Pharmacists as Providers: New Credentialing Challenges & Opportunities

2015 WAMSS Annual Conference
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Conflicts of Interest

- I have no conflicts of interest to declare
- I have no financial affiliations with any pharmacy, drug manufacturer or health plan
Objectives/ Topics

O The historical role and the future role of pharmacists in U.S. healthcare systems
O Compare pharmacist credentialing to that of physicians and nurse practitioners
O Evaluate the clinical training & scope of practice of WA State pharmacists
O Integration of pharmacists into provider networks
Historical Pharmacy Practice

Education:
- When starting pharmacy school over 90% of applicants already have a BS or higher degree
- Pharmacy school takes 4 additional years
- Little time spent on dispensing skills
- Emphasis on therapeutic clinical care and chronic disease management
- Unlike MDs, ARNPs & PAs – pharmacists do not diagnose patients
Historical Pharmacy Practice

- The only healthcare profession compensated by health plans only for selling products
- Not recognized by commercial or public payers as health care providers
- What do consumers say are the two most important things that their pharmacy provide?
  - Fast prescriptions
  - Drive thru lane
Pharmacy now

- WA State pharmacists have clinically cared for over 5 million patients in past 15 years unrelated to dispensing of prescriptions...
- Pharmacists prescribe & provide these services:
  - i.e. anticoagulation management; diabetes management; pain management, oncology, immunizations, reproductive health, tobacco cessation, hypertension management, lipid management, medication management, antibiotic stewardship, psychiatric management, etc.
Most credentialing staff have not been asked to consider which criteria would be used to determine if a pharmacist had the training and skills to provide clinical, non-drug dispensing, care.

What are the first things you would want to know when credentialing a pharmacist?
Credentialing Issues

- Pharmacists have all been systematically denied credentialing and contracting since the passage of the *Every Category of Provider Law* in 1995 in WA State.

- 2013 Attorney General Opinion: “Pharmacists are clinical providers and must be compensated for services provided within their scope of practice...”
ESSB 5557 (Senator Parlette; 2015)

- Health plans issued or renewed on or after January 1, 2016, may not deny benefits for health care services provided by licensed pharmacists if:
  - the service was within the pharmacist's lawful scope of practice;
  - the plan would have provided benefits if the services had been provided by a physician, osteopathic physician, advanced registered nurse practitioner, physician's assistant, or osteopathic physician's assistant; and
  - the pharmacist is included in the plan's network
- mere participation of a pharmacy in the plan's drug benefit does not constitute inclusion in the network
Huddle #2...

- A large percentage of patients have decided to use community pharmacists to access vaccinations and contraception.
  - Should patients be able to use community pharmacists for these in-network provider services and should the pharmacist be paid?
  - What must be done to insure coordination and documentation of care?
Credentialing

- Health Plans argue that it would be very expensive to create a new provider network.
- A requirement that the medical records of the patient be available to both the patient's treating prescriber and the pharmacist.
- A requirement that the procedures to be performed by the pharmacist relate to a condition for which the patient has first been seen by a physician.
- A requirement that the pharmacist functions “as part of a multidisciplinary group that includes physicians”.
Credentialing

- After graduating from pharmacy school which of these skill-enhancing programs must be completed in order to provide billable services?
  - Residencies
  - Fellowships
  - Certification programs
  - Continuing education
  - # of years of active practice
Integration into health team

- Physicians are asking for pharmacists to work with them on their team
- Quality assurance standards are met more readily when pharmacists are on the team
- Coordination of prescription care when patient sees multiple providers
- Post hospital discharge coordination of care
- Better patient outcomes
Full Room Huddle

- Should patients need to be referred to a pharmacist from their primary care provider in order for pharmacist services to be billable?

- Should a pharmacist seeing a diabetic patient be credentialed as a “certified diabetes educator” in order to provide billable services?
References

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