

Provider Status for Pharmacists

The Academy of Managed Care Pharmacy (AMCP) supports the recognition of pharmacists as providers under the Social Security Act. When pharmacists are recognized as important members of the health care team, patient outcomes improve, patients report higher rates of satisfaction and overall health care costs are reduced.¹ Provider status would allow pharmacists to be reimbursed under the Medicare Part B benefit for providing cognitive services to patients covered under the program. Although the current Medicare Part D program reimburses pharmacies for pharmacists providing medication therapy management (MTM) to a select subset of patients, the program is limited and encompasses only a small set of the services pharmacists provide.

AMCP believes the high level of education and training licensed pharmacists receive supports recognizing pharmacists as providers. This education provides pharmacists the knowledge necessary to be experts in medication use and evidence-based practices. Most states permit pharmacists to enter into collaborative practice agreements with prescribers, which grant pharmacists authority to manage a patient's drug therapy. A large body of published literature provides significant evidence of the benefits gained by allowing pharmacists to more fully utilize their expertise within clinical settings as part of the healthcare team.²

These benefits include, but are not limited to, reduction in overall healthcare costs, improved patient outcomes, decreased number of drug related adverse events, improved access to primary care services, and increased patient satisfaction. The pharmacist-provided services supported by the current literature include preventative care services, wellness screenings, chronic disease management, immunization delivery, medication therapy management, and others. Many of these services are currently covered under Medicare Part B if delivered by a recognized provider.

Although research has continuously shown positive outcomes for pharmacists providing direct patient care, pharmacist involvement in many clinical settings remains limited. Barriers to expanding pharmacists' involvement within these settings are in part due to inconsistent reimbursement and lack of recognition of pharmacists' capabilities within the Medicare program. Provider status for pharmacists under Medicare Part B would significantly improve both the availability of a consistent reimbursement source, as well as, demonstrate federal support for pharmacists' clinical abilities beyond that provided under the Medicare Part D program.

Currently, the following providers are recognized in the Social Security Act: physicians, audiologists, certified nurse midwives, certified registered nurse practitioners, certified registered nurse anesthetists, physicians' assistance, licensed clinical psychologists, licensed clinical social workers, physical and occupational therapists, and registered dietitians/nutrition professional.

It is AMCP's stance that pharmacists' inclusion among this list of providers will allow them to work with physicians and other healthcare providers to optimize medication therapy and deliver ideal patient-centered care. Through the delivery of direct patient care, pharmacists, in collaboration with physicians, nurses, patients, and other healthcare providers can offer ongoing, comprehensive assessment and management of drug therapy that is patient-centered, improves quality of care, produces desired patient outcomes, and reduces overall costs of care.

AMCP strongly believes the inclusion of pharmacists as health care providers will enhance their ability to work as part of healthcare teams to address primary healthcare needs and increase the potential of pharmacists to provide these services with fewer barriers.

See also AMCP's *Where We Stand on Collaborative Drug Therapy Management*

AMCP *Where We Stand* series: www.amcp.org/positionstatements.

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¹ Brian Isetts, et al. "Effects of collaborative drug therapy management of patients' perceptions of care and health-related quality of life." *Research in Social and Administrative Pharmacy*. 2(2006) 129-142.

² See: Finley PR, Rens HR, Pont T, Gess SL, Louie C, Bull SA, Bero LA. Impact of a collaborative pharmacy practice model on the treatment of depression in primary care. *Am J Health-Syst Pharm*. 2002; 59:1518-26. Also: Kiel PJ, McCord AD. Collaborative practice agreement for diabetes management. *Am J Health-Syst Pharm*. 2006; 63:209-210.