

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.