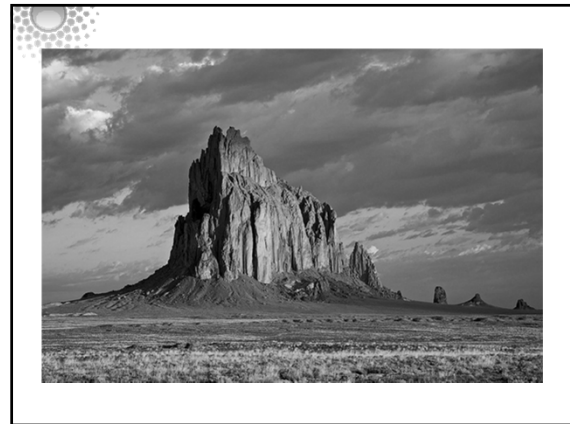




Pharmacist Provider Status: An IHS Experience

Kendall Van Tyle, PharmD, BCPS, NCPS
LCDR – United States Public Health Service
Northern Navajo Medical Center, Shiprock NM



Which of the following professions are not considered a non-physician provider according to the Social Security Act, section 1861? 

- A** Nurse Midwives
- B** Clinical Psychologists
- C** Clinical Social Worker
- D** Pharmacists

Which of the following professions are not considered a non-physician provider according to the Social Security Act, section 1861? 

D Pharmacists

This is the fundamental objective – to amend the language to include pharmacists

Discussion Points

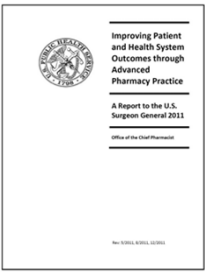
- The Unprecedented push for Provider Status for pharmacists
- Favorable circumstances facilitating these efforts
- The importance of credentialing/privileging for pharmacists
- Describe the IHS efforts at extending provider status
- Describe the New Mexico Pharmacist Clinician certification and provide examples of successful utilization within the IHS

Learning Objectives

- Recall the importance of amending the Social Security Act
- List the 4 focus points of the 2011 Report to the Surgeon General
- Compare/Contrast credentialing & privileging
- Recall advantages and the limitations of the New Mexico Pharmacist Clinician Certification

Framing the Discussion

- The 2011 Report to the Surgeon General
- Focus Point 1
 - Pharmacists ARE primary-care providers
- Focus Points 2 & 3
 - Sustainability via compensation
- Focus Point 4
 - Summary of evidence



Giberson S, Yoder S, Lee MP. U.S. Public Health Service. Dec 2011.

“I’ve never seen such a cohesion in pharmacy as I see around provider status”

Paul Abramowitz – CEO, ASHP



As California Goes....

- Senate Bill 493 signed Oct 1, 2013
- Grew largely out of concern over a primary-care shortage
- Expands the role of all pharmacists
 - Administer drugs & biologics, including by IV when ordered
 - Furnish travel medications per CDC not requiring diagnosis
 - Furnish Nicotine replacement & contraception by state protocol
 - Independently initiate and administer vaccines (3 y/o and older)
 - Order and interpret tests for drug monitoring
 - Participate in multidisciplinary review
 - Consult, educate and train
- Establishes an “Advanced Practice Pharmacist”

http://www.cshp.org/sites/main/files/file-attachments/sb_493_summary_-_final.pdf - Accessed Oct 21, 2013

Favorable Circumstances

- The Affordable Care Act
 - Likely to increase demand on an already strained system
- An aging population
 - Further demand
- Accessibility
- Projected shortage of primary-care physicians
- Projected surplus of pharmacy graduates

Projected Primary Care Need

Condition	2010	2015	2020	2025
Baseline	209,662	209,662	209,662	209,662
Aging Pop.	-	2,693	6,264	9,894
Pop. Growth	-	11,201	21,952	32,852
ACA Coverage	-	7,104	8,097	8,279
Totals	209,622	230,660	245,975	260,687

Adapted from Ann Fam Med 2012;10:503-9.

Projections for Pharmacists

- Growth in the Academy – Number of Graduates

2001	2011	2016*	15-yr Growth (%)
6948	11869	14277	105

- Decreasing Demand
 - Aggregate Demand Index (ADI)
 - November, 2012 – 2.83 for Community Pharmacists
- Institutional vacancy rates
 - 7.2% (2002) to 2.4% (2011)

AJPE 2013; 77 (5) Article 90.

"Growing use of new models of care that depend more on non-physicians as primary care providers could do much to reduce the nation's looming physician shortage"

David Auerbach,
Researcher/policy analyst at RAND

Health Affairs, 2013; 32 (11)

Favorable Skill-Set

- The overwhelming burden on our system is prevention and management of Chronic Disease
 - We don't have to compete with those that diagnose
 - Vast majority of care occurs post-diagnosis
- Medication therapy is the corner-stone of treatment for many chronic conditions
 - Inappropriate use of medications
 - Non-Adherence
 - We manage chronic conditions where medication is the primary method of treatment



"Drugs don't work in patients that don't take them"
C. Everett Koop

Impact of Medication Non-Adherence

- 30% to 50% of US Adults
- 100 billion in preventable costs annually

"Increasing the effectiveness of adherence interventions may have far greater impact on the health of the population than any improvement in specific medical treatments"
World Health Organization

JAMA. 2013;309(20):2105-6.

Impact of Chronic Disease

- 3 out of every 4 dollars spent
- 7 out of 10 deaths
- Heart disease, cancer and stroke – account for 50% of all deaths
- Diabetes is the leading cause of kidney failure, non-traumatic lower-extremity amputations and blindness; ages 20-74
- Diet/physical inactivity, tobacco use, & excessive ETOH use – leading preventable causes of death.

<http://www.cdc.gov/nccdphp/overview.htm>. Accessed Nov 1, 2013

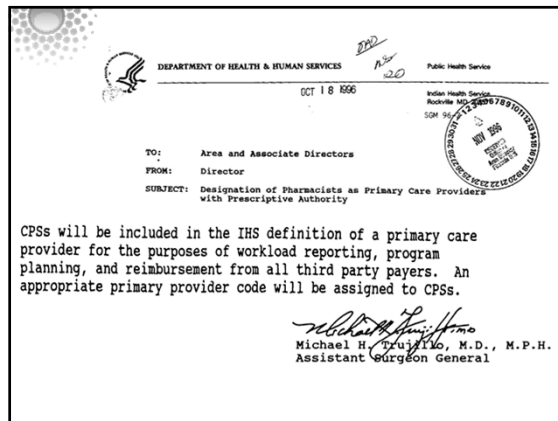

What year did the IHS Director declare pharmacists working within the IHS as providers?



- A 2011
- B 2001
- C 1996
- D 1955


What year did the IHS Director declare pharmacists working within the IHS as providers?

C 1996



True or False:
The profession of pharmacy does not need to worry about credentialing/privileging.

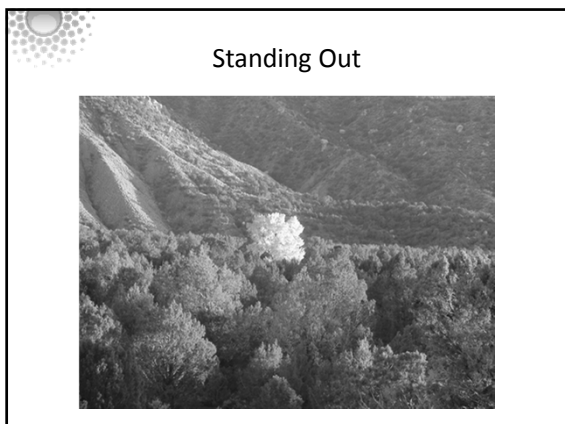

A True
B False



True or False:
The profession of pharmacy does not need to worry about credentialing/privileging.

B False

As the push for provider status continues - these concepts will take on a greater significance



Credentialing vs. Privileging

Answers the question:
“How can we be assured that you are competent to do what you do?”

- Credentialing
Focus on credentials that support some minimum level of competence for a function
- Privileging
Focus on oversight – review of credentials and performance & defines a scope of practice

The PHS NCPS/NCPS-PP Credentials

- **National Clinical Pharmacy Specialist**
 - Disease-specific
 - Locally-approved CPA; reviewed nationally
 - Advanced Credentials
 - BCPS, Residency, etc.
 - Pt. contact log – 30 pts.
 - Letter of Attestation from supervising physician
- **National Clinical Pharmacy Specialist – Primary Provider**
 - Broader Scope
 - 60-hour Patient Assessment Course
 - 500 Patient Hours/300 Patient encounters
 - Locally privileged
 - Attestation from supervising physician

Success in Advancing Practice

- NCPS program initiated in 1997
- Oversight committee initiated in 1998
 - To provide uniform competencies
 - To standardize key elements of Collaborative Practice Agreements
- Certification good for 3 years
- Approved protocols in a variety of settings
- Since inception:
 - 511 NCPS credentials have been issued
 - 370 Pharmacists
- Currently:
 - 374 active credentials
 - 263 active pharmacists

The New Mexico Pharmacist Clinician

- Since 1996
- Initial requirements
 - Completion of a 60 hour patient assessment course
 - Completion of 150 patient hours/300 patient contacts within 2 years supervised by a physician
- Expanded scope and prescriptive authority
 - Per protocol with supervising physician
- Ability to bill New Mexico Medicaid and other limited third-party insurance plans in the state

<http://www.nmcpr.state.nm.us/nmac/parts/title16/16.019.0004.pdf>
- Accessed Oct 21, 2013

“Be the Patient’s Pharmacist!”
William Jones

Gallup Indian Medical Center

- First PhC in 1997
- 2 certified PhCs, 2 nearing completion of patient hours
- NCPS approved protocols
 - Anticoagulation, DM2, Anemia, HIV/HCV, Pain Management, Asthma
- Locally approved protocol
 - Nephrology

Gallup Indian Medical Center


- 1 full-time PhC/NCPS-PP in Family Medicine
 - 7 year history as PhC/NCPS-PP in this role
 - 830 patients seen in 2012
 - Billed for \$137,000, collected approx. 60%
- 1 PhC billing for anticoagulation services
 - Billed 18,500 for 400 visits over 7 months
 - Collected \$13,000
 - Estimates a full-time PhC would collect approx. \$65,000

IHS Primary Care Provider. August 2012; 37(8):197-8.



Northern Navajo Medical Center

- 2 certified PhC's, 3 nearing completion of patient hours
- NCPS approved protocols in
 - Epilepsy management, Anticoagulation
- Locally approved protocols in
 - Asthma, Heart Failure, HIV/HepC/Tb, Pain Management, Tobacco Cessation
- Newly formed PhC clinic that meets weekly
 - Allows for a more patient-centered approach
- On Nov 6, 2013 – Medical/Dental staff amended bylaws to include the PhC & NCPS-PP pharmacists in MDS credentialing and privileging



Conclusions

- Amending the SSA, section 1861 is a primary goal
- The climate suggests that we have never been closer
- While efforts continue, there are other incremental steps being taken
- Credentialing/privileging is a key step in assuring standardization
- Some states offer advanced practice programs with mechanisms for compensation – but generally result in compensation rates that are inferior relative to other primary care providers