Description of Pharmacist-Provided Clinical Services implementation under Ohio Senate Bill 265

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Objectives

1. Describe current pharmacist provider initiatives in Ohio

2. Discuss facilitators and barriers identified by pharmacists implementing provider status services

3. Summarize preliminary outcomes pharmacists' provider status services

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Pharmacist Provider Status Overview

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Healthcare Payment – Historical

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Benefit Overview

Pharmacy Benefit

- Pharmacist-specific codes for MTMS
- Payment with dispensing, including DUR
- Metrics – often medication adherence

Medical Benefit

- Evaluation/Management (E/M) codes
- Historically payment tied only to quantity of services provided
- Metrics – wellness, clinical cutoffs, utilization, cost

Metrics in both should be advancing to value-based!

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Healthcare Payment – Historical

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Ohio Provider Status

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Ohio Provider Status Rules

Ohio Department of Medicaid required to develop rules for implementation of SB 265

Ohio | Department of Medicaid

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ORC 5160-8-52

- Payment may be made to pharmacist:
  - Scope of practice
  - Medically necessary
  - Has order issued by practitioner with prescriptive authority
  - Meets following criteria:
    - Managing medications under consult agreement
    - Administering immunizations
    - Administering medications

http://www.registerofohio.state.oh.us/pdfs/5160/0/8/5160-8-52_PH_FF_N_RU_20210107_1605.pdf

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ORC 5160-8-52

- Additional rules
  - Payment may be made for telehealth services
  - Managed Medicaid plans may pay for services outside of criteria listed if they choose
  - Payment will be 85% of Medicaid maximum amount for each code
    - Equivalent to ANP, PA
  - No separate payment made for pharmacist services in facility, emergency department, or inpatient psychiatric facility

http://www.registerofohio.state.oh.us/pdfs/5160/0/8/5160-8-52_PH_FF_N_RU_20210107_1605.pdf

CPT Codes Allowed by Pharmacists by Ohio Department

CPT/HCPCS Code	Description
99202	Office or other outpatient visit for the E&M of a new patient, typically 15-29 minutes
99203	Office or other outpatient visit for the E&M of a new patient, typically 30-44 minutes
99211	Office or other outpatient visit for the E&M of an established patient, typically 5 minutes
99212	Office or other outpatient visit for the E&M of an established patient, typically 10 minutes
99213	Office or other outpatient visit for the E&M of an established patient, typically 20-29 minutes
99441	Telephone or internet E&M provided by consultative physician with verbal and written report 5-10 minutes of medical consultative discussion and review
99442	Telephone or internet E&M provided by consultative physician with verbal and written report 11-20 minutes of medical consultative discussion and review
99443	Telephone or internet E&M provided by consultative physician with verbal and written report 21-30 minutes of medical consultative discussion and review
G2012	Brief communication technology-based service, e.g. virtual check- in, by a physician or other qualified health care professional who can report E&M services provided to an established patient

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Pilot Program

- All Ohio Managed Care Plans (MCPs)
- MCP's chose pilot sites
  - 14 independent pharmacies
  - 2 FQHCs
  - 1 health system outpatient practice
- Ran from April 2020-early 2021
- All pilot programs were paid out of medical benefits

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United Health Care

- First program
- 2 Independent Pharmacies- NE Ohio
  - Franklin Pharmacy and Brewster Pharmacy
- Primary disease states
  - Hypertension, Diabetes, Smoking Cessation, COPD, Behavioral Health
- No Collaborative Practice Agreement required

UnitedHealthcare Community Plan

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Buckeye Health Plan

- July 2020
- Ambulatory Care sites
  - Christ Physicians
  - Primary Health Solutions (FQHC)
  - NEON (FQHC)
- Used CPAs that already existed
- Most common disease state- Diabetes

buckeye health plan

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Caresource

- July 2020
- 2 Independent pharmacies
  - Ziks Pharmacy
  - Camden Village Pharmacy
- Caresource identified targeted interventions and disease states
  - Diabetes, Opioids, Smoking Cessation, Asthma/COPD

CareSource

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Molina

- October 2020
- 10 Independent Pharmacies
- No CPA required
- No disease state restrictions

MOLINA HEALTHCARE

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Billing

- All sites used Evaluation and Management (E&M) Codes or Telehealth Codes
  - 99211-99213
  - 99441-99443

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Identify facilitators and barriers identified by pharmacists implementing provider status services

Qualitative Research

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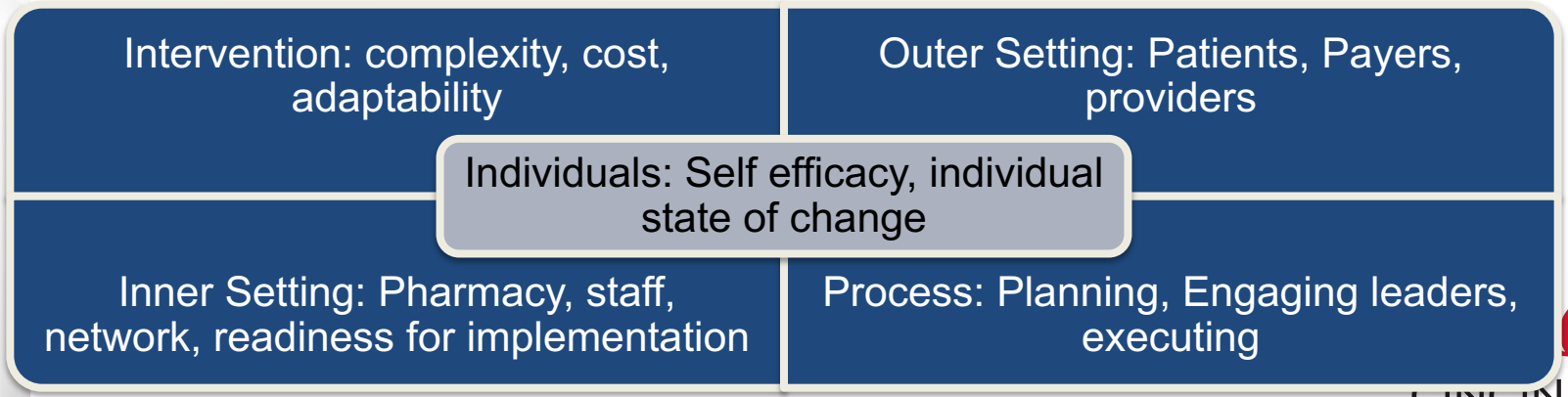
STUDY DESIGN

Qualitative analysis using structured interviews.

The structured interviews followed the Consolidated Framework for Implementation Research (CFIR) construct to identify themes related to barrier and facilitators



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METHODS

- Key pharmacy personal at each location were interviewed from seventeen pharmacies offering patient care services under Ohio Medicaid
- Transcripts of the structured interviews were coded and analyzed using Nvivo software
- Data analysis included peer debriefing analysis and thematic analysis
- 11 interviews completed of 12 sites

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SETTING	LOCATION	SERVICE
	Urban/Appalachian, NE Ohio	Medication management and education focused on HTN, DM, COPD/Asthma; transitional care management
Independent Community Pharmacy	Partially rural, NE Ohio	Medication management in general (multiple disease states); transitional care management
	Urban, West Ohio	Medication management for DM, asthma, COPD, smoking cessation, HTN (4 specific disease states, required CPA by payor)
Federally Qualified Health Center (FQHC)	Urban, NE Ohio	Medication management and closing gaps in care for DM, ASCVD risk, asthma, and mental health
Health-System Ambulatory Care	Urban, SW Ohio	Medication management for DM, HTN, and hyperlipidemia
Federally Qualified Health Center (FQHC)	Partially rural, SW Ohio	Medication management for DM and HTN
Independent Community Pharmacy	Partially rural, West Ohio	Medication management in general (multiple disease states)
	Rural/Appalachian, South Ohio	Medication management for COPD, HTN, DM, smoking cessation
	Urban, NE Ohio	Medication management for mental health and cardiovascular
	Rural/Appalachian, East Ohio	Medication management in general (multiple disease states)
	Partially rural and Rural/Appalachian, SE Ohio	Medication management for HTM and Mental health

Facilitators

- Patients understanding of value add
- "Bite Sized approach" building up implementation
- Payors flexibility for autonomy
- Appointment based vs on demand service delivery

Barriers

- Social Determinants of Health
- Significant mid program changes (billing platform challenges)
- Documentation system

Facilitators /Barriers

- Value of a collaborative practice agreement
- Preexisting Technology and process
- Physician understanding of value add and cooperation

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Summary preliminary outcomes pharmacists' provider status services

Quantitative Research

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Study Design and Setting

- This was an observational, retrospective, and descriptive analysis
- **One Medicaid** Managed Care Organization (MCO)
- Aggregated pharmacy claims data of adult patients for whom pharmacists billed clinical visits
- October 2020 and December 2021.
- **7** independent pharmacies participated in the implementation of this MCO's program.

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Data Collection

We collected pharmacy claims six months before and six months after an index date.

The index date was defined as the date of the first pharmacy claim of CPT billing codes related clinical pharmacy services.

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Data Analysis

Demographics:

Descriptive statistics (e.g., median, interquartile range (IQR), frequencies and proportions)

Total spending in pharmacy and medical services.

Total cost associated with healthcare services utilization related to

PCP, ED, and IP.

Difference between the healthcare utilization before and after the index date

Results

7 participating pharmacies billed for **3,656 Medicaid** patients

34 unique patients per pharmacy per month receiving the new service.

Most patients were females (65.9% n= 2,372), white (88.1% n=3,221) with a mean age of 40 years old (SD=13.9).

Over 80% of patients **had two or more visits** with a pharmacist (n=3,013).

Most frequent primary diagnosis associated with the pharmacy billing claim was a chronic condition

(diabetes, COPD, asthma, hypertension, or hyperlipidemia) 6.9%, and opioid dependence 5.9%.)

Health Care utilization and spending for patients who received pharmacist services

Variable	Pre-Index date	Post-Index date	Difference
Visit Claims/patient	**Median (IQR)**	**Median (IQR)**	
Primary Care Provider	2 (1-4)	3 (1-5)	1
Emergency Department	2 (1-3)	1 (1-2)	-1
Inpatient	6 (3-13)	5 (3-10)	-1
Pharmacy Visit	----	4 (2-7)	--
Total spending			
Primary Care Provider	$441,356.4	$491,696.1	$50,339.70
Emergency Department	$1,370,788	$1,367,487	-$3,301
Inpatient	$4,433,264	$4,8019,32	$368,668.0
Pharmacy Visit	----	$1,517,521	---
Total spending	$6,245,408.40	$8,178,636.1 0	
Average spending /patient	**Median (IQR)**	**Median (IQR)**	
Primary Care Provider	$98.4 ($47.9-$196.5)	$110.1 ($55.9-$203.0)	$11.70**
Emergency Department	$547.52 ($193.1-$1,193.4)	$551.0 ($195.6-$1,106)	$3.80
Inpatient	$5,234.4 ($339.7-%11,676.4)	$4,839.1 ($236.1-$9,626.6)	-$395
Pharmacy Visit	---	$174.40 ($82.8-$361.9)	---

IQR= Interquartile Range, *Index date=6 months before & 6 months after 1st pharmacist billed visit, **Statistically significantly different using Wilcoxon signed-rank test.

Summary of CPT codes billed for pharmacy services after provider status implementation.

Billing CPT Codes	Number (%) of claims post Index date	Median (IQR) claims per patient
Outpatient visit for the evaluation and management of a new patient		
99201: 10 minutes	25 (0.7)	1 (1-1)
99202: 20 minutes	358 (9.8)	1 (1-1)
99203: 30 minutes	957 (26.2)	1 (1-2)
Outpatient visit for the evaluation and management of an established patient		
99211: 5 minutes	424 (11.6)	1 (1-2)
99212: 10 minutes	1,275 (34.8)	1 (1-2)
99213: 15 minutes	3,150 (86.4)	3 (1-5)
Telephone evaluation and management service of an established patient		
99441: 5-10 minutes	121 (3.3)	1 (1-1)
99442: 11-20 minutes	217 (5.9)	1 (1-1)
99443: 21-30 minutes	104 (2.8)	2 (1-2)

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Discussion/Conclusion

- Summary of qualitative and quantitative research suggests a succesful pilot implementation of Pharmacist-Provided Clinical Services under Ohio SB 265.
- High volume of billable services required for business sustainability. Tran et al (2022)
- Need access to state level data
- Limitation with pre-post designs
- Implementation timeframe (Covid-19)

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Tran, T., Moczygemba, L. R., & Musselman, K. T. (2022). Return-On-Investment for Billable Pharmacist-Provided Services in the Primary Care Setting. *Journal of Pharmacy Practice*, *35*(6), 916-921.