



TEXAS PHARMACY PRACTICE 2013

DRAFT

Background

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BACKGROUND

The healthcare system in the United States continues to undergo dramatic change in the delivery of services, reimbursement, and control of treatment decisions. Healthcare has moved from an individually purchased, physician-directed, patient-based decision to one that is paid for by employers or public entities and co-managed by insurers or intermediaries.

Compensation for providers has historically been tied to consumption of services. During the past quarter century, a variety of reimbursement models have attempted to control the growth and cost of healthcare by bundling payments for services, reducing fee-for-service rates, and managing access to care. These changes have further distanced the consumer of care - the patient - from the cost of the care they receive.

The multitude of changes affecting costs, control and quality of care has placed the entire healthcare system under extreme pressure to change and evolve. Healthcare now accounts for over 16% of the Gross National Product of the United States or about \$8,500 per person per year. With the Baby Boomer generation entering its senior years, the trend will continue and intensify. Texas ranks 45th among states in the number of physicians per population, and the shortage of primary care practitioners is a major issue facing our state and nation. The State remains among the lowest in percentage of citizens who have healthcare insurance.

In the collective opinion of the Texas Pharmacy Congress, pharmacy practice must continue to evolve in order to deliver the breadth and quality of care our patients require.

Leaders in the profession recognize that some pharmacists will resist and ultimately refuse to change.

- There are significant financial implications and barriers to change;
- Current business models are not conducive to change;
- The “*status quo*” provides reasonable levels of income and status to many pharmacists; and
- For community pharmacy, dispensing prescriptions will continue to be the core of the business for many years - though a diminishing center for profitability.

Pharmacy’s history and traditions are those of a “secondary service,” providing care at the direction or request of others.

- Pharmacists have historically “given away” knowledge, expertise and cognitive services.
- While pharmacists have been seen as a first point of contact for many ailments, a business model has never been developed to sustain an individual in that role.
- Pharmacists have relied on the sale of products to serve as the basis of their compensation.

Absent a history of receiving reimbursement not tied to a product, pharmacists are ill-equipped in the eyes of payers to be compensated for services that have been provided incidental to the prescription dispensing role. However:

- Pharmacists have untapped abilities, their therapeutic knowledge is valued by the public, and they have excellent accessibility.
- Pharmacists possess the knowledge and skills to promote health, provide assessments, monitor therapy, and select appropriate medications.
- Pharmacists can improve healthcare outcomes and decrease costs in ambulatory and institutional healthcare settings.
- Payers are beginning to recognize the value of paying pharmacists to provide expanded services to patients, but many challenges remain that must be overcome.

The absence of a widely recognized, accepted and successful practice model(s) makes creation of a new vision for pharmacy practice difficult, and members of the profession hold no uniform view of the future of practice themselves.

- Community and institutional pharmacy (and healthcare in general) continue to operate in silos, without integrated teams, lacking communication between institutions and community sites.
- A 2011 report to the Surgeon General (*Improving Patient and Health System Outcomes through Advanced Pharmacy Practice*) calls for the greater integration of pharmacists and development of reimbursement to support the advanced practice of pharmacy.



TEXAS PHARMACY VISION TO ENHANCE PATIENT CARE

DRAFT

*Vision
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A growing number of pharmacists are recognized as inter-professional patient care providers who enhance patient care through the provision of comprehensive medication management services.

Increasingly and appropriately, the delivery of healthcare is focusing on creating positive healthcare outcomes, improving the quality of patient care, enhancing efficiency, reducing costs, and improving patient access, choice and involvement in their own care. Healthcare will consist of teams and systems providing comprehensive patient care with increasing emphasis on bundled payments for outcomes, and diminished opportunities for fee-for-service reimbursement.

Many pharmacists are and will continue to practice in settings that recognize the pharmacist's strength as the medication expert. This foundation will be the core value of pharmacy in emerging healthcare models complemented by a variety of other professional clinical activities as permitted and authorized under state or federal law.

Healthcare will be based on a system in which pharmacists are able to utilize their knowledge and expertise to meet the needs of patients and society. Barriers between community and institutional practice will be eliminated and pharmacists will provide patient care in a variety of practice locations in an increasingly collaborative manner.

Community pharmacies will continue to be the most readily available and accessible healthcare outlet and will provide pharmaceuticals, the most common medical intervention. Within community pharmacy, prescriptions will continue to be the core of the business model for several years, but additional opportunities will be sought for reimbursement of pharmacist/pharmacy-billed services in order to supplement diminishing revenue tied to product dispensing. Institutions will continue as the primary source of acute care and will increasingly become the central focus of reimbursement. Cost-reduction strategies will be the predominant theme. Accountable Care Organizations and other models will transcend traditional methods of provision of care. Reimbursement is important to pharmacy in the hospital setting to allow expansion of services, provision of adequately trained personnel and specialists, and expanded involvement in patient care roles.

Future practice will be built on the pharmacist's scope of practice with a focus on patient care services and core competencies:

- Preventive, post-diagnostic treatment of chronic conditions where medications are the primary form of treatment;
- Medication delivery, administration and appropriate use of medical devices;
- Comprehensive medication review within a community, institutional or home environment;
- Selection of appropriate, cost effective therapies;
- Medication adherence and compliance;
- Healthy lifestyles and avoidance of acute care services, including wellness and prevention;
- and
- Patient transitions of care.

New practice models and the expansion of scope of practice of pharmacists will be:

- Dependent on expansion of roles of pharmacy technicians and other supportive personnel;
- and
- Intimately linked to practicing under protocols developed in cooperation with a team, and practicing in a transparent environment in which each team member brings unique background and skills to improve patient care.



PHARMACY VISION TO ENHANCE PATIENT CARE

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Implementation

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PLAN IMPLEMENTATION

To implement the Pharmacy Vision to enhance patient care, Texas pharmacists must:

- a. Establish sufficient supporting evidence to document cost effectiveness of utilizing pharmacists in expanded practice models to support public, inter- and intra-professional understanding of the value of the services.
- b. Develop practice-specific metrics to document savings and effectiveness.
- c. Promote the interface and transition of care between the community environment (access, intake, monitoring) and institutional environment (acute and chronic care, patient discharge), clinics and patients' residencies.
- d. Develop and execute a plan to notify pharmacists of education and/or credentials which may be needed for expanded areas of practice.
- e. Establish a common understanding about the issue of legal liability for expanded scope of practice and acknowledgement of a variety of pharmacy practice settings.
- f. Create a statewide vision for pharmacy technicians, including a consensus on utilization, education, scope of practice and supervision in community and institutional settings – a Texas Pharmacy Practice Coalition initiative.
- g. Further facilitate community pharmacy testing services, ordering/conducting lab tests; performing screenings & monitoring (A1c, lipids, coagulation, etc.)
- h. Assure pharmacists/pharmacy access to community and network electronic health record systems.
- i. Develop and execute a plan to allow pharmacists to be registered by Drug Enforcement Administration and DPS as needed.
- j. Develop and execute a plan to establish a sustainable reimbursement model for pharmacists as inter-professional patient care providers, through which patient outcomes are enhanced by the provision of comprehensive medication management.
 - Promote the use of existing ICD codes for billing pharmacists' services.
 - Focus on CMS, Texas Medicaid and private payers.
- k. Develop (create/review) preparatory courses for expanded practice roles.
 - Review the VA system training programs that pharmacists must complete in order to be approved for participating in that type of practice.
 - Allow ongoing expansion of credentialing programs and assure their effectiveness.
- l. Develop a uniform legislative and public agenda.
 - Develop a standard public policy statement based on the Vision.
 - Identify laws and regulations that must be changed to allow the vision to be fulfilled.
- m. Develop and execute a plan to communicate with other healthcare providers, the public, legislators and payers about the vision.
 - Meet with key decision and thought leaders in medicine to identify the unmet needs of medical practice that pharmacy can fulfill.
 - Meet with key Texas medical groups and academic medical deans.
 - Identify legislative champions for any necessary legislative action.
 - Meet with key leaders in Medicaid and other state agencies to gain support for pharmacists' provision of patient care services.
 - Meet with consumer and healthcare groups for potential partnership support for legislative and regulatory efforts.
 - Meet with private payers such as commercial plans, employers and Medicaid Managed Care Organizations, about the value of mandates or expanded reimbursement for cost-effective services.