

Joint Policy Statement on Expanding Access to Healthcare Every day and During the COVID-19 Response

Introduction

Patient access to quality healthcare is important all the time. COVID-19 multiplies its importance and urgency.

Mounting evidence shows that people with conditions such as hypertension, heart disease, and diabetes are more likely to suffer severe COVID-19 illness.^{i,ii} Even before the pandemic, these conditions were leading drivers of healthcare costs, hospitalizations, premature deaths, disability and lost productivity.ⁱⁱⁱ The links to severe COVID-19 illness underscore the urgent need to optimize care for patients with cardiovascular and other chronic diseases and ensure all patients have continuous access to essential treatments.

Through the National Forum for Heart Disease and Stroke Prevention's Value & Access Steering Committee, diverse stakeholders work together to improve people's access to treatment that is right for them. There is strong evidence that **patient-centered, team-based care improves patient outcomes, and reduces overall healthcare costs. The evidence shows that pharmacists are key providers in team-based care and improve both health outcomes and cost-effectiveness.**^{iv}

Yet, residents of many states cannot obtain evidence-based care from pharmacists. Reasons include state scope of practice limitations and unsustainable care models. Policy changes can overcome these barriers and meaningfully expand access to care for patients nationwide.

For these reasons, **the signatory organizations representing patients, healthcare providers, public health, payers, and purchasers support sustainable care delivery models that include patient access to pharmacist care and other services, such as testing.** We urge policymakers to implement the following policy recommendations.

Access to Evidence-Based Care

People should be able to obtain quality healthcare regardless of which state they live in. Care at pharmacies can increase patients' access to many evidence-based services by providing them closer to patients' homes, at more convenient hours and, often, at lower cost to the patient, healthcare system, and public and private payers. Like physician practices, hospitals, and other care settings, pharmacies cannot keep their doors open and care for patients without fair and reasonable reimbursement for their services.

The following policies will meaningfully expand access to care for patients nationwide, especially in underserved or otherwise vulnerable populations.

- Include emergency pharmacist provider status in Medicare Part B in legislation to respond to the COVID-19 crisis.^v This would provide direct reimbursement for services delivered by pharmacists if within scope of practice.
- Establish/clarify Medicare and Medicaid authority to reimburse clinical services provided by pharmacists acting *within their state scope of practice* to respond. Enable coding and billing infrastructure for pharmacies/pharmacists to receive appropriate coverage and reimbursement for the provision of care services, including screening, testing, immunization, medication management and chronic disease management whether under Medicare Part B, D, or Medicare Advantage.
- Under incident-to-physician services requirements, issue clarification that physicians and qualified nonphysician practitioners are permitted under Medicare to bill for pharmacists' evaluation and management (E/M) services at higher levels than E/M code 99211 to expand access to care.
- Emergency changes to pharmacy authority to offer more access to clinical care and essential medications during the pandemic should be examined and potentially made permanent given evidence of enhanced value and access for patients.
- Authorize pharmacists to provide patient care through comprehensive telehealth and telepharmacy services.

Access to Testing and Vaccination

Pharmacists play a vital role in delivering convenient access to important public health services. Recent guidance from HHS reinforces pharmacists' authority to provide COVID-19 testing.^{vi} However, longstanding barriers to payment limit pharmacists' ability to provide comprehensive and sustained access to evidence-based care.^{vii} Congress can act now to authorize pharmacists as recognized Part B providers under Medicare to ensure pharmacies can remain viable testing sites and provide broad access to care, including vaccination. If this gap is filled at the federal level, typically, private payers will follow. Improved patient access to testing and care can be achieved in the following ways:

- Include language that authorizes Medicare payment to pharmacists for testing and testing-related services for COVID-19 and influenza in emergency legislation to combat the COVID-19 public health emergency.
- Authorize and reimburse pharmacists to order and conduct tests, collect specimens, conduct and interpret tests, discuss results with patients and, when appropriate, initiate treatment (in collaboration with physicians) for infectious diseases including COVID-19 and flu. Expand current, state pharmacist immunization authority to include all FDA-authorized vaccines, including the forthcoming vaccine for COVID-19 for all indicated populations.

Signatories

The following Value & Access Initiative Steering Committee members and partner organizations support the tenets outlined above

National Forum for Heart Disease & Stroke Prevention (convener)

Aetna, a CVS Health Company

American Association of Heart Failure Nurses

American College of Cardiology

American Kidney Fund

American Heart Association

American Pharmacists Association

American Pharmacists Association Foundation

Association of Black Cardiologists

*Association of State and Territorial Health Officials BallengeRx
Consulting
California Chronic Care Coalition
California Right Meds Collaborative
Chronic Care Policy Alliance
Coborn's Inc
CVS Health
Diabetes Influencers Network
FH Foundation
Global Healthy Living Foundation
Independent Health
Mended Hearts
Minneapolis Heart Institute Foundation
National Alliance of Healthcare Purchaser Coalitions National
Association of Chain Drug Stores
National Association of Chronic Disease Directors
National Lipid Association
Nevada Chronic Care Collaborative
Partnership to Improve Patient Care
PharmaSmart International, Inc.
Preventive Cardiovascular Nurses Association
University of Michigan Center for Value-Based Insurance Design
University of Southern California School of Pharmacy
WomenHeart*

Background

The Community Preventive Services Task Force (CPSTF) recommends tailored pharmacy-based adherence interventions based on strong evidence of effectiveness in increasing patient adherence to medications for cardiovascular disease prevention. Evidence shows interventions delivered by pharmacists in community and health system pharmacies increased the proportion of patients who reported taking medications as prescribed.^{viii} Adherence to guideline recommended therapies is associated with lower rates of major adverse cardiac events, and with cost savings.^{ix}

With nearly 60,000 community pharmacies across the nation, pharmacies are seamlessly integrated into neighborhoods across the country. An average high-risk patient will visit their pharmacy 35 times per year but have only four visits to their primary care physician

in the same timeframe. Pharmacists can streamline care and optimize medication use, providing substantial benefit for patients with multiple prescribers and frequent medication changes.^x Given pharmacists' accessibility to patients, expanding scope of practice to align with pharmacists' education and training has potential to increase access to evidence-based, cost-effective treatments and buttress COVID-19 mitigation strategies.

Pharmacists continue to provide adherence counseling and clinical care interventions amid the pandemic, in accordance with the CDC's infection control guidelines^{xi} for pharmacies, to help patients manage chronic diseases while expanding access to care to mitigate and respond directly to COVID-19.

As the most accessible healthcare setting, pharmacies nationwide are ramping up testing capacity, an essential aspect of reopening the country and meeting national public health goals. Further, pharmacists are ready to help with the next phase of the COVID-19 response including enhancing access to forthcoming treatment and vaccination. Harnessing the accessibility and clinical expertise of pharmacists across the country to support access to care related to COVID-19 including testing and forthcoming treatment and vaccination will ensure the efficient roll out of the coordinated, comprehensive solutions needed for patients.

Endnotes

ⁱ World Health Organization. Q&A on coronaviruses (COVID-19). April 2020.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>

ⁱⁱ Centers for Disease Control and Prevention. (2020, May 14). [Coronavirus Disease 2019 \(COVID-19\): People Who Are at Higher Risk for Severe Illness](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Funderlying-conditions.html). https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Funderlying-conditions.html

ⁱⁱⁱ National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Health and Economic Costs of Chronic Diseases. <https://www.cdc.gov/chronicdisease/about/costs/index.htm>

^{iv} Kennelty, K.A., Polgreen, L.A. & Carter, B.L. Team-Based Care with Pharmacists to Improve Blood Pressure: A Review of Recent Literature. *Curr Hypertens Rep* 20, 1 (2018). <https://doi.org/10.1007/s11906-018-0803-0>

^v S.109 - Pharmacy and Medically Underserved Areas Enhancement Act. 115th Congress (2017-2018).

<https://www.congress.gov/bill/115th-congress/senate-bill/109?q=%7B%22search%22%3A%5B%22Pharmacy+and+Medically+Underserved+Areas+Enhancement+Act%22%5D%7D&r=2#:~:text=This%20bill%20amends%20title%20XVIII,if%20furnished%20by%20a%20physician.>

^{vi} HHS Statements on Authorizing Licensed Pharmacists to Order and Administer COVID-19 Tests. April 8, 2020. Retrieved from <https://www.hhs.gov/about/news/2020/04/08/hhs-statements-on-authorizing-licensed-pharmacists-to-order-and-administer-covid-19-tests.html>

^{vii} Pharmacist-provided services: Barriers to demonstrating value. Nguyen, Elaine et al. Journal of the American Pharmacists Association, Volume 59, Issue 1, 117 – 120. [https://www.japha.org/article/S1544-3191\(18\)30480-1/fulltext](https://www.japha.org/article/S1544-3191(18)30480-1/fulltext)

^{viii} Community Preventive Services Task Force. Cardiovascular Disease: Tailored Pharmacy-based Interventions to Improve Medication Adherence. April 2019. <https://www.thecommunityguide.org/sites/default/files/assets/CVD-PharmacyInterventions-Improve-Medication-Adherence.pdf>.

^{ix} Ferdinand KC, Senatore FF, Clayton-Jeter H, et al. Improving Medication Adherence in Cardiometabolic Disease: Practical and Regulatory Implications. J Am Coll Cardiol. 2017.

^x Gaskins RE. Innovating Medicaid: the North Carolina Experience. NC Med J. 2017. <https://www.ncbi.nlm.nih.gov/pubmed/28115558>

^{xi} Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Guidance for Pharmacies. Guidance for Pharmacists and Pharmacy Technicians in Community Pharmacies during the COVID-19 Response. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pharmacies.html>