at least one prescription drug, and more than 50 percent take two.¹
• Almost 50% of people prescribed medications for chronic diseases do not take their medications correctly.²

Pharmacists with their education and training (including more medication education than other providers) can help improve these statistics


Projected Change in Medicare Enrollment, 2000-2050

Future of Health Care

- Continued movement toward quality and coordinated delivery of care (e.g. ACO, transition of care, etc)
- Pharmacists can help with many of the known problems in the current health care system; when pharmacists are involved access is increase, quality is improved and costs are reduced
  - Access – Already primary care provider shortages across our nation and likely to worsen. Pharmacists, underutilized providers, are ready and willing to help
  - Quality – As the aging population continues to grow, medications will play an even greater role in the quality and cost of health care. Pharmacists with more medication education than any other health care provider can help with medication-related problems
  - Cost - Studies have demonstrated that successful coordination and management of transition of care services lower costs by positively impacting hospital readmission rates
Support for Pharmacists’ Value

Centers for Medicare and Medicaid Services (CMS)

Department of Health and Human Services - National Action Plan for Adverse Drug Events Prevention


Health Affairs: Pharmacists And Technicians Can Enhance Patient Care Even More Once National Policies, Practices, And Priorities Are Aligned, 2013

Forbes: Fixing Healthcare Can Be As Close As Your Neighborhood Pharmacy, April 2014,

PUBLIC POLICY SOLUTION: PROVIDER STATUS

Pharmacy Coalition Activities

- In December 2012, Joint Commission of Pharmacy Practitioners (JCPP) CEOs agreed to collaborate on provider status principles
- Coalition of 14 organizations worked on principles for Improving Patient Health and Health System Effectiveness through Pharmacists’ Patient Care Services
- Pharmacy continues to work together: JCPP organizations working on the patient care process and pharmacy stakeholders collaborate on issues affecting pharmacy, including provider
Patient Access to Pharmacists’ Care Coalition (PAPCC)

- Formed January 2014
- Group of more than 20 organizations representing patients, pharmacists, pharmacies and other interested stakeholders
- Drafted H.R. 4190 to expand medically-underserved patients’ access to pharmacist services consistent with state scope of practice
  - One pathway to achieve provider status

Current Members

- ASHP
- APhA
- AACP
- ASCP
- NCPA
- NACDS
- NASPA
- IACP
- Walgreens
- Albertsons
- Amerisource Bergen
- Bi-Lo Pharmacy
- Cardinal Health
- CVS Caremark
- Food Marketing Institute
- Fred's Pharmacy
- Rite Aid
- Safeway Inc.
- SuperValu Pharmacies
- Thrifty White Pharmacy
- Winn-Dixie.

What is H.R. 4190?

- A bipartisan bill that will amend the Social Security Act to recognize pharmacists and their services in Medicare Part B in medically underserved communities
- Introduced by Representatives Guthrie (R-KY), Butterfield (D-NC) and Young (R-IN) in the House of Representatives on March 11, 2014
- Currently 105 bipartisan cosponsors include two physicians: Reps. Roe (R-TN) and Bera (D-CA).
H.R. 4190 Specifics

Amends Section 1861 of the Social Security Act (Part B) to include:

- **Pharmacists** – State-licensed pharmacists with a B.S. Pharm. or Pharm. D. degree who may have additional training and certificates depending on state laws
- **Services** – Services authorized under state pharmacy scope of practice laws
- **Patients** – Services provided in/ for Medically Underserved Areas (MUA), Medically Underserved Populations (MUP), or Health Professional Shortage Areas (HPSA)

Why does H.R. 4190 only cover medically underserved communities?

- Help meet unmet health care needs
  - Increase access
  - Improve quality
  - Decrease costs
- Follow similar successful paths taken by other health care professionals to gain provider status

What are medically underserved communities?

- Medically Underserved Areas
- Medically Underserved Populations
- Health Professional Shortage Areas
Why Do Pharmacists Want Provider Status in Part B When Fee-For-Service is Going Away?

- Government is moving away from traditional fee-for-service toward new payment systems that emphasize quality, outcomes, and team-based patient care.
- Pharmacists recognize that traditional fee-for-service is not the model of the future, and we view ourselves as members of interprofessional teams collaborating with physicians, nurses, and others throughout the continuum of care.
- However, the Social Security Act (SSA) remains the reference point for which practitioners are eligible to participate in current, new, and emerging delivery systems and payment models (see ACO example).
- Therefore, for pharmacists to fully participate in current and emerging delivery and payment systems, pharmacists need to be listed in the SSA along with other providers.

Why only medically underserved and not broader?

A: Fulfills an unmet need; provides a foot in the door. Other health professionals have taken a similar initial approach (e.g., Nurse Practitioners and Physician Assistants). Also limits opposition and brings down the cost of the legislation. Will likely expand in the future.

Patient Access to Pharmacists’ Care Coalition

Feedback from Hill

- Positive feedback overall but cost is important
  - Need to “score” low by Congressional Budget Office (CBO)
  - Pharmacy challenged to be “saver, not coster”
  - Concern by pharmacy that savings, especially those that are long-term, are not considered when scoring
- Hill equates provider status with “fee-for-service”
  - Current focus is on new payment models (e.g. ACOs) & not “old” system
**Patient Access to Pharmacists’ Care Coalition**

**Next Steps**
- With 105 cosponsors, pleased with the progress to date
- Developing long-term strategy; this is not a sprint
- PAPCC continues to educate House and Senate members and their staff on H.R. 4190 provisions
- Meet with Federal Agencies (e.g. HHS, FTC) and comment on regulations
- Work to increase Coalition membership, especially patient groups and those representing other health care providers

**Pharmacy’s Next Steps**
- Take advantage of state laws and actions (e.g. health reform, and exchanges)
- Continue to demonstrate value
  - Favorable quality/patient outcomes
  - Impact on cost
- Highlight evidence and continue research
  - As robust as possible but don’t let the perfect be an enemy
  - Data is important but may not need to be in peer-reviewed literature
- Be aware of the full range of opportunities and threats associated with access to “old” fee for service system
  - Consider working components and value of “new” payment methods wherever possible
- Look at congressional or agency areas of focus/ what they value — e.g. transition of care, care coordination
  - Integrate social service solutions with health care solutions
- Lessen resistance by other health care providers
- Keep pharmacy unified
**APhA Provider Status Activities**

Go to [www.pharmacistsprovidecare.com](http://www.pharmacistsprovidecare.com) for:

- How to become a Provider Status Volunteer
- A direct link to a draft letter to your member of Congress requesting support of H.R. 4190
- Messaging, stories and profiles highlighting pharmacists’ services
- Provider status resources for pharmacists, including one-pager to provide to policy makers on the value of pharmacists’ services and H.R. 4190 related documents

**SHARE YOUR STORY!**

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**ASHP Provider Status Activities**

Go to [http://cqrcengage.com/ashp/](http://cqrcengage.com/ashp/) to:

- Volunteer
- Email Elected Officials
- Use Resources

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**HOW TO GET INVOLVED**
Your Role

• Urge co-sponsorship of H.R. 4190
  – Initially focus on your state’s members who sit on House Energy and Commerce Committee and Ways and Means
• Seek support from Senators and sponsorship of a companion bill to H.R. 4190
• You don’t have to come to Washington to advocate
  – Organize in-state/in-district meetings with elected officials and/or staff
  – Coordinate practice setting tour

Your Role

• Letters to the editor/column in local newspapers; profile Member Advocacy in Newsletters
• Recruit individual and health system support of H.R.4190
• Solicit other state-level health profession organization support of H.R. 4190:
  – Medical specialties
  – Nurse practitioners
  – Physician assistants
• Attend Campaign Fundraiser & other Events

WE NEED YOU – GET INVOLVED

THANK YOU

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