

Community Pharmacists' Impact on Cardiometabolic Health Overview

Current policies and payment practices could force 25-30% of community pharmacies to close permanently. There is strong evidence that patient-centered, team-based care improves patient outcomes, and reduces overall healthcare costs. Pharmacists are key providers in team-based care and have the training, knowledge, and skills to provide clinical and preventive services that improve health outcomes and equity. Receiving care at local pharmacies can increase patients' access to evidence-based services closer to home, at more convenient hours and, often, at lower cost to the patient, healthcare system, and public and private payers. Yet, many cannot receive evidence-based care from pharmacists due to scope of practice limitations, lack of reimbursement and unsustainable care models. Access to quality healthcare should not be limited by patchwork restrictions and policies that can and should be fixed

In many rural and urban underserved areas, community pharmacies are the closest, if not only, providers of healthcare services. Mounting evidence shows that hypertension, heart disease, and diabetes are leading drivers of healthcare costs, hospitalizations, premature deaths, disability, and lost productivity. Patients with these comorbidities are also more likely to suffer from COVID related hospitalizations. There is an urgent need to optimize care for patients with cardiovascular and other chronic diseases and ensure all patients have continuous access to essential treatments.

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. Policy changes can protect healthcare access in underserved communities and improve access to care for patients nationwide. Patients, healthcare providers, public health, payers, and purchasers support sustainable care delivery models that include pharmacists delivering convenient access to important public health services.

Congress can act now to authorize pharmacists as recognized Part B providers under Medicare to ensure pharmacies can remain as viable testing sites and provide broad access to care, including vaccination. Improved patient access to care at pharmacies can be achieved in the following ways:

- Pass S.2477 and HR1770, the “Equitable Community Access to Pharmacists Services Act”
- Establish/clarify Medicare and Medicaid authority to reimburse clinical services provided by pharmacists acting within their state scope of practice 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.
- 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.
- Provide permanent authorization for emergency changes to pharmacy authority enacted during the pandemic to offer more access to clinical care and essential medications.
- Authorize pharmacists to provide patient care through comprehensive telehealth and telepharmacy services.
- Authorize and reimburse pharmacists to order, conduct and interpret tests, collect specimens, discuss results with patients and, when appropriate, initiate treatment (in collaboration with physicians) for infectious diseases including COVID-19 and flu.

Pharmacists can play a vital role providing patient centered team-based care. Congress should let them.



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Community Pharmacists' Impact on Cardiometabolic Health 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



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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 COVID19 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



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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 pharmacybased 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 guidelinesxi 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.

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End Notes

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Community Pharmacists' Impact on Cardiometabolic Health Talking Points

- Patient-centered, team-based care that includes pharmacists contributes to prevention and health management of cardio-metabolic disease
- Pharmacists can and do deliver most vaccinations, plus medication management, blood pressure, cholesterol, blood glucose testing
- The provision and reimbursement for these services through Medicare needs widespread support
- Proximity to patients, particularly in underserved areas, with convenient hours close to home expands access and positively impacts quality of care
- Ending reimbursement for certain pharmacist's services will threaten the ongoing existence of many community pharmacies)
- Closing community pharmacies will decrease access to healthcare services in underserved urban and rural areas (give an example from your community

[Medicaid reimbursement for pharmacist services: A strategy for the pharmacy profession | American Journal of Health-System Pharmacy | Oxford Academic \(oup.com\)](#)

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Pharmacists Facts

Pharmacists Make Essential Contributions to Community Health Care.

The role of pharmacists has evolved from dispensing medication to providing clinical care, administering vaccinations, screening for diseases, and health coaching. They are critical members of the public health roundtable.

Health care in the United States is commonly provided through episodic appointments with fragmented connections between providers. This model can decrease adherence to treatment plans, especially medications, and minimize engagement in basic public health practice. Pharmacists expand access to valuable patient care services, while providing oversight and management of a patient's adherence to their treatment plan, improve quality and outcomes while reducing cost of care. It is essential to highlight the contributions of the pharmacy profession to public health. Sharing this information will increase awareness among other health professionals and the public about the integral role of pharmacists in addressing health disparities.

- Community pharmacy response to the COVID-19 pandemic publicized the value of having pharmacist-provide care and highlighted their collaboration with local public health agencies.
- Pharmacists can be utilized to provide collaborative medication therapy management services to patients which results in improved chronic disease outcomes.
- The integration of pharmacy with clinical medicine has been recommended by CDC and the American College of Cardiology. It has been demonstrated that integration with other health care agencies and the community leads to improved health outcomes.

95% of Americans live within five miles of a pharmacy.

- Pharmacists are in offices and facilities throughout the health care system, often in neighborhoods close to home. In most underserved communities, pharmacies are the initial point of contact with the health infrastructure.
- Results from multiple studies demonstrate the effect on patients' health and wellbeing when pharmacists are included in team-based care.

Pharmacists can improve chronic disease outcomes



Community Pharmacists' Impact on Cardiometabolic Health Pharmacists Facts (cont.)

Diabetes:

- **Project IMPACT: Diabetes:** In 25 underserved communities across the U.S., pharmacists were recruited to join interdisciplinary diabetes management teams. Adding a pharmacist to the care model improved diabetes outcomes, including:
 - 0.8% decrease in average long-term blood sugar (A1c) levels
 - 8.8 mg/dL decrease in total cholesterol
 - One physician–pharmacist team brought a cohort of patients with diabetes to the hemoglobin A1c goal of less than 7.0% in 99 fewer days than the usual medical care of a physician alone. Pharmacists bring added value to the care team.
- **Diabetes Ten City Challenge:** Employers saved \$1,079 on average per patient by investing in pharmacists as part of health care team.
- **Patient Self-Management Program for Diabetes:** Initiating a multistate community pharmacy services program for patients with diabetes resulted in a 10.8% decrease in total mean health care costs per patient per year.

Hyperlipidemia

- **Project IMPACT: Hyperlipidemia:** 90.1% rate of medication compliance when pharmacists have immediate access to patient data.
- 93.6% of patients achieved medication persistence, defined as continuing with therapy for the duration of the project (24.6 months).
- 90.1% of patients achieved medication compliance, defined here as missing less than 5 doses of medicine between each refill.

Disease Prevention

- Patients have more interaction with their pharmacist than with any other health care providers, so pharmacists are well positioned to deliver preventive services.
- **Project IMPACT: Immunizations:** 41.4% increase in the number of vaccines administered when pharmacists have access to a patient's vaccine history and can identify unmet vaccination needs.
- Widespread implementation of USPSTF-recommended and other preventive health services should be expanded in community pharmacies to broaden the base of preventive service delivery across the population, but barriers remain to scaling up the delivery of these services by pharmacists.

Community Pharmacists' Impact on Cardiometabolic Health Pharmacists Facts (cont.)

Hypertension

- Project IMPACT: Hypertension: This pharmacy hypertension service resulted in improved blood pressure control in patients who were not at their treatment goal.
- All patients demonstrated an increase in their knowledge about hypertension and its treatment and expressed high satisfaction with the pharmacy service.
- The use of home blood pressure monitoring devices that can transmit information to pharmacists and the integration of reports based on this information into the routine patient care services can support pharmacists as they help patients reach and maintain blood pressure goals. (18)
- Collaborative models for medication therapy management show improvements in self-reported use of self-management tools, reductions in medication adherence barriers, and high levels of satisfaction with the pharmacist in controlling hypertension (7).

Behavioral Health

- Project IMPACT: Depression: 80% of patients exhibited a decrease in severity of depression after pharmacist-provided intervention.

Policy Principles

- Determine best practices for removing barriers that prevent community pharmacists from delivering vaccines,
- Elevate both the self-efficacy of pharmacists in delivering all vaccines and the awareness among the public about the appropriateness of pharmacists administering vaccines, to expand beyond vaccines that are currently most frequently administered — influenza, pneumococcal, and herpes zoster (shingles) vaccines.
- Strengthen partnerships among members of team-based care.
- Fully integrate pharmacists into community health needs assessments, disease surveillance, and monitoring of health outcomes.
- Remove current barriers so pharmacists can help to achieve public health outcomes not only in chronic diseases but also in HIV testing, antimicrobial stewardship programs, immunizations, and many others.



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Community Pharmacists' Impact on Cardiometabolic Health Pharmacists Facts (cont.)

[Pharmacy Contributions to Improved Population Health: Expanding the Public Health Roundtable \(cdc.gov\)](#)

https://www.aphafoundation.org/sites/default/files/ckeditor/files/ProjectIMPACT_Resource_Info_Sheet.pdf

https://www.aphafoundation.org/sites/default/files/Project%20IMPACT%20Diabetes_Education-Info-Sheet.pdf

[Project ImPACT: Hyperlipidemia | APhA Foundation](#)

[Project ImPACT: Hypertension | APhA Foundation](#)

<http://rximpact.nacds.org/pdfs/nacds-fact-sheet.pdf>