



Pharmacists' Role in Addressing the Primary Care Shortage

Michael Hogue, PharmD, FAPhA, FNAP, FFIP
Executive Vice President & Chief Executive Officer
American Pharmacists Association

For Every Pharmacist. For All of Pharmacy.

[pharmacist.com](https://www.pharmacist.com)



Acknowledgement

Brigid Groves, PharmD
APhA
VP for Professional Affairs

What's Happening with Primary Care

- Aging population increasing demand
- Insurance reimbursements for primary care are declining
- Medical school enrollment increasing slowly, **but...**
- Only 25% of graduates choose residency in a primary care specialty
- 25% of physicians will retire by 2033
- Consolidation and vertical integration of the healthcare system
- Geographic imbalance in location of primary care providers (Worsening Rural Access)
- Consumerism

Pharmacists are Accessible



- » there are **15.1% more pharmacy locations** within low-income communities than physician practices, and³
- » pharmacy locations offer **95.7% more operating hours than physician practice sites.**⁴

Pharmacists' Clinical Services

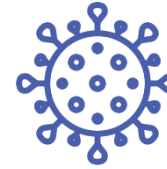
These are examples of services provided by pharmacists. There are many others beyond these.



Immunizations



**Cardiovascular
disease**



**Infectious
disease**



**Test-and-
treat**



**Women's
health**



**Tobacco
cessation**

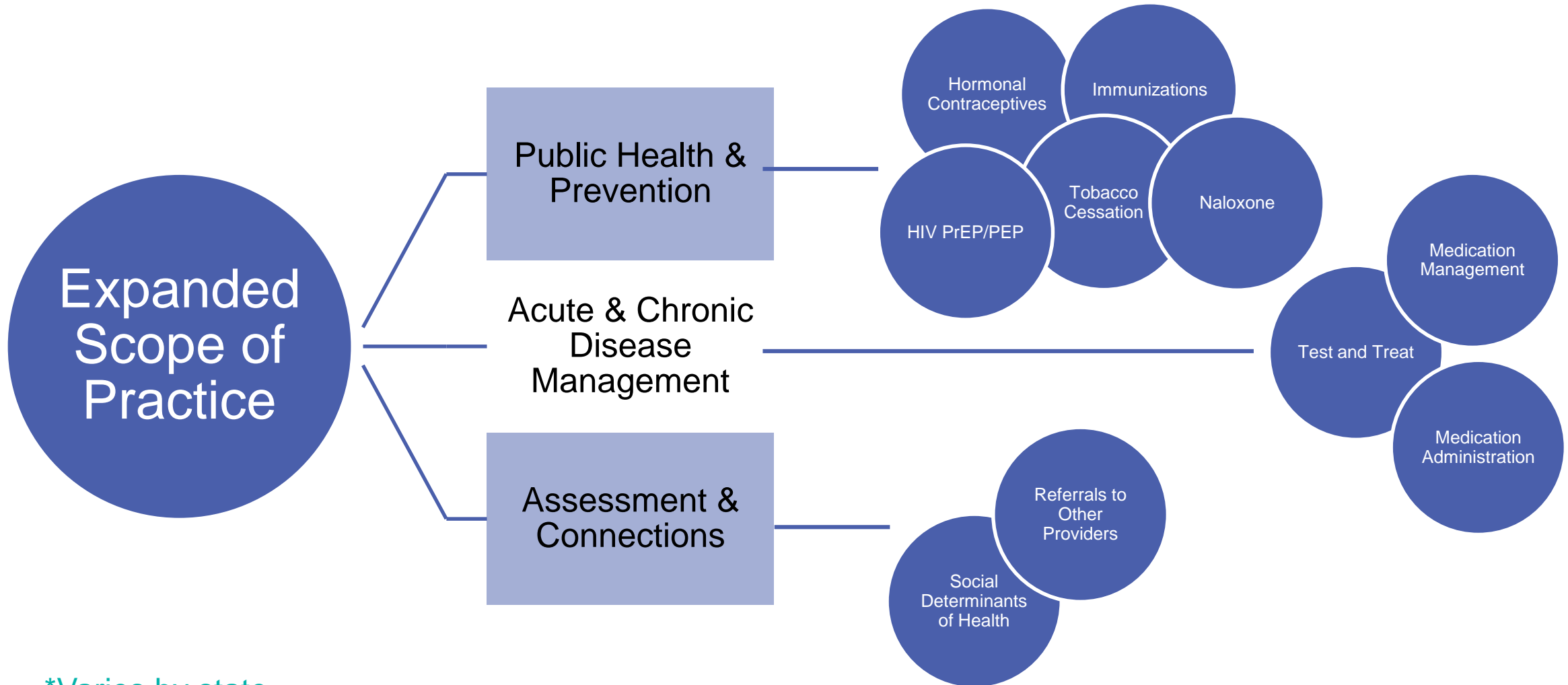


**Mental and
behavioral
health**



Research

Pharmacist Authorities to Meet Care and Health Equity Needs*



*Varies by state

Pharmacy is the most used benefit...but we continue to make it harder not easier for patients to understand and navigate the system

See pharmacists as a key component of their health care team⁴

~80%

Have consulted with a pharmacist about minor ailments²

45%

Prescriptions abandoned at the pharmacy

81M

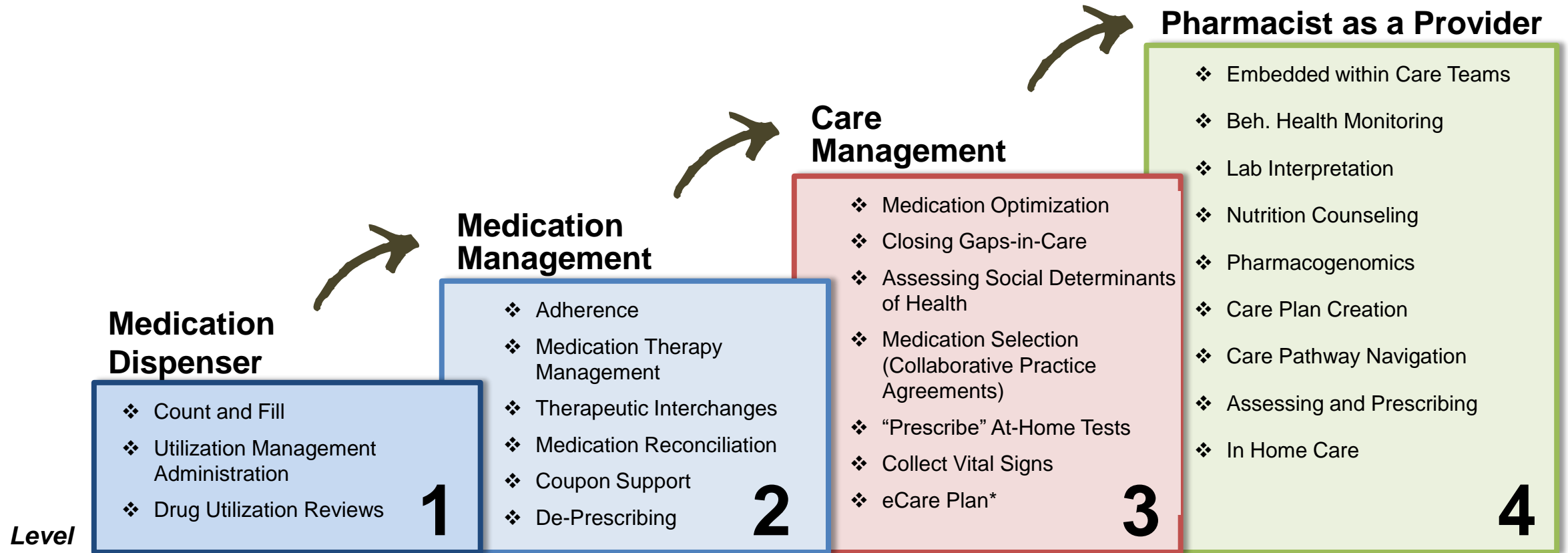
And abandonment rates are tied to copays¹

Higher satisfaction scores if use a pharmacy's mobile app

23 points

But only 20% use a pharmacy's mobile app³

Pharmacists practicing at the top of their license provides tremendous benefits to providers and patients...and payers



* Pharmacist eCare Plan is an interoperability standard. More information at <https://www.ecareplaninitiative.com/>

Immunizations by Pharmacists

- Pharmacies increase access to vaccines across the lifespan
- More than **400,000** pharmacists, student pharmacists, and **100,000** pharmacy technicians are trained to administer vaccines
- More than **60,000** pharmacies provide vaccinations

COVID-19 vaccine doses

- **300+ million in pharmacies**
- More than half of all C19 in U.S.

From December 2020 – January 2023

<https://www.pharmacist.com/Practice/COVID-19/The-Essential-Role-of-Pharmacy-in-Response-to-COVID-19/Infographic>

RSV vaccine doses

- **9.7 million in pharmacies**
- 0.3 million in medical offices

From Aug 2023 – March 2024

<https://www.cdc.gov/vaccines/imz-managers/coverage/rsvxview/adult-vaccinations-administered.html>

Essential Services: Quantifying the contributions of America's pharmacists in COVID-19 clinical interventions

270 million COVID-19 vaccinations given by community pharmacists, Dec 2020–Sep 2022

45% of COVID-19 vaccinations given by community pharmacists, Dec 2020–Sep 2022

>50% of COVID-19 vaccinations overall given in pharmacist-led programs, Dec 2020–Sep 2022

8.1 million COVID-19 vaccinations by pharmacists at long-term care facilities, Dec 2020–Apr 2021

2/3 drop in COVID-19 deaths among LTC residents, Dec 2020–Feb 2021

1.3 million vaccinations by student pharmacists, “Operation Immunization,” Dec 2020–Jun 2021

42 million patient specimens tested by pharmacists for COVID-19, Apr 2020–Jun 2022

>100,000 COVID-19 monoclonal antibody treatments provided by pharmacists, Nov 2020–Sep 2022



APhA

OPTIMIZING PATIENT OUTCOMES
Health Plans and Pharmacists Summit

WASHINGTON, DC

To convene a group of experts to define the value pharmacists provide to health plans, barriers to covering pharmacists' patient care services, and scalable solutions to cover pharmacists' services, specifically in the medical benefit.

Optimizing Patient Outcomes: Health Plans and Pharmacists Summit

To convene a group of experts to define the value pharmacists provide to health plans, barriers to covering pharmacists' patient care services, and scalable solutions to cover pharmacists' services, specifically in the medical benefit.

- Held May 2022
- Convened 31 experts (physicians, pharmacists from health plans, and practicing pharmacists)
- Meeting proceedings available from JAPhA: <https://doi.org/10.1016/j.japh.2023.06.019>

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FEATURE
 Optimizing patient outcomes: Health plans and pharmacists summit: Meeting proceedings
 E. Michael Murphy*, Anne Burns

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ABSTRACT

Objective: To convene a group of experts to define the value pharmacists provide to health plans, barriers to covering pharmacists' patient care services, and scalable solutions to cover pharmacists' services, specifically in the medical benefit.
Methods: The American Pharmacists Association (APhA) convened 31 experts, including physicians and pharmacists representing health plans (HPs) and pharmacist practitioners (PP) or organizations representing PPs for a strategic summit on May 16 to May 17, 2022, in Washington DC and Arlington, VA. A presummit survey was conducted to identify participants' perspectives on the value proposition of pharmacists and barriers to coverage for pharmacist-provided services. The summit featured a keynote presentation focused on the future of coverage for pharmacist services and the results of the presummit survey; four panel presentations on innovative HP program coverage; three breakout sessions to gather participant feedback on their experiences; and a final session prioritizing action items into an initial timeline of goals. A postsurmit survey was fielded to rank feasibility and importance of opportunities to expand steps for advancing coverage of pharmacists' services.
Result: In general, there appeared to be consensus throughout the summit on the need to expand payer programs covering patient care services provided by pharmacists and to increase patient access to care. The importance of continued collaboration between PPs and HPs to increase patient access to care. Participants highlighted a need for legislative and regulatory changes at the state and federal level for the expansion of some programs; however, there were many opportunities to expand programs without the need for groundbreaking meeting between PPs and HPs that provided the foundation for collaboration and expansion of programs covering pharmacists' patient care services under the medical benefit. Key takeaways from the summit focused on the need for scaling programs; establishing mutually beneficial programs for patients, PPs, and HPs; and the need for partnership and flexibility from PPs and HPs as programs continue to establish and expand.

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Background

Financial coverage for pharmacists' time and expertise in the delivery of patient care services is critical for the creation of scalable, sustainable services profession-wide that meet patients' health and wellness needs. While pharmacists are well-positioned in knowledge, expertise, and accessibility to address increasing barriers and disparities for patients to obtain optimal health care, the ability for pharmacists to meet this need is hindered by the widespread lack of coverage for services provided.^{1,2}

Common financial models for pharmacists' patient care services include fee-for-service (FFS) payment from a variety of payers, value-based payments, blended FFS/value-based payments, direct contracting with an employer, and patient self-pay. Depending on how payers recognize their providers, pharmacists either bill directly for their services or in the case of Medicare Part B and some other payers, a physician or other

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*** Correspondence:** E. Michael Murphy, PharmD, MBA, American Pharmacists Association, 2215 Constitution Avenue, NW, Washington, DC 20037.
 E-mail address: emmurphy@apahq.org (E.M. Murphy).

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Crystallizing

LEARNINGS & RECOMMENDATIONS

1 year APhA

1. LEARNING COLLABORATIVE EFFORTS
2. GATHER DATA AVAILABLE
3. A ROADMAP

STATE LEVEL

DEVELOP A CONSISTENT MESSAGE

EXPLAIN THE POWER OF PHARMACISTS IN THE COMMUNITY

1 year APhA

1. HEALTH PLANS
TALK THROUGH
MEET WITH OTHERS' PAYERS
2. PHARMACIES
3. CREATE A STANDARD OF CARE

MODEL LEGISLATION

MODEL CONTRACTS

CONVENIENT SAFE SPACE FOR CONVERSATIONS

KNOW WHAT QUESTIONS TO ASK

SHARE DATA

BEHAVIOR

STANDARD PHARMACY QUALITIES

CASE STUDIES

WHAT IS WORKING AND WHAT ARE THE SOLUTIONS

HEAR FEEDBACK FROM PATIENTS

OPERATIONALIZATION OF THE OPERATIONAL MODELS

5 years APhA

ROADMAP — COLLECTIVE BEHAVIORS

CONSISTENT TERMINOLOGY → PHARMACY SERVICES

OPERATIONAL → MORE VALUABLE AND SUSTAINABLE WAY

SYSTEMS AND CONNECTIVITY

SCALE AND SCAN ROADMAP

HEALTH SYSTEM: THINK HOW DO WE SCALE THE RIGHT MODEL

CMS PROVIDER DATA (MORE)

MEETING LIKE THIS ONE

CREATE THE DEMAND FOR THESE SERVICES

NATIONAL ORGANIZATIONS & PURCHASERS

OPPORTUNITY TO DO ANY KIND OF BILLING

CHANGE MANAGEMENT

LICENSE AS PROOF OF ABILITY TO PERFORM

A.M.A. HAS POWERFUL INFLUENCE

LEGISLATION BILL

CONTINUE TO DISSEMINATE INFORMATION

NEXT STEPS

REVIEW DELIVERABLES

WHITE PAPER

POST-MEETING SURVEY

WHO WASN'T HERE ...

thank you

THE TIME IS NOW

today is the day

WE MUST LEARN FROM EACH OTHER

BRING OUR COMMUNITY TOGETHER

SET STANDARDS AND SHARE BEST PRACTICES

PHARMACISTS AND PLANS WORKING TOGETHER IS WHAT WE NEED

LET'S Keep momentum

Lack of Coverage for Pharmacist Services

Pharmacist-provided services are *intermittently* included as a covered benefit for patients

Limited access
to services

Underutilization
of pharmacists'
skills

Fragmented
care

Reduced
medication
adherence

Increased
healthcare costs

Missed
opportunities for
patient care
initiatives

Value Proposition for Pharmacists' Services

- **Effectiveness**
 - Meeting metrics (e.g., Medicare Stars, Medicaid)
 - Costs (site of care, medications, health savings)
- **Equity**
 - Access to care
 - Address social determinants of health
- **Experience**
 - Training and expertise
 - Evidence for outcomes of services



Payment Journey for Pharmacists' Patient Care Services

- **Payers**
 - Medicaid programs
 - Commercial payer requirements
 - 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
 - Average ROI \$4:\$1 for pharmacists' services

Medicare.gov
The Official U.S. Government Site for Medicare

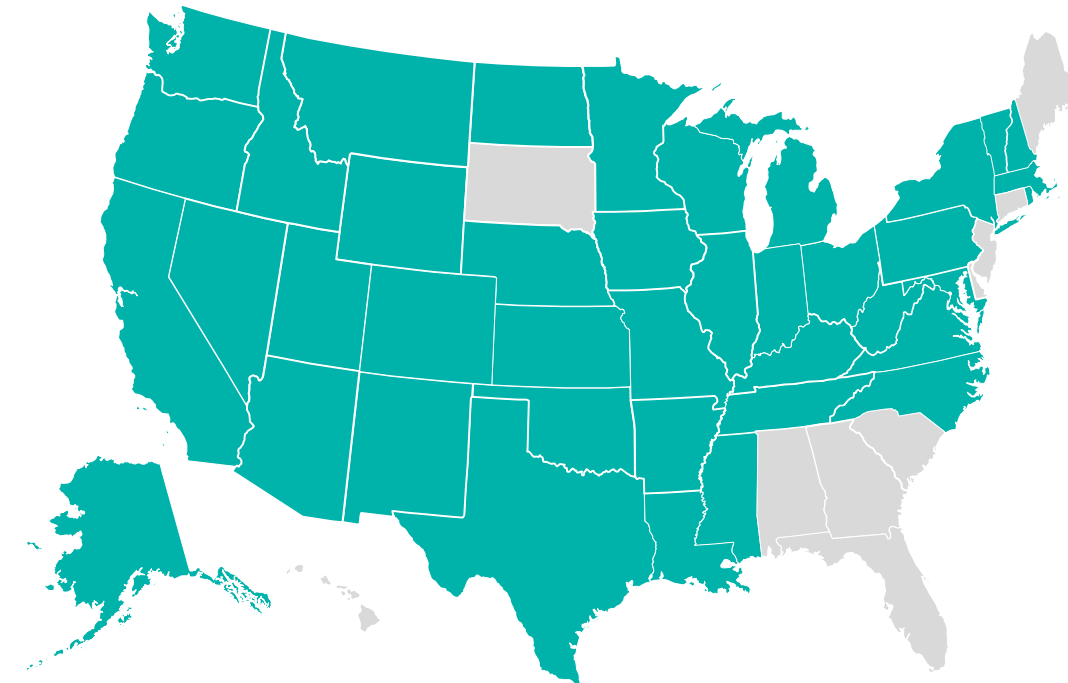
Lack of recognition of pharmacists' services for payment in Medicare Part B is a significant barrier to broader uptake in other payer markets.

- Pharmacy profession advocacy efforts to gain recognition

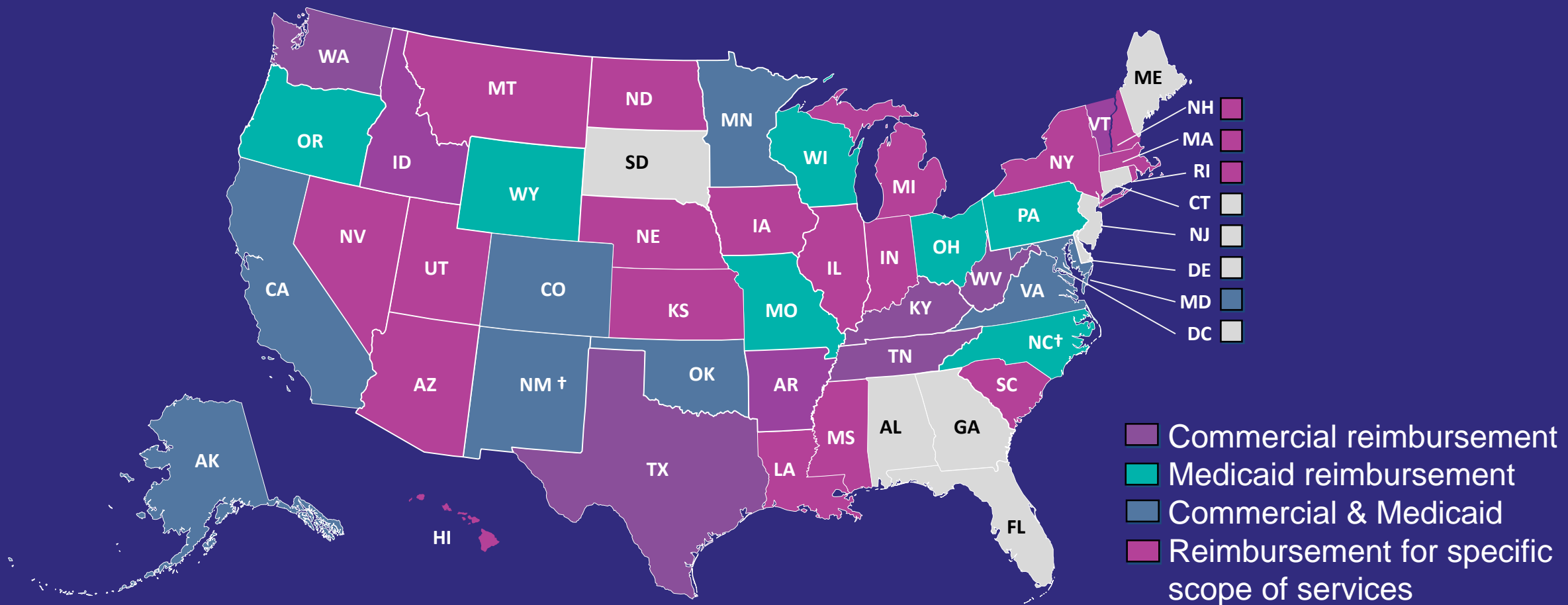
Trends in Payment for Pharmacists' Services in the States

- Payment for services under Medicaid and commercial health plans
 - State medical assistance programs submitting state plan amendments to add pharmacists as **other licensed practitioners**
- Integrating pharmacists into established models in the **medical benefit**
 - CMS 1500 claim form
 - Billing HCPCS codes: **Commonly 99202-99205 & 99211-99215**
- Variability in scope of reimbursable services

States where at least one service is being covered by Medicaid or a commercial plan



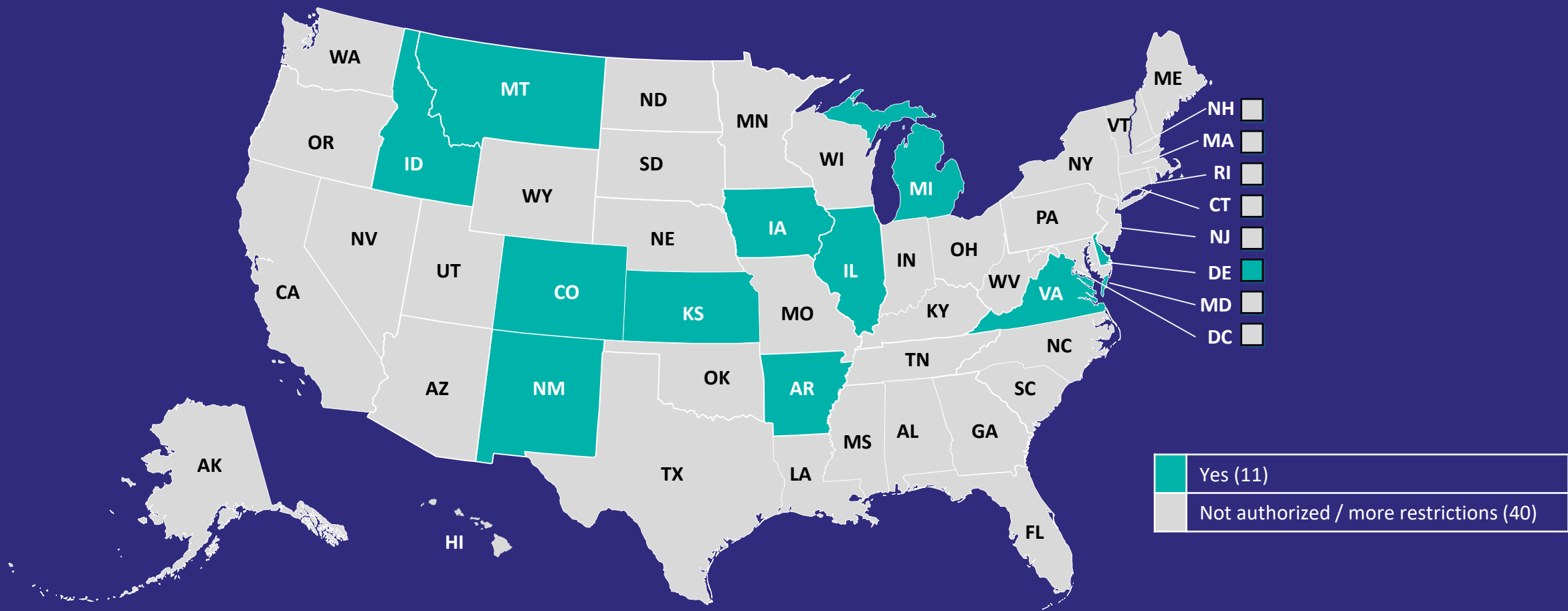
Payment for Pharmacists' Services in the States*



*Examples of states where pharmacists are receiving reimbursement for a broad or narrow scope of their patient care services. Not intended to be a comprehensive representation.

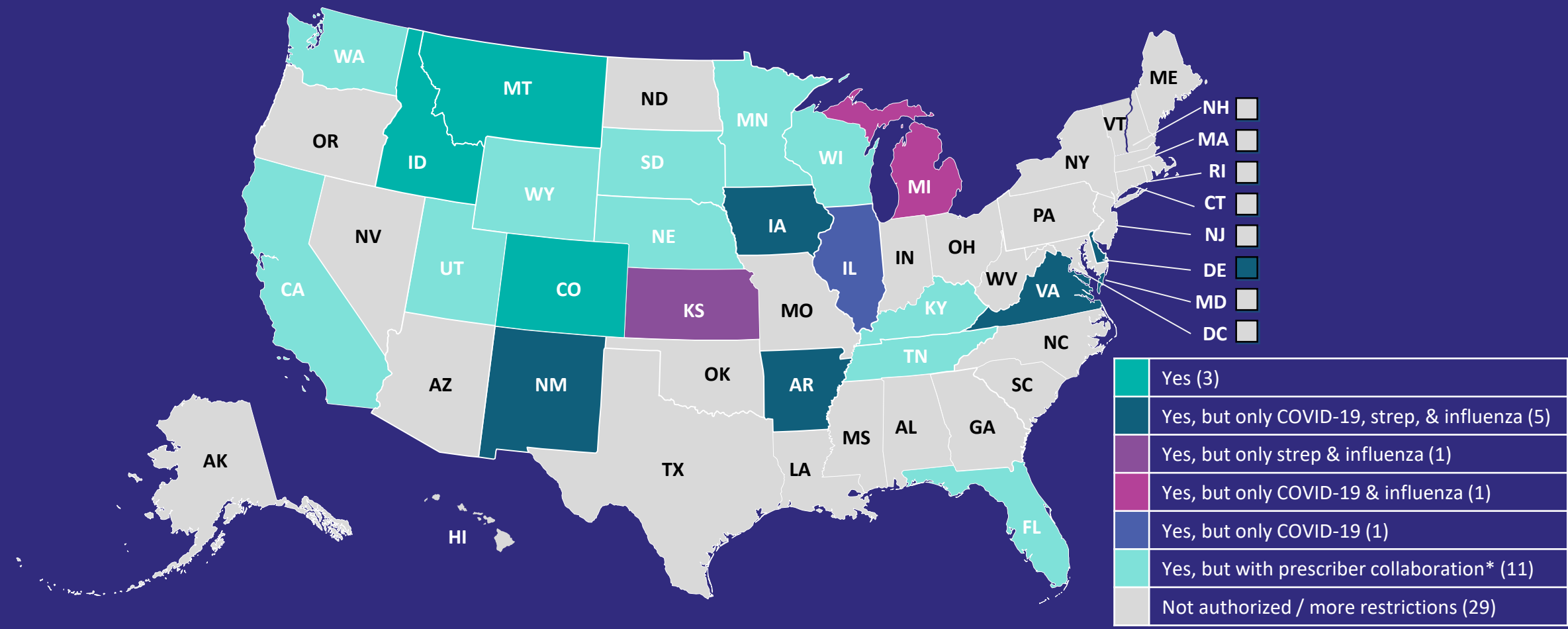
†Pharmacist reimbursement for a broad scope of services is largely tied to the requirement of being an advanced practice pharmacist

Can pharmacists test and treat for minor ailments via prescriptive authority or statewide protocol?



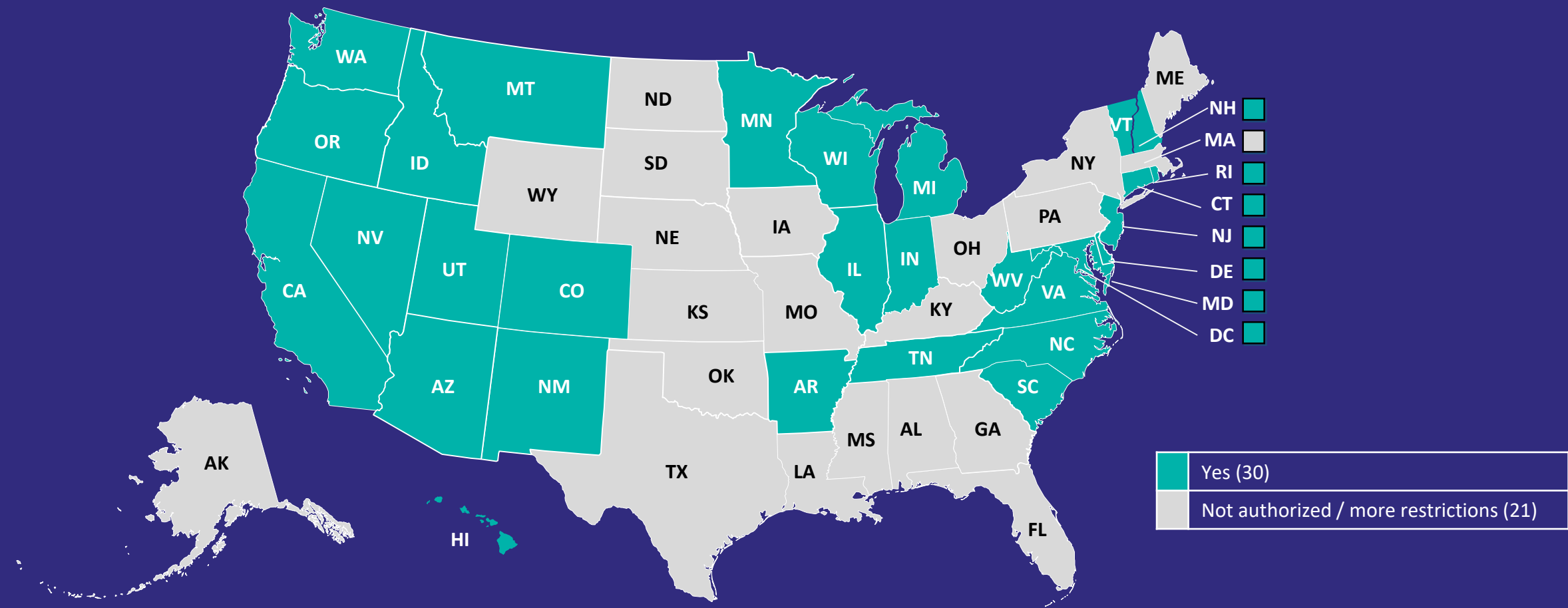
Minor ailments that pharmacists can test and treat for vary between states. They include, but are not limited to, influenza, Group A Streptococcus Pharyngitis, COVID-19, lice, and skin conditions, including ringworm and athlete's foot.

Can pharmacists test and treat for COVID-19, influenza, respiratory syncytial virus, or streptococcal pharyngitis via prescriptive authority, statewide protocol, or other means?*

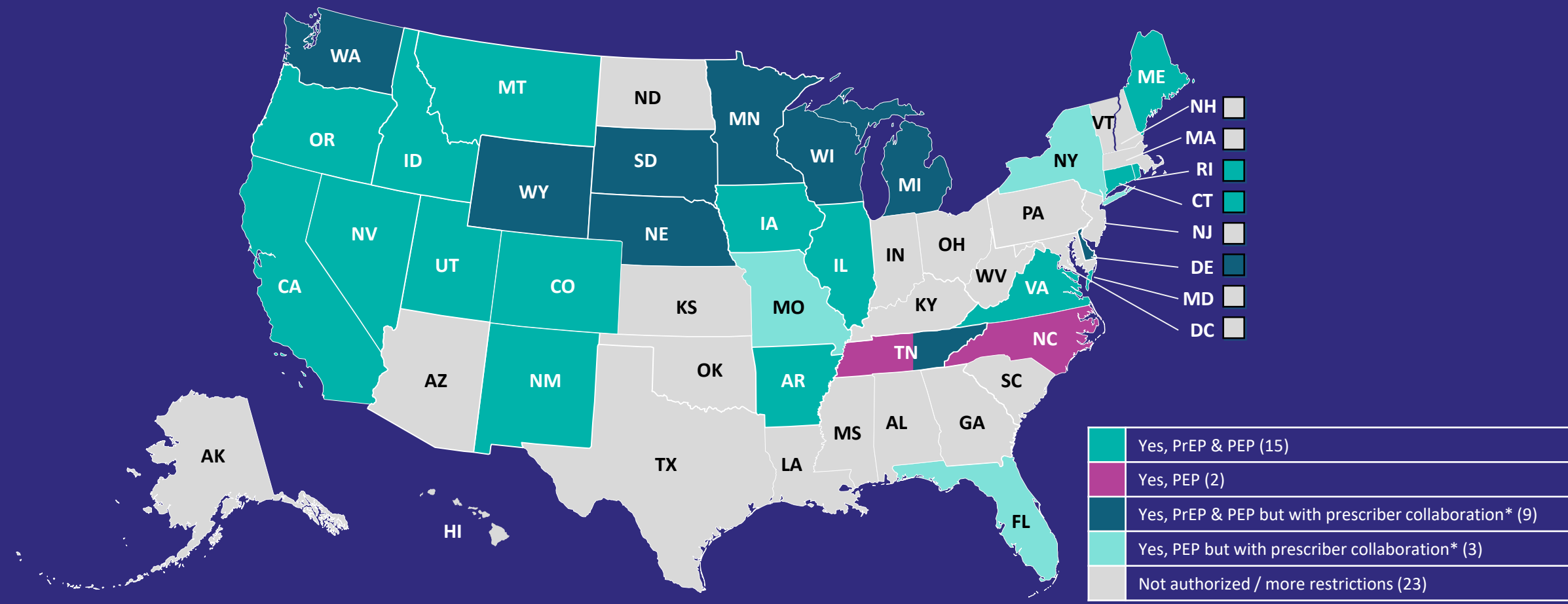


*Limited to collaborative practice agreements or prescriber protocols that allow multiple patients and do not require past prescriber-patient relationship

Can pharmacists furnish hormonal contraceptives via prescriptive authority, statewide protocol, or other means?

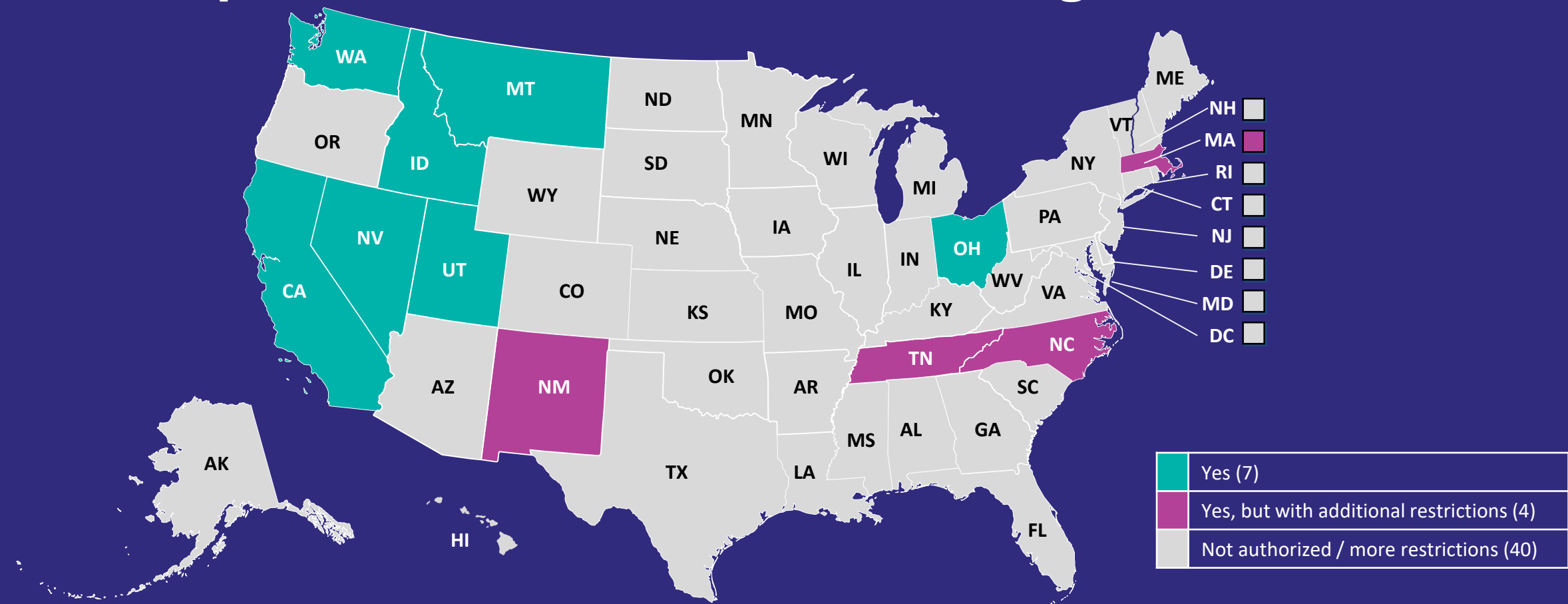


Can pharmacists furnish HIV PrEP/PEP via prescriptive authority, statewide protocol, or other means?

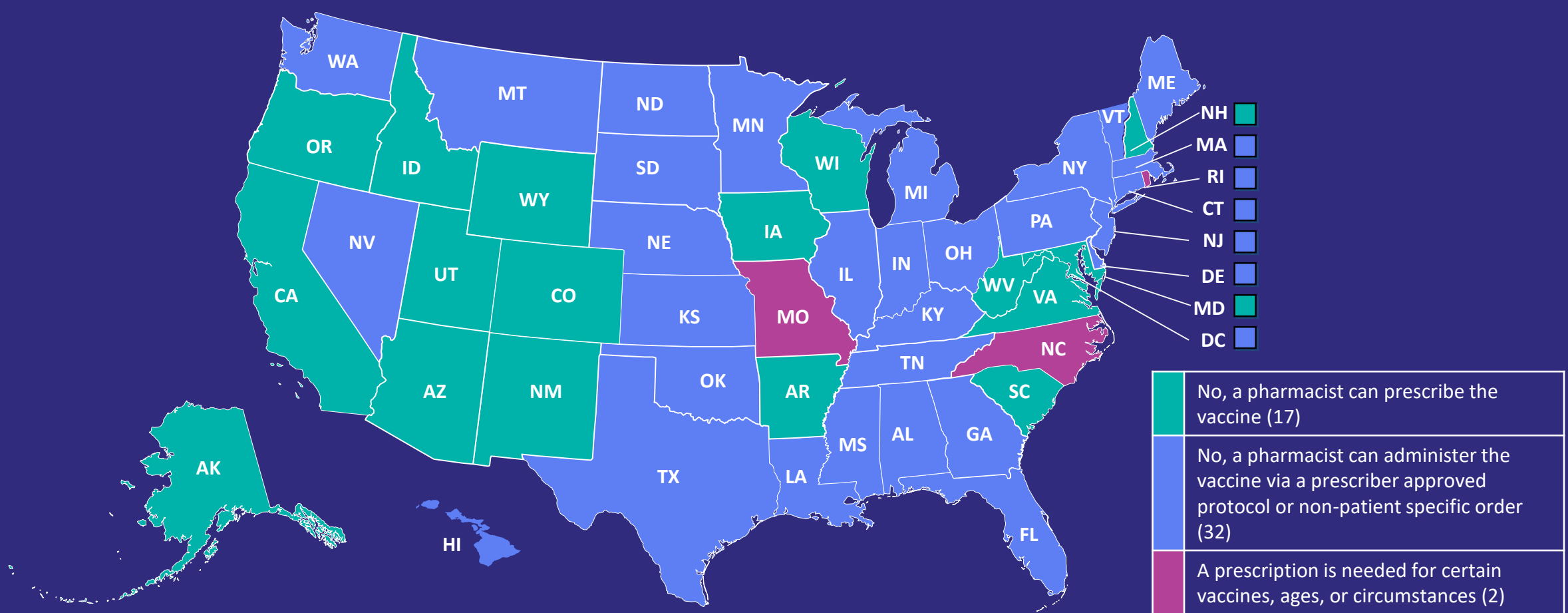


*Limited to collaborative practice agreements or prescriber protocols that allow multiple patients and do not require past prescriber-patient

Can pharmacists furnish medications for opioid use disorder (MOUD) via prescriptive authority, statewide protocol, or collaborative arrangement?



Does a patient need a prescription for a pharmacist to administer a vaccine on the adult immunization schedule?



Great Britain’s Pharmacy First Initiative

Accessing Pharmacy First services

The following table shows the 7 conditions pharmacists can manage across various age ranges.

Clinical pathway	Age range
Acute otitis media*	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

The benefits of Pharmacy First

In May 2023, NHS England and the Department of Health and Social Care announced a [Delivery plan for recovering access to primary care](#). Part of the plan includes enabling patients to get certain prescription medications directly from a pharmacy, without a GP appointment.

This new service is expected to free up GP appointments for patients who need them most and will give people quicker and more convenient access to safe and high quality healthcare. It includes the supply of appropriate medicines for 7 common conditions including earache, sore throat, and urinary tract infections, aiming to address health issues before they get worse.

Currently, NHS patients in England must visit their GP to access prescription only medication, meaning repeated GP visits and delays in treatment.

Community pharmacies offer a more convenient way to access healthcare that includes support with healthy eating, exercise, stopping smoking, monitoring your blood pressure, contraception, flu and covid vaccinations.

The [public perceptions of community pharmacy survey](#) found that over 90% of patients who sought guidance from a community pharmacy within the past year reported receiving good advice.

The government and NHS England are committed to ensuring patients receive the right treatment at the right time. [The NHS Long Term Plan](#) highlights the need to make greater use of community pharmacists’ skills and opportunities to engage patients. This is why we have launched a new Pharmacy First service.

<https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/pharmacy-first/>

Learnings from Nova Scotia's Primary Care Initiative

Community Pharmacy Primary Care Clinics: Interim Learning and Evaluation Report

Prepared for: Pharmacy Association of Nova Scotia
Author: Clare Levin, Richard Buote, Liam Dunbar (Research Power Inc.)



Condensed version
November 19, 2023

Key Policy Recommendations

- Interoperability and connectedness (bi-directional) of healthcare systems, including EMRs to pharmacy systems
- Ensure pharmacists are credentialed for billing of existing managed care plans.
- Move to a “Standard of Care” model for state laws and regulations governing healthcare providers, including pharmacists.
- Ensure health insurance regulations include pharmacists as healthcare providers.
- Submit state Medicaid plan amendments for coverage.



Thank you!