Provider Status
What is it and what does it mean for Texas pharmacists?
Texas Pharmacy Association’s Provider Initiative

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Texas Pharmacy Association’s Actions

The goal of “Serving as the Voice for the Profession of Pharmacy – The Association advancing and protecting the profession” includes the following critical objective:

As the highest Association advocacy priority for the 2015 Texas Legislative session, develop and pursue a legislative and regulatory plan of action to recognize pharmacists as health care providers in the state of Texas by summer of 2014. (emphasis added)
Brian Lestico (UT student) and Christy Evans (Midwestern student) developed a TPA survey to gather information from Texas pharmacists. Key findings from this survey:

Should Texas pursue Provider Recognition?

- 95.41% Yes
- 1.38% No
- 3.22% I Don't Know

**YES!**
Future of Pharmacy Survey

Brian Lestico (UT student) and Christy Evans (Midwestern student) developed a TPA survey to gather information from Texas pharmacists. Key findings from this survey:

Should any pharmacist be able to become qualified to manage disease states under protocol?

- **Yes**: 81.41%
- **No**: 18.59%

**YES!**
Future of Pharmacy Survey

Brian Lestico (UT student) and Christy Evans (Midwestern student) developed a TPA survey to gather information from Texas pharmacists. Key findings from this survey:

Should all pharmacists be able to order and interpret lab tests?

- Yes: 86.55%
- No: 26.05%
- I Don't Know: 60.50%
- Yes, Independent of Physician: 5.55%
- Yes, with Limitations and/or Training: 7.90%

60.50% of the 86.55% favor additional training requirements or limitations.
Pharmacist Recognition Workgroup

Christy Evans, Pharm D                      Delia Ramirez, Pharm D
Harvey Ferguson, B Pharm                   Crystal Riggs, Pharm D
Brian Lestico, Pharm D                    Samatha Schulenberg, Pharm D
Wanjiku Mwangi, Pharm D                   John Wilson, B Pharm
Rusty Pendley, B Pharm

The Workgroup’s Charge:
Determine what “provider status” means in Texas. Recommend actions needed to fully incorporate pharmacists into the healthcare team.
Where does a pharmacist “fit” in healthcare?
Patient Care Process

1. Assessment
2. Diagnosis
3. Care Plan Developed & Implemented
4. Outcomes Monitored / Care Plan Assessed
5. Chronic Care Outcomes Reached
   - Acute Care

- Referral
- Medication Therapy Management Services
- Loop: Modify Plan as necessary
In addition to dispensing, what does a pharmacist do?

WHAT IS MTM?
Currently allowed by Texas law and administrative code for all pharmacists.

**Dispensing functions**
- Assure dispensed product is:
  - What prescriber ordered

**Assess Clinical Appropriateness**
- Is appropriate for patient:
  - Weight
  - Age
  - Gender
  - Disease
- Provide patient information:
  - Dosage instructions
  - Common adverse reactions
  - What to do if questions/problems.

**Recommend Drug Therapy Changes**
- Consult with prescriber to recommend and implement (upon prescriber approval) changes to drug therapy that result in improved healthcare and/or cost outcomes.

**State level delegated authorities**
- Pharmacist may initiate, modify or discontinue drug therapies
- Examples: nicotine replacement, self-administered subcutaneous epinephrine, point of care testing & therapy (rapid influenza, strep)

**Advanced Practice Pharmacist**
- Currently allowed by Texas law and administrative code for all pharmacists. No additional training or credentialing is required.
- Optimal use of recent graduate pharmacist’s skills and training

**Reference MMA requirements**
- Pharmacist to complete optional CE based on requirements established with protocol. 4-8 hour “refresher” courses

**Additional requirements such as state approved credential/training curriculum and/or other criteria/experience**
- For any medication category or disease category covered in protocol
- May initiate, modify or discontinue drug therapies
- Patient must already have a primary care provider
- Patient must already have a diagnosis
- Currently limited to teaching hospital or academic setting.
- Depending on qualification criteria enacted, a process may be needed to grandfather those currently listed with TSBP.
How did we get here???
Pharmacy deemed a profession (1927)
Social Security Act passes (1935)
Medicare & Medicaid enacted (1965)
Medicare requires LTC pharmacists (1966)
Prescription Insurance (PCS → Caremark founded) (1969)

4 yr BS entry level degree (1938)
5 yr BS entry level degree (1954)
WWII pharmacists not commissioned as officers (1941)

1920’s
1940’s Dispensing Role
1960’s

Transformation of the Pharmacy profession
Title XIX standardizes LTC pharmacist performance measures (1975)

Medco founded (1983)

OBRA ‘90 implemented (1993)

PharmD as entry level degree (2000)

Medicare Modernization Act passes (2003)

Medicare Part D implemented – MTM services with payment (2006)

HR 4190 introduced. When passed, amends Part B to include pharmacists (2014)

All 50 states allow pharmacists to immunize (2009)

Transformation of the Pharmacy profession
Why aren’t pharmacists recognized?

Pharmacy’s almost singular focus on dispensing for many decades, despite society’s instance.

Since clinical services were not provided, there wasn’t any need or reason to include pharmacists as payment processes for clinical services were developed

Pharmacists “work behind the scenes”.

Most other healthcare providers and patients don’t have full appreciation for the frequency and extent of clinical services. “Medication is generally recognized as safe and effective.”

Pharmacy has not successfully defined the two separate, yet highly interactive, categories of services – those that are dispensing related and those that are clinically related.

Pharmacists try to “blend” the two roles into one work flow. Medication Therapy Management is where a pharmacist’s value is for today’s health care, but it doesn’t stand out as anything other than a step in the dispensing process.
Key Discussion Points

Terminology / Semantics

◦ “Provider Status” means different things to different people.
  ◦ “I want to practice at the top of my education, knowledge and legal abilities (licensure)”
  ◦ “I want to be paid for the services I currently provide for free”
  ◦ “I want to be recognized as a provider so that I can bill for higher levels of payment to warrant the more complex care I provide”
  ◦ “I want to be recognized as an equal member of the health care team”
Key Discussion Points

Three Elements are needed for a transformational change in Pharmacy:

◦ **Legal and Regulatory authority** to provide the products and services described.
  ◦ The legal recognition as a health care provider under Section 1861 of the Social Security Act and at state level.

◦ Universal, industry recognized **claims and payment infrastructure** and processes.

◦ A **workforce** trained and willing to provide these services.
Key Discussion Points

Legal recognition as a Provider:

◦ Federal Level Issue:
◦ Current actions to add pharmacists to the Medicare Part B provider listing. (Section 1861 of the Social Security Act)
Key Discussion Points

Legal recognition as a Provider:

- State Level Issue(s):
  
  Texas’ statutes recognizes anyone who can legally provide the services listed in the individual statute. TPA continues research to identify statutes that exempt pharmacists. So far, none found. The barrier for Texas pharmacists lies with commercial insurance plans and their default position that references the Medicare Part B provider list. Nothing prevents a plan from paying, however very few of these agreements exist. Where they do, they are on a limited basis or within a Pilot Study structure. (Examples: Navitus contracts include MTM payments. TPA’s Medicaid Pilot study)
Key Discussion Points

Payment Mechanisms

- Pharmacist services Medicare claims can be submitted under a physician’s ID. Services are billed “incident to” a physician’s visit. These types of claims are classed as “health resources” and are usually only allowed payments at the basic level. This payment level is not at a level sufficient to support the time and resources for the more complex services pharmacists can legally provide.
TPA’s Medicaid pilot MTM program

**Phase 1** – Patients diagnosed with [hypertension](#) who have 4 or more prescriptions for chronic diseases

**Phase 2** – Patients diagnosed with [asthma or chronic obstructive](#) pulmonary disease who have 4 or more prescriptions for chronic diseases

Phase 2 completed July, 2014. Preliminary results are excellent. Final report will be provided to the 2015 legislature.

Initial response from Texas Medicaid appears favorable.

Meetings are underway to discuss methods to require MTM services and payment systems for high risk Medicaid patients statewide.
Key Discussion Points

Willing Workforce

- Two recent surveys revealed that:
  - 95% are in favor of Texas pursuing provider recognition for pharmacists
  - 43% responded that their position allows them to meet or work towards their professional goals
  - 31% feel there are limitations and roadblocks to the job supporting professional goals.
- The top 3 causes of stress were (multiple responses allowed):
  - Administrative tasks (paperwork, insurance issues, inventory, etc.)
  - Complying with regulations, policies, guidelines, etc.
  - Volume of prescriptions/medication orders
Key Discussion Points

Willing (?) Workforce

◦ While almost every response supported TPA pursuing provider recognition, comments conveyed hesitancy if this required a heavier workload. “the plate is already overflowing”

◦ These same surveys revealed insightful personal comments – generally from pharmacists working in community pharmacy settings:
Key Discussion Points

Willing (?) Workforce

- Pharmacists are trapped behind a glass window for long hours, assaulted with every question imaginable besides the responsibility of accurately filling lots of prescriptions.
- Not nearly as much fun as it used to be. It is a brutal profession, mentally and physically.
- Pharmacists are viewed as fast food clerks and not as professionals
- We have too little time to communicate with patients due to the time given to comply with the profuse numbers of insurance and government regulations. We are regulated to death!
What’s Missing?

An infrastructure for a system that properly utilizes pharmacists’ knowledge, skills and legal authorities and compensates pharmacists to maximize patient outcomes through the safe, cost effective use of medications. Pharmacists are the medication therapy experts.
Three Workgroup Recommendations

1. Seek legislative recognition of pharmacists as health care providers in Texas by amending all appropriate existing statutes to assure that wherever “health care provider” is referenced, the statute clearly encompasses pharmacists and is consistent with the definition of a pharmacist licensed under Texas statute.
Three Workgroup Recommendations

2. Authorizing the Texas State Board of Pharmacy to develop rules that would create a process for joint development of delegated statewide protocols by the TSBP and the Texas Medical Board. TPA envisions the creation of a statewide panel of physicians and pharmacists to develop protocols under which all pharmacists could function without direct physician oversight.
The Spectrum of Pharmacist Services
All Licensed Pharmacists

Currently allowed by Texas law and administrative code for all pharmacists

Current education for all pharmacists - All Pharm.D. degree required beginning 2000.

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Physician specific or health-system specific delegated authority
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What the public thinks pharmacists do
Basic requirements required by Medicare Modernization Act

The minimum that most pharmacists actually do

What most pharmacists are capable of if practicing at the top of their education

Pharmacist to consult with prescriber to recommend and implement (upon prescriber approval) changes to drug therapy that result in improved healthcare and/or cost outcomes.

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Three Workgroup Recommendations

3. As a third measure, TPA could seek to remove current restrictions on the settings in which collaborative drug therapy management is allowed.

   Barriers exist within current and emerging healthcare systems, preventing full utilization of pharmacist’s clinical services. These barriers should be minimized to allow the effective and efficient delivery of pharmacist services within all healthcare systems.
Next Steps

1. Legal recognition. Review state statutes and submit appropriate legislation.

2. 2015 Session, required payment for MTM services for high risk Medicaid patients available statewide
Next Steps

3. Legislation to create “statewide protocols” via state Pharmacy and Therapeutics Committee.
   Statewide protocol may contain education, practice and reporting requirements, similar to the delegated immunization protocols most pharmacies currently use. Categories could include nicotine replacement therapy, strep testing with subsequent antibiotic therapy, etc.

What else?

The Work Group discussed the creation of an advanced practice designation for pharmacists which would require additional education/training. Those meeting the designation criteria would have an expanded scope of practice. While there is consensus that this may be an appropriate avenue to pursue, all agreed that this portion should be tabled and revisited in the future.
Your next steps........

Make sure you are registered on TPA’s website and that your membership is up to date.

- We will need to keep you aware as the various measures evolve. As the 2015 legislative session progresses, we will need a strong grassroots campaign to reach representatives and senators with pharmacy’s story and support. Our lobby team won’t have impact until pharmacists reach their legislator by phone calls or visits.

- If TPA doesn’t have your correct email address, we won’t be communicating. At the bare minimum, register at the website.
Your next steps......

Get Active!!

1. If you haven’t already, write to your Texas Representative or Senator in Washington and ask them to support HR 4190. **DO THIS TODAY!** Pharmacy must be universally recognized at the federal level so that payment systems that are already in place can be used to pay for pharmacist clinical services.

Go to APhA’s website – [www.pharmacist.com](http://www.pharmacist.com) for information and letter templates / examples.
Your next steps....

Get Active!!

2. Get information about TPA’s political action committee (PAC). Find out how you can help advance the profession in your community and the state.

3. Spread the word. Attend your local pharmacy association meetings. Talk with your co-workers and colleagues at other pharmacies.

This isn’t a business competition thing – It’s a PROFESSION thing!
Your next steps......

Ultimately, though, it comes down to this:

Every day, you make choices. You choose where you drive, what you eat, how you act.

Here, you also have a choice. Does this choice directly benefit you?

   If you’re about the retire, maybe. Maybe not.
Your next steps....

How many choices do you make, though, where you choose to do something because “it’s the right thing to do”, not because you received a direct benefit? Consider how fast things are changing. Consider your professional life – either how it has been or how it will be. Consider how that profession impacts so very many people day in and day out.
Your next steps…….

Last, consider the pharmacy students that are following in your footsteps, how they are educated and trained and the vast amount of good they can do for all of society.
Your next steps......

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Make the right choice . . . . .
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Help transform the profession!
Thank you