Are You Ready for Provider Status?
Mary Ann Kliethermes, BS, PharmD, FAPhA
Margaret Allison, Pharm.D.

Are We Ready for Provider Status In Illinois?
Mary Ann Kliethermes, BS, PharmD, FAPhA.
Vice-Chair, Professor
Chicago College of Pharmacy
Midwestern University
Speaker conflicts were resolved through peer review.

Pharmacist Learning Objectives
• Describe current state of pharmacy practice acts relating to provider status and advanced pharmacist scope of practice
• Identify statutory/regulatory/policy changes needed to expand pharmacists’ scope of practice as a patient care provider
• Identify barriers and create a plan to overcome the barriers associated with other States’ experiences
• Develop a plan for next steps to act on preparing for provider status call to action
Technician Learning Objectives

- Describe current state of pharmacy practice acts relating to provider status and advanced pharmacist scope of practice
- Identify policy/regulation/law changes needed to expand pharmacists' role as a patient care provider
- Identify new opportunities for pharmacy technicians as a result of provider status

What legislative action(s) do you believe are needed in order for pharmacists to be reimbursed for providing patient care services that optimize medication use?

Polling Questions

Does the current Illinois Pharmacy Practice Act:
- Allow a pharmacist to perform a basic physical exam?
  1. Yes
  2. No
- Allow a pharmacist to order a procedure such as an EKG?
  1. Yes
  2. No
- Allow a pharmacist to place a laboratory order such as a basic electrolyte panel?
  1. Yes
  2. No
Required for Provider Status at the State Level –
Krystalyn Weaver, PharmD
Director, Policy and State Relations; NASPA

Designation as a legal health care provider
Optimized pharmacy practice for scope of practice
Payment for services in State Insurance Code

In Illinois are Pharmacists a Legal Health Care Provider?

Pharmacist Practice Act (k-5)
• “Pharmacist” means and individual health care professional and provider....

Heroin & Opioid Overdose Prevention PA99-0480
• Health Care Professional means....... or a pharmacist licensed to practice pharmacy under the Pharmacy Practice Act

Managed Care Reform and Patient Rights Act 215 ILCS 134/
• “Health Care provider” means ...... or other person that is licensed or otherwise authorized to deliver health care services.
• Section on Prior authorization.... For the purposes of this section: “Pharmacist” has the same meaning as set forth in the Pharmacy Practice

Scope of Practice Definition

The extent and limits of the medical interventions that a health care provider may perform.

Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability.

Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety, Federation of State Medical Boards, 2005
Illinois Pharmacist Scope of Practice for Direct Patient Care

- The interpretation and provision of assistance in the monitoring, evaluation and implementation of prescription drug orders
  - Participation in drug and device selection
  - Drug administration limited to:
    - Contingent patient education on proper use or deliver
      - Vaccination
      - Delegated by physician or P&T committee with appropriate training (ADEs and contraindications)
  - Drug regimen review—evaluation of orders and records
    - Known allergies
    - Contraindications
    - Appropriate dose, duration and route
    - Reasonable directions
    - Potential or actual adverse drug reactions, drug interactions
    - Therapeutic duplication
    - Patient laboratory values when authorized and available
    - Proper utilization (over or under use) and optimum therapeutic outcomes
    - Abuse and Misuse

Illinois Pharmacist Scope of Practice for Direct Patient Care

- Patient counseling communication to optimize proper use of prescription medications or devices
  - Medication history (pharmacy technician may participate)
  - Allergies and health conditions (pharmacy technician may participate)
  - Facilitate patient understanding of the intended use of the medication
  - Need to be compliant
- Services necessary to provide pharmacist care—MTM services to improve patient health, quality of life, and comfort and enhance patient safety.
  - Medication therapy management
    - Same as drug regimen review
    - Documentation of services communicated to prescribers within 48 hours
    - Patient counseling to enhance patient understanding and appropriate use
    - Services to enhance adherence
    - Patient care functions authorized by a physician
      - In a hospital: assessment of patient health status, following protocols per P&T

Illinois Medical Practice Act Section 5: 54.2

Nothing in this Act shall be construed to limit the delegation of patient care tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other licensed person practicing within the scope of his or her individual licensing act.

May not delegate any patient care task or duty that is statutorily or by rule mandated to be performed by a physician.
Can we agree?
Pharmacists and Patients are different

Optimize Medications

Dispensing services
Patient/provider education
Drug related problems

Patient Care Services Around Medications

Pharmacist Patient Care Process

Scope of Practice Comparison

<table>
<thead>
<tr>
<th>Patient Care Roles</th>
<th>Illinois</th>
<th>Washington</th>
<th>Oregon</th>
<th>California (Advanced Practice RPh)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect patient histories</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Perform patient assessments</td>
<td>Per delegation</td>
<td>Next slide</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basic physical exam</td>
<td>Per delegation</td>
<td>X</td>
<td>Next slide</td>
<td>X (VS)</td>
</tr>
<tr>
<td>Initiate drug therapy</td>
<td>Per delegation</td>
<td>Per CPA</td>
<td>Next slide</td>
<td>Per CPA</td>
</tr>
<tr>
<td>Monitor drug therapy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Order and Interpret Lab tests</td>
<td>Per delegation</td>
<td>X</td>
<td>Next slide</td>
<td>X</td>
</tr>
<tr>
<td>Modify drug therapy</td>
<td>Per delegation</td>
<td>Per CPA</td>
<td>Next slide</td>
<td>Per CPA</td>
</tr>
<tr>
<td>Disease state management</td>
<td>Per delegation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrator medications</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prescribe medications</td>
<td>Naloxone</td>
<td>Vaccines, contraceptives</td>
<td>Vaccines, travel meds, naloxone, contraceptives, smoking cessation</td>
<td></td>
</tr>
<tr>
<td>Terminate drug therapy</td>
<td>Per delegation</td>
<td>Next slide</td>
<td>Per CPA</td>
<td></td>
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</tbody>
</table>
Oregon practice act terminology

• Practice of pharmacy
  • Practice of clinical pharmacy means
    • Health science discipline in which in conjunction with the patients other practitioners, a
      pharmacist provides patient care to optimize medication therapy and to promote disease
      prevention and the patient’s health and wellness;
    • The provision of patient care services, including but not limited to post-diagnostic
      disease state management services; and
    • the practice of pharmacy by a pharmacist pursuant to a clinical pharmacy agreement.
  • Clinical pharmacy agreement means
    • An agreement between a pharmacist or pharmacy and a health care
      organization or a physician that permits the pharmacist to engage in the
      practice of clinical pharmacy for the benefit of the patients of the health care
      organization or physician.

Tennessee Law as of July 1, 2017 SB 0461

Pharmacy, Pharmacists – As enacted,
• expands to include pharmacists in the prohibition on
  discrimination by managed health insurance issuers against
  optometrists, ophthalmologists, podiatrists, and chiropractors
  solely on the basis of their license or certification
• if such providers are acting
  within the scope of their license
  or certification – Amends TCA
  Section 56-32-129

Implementation of Pharmaceutical Care.
(a) As a necessary health care provider, pharmacists shall
  carry out, in addition to the responsibilities in paragraphs (1)
  through (3) of this rule, those professional acts, professional
  decisions and professional services necessary to maintain a
  patient’s pharmacy related care and to implement and
  achieve the medical and prescription orders of licensed
  practitioners, including but not limited to:
  1. Developing a working and collaborative relationship with
     licensed practitioners to enable the pharmacist to
     accomplish comprehensive management of a patient’s
     pharmacy related care and to enhance a patient’s wellness,
     quality of life and optimize outcomes; and
  2. Communicating to the health care provider any
     knowledge of unexpected or adverse response to drug
     therapy, or resolving unexpected or adverse response; and
  3. Having a pharmacist accessible at all times to patients
     and healthcare providers to respond to their questions and
     needs.
  4. Where formally defined, providing patient care services
     consistent with a collaborative pharmacy practice
     agreement.

Option of Separate Qualifications

New Mexico
Pharmacist Clinician

Qualifications
• 60 hr physical assessment course
• 150 direct patient contact with log over 2 yrs
Privileges
• By protocol and within scope of practice
• Supervising physician or policies of the institution

North Carolina Clinical Pharmacist Practitioner

Qualifications
• BPS, CGP, PGY2 residency, or
• PharmD with 3 yrs clinical experience plus CPP or
• BS with 5 yrs clinical experience plus CPP
Privileges
• Adjust therapy
• Order tests
• Pursuant to CPA

California Advance Practice Pharmacist

Qualifications – 2 of the following
• Certification in pharmacy or
• PGY1 or
• Actively managed patients for 2 yrs under CPA
Privileges
• Perform patient assessments
• Order/interpret labs
• Evaluate and manage diseases
• Make referrals
• Initiate, adjust or stop mediation therapy
Pharmacy Technicians

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<tbody>
<tr>
<td>Collect allergies</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collect Patient medication histories</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter non-prescription information</td>
<td></td>
<td>CPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill pill boxes</td>
<td></td>
<td>CPA</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Tech check tech</td>
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Payment for Service – IL State Insurance code

215 ILCSS/ Illinois Insurance Code; Article XX-1/2- Health Care Reimbursement

(a) Health care services – services or products rendered or sold by a provider within the scope of the provider’s license or legal authorization.

(d) Provider means an individual or entity duly licensed or legally authorized to provide health care services.

(e) Noninstitutional provider – means any person licensed under the Medical Practice Act of 1987, as now or hearafter.

State of Washington Experience

- 1979 CPA in Pharmacy Practice Act
- 1993 Health Services Act – includes compensation for “every category of provider”
- 1994-2012 – numerous attempts for pharmacist compensation
  * Insurers stated they were in compliance by paying professional dispensing fees
- 2013 Attorney General informal opinion that pharmacists are health care providers and must be compensated
- 2015 – SB 5557 – pharmacists as medical providers requiring compensation under major medical insurance for pharmacists providing health services contained in benefits
State of Washington Experience in Operationalizing the Act

- Credentialing process for pharmacists by payers to provide services
- Billing processes
  - CPT codes because these codes capture intensity and complexity more granularly than MTM codes.

State of Indiana Experience

Margaret B. Allison, Pharm.D.
Clinical Pharmacist, Anticoagulation
University of Chicago Medicine

Speaker has no conflicts of interest to disclose.

I work at an institution with outpatient pharmacists who provide services other than anticoagulation management

A. True
B. False
Cognitive services

Drug product

IL Pharmacy Practice Act

- The interpretation and the provision of assistance in the monitoring, evaluation, and implementation of prescription drug orders
- Participation in drug and device selection

The Practice of Pharmacy

- May include patient care functions authorized by a physician for his or her patient or groups of patients under specified conditions or limitations in a standing order

Medication therapy management services

- The provision of MTM services with or without dispensing intended to achieve outcomes that improve patient health, quality of life and comfort, and enhance patient safety

Pharmacist care

IN Pharmacy Practice Act

IC 25-26-16: Drug Regimens
- Protocol
- Adjustment
  - Strength, dosage form, frequency, route, duration
  - Discontinues or adds a drug
- Implementation and Application
- Documentation
- Administrative requirements
  - Review, Revisions
Outpatient Pharmacist Services in Indiana

- Hypertension
- Hyperlipidemia
- Diabetes
- COPD
- Anticoagulation
- Osteoporosis
- Gestational Diabetes
- Hypothyroidism
- Heart Failure Education
- Annual Wellness Visits
- Pharmacotherapy

Protocol Implementation

- Justification
- Data collection
- Pilot new service
- Protocol Development
- Physician champion
- Pharmacist content expert
- System-wide implementation
- P&T Committee Approval

Pharmacist Billing without Provider Status

- Collaborative Drug Therapy Management
- "Incident to" CPT code
- Point of Care testing
- Medicare Annual Wellness Visits
- Smoking Cessation Counseling
- Home INR Monitor Teaching
Higher Level Billing Overview

Evaluation and Management Services
- Selection of CPT code that corresponds with:
  - Patient type (new vs. established)
  - Setting
  - Level of service performed
- More complex = higher level
- Selecting appropriate level determined by:
  - History
  - Examination
  - Medical decision making

Optimizing Scope of Pharmacy Practice in IL...

Collaborative Practice Agreements

Barriers
- Lack of consistent outpatient pharmacist involvement among health systems
- Lack of support and understanding of pharmacists' potential in the outpatient realm by other providers, administrators, and legislators
- Lack of defined qualifications of a pharmacist provider
- Lack of recognition by payers
Panel Discussion

Christopher Crank, Pharm.D., M.S., BCPS AQ-ID
Travis Hunerdosse, Pharm.D.
Scott Meyers, R.Ph., M.S., FASHP

Speakers have no conflicts of interest to disclose.