

Provider Status in the Clinic Setting

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Objectives

- Gather an understanding of Senate Bill 265
- Examine how the bill will affect the practice of pharmacy
- Look at the actions of other states who also recognize pharmacist as providers

What is provider status?



Provider¹

- Defined as any natural person or partnership of natural persons who are licensed, certified, accredited, or otherwise authorized in this state to furnish health care services or an professional association organized under Chapter 1785 of the Revised Code

What professions are recognized as providers?¹

- Physicians
- Certified nurse practitioners
- Certified nurse anesthetists
- Clinical nurse specialists
- Certified nurse midwives
- **Pharmacists**
- Dietitians
- Physician Assistants
- Dental assistants
- Dental hygienists
- Optometric technicians
- Or other allied health personnel who are licensed, certified, accredited or otherwise authorized in this state to furnish health care services

Ohio Senate Bill 265^{1,2}

- Will allow Medicaid to recognize **pharmacists** as medical “providers”
 - Medicare beneficiaries will be able to access pharmacists services such as DM management, smoking cessation assistance, simple wellness visits
 - Medicare will be able to pay for pharmacists’ services in medically underserved areas



Senate Bill 265¹

- Payment or reimbursement if both of the following are the case
 - Pharmacist provided care in accordance with Chapter 4729 of the Revised Code
 - Managing drug therapy under a consult agreement
 - Administering immunizations
 - Administering drugs in accordance with section 4729.45 of the Revised Code (ex: long acting antipsychotics)
 - Patient's individual or group health insurance policy or contract provides for payment or reimbursement for the service

Senate Bill 265¹

➤ Includes

- Ambulatory surgical facility separate from an inpatient surgical service
 - Outpatient surgery is routinely performed
 - Anesthesia is administered in the facility
 - The facility applies to be certified by the US centers for medicare and medicaid under Part B of the Social Security Act
 - The facility bills or receives from any 3rd party payer, governmental health program or other person or governmental entity any ambulatory surgical facility fee that is billed or paid in addition to any fee for professional services
 - Does NOT include a hospital ED

Senate Bill 265¹

- Includes continued
 - Provider of a hospice program
 - Provider of a pediatric respite care program
 - Necessary care in a jail or state correctional institution
 - Preventative medical services and counseling on health matters provided at a multipurpose senior center

Why is
Provider
Status
Important?

The Importance^{2,3}

- Currently millions of Americans lack proper access to primary healthcare
- Pharmacists can act as physician extenders
 - By 2030 it is estimated there will be a shortage of at least 100,000 doctors
- Rising healthcare costs
 - When pharmacist are on the healthcare team, outcomes improve and costs go down
- 1.5 million preventable medication related adverse errors occur that cost \$290 billion annually

The Importance⁴

- Pharmacists have extensive specialized education and training in the use of medications regarding
 - Treatment, management, and preventing disease
 - Monitoring for adverse drug reactions and interactions
- Patient's average 35 visits to the pharmacy each year
- Pharmacists can act as a physician extension focusing on:
 - Medication education
 - Adherence
 - Maintenance of disease states

How will Provider Status impact the profession of pharmacy?



The Impact²

- Workflow needs to make patient-care services the focus
 - Not just “get the right drug to the right patient at the right time”
- Will allow pharmacists to practice at the top of their license
 - Optimizing medication regimens
 - Assist patients with disease state management and prevention
 - Decrease healthcare costs
- New stream of revenue

Collaborative Practice Agreements²



- Utilizing the pharmacists' clinical abilities
 - Allows physicians to designate pharmacist management of patients
 - Pharmacist can help monitor chronic therapies
 - Increased collaboration and efficiencies in care delivery

Enhancing Current Work²

- Integrating new rules and regulations relating to credentialing, documentation, quality assurance, etc.
- Compensation
- MTM & CMR's
- Immunizations

Has it been done before?



Impact of an Ambulatory Care Pharmacist on an Occupational Health Clinic⁵

- The practice is within a wellness center in a self-insurance company in Massachusetts
- Over 4.3 year period clinical pharmacists had 604 visits for 172 patients
 - Pharmacists identified 611 drug related issues of which about 50% were resolved
- Took on the responsibility of:
 - Medication and Disease State Management
 - Vaccinations
 - Education on Medications and Chronic Conditions.
- Communicate with physicians to create patient-specific plans
- Readily available to answer drug information questions
- Participated in monthly health screenings taking vitals and counseling on the findings
- Pharmacists also precepted APPE students who took on the role of seeing patients

Rural Patient Perceptions of Pharmacist-Provided Chronic Condition Management in a State with Provider Status⁶

- A survey was conducted in 3 rural community pharmacies to gauge patient perceptions of pharmacist-provided care
- Acceptability
 - Theme 1: Trust between patient, pharmacist, and physician
 - Theme 2: Patients already value the pharmacists knowledge of drugs used in chronic conditions
 - Theme 3: Patients see pharmacists as first point of contact when they have drug related questions
- Availability
 - Potential of implementing clinical services in a community pharmacy setting in reducing doctor visits while increasing access to care
- Accommodation
 - Patients would prefer a seperate room to be able to have a more private setting to have conversations

Patient Comments⁶

- Acceptability
 - Theme 1
 - “I probably need to have good communication with my doctor, pharmacist, the whole medical team.”
 - “I wouldn’t make changes without the doctor’s approval.”
 - “You need somebody that listens to you and talks to you and not at you.”
 - Theme 2
 - “I feel like pharmacists have a better understanding of the drugs and interactions.”
 - Theme 3
 - “I think it would be, especially for seniors, good idea to sit down with a pharmacist and talk to them about medications.”
- Availability
 - “The more in depth it is, the more personal information going to come out, that needs to be more private.”
- Accomodation
 - “If I had someone like the pharmacist that you could talk to and they could lead me in the right direction. Maybe mention to my doctor, you need to get on top of this.”

Yes

- Alabama
- Arizona
- California
- Idaho
- Indiana
- Missouri
- Montana
- New Mexico
- North Carolina
- North Dakota
- Ohio
- Oregon
- Tennessee
- Virginia
- Vermont
- Washington
- Wisconsin

In the Process

- Alaska
- Colorado
- Connecticut
- Florida
- Kansas
- Louisiana
- Maryland
- Massachusetts
- Michigan
- New Hampshire
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Texas
- West Virginia

References

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