VALUE & ACCESS COLLABORATIVE:

Joint Policy Statement on Expanding Access to Healthcare for All

NATIONAL FORUM
FOR HEART DISEASE & STROKE PREVENTION

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Introduction

Timely access to quality healthcare is crucial for all patients. Evidence shows that people with conditions such as hypertension, heart disease, and diabetes are leading drivers of healthcare costs, hospitalizations, premature deaths, disability, and lost productivity.[i] There is an urgent need to optimize care for patients with such conditions, and ensure all patients have continuous access to essential treatments.

With healthcare costs rising faster than overall inflation and sub-optimally managed chronic conditions driving costs higher, there is an urgent need to optimize care for these patients and ensure continuous access to essential treatments.

Through the National Forum for Heart Disease and Stroke Prevention's Value & Access Collaborative, diverse stakeholders work together to improve people's access to the treatment that is right for them. In many rural and urban underserved areas, community pharmacies are the closest, if not only, providers of healthcare services.
Strong evidence shows that **patient-centered, team-based care improves patient outcomes and reduces overall healthcare costs. Pharmacists are key providers in these care teams, helping to improve both health outcomes and cost-effectiveness.**[ii]

Yet, residents of many states cannot obtain evidence-based care from pharmacists. Reasons include state scope of practice limitations and unsustainable care and payment models.[iii] 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 recommend

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.

- Establish permanent pharmacist provider status under Medicare Part B, ensuring pharmacists are reimbursed for services within their scope of practice.[iv]
- Establish/clarify Medicare and Medicaid authority to reimburse clinical services provided by pharmacists acting *within their state's scope of practice*. 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.
- Examine and potentially make permanent emergency changes to pharmacy authority to offer more access to clinical care and essential medications that were provided during the pandemic, 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. However, longstanding barriers to payment limit pharmacists' ability to provide comprehensive and sustained access to evidence-based care.[v] 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, influenza, respiratory syncytial virus, and streptococcal pharyngitis.
- 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.

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)
American Foundation for Women's Health/StopAfib.org
American Pharmacists Association
Anticoagulation Forum
Association of Black Cardiologists
BallengeRx Consulting
Family Heart Foundation
Global Healthy Living Foundation
Global Liver Institute
Independent Health
National Alliance of State Pharmacy Associations
National Lipid Association
Preventive Cardiovascular Nurses Association

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.[vi] Adherence to guideline recommended therapies is associated with lower rates of major adverse cardiac events, and with cost savings.[vii]

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.[viii]

Pharmacists provide adherence counseling and clinical care interventions in accordance with the CDC's infection control guidelines[ix], which helps patients manage chronic diseases while expanding access to care. Given pharmacists' accessibility to patients, expanding the scope of practice to align with pharmacists' education and training has the potential to increase access to evidence-based, cost-effective.

As the most accessible healthcare setting, pharmacies are uniquely and strategically positioned to increase patient access to essential healthcare services. Harnessing the accessibility and clinical expertise of pharmacists across the country will enhance access to quality patient care for underserved and other vulnerable populations.

Endnotes

[i] 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

[ii] 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

[iii] Strand MA, DiPietro Mager NA, Hall L, Martin SL, Sarpong DF. Pharmacy Contributions to Improved Population Health: Expanding the Public Health Roundtable. Prev Chronic Dis 2020;17:200350. DOI: http://dx.doi.org/10.5888/pcd17.200350

[iv] 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.

[v] 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

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

[viii] Gaskins RE. Innovating Medicaid: the North Carolina Experience. NC Med J. 2017. https://www.ncbi.nlm.nih.gov/pubmed/28115558

[ix] 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

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[i] 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

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[iv] 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.

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