



Medicare Coverage Initiative for Direct Patient Care Services of Qualified Clinical Pharmacists

March 1, 2013

Purpose

ACCP has established a comprehensive initiative that will pursue legislative and regulatory changes to the Medicare program and relevant sections of the Social Security Act (42 USC and relevant sections, primarily Section 1861) to recognize the **direct patient care services of qualified clinical pharmacists** as a covered benefit under the Medicare program.

Background and Rationale

As the movement toward more patient-centered, team-based, and quality focused care accelerates in the Medicare program, as well as in private sector delivery systems, the critical importance of “getting the medications right” as a fundamental priority in health system reform in all settings of care has been increasingly recognized by health care stakeholders. However, both current payment policy and traditional practice focus on the prescribing and distribution of medications in the absence of a coordinated process of care that assures effective and safe medication use. Consequently, medications are not being used optimally to help achieve overall patient care goals. The involvement of qualified clinical pharmacists, as members of inter-professional health care teams within ambulatory practices or in institutional settings, can address this fundamental health care delivery need.

ACCP will pursue this specific and targeted effort beginning in 2013 by employing a comprehensive, focused, and consistent approach. The formation of a coalition of organizations representing other stakeholders (from within and outside the pharmacy profession) to work collaboratively toward this objective will be pursued. However, the membership of the coalition will be determined solely by the ability and commitment of each potential partner to fully support the initiative’s policy and legislative framework and to contribute meaningfully to achieving its stated goals. If necessary, ACCP is fully committed to the pursuit of this effort as a single organization.

This initiative is the primary legislative objective and policy priority for ACCP going forward. The College will remain focused on this issue as part of its full engagement with other health care professionals and organizations to advance meaningful reforms in health care delivery and payment policy. In an increasingly challenging fiscal and demographic environment for the Medicare program, it is vital that a specific and demonstrably successful approach to the objective of “getting the medications right” for Medicare beneficiaries be employed. ACCP believes that our proposal offers the greatest potential to achieve this specific objective.

Policy and Legislative Components

Direct Patient Care Services — The “What” of the Proposed Coverage Initiative

The “direct patient care services” being proposed for coverage are based on the definition of direct patient care originally developed by ACCP and subsequently referenced in the glossary of terms within the Scope of Practice paper published in 2009 by the Council on Credentialing in Pharmacy.

These services are provided through a comprehensive and consistent process of care that is based on guidelines supported by the Patient-Centered Primary Care Collaborative (PCPCC). The practice process includes direct clinical interaction with patients and members of their health care team to (1) identify and document medication-related problems of concern to the patient and team members; (2) initiate, modify, monitor, and discontinue medication therapy to resolve the identified problems in order to achieve medication-related care plan goals; and (3) educate patients and caregivers in fully understanding their medications and coordinate their full engagement in the successful use of their medications to achieve desired health outcomes.

The services are delivered in accordance with the clinical pharmacist's general authority under state law to perform these activities together with either (1) the provisions of an established collaborative drug therapy management (CDTM) agreement with a physician or physician group (or other recognized provider) and/or (2) privileges to perform those services that have been granted to the clinical pharmacist by the medical staff of the institution or health care system within which the clinical pharmacist practices. These services may be provided in any health care setting that is licensed, accredited, or otherwise authorized to provide such services, so long as the preceding and following provisions are in place.

Qualified Clinical Pharmacists — The “Who” of the Proposed Coverage Initiative

“Qualified clinical pharmacists” would possess credential(s) beyond entry level that are commensurate with the scope of services being proposed for coverage and that assure the clinical pharmacist's ability and accountability to contribute to team-based, patient-centered care. ACCP will advocate that clinical pharmacists possess the following in order to be recognized as providers within the Medicare program.

- A Pharm.D. degree (or B.S. in Pharmacy with evidence of equivalent clinical experience) from an ACPE-accredited degree program of a US college or school of pharmacy;
- A valid CDTM agreement with a physician or physician group, and/or clinical privileges formally granted to the clinical pharmacist by the medical staff or credentialing system within the health care facility in which the clinical pharmacist practices;
- Board certification (or eligibility for certification) as may be required or desired in a CDTM agreement and/or by the privileging mechanisms under which the clinical pharmacist practices. Examples of such certification include those offered by the Board of Pharmacy Specialties (BPS) or multi-disciplinary certifications within specialized areas of practice.

Next Steps

ACCP Government and Professional Affairs staff members have already begun targeted outreach to a range of professional and policy organizations with which relationships were previously developed during the passage and implementation of the Affordable Care Act. Enhanced outreach to these stakeholders will include discussion of the details contained in this document.

The College has committed to multi-year financial support of this initiative and has retained the professional services of a consultant lobbying firm to support and facilitate the work of ACCP staff in pursuing this effort.