

National Landscape of Pharmacist Medication Management

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The Truth About the Business Model for Medications





Coverage for Medications

\$335 billion for retail prescription drugs in 2018¹



Coverage for the Services to Ensure they Work

Estimated \$582 billion for nonoptimized therapy²

¹https://www.cms.gov/files/document/highlights.pdf

² Watanabe, J., et.al. (2018). *Ann Pharmacother*, 52(9), 829-837.



How Does this Impact Employees in the Workplace and Overall Health Coverage Costs?

- Case 1: a 10 year-old female with asthma who uses two different asthma inhalers. Continual problems with asthma control including three visits to the emergency department in the past 9 months.
 - Impact: poor health outcomes; high annual health costs; parental missed workdays; diminished parental productivity
- Case 2: a 62 year-old male with chronic back pain, high blood pressure, high cholesterol, and depression currently sees 6 physician specialists and taking 10 chronic medications. Back pain is not well-controlled resulting in lack of sleep and worsening depression.
 - Impact: high risk for medication adverse events; poor health outcomes; high annual health costs; missed workdays; diminished productivity



Pharmacists' Medication Management Services

EXPERTS TRAINED TO OPTIMIZE THE THERAPEUTIC VALUE OF THE PATIENT'S ENTIRE MEDICATION REGIMEN

- Accessible
- Individualized for the patient
- Collaborative with other providers
- ❖ Various terms





Pharmacists' Patient Care

Professional activities include:

- Dispensing Medications and Devices
- Ensuring Appropriate Medication Therapy and Outcomes
- Health Promotion and Disease Prevention
- Health Systems Management



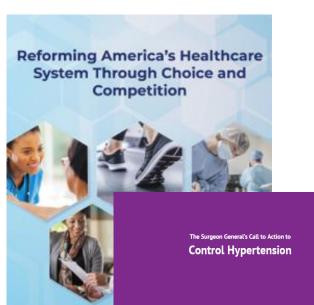
Pharmacist Patient Care Process https://jcpp.net/patient-care-process/



Support for Greater Use of Pharmacists in the Health Care System



Cardiovascular Disease: Pharmacy-based Medication Adherence Interventions





CMCS Informational Bulletin

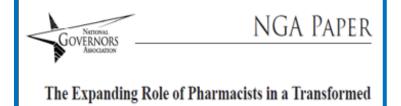
DATE: Jamary 17, 2017

FROM: Vikki Wachino, Director
Center for Medicaid and CHIP Services (CMCS)

SUBJECT: State Flexibility to Facilitate Timely Access to Drug Therapy by Expanding the Scope of Pharmacy Practice using Collaborative Practice Agreements, Standing Orders or Other Predetermined Protocols.

Health Care System

CDC's 6 | 18 Initiative:



https://www.thecommunityguide.org/content/pharmacy-based-interventions-improve-medication-adherence-cardiovascular-disease-prevention

https://www.medicaid.gov/federal-policy-guidance/downloads/cib011717.pdf

https://www.cdc.gov/sixeighteen/index.html

https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf

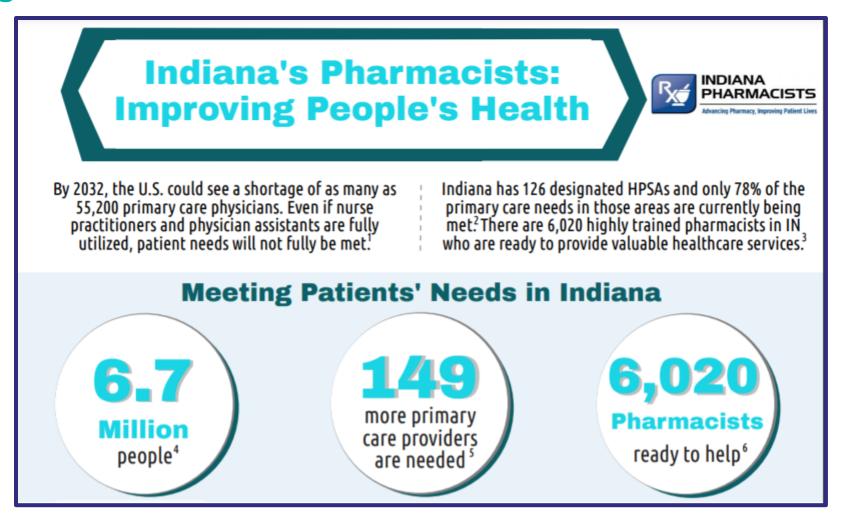
https://www.hhs.gov/sites/default/files/call-to-action-to-control-hypertension.pdf

https://www.modernhealthcare.com/providers/pharmacists-ohio-managing-care-providers-and-getting-paid-it-too

https://www.nga.org/wp-content/uploads/2020/08/1501TheExpandingRoleOfPharmacists.pdf



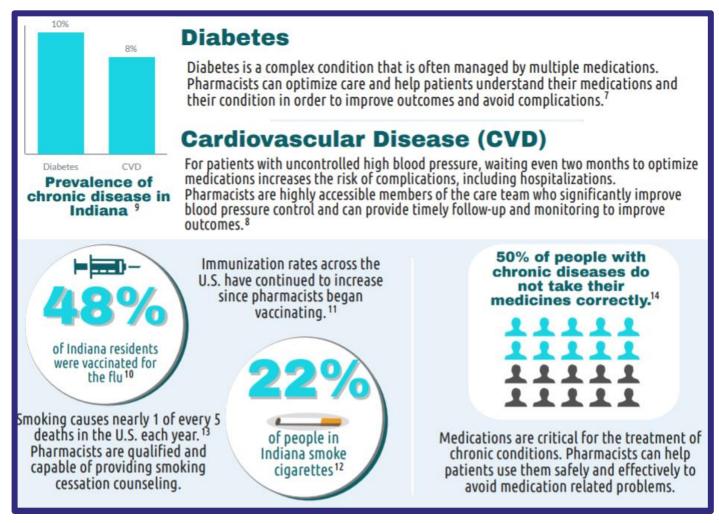
Leveraging Pharmacists in Indiana



https://naspa.us/wp-content/uploads/2020/12/Indiana-State-Fact-Sheet-2020.pdf https://naspa.us/wp-content/uploads/2020/10/State-Fact-Sheet-References-2020.pdf



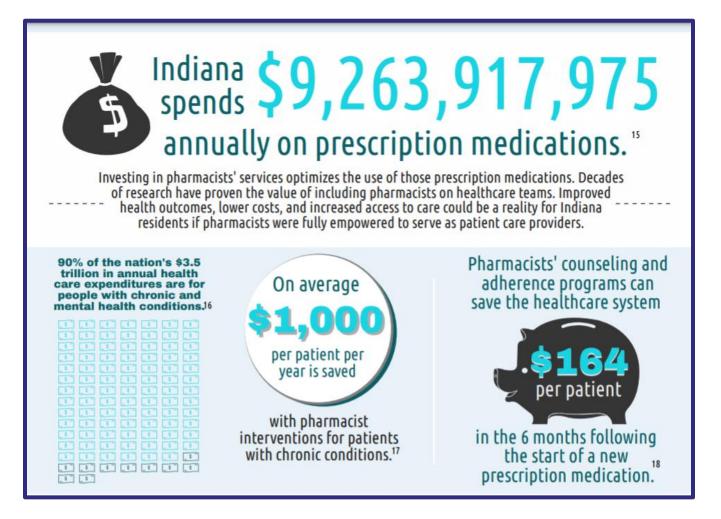
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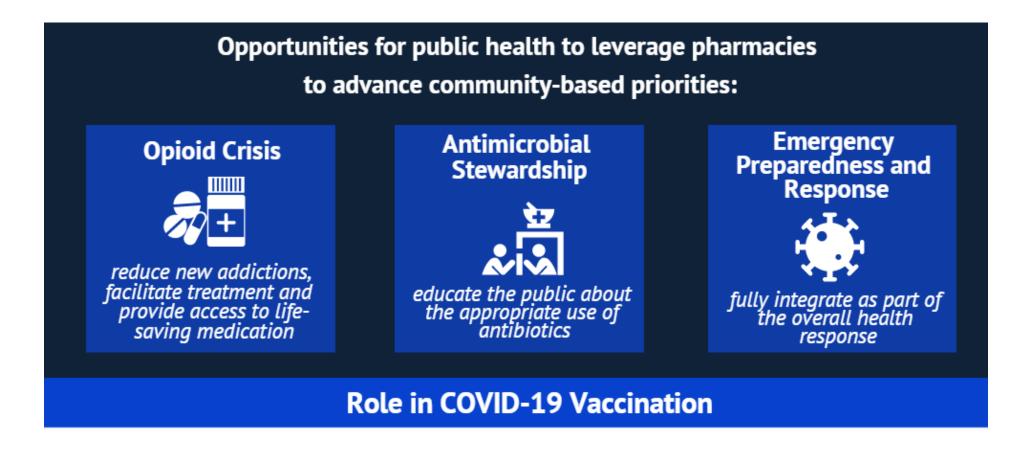


Leveraging Pharmacists in Indiana





Pharmacists: Advancing Public Health



NIHCM Foundation. Pharmacists: Leveraging this Public Health Workforce. April 7, 2021. https://nihcm.org/publications/pharmacist-infographic



Payment Journey for Pharmacists' Patient Care Services

- Payers
 - Medicaid programs (17 states)
 - Commercial payer requirements (7 states)
 - Commercial contracts and grants (various)
- Payment models
 - Fee for service
 - Value-based arrangements
- Return on investment
 - Decreased health care costs
 - Improved control of chronic conditions (e.g. diabetes, hypertension, asthma)
 - Decreased missed or nonproductive workdays
 - Savings on average of \$1 to \$4 for every \$1 spent on pharmacists' services

Medicare.gov

The Official U.S. Government Site for Medicare

Lack of recognition of pharmacists' services for payment in Medicare Part B is a significant barrier to broader uptake in other payer markets.

 Pharmacy profession advocacy efforts to gain recognition

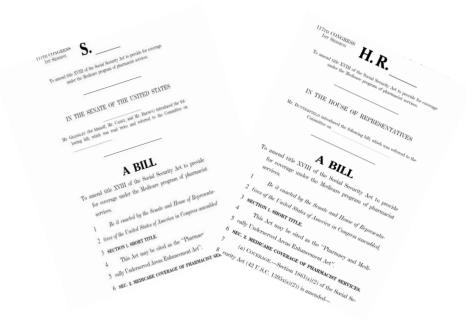


Federal Medicare Part B Legislation – H.R.2759/S.1362

H.R.2759 - To amend title XVIII of the Social Security Act to provide for coverage under the Medicare program of pharmacist services.117th Congress (2021-2022)

S.1362 - A bill to amend title XVIII of the Social Security Act to provide for coverage under the

Medicare program of pharmacist services.117th Congress (2021-2022)



Original Cosponsors:

House Bill 2759 – Reps.

G.K. Butterfield (D-NC)

and David McKinley (R-WV)

Senate Bill 1362 – Sens.

Chuck Grassley (R-IA)

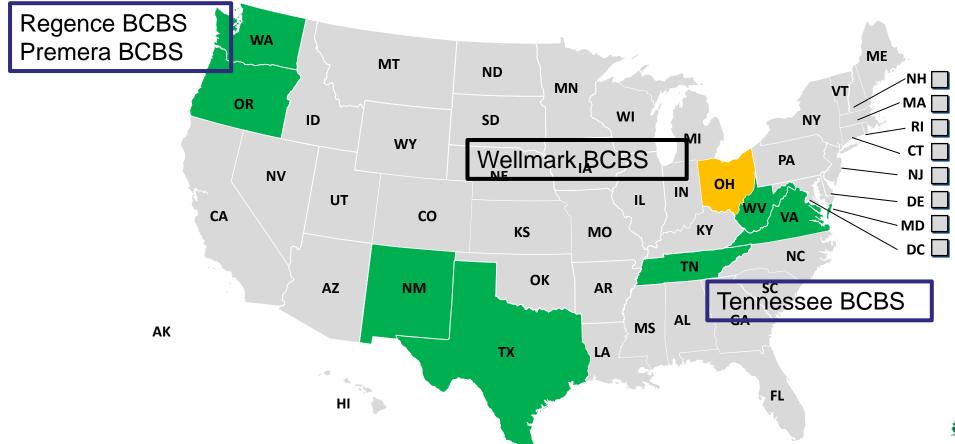
and Bob Casey (D-PA)

Take Action Now! Effectively advocate for the pharmacy profession by reaching out to your Member of Congress and Senators today. Please ask them to remove barriers and recognize pharmacists as part of team-based care team for Medicare patients. Help APhA advocate today!
First & Last Name
Email
Address
City
Next

https://actioncenter.pharmacist.com/campaign/provider-status-for-pharmacists/



Payment Parity for Pharmacists' Services







Requested Employer Policy Strategy to Facilitate Access to Pharmacists' Services

Require health plans to recognize pharmacists as providers in their payer networks for a specific scope of work that fully uses their expertise



