

Are You Ready for Provider Status?

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Are We Ready for Provider Status In Illinois?

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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 an 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 an 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.

• Medical Dictionary, © 2009 Farlex and Partners

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 :
 - Context of 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

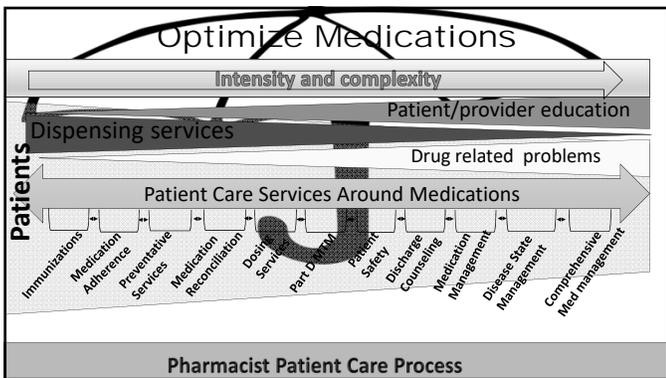
- Patient counseling communication to optimize proper use of prescription medications or devices
 - Medication history (pharmacy technician may participate)
 - Allergies and health conditions (pharmacy technician may participate)
 - Facilitate patient understanding of the intended use of the medication
 - 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



Scope of Practice Comparison Legacy.lawattas.org/query?dataset=pharmacist-scope-of-practice

Patient Care Roles	Illinois	Washington	Oregon	California (Advanced Practice RPh)
Collect patient histories	X	X	Next slide	
Perform patient assessments	Per delegation		Next slide	X
Basic physical exam	Per delegation	X	Next slide	X (VS)
Initiate drug therapy	Per delegation	Per CPA	Next slide	Per CPA
Monitor drug therapy	X	X	X	X
Order and Interpret Lab tests	Per delegation	X	Next Slide	X
Modify drug therapy	Per delegation	Per CPA	Next slide	Per CPA
Disease state management	Per delegation		X	X
Administer medications	X	X	X	X
Prescribe medications	Naloxone		Vaccines, contraceptives	Vaccines, travel meds, naloxone, contraceptives, smoking cessation
Terminate drug therapy	Per delegation		Next slide	Per CPA

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 pharmacists 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.

www.oregonlaws.org/ors/689.005

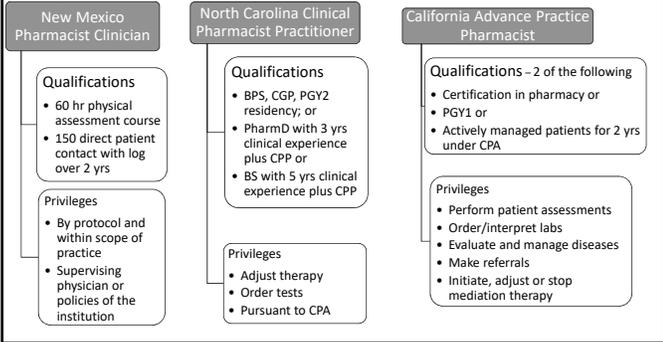
Tennessee Law as of July 1, 2017 SB 0461

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 accomplish 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



Pharmacy Technicians

Patient Care Roles	Illinois	Washington	Oregon	California (Advanced Practice RPh)
Collect allergies	X			
Collect Patient medication histories	X			
Enter non-prescription information			CPht	
Fill pill boxes			Cpht	
Tech check tech				X

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 hereafter.

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.

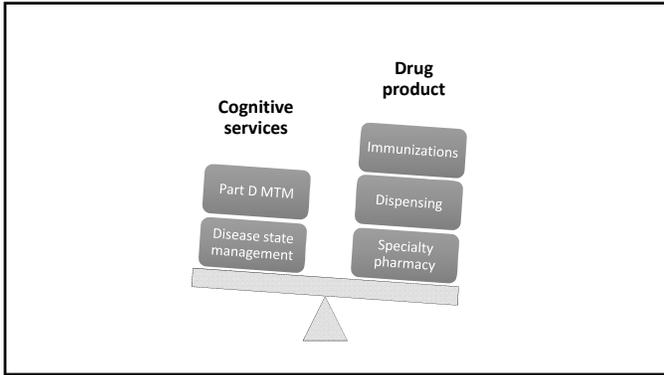
State of Indiana Experience

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



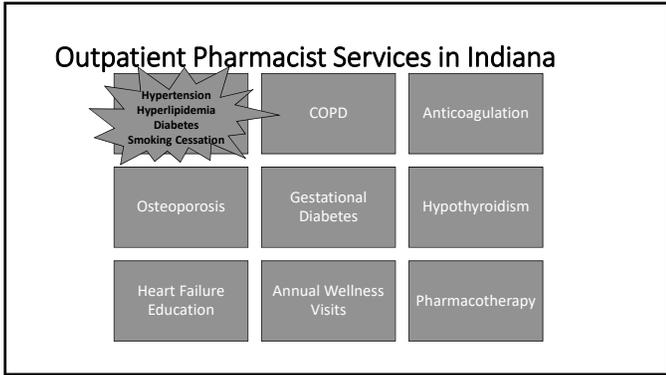
IL Pharmacy Practice Act

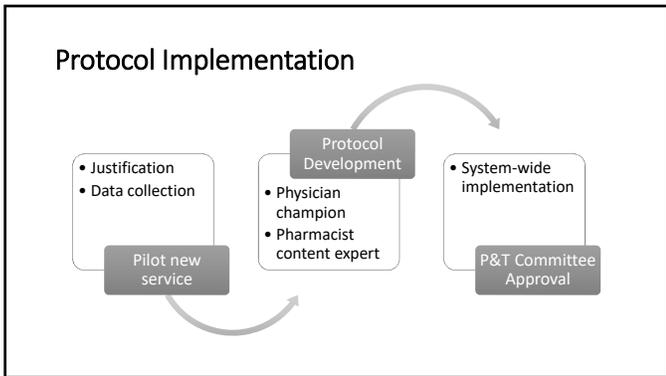
The Practice of Pharmacy	<ul style="list-style-type: none"> The interpretation and the provision of assistance in the monitoring, evaluation, and implementation of prescription drug orders <u>Participation</u> in drug and device <u>selection</u>
Medication therapy management services	<ul style="list-style-type: none"> 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 <u>standing order</u>
Pharmacist care	<ul style="list-style-type: none"> The provision of MTM services <i>with or without dispensing</i>, intended to achieve outcomes that improve patient health, quality of life and comfort, and enhance patient safety

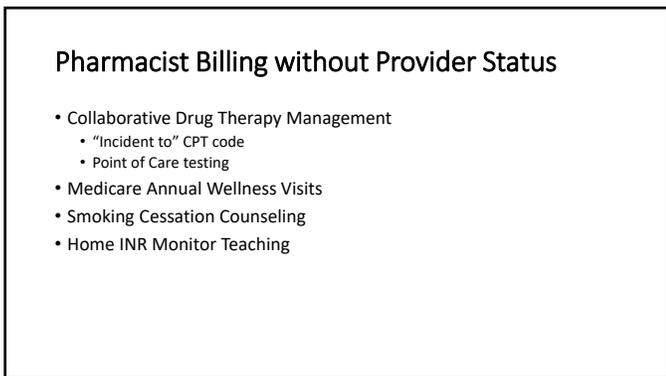
IN Pharmacy Practice Act

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







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

www.cms.gov

www.cms.gov

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., MS, BCPS AQ-ID
Travis Hunerdosse, Pharm.D.
Scott Meyers, R.Ph., MS, FASHP

Speakers have no conflicts of interest to disclose.
